Semi-annual Stormwater Discharge Monitoring Report

for North Carolina Division of Water Quality General Permit No. NCG080000

		Da	te subilitteu			
CERTIFICATE (OF COVERAGE NO. N (CG08		SAMPLE COLLECTION YEAR SAMPLE PERIOD		
	//L					
				DISCHARGING TO CLASS ORW	HQW Trout PNA	
PERSON COLLECTING SAMPLES Lab Cert. #				Water Supply SA		
	sample collection or		 ,	Other		
				PLEASE REMEMBER T	O SIGN ON THE REVERSE →	
. ,		in the table immediately Monitoring Requiremen	·	[☐ No discharge this period¹	
Outfall	Date	00530	00400	00556		
No.	Sample Collected,	Total Suspended	pH,	Non-Polar Oil and Grease/TPH EPA	New Motor Oil Usage,	
	mo/dd/yr	Solids, mg/L	Standard units	Method 1664 (SGT-HEM), mg/L	Annual average gal/mo	
Benchmark	-	50 or 100 see permit	Within 6.0 – 9.0	15	-	

Part B: Oil/water Separators and Secondary Containment Areas at Petroleum Bulk Stations and Terminals (If applicable)

Outfall	Date	00556	00530	00400
No.	Sample Collected,	Non-Polar Oil and Grease/TPH EPA Method	Total Suspended Solids,	pH,
	mo/dd/yr	1664 (SGT-HEM), mg/L	mg/L	Standard units
Permit Limit	-	15	50 or 100 see permit	6.0 – 9.0

¹ For sampling periods with no discharge at any single outfall, you must still submit this discharge monitoring report with a checkmark here.

SWU-250

STORM EVENT CHA	ARACTERISTICS:	
Date	(first event sampled)	
Total Event	Precipitation (inches):	
Date	(list each additional event sampled this re	porting period, and rainfall amount)
Total Event	Precipitation (inches):	
Note: If you report	a sample value in excess of the benchmark,	ou must implement Tier 1, Tier 2, or Tier 3 responses. See General Permit text.
FOR PART A AND PAR	RT B MONITORING RESULTS:	
 A BENCHMA 	RK EXCEEDANCE TRIGGERS TIER 1 REQUIREMENT	3. SEE PERMIT PART II SECTION B.
		SAME OUTFALL TRIGGER TIER 2 REQUIREMENTS . SEE PERMIT PART II <u>S</u> ECTION B.
		CEEDENCES FOR THE SAME PARAMETER AT ANY ONE OUTFALL? YES NO
	YOU CONTACTED THE DWQ REGIONAL OFFICE?	
REGIONAL OFFICE CO	NTACT NAME:	
	charge" reports) to: ality les nter	charge" reports, within 30 days of receipt of the lab results (or at end of monitoring period in
YOU MUST SIGN THIS	S CERTIFICATION FOR ANY INFORMATION REPOR	ΓED:
"I certify, under pena that qualified person directly responsible for	Ity of law, that this document and all attachments nel properly gather and evaluate the information s or gathering the information, the information subi	were prepared under my direction or supervision in accordance with a system designed to assure ubmitted. Based on my inquiry of the person or persons who manage the system, or those persons nitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that g the possibility of fines and imprisonment for knowing violations."
(Signature of Permitt	ree)	(Date)
Additional copies of	f this form may be downloaded at: http://portspace	al.ncdenr.org/web/wq/ws/su/npdessw#tab-4

last revised April 11, 2013 Page 2 of 2 SWU-250