

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

SUBMIT TO CENTRAL OFFICE*

**General Permit No. NCG240000
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. NCG24 Facility Name: _____
County: _____ Phone Number: (____) _____ Total no. of wastewater outfalls monitored _____
Certified Laboratory _____ Lab # _____ Lab # _____

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 this DMR to the NCDEQ Central Office:

Note: the address is correct – Central Files is housed in DWR (not DEMLR)
Central Files Telephone (919) 807-6300

N.C. Department of Environmental Quality (DEQ)

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

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

Permit Date 10/2/2017 – 9/30/2022

Last Revised 9/29/2017

Outfall Attachment (make copies as needed for additional outfalls)

Wastewater (WW) Discharge Outfall No. _____ Were there any limit violations in the calendar year? Yes No
Does this outfall discharge WW to saltwaters (class SA, SB, or PNA)? Yes No

Outfall No. _____	Total Flow, gallons	pH, SU	TSS, mg/l	BOD ₅ , mg/L	Fecal Coliform, Colonies/100mL	Non-Polar O&G (EPA Method 1664 (SGT-HEM)), mg/l
Effluent Limitations Daily Maximum	Indicate NO FLOW if applicable	freshwater 6.0-9.0 saltwater 6.8-8.5	45	45	400	No Limit Samples above Benchmark subject to Tiered Responses 15
Date Sample Collected, mm/dd/yy						