

ANNUAL SUMMARY DISCHARGE MONITORING REPORT (DMR) – **WASTEWATER**

SUBMIT TO CENTRAL OFFICE*

General Permit No. NCG020000
Calendar Year _____

*Report ALL WASTEWATER monitoring data on this form (include “No Flow”/“No Discharge” and Limit Violations) from the previous calendar year to the DEQ by *MARCH 1 of each year.*

Certificate of Coverage No. NCG02

Facility Name: _____

County: _____

Phone Number: (____)_____ Total no. of outfalls monitored _____

Certified Laboratory _____ Lab # _____

_____ Lab # _____

Wastewater (WW) Discharge Outfall No. _____

Is this an industrial sand mine (See 40 CFR §436 Subpart D)? Yes No

Does this outfall discharge WW to SA waters? Yes No

Does this outfall discharge WW to SB or PNA waters? Yes No

Does this outfall discharge WW to HQW or ORW waters? Yes No

If so, what is the 7Q10 flow rate? _____ or Tidally influenced waters, 7Q10 not available

Does this outfall discharge WW to Trout (Tr) designated waters? Yes No

Were there any limit violations in the calendar year? Yes No

| Outfall No. _____ | Daily Flow Rate, cfs | pH, SU | TSS, mg/l | SS, ml/l <i>if applicable</i> | Discharge Turbidity, NTU | Upstream (U) Turbidity, NTU | Downstream (D) Turbidity, NTU | Fecal Coliform, col/100 ml (SA) |
|---|--|---|--|--|--|---|---|---------------------------------|
| <i>Effluent Limitations</i> <small>Mo. Ave / Daily Max.</small> | <small>HQW or ORW</small> 50% of 7Q10 <small>Indicate NO FLOW if applicable</small> | <small>freshwater</small> 6.0-9.0 <small>saltwater</small> 6.8-8.5 | <small>Industrial Sand</small> 25/45 <small>HQW or ORW</small> 20/30 <small>HQW or ORW and Tr or PNA</small> 10/15 | <small>HQW, ORW, SA, SB, PNA, or any Trout</small> 0.1/0.2 | No Limit <small>Circle Water Quality Standard that applies:</small> 50/25/10 | N/A <small>Water Quality Standard applies</small> | N/A <small>Water Quality Standard applies</small> | N/A |
| Date Sample Collected, mo/dd/yr | | | | | | | | |
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Additional Outfall Attachment (make copies as needed for additional outfalls)

Wastewater (WW) Discharge Outfall No. _____

Is this an industrial sand mine (See 40 CFR §436 Subpart D)? Yes No

Does this outfall discharge WW to SA waters? Yes No

Does this outfall discharge WW to SB or PNA waters? Yes No

Does this outfall discharge WW to HQW or ORW waters? Yes No

If so, what is the 7Q10 flow rate? _____ or Tidally influenced waters, 7Q10 not available

Does this outfall discharge WW to Trout (Tr) designated waters? Yes No

Were there any limit violations in the calendar year reported? Yes No

| Outfall No. _____ | Daily Flow Rate, cfs | pH, SU | TSS, mg/l | SS, ml/l <i>if applicable</i> | Discharge Turbidity, NTU | Upstream (U) Turbidity, NTU | Downstream (D) Turbidity, NTU | Fecal Coliform, col/100 ml (SA) |
|---|---|---|---|---|---|--|--|---------------------------------|
| Effluent Limitations Mo. Ave / Daily Max. | HQW or ORW 50% of 7Q10 <i>Indicate NO FLOW if applicable</i> | freshwater 6.0-9.0 saltwater 6.8-8.5 | Industrial Sand 25/45 HQW or ORW 20/30 HQW or ORW and Tr or PNA 10/15 | HQW, ORW, SA, SB, PNA, or any Trout 0.1/0.2 | No Limit Circle Water Quality Standard that applies: 50/25/10 | N/A Water Quality Standard applies | N/A Water Quality Standard applies | N/A |
| Date Sample Collected, mo/dd/yr | | | | | | | | |
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Additional Outfall Attachment (make copies as needed for additional outfalls)

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|---|------------------------------|-----------------------------|
| Wastewater (WW) Discharge Outfall No. _____ | | |
| Is this an industrial sand mine (See 40 CFR §436 Subpart D)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Does this outfall discharge WW to SA waters? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Does this outfall discharge WW to SB or PNA waters? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Does this outfall discharge WW to HQW or ORW waters? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If so, what is the 7Q10 flow rate? _____ or Tidally influenced waters, 7Q10 not available <input type="checkbox"/> | | |
| Does this outfall discharge WW to Trout (Tr) designated waters? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Were there any limit violations in the calendar year reported? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| Outfall No. _____ | Daily Flow Rate, cfs | pH, SU | TSS, mg/l | SS, ml/l <i>if applicable</i> | Discharge Turbidity, NTU | Upstream (U) Turbidity, NTU | Downstream (D) Turbidity, NTU | Fecal Coliform, col/100 ml (SA) |
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| <i>Effluent Limitations</i> Mo. Ave / Daily Max. | HQW or ORW 50% of 7Q10 <i>Indicate NO FLOW if applicable</i> | freshwater 6.0-9.0 saltwater 6.8-8.5 | Industrial Sand 25/45 HQW or ORW 20/30 HQW or ORW and Tr or PNA 10/15 | HQW, ORW, SA, SB, PNA, or any Trout 0.1/0.2 | No Limit Circle Water Quality Standard that applies: 50/25/10 | N/A Water Quality Standard applies | N/A Water Quality Standard applies | N/A |
| Date Sample Collected, mo/dd/yr | | | | | | | | |
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CERTIFICATION

"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."

[Required by 40 CFR §122.22]

Signature _____

Date _____

Mail Annual Summary Wastewater DMR to the NCDEQ Central Office:

Note the address is correct – Central Files is housed in DWR (not DEMLR)

N.C. Department of Environmental Quality (DEQ)

Division of Water Resources

Attn: DWR Central Files

1617 Mail Service Center

Raleigh, NC 27699-1617

Central Files Telephone (919) 807-6300

**Questions? Contact DEMLR Stormwater Permitting Staff in the Central Office at:
(919) 707-9220**