STORMWATER DISCHARGE OUTFALL (SDO)
ANNUAL SUMMARY DATA MONITORING REPORT (DMR)
Calendar Year _____

General Permit No. NCG160000
Certificate of Coverage No. NCG16☐☐☐☐☐

This monitoring report summary is due to the DWQ Regional Office no later than 30 days from the date the facility receives laboratory sampling results from the final sample of the calendar year.

Facility Name: _____
County: _____
Phone Number: (_____)_____ Total no. of SDOs monitored _____

Outfall No. _____
Is this outfall currently in Tier 2 (monitored monthly)? **Yes** ☐ **No** ☐
Was this outfall ever in Tier 2 (monitored monthly) during the past year? **Yes** ☐ **No** ☐
If this outfall was in Tier 2 last year, why was monthly monitoring discontinued?
Enough consecutive samples below benchmarks to decrease frequency ☐
Received approval from DWQ to reduce monitoring frequency ☐
Other _____ ☐

Outfall _____	**Total Rainfall, inches**	**00530**	**00400**		**Vehicle Maintenance Activities**
		TSS, mg/L	**pH, s.u.**	**Method 1664A (SGT-HEM) Non-Polar O&G/ Total Petroleum Hydrocarbons, mg/L**	**New Motor Oil Usage, gal/month**
Benchmark	***N/A***	***100***	***6.0 – 9.0***	***15***	***N/A***
Date Sample Collected, mo/dd/yr					

Additional Outfall Attachment

Outfall No. _____

Is this outfall currently in Tier 2 (monitored monthly)? **Yes** ☐ **No** ☐

Was this outfall ever in Tier 2 (monitored monthly) during the past year? **Yes** ☐ **No** ☐

If this outfall was in Tier 2 last year, why was monthly monitoring discontinued?

Enough consecutive samples below benchmarks to decrease frequency ☐

Received approval from DWQ to reduce monitoring frequency ☐

Other _____ ☐

Outfall _____	**Total Rainfall, inches**	**00530**	**00400**		**Vehicle Maintenance Activities**
		TSS, mg/L	**pH, s.u.**	**Method 1664A (SGT-HEM) Non-Polar O&G/ Total Petroleum Hydrocarbons, mg/L**	**New Motor Oil Usage, gal/month**
Benchmark	***N/A***	***100***	***6.0 – 9.0***	***15***	***N/A***
Date Sample Collected, mo/dd/yr					

"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."

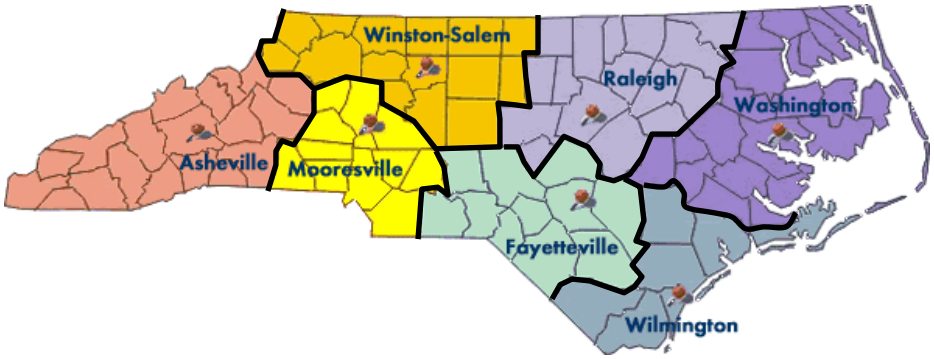
Signature _____

Date _____

Mail Annual DMR Summary Reports to:

DWQ Regional Office Contact Information:

Asheville Office …… (828) 296-4500
Fayetteville Office … (910) 433-3300
Mooresville Office … (704) 663-1699
Raleigh Office …….. (919) 791-4200
Washington Office …(252) 946-6481
Wilmington Office … (910) 796-7215
Winston-Salem …… (336) 771-5000
Central Office ……(919) 807-6300



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