

BENCHMARK EXCEEDANCE or TIER 2 DISCHARGE MONITORING REPORT (DMR) – STORMWATER

SUBMIT TO REGIONAL OFFICE*

General Permit No. NCG140000

*Use this form if any stormwater samples have EXCEEDED A BENCHMARK or if the facility is in TIER 2 MONITORING for any parameter.
Send sample results to the DEMLR Regional Office *within 30 days of receipt from the laboratory.*

Certificate of Coverage No. NCG14

Facility Name: _____ Sample Collection Period: Period 1 Period 2 Calendar Year _____

County: _____ For Monthly Monitoring: Month _____

Phone Number: (____) _____ Person Collecting Samples: _____

Certified Laboratory: _____ Lab # _____

_____ Lab # _____

Has this facility had 4 or more benchmark exceedances for any single parameter, at any one SW discharge outfall (SDO)? Yes No

Have you contacted the Regional Office? Yes No

Whom at the Region did you speak with? _____

Stormwater Monitoring Requirements

Outfall No.	Date Sample Collected	Total Rainfall	Is this SDO in Tier 2?	Does this SDO include Vehicle Maintenance Activities (VMA)?	Total Suspended Solids (TSS), mg/l	pH, SU	Non-polar O&G (EPA Method 1664 (SGT-HEM)), mg/l (VMA) <small><i>If applicable</i></small>	New Motor Oil Usage (gal/mo.) <small><i>If applicable</i></small>
-	mo/dd/yr or "NO FLOW"	inches	Y/N	Y/N	100 50 (ORW, HQW, Tr, PNA)	6.0-9.0	15	<small>>55 gal/mo. average requires TSS and Non-polar O&G monitoring</small>

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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 Benchmark Exceedance/Tier 2 DMR to Your DEMLR Regional Office Land Quality Section:

<p>ASHEVILLE REGIONAL OFFICE 2090 US Highway 70 Swannanoa, NC 28778 (828) 296-4500</p>	<p>FAYETTEVILLE REGIONAL OFFICE 225 Green Street Systel Building Suite 714 Fayetteville, NC 28301-5043 (910) 433-3300</p>	<p>MOORESVILLE REGIONAL OFFICE 610 East Center Avenue/Suite 301 Mooresville, NC 28115 (704) 663-1699</p>
<p>RALEIGH REGIONAL OFFICE 3800 Barrett Drive Raleigh, NC 27609 (919) 791-4200</p>	<p>WASHINGTON REGIONAL OFFICE 943 Washington Square Mall Washington, NC 27889 (252) 946-6481</p>	<p>WILMINGTON REGIONAL OFFICE 127 Cardinal Drive Extension Wilmington, NC 28405-2845 (910) 796-7215</p>
<p>WINSTON-SALEM REGIONAL OFFICE 450 Hanes Mill Road, Suite 300 Winston-Salem, NC 27103 (336) 776-9800</p>	<p>CENTRAL OFFICE Questions for The Central Office Stormwater Permitting Program? (919) 707-9220</p>	

