STORMWATER DISCHARGE MONITORING REPORT (DMR)

Please Mail Original And One Copy To Mailing Address On Back Of This Form

GENERAL PERMIT NO. NCG220000

Part A: Facility Information

Samples Collected In Quarter: _____ **(beginning)** **and** _____**(ending)**

Certificate Of Coverage No. **NCG22**_____ **County of Facility** _____

Facility Name _____ **Name of Laboratory** _____

Facility Contact _____ **Lab Certification #** _____

Facility Contact Phone No. **(_____)**_____

Part B: Specific Monitoring Requirements

Outfall No.	Date Sample Collected	50050 Total Flow	00400 pH	00556 Oil and Grease	00530 Total Suspended Solids	Biochemical Oxygen Demand	Amount of Unchipped Wood on site at the time of sampling	Amount of Wood Chips on site at time of sampling
	mo/dd/yr	MG	unit	mg/l	mg/l	mg/l	tons	tons

Part C: Storm Event Characteristics

Total Event Precipitation (inches): _____
Event Duration (minutes):_____

(if more than one storm event was sampled)
Total Event Precipitation (inches): _____
Event Duration (minutes): _____

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"I certify, under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations."

_____

(Signature of Permittee) **(Date)**

MAILING ADDRESS:

Attn: Central Files
Division of Water Quality, DENR
1617 Mail Service Center
Raleigh, NC 27699-1617