

**STORMWATER DISCHARGE OUTFALL (SDO)
MONITORING REPORT**

Permit Number NCS _____

SAMPLES COLLECTED DURING CALENDAR YEAR: _____
(This monitoring report shall be received by the Division no later than 30 days from the date the facility receives the sampling results from the laboratory.)

FACILITY NAME _____
PERSON COLLECTING SAMPLE(S) _____
CERTIFIED LABORATORY(S) _____ Lab # _____
_____ Lab # _____

COUNTY _____
PHONE NO. (____) _____

**SIGNATURE OF PERMITTEE OR DESIGNEE
REQUIRED ON PAGE 2.**

Part A: Specific Monitoring Requirements

Outfall No.	Date Sample Collected	50050 Total Flow (if app.)	Total Rainfall						
	mo/dd/yr	MG	inches						

Does this facility perform Vehicle Maintenance Activities using more than 55 gallons of new motor oil per month? yes no
(if yes, complete Part B)

Part B: Vehicle Maintenance Activity Monitoring Requirements

Outfall No.	Date Sample Collected	50050 Total Flow (if applicable)	Total Rainfall	00556 Oil & Grease (if appl.)	Non-polar O&G/TPH (Method 1664 SGT-HEM), if appl.	00530 Total Suspended Solids	00400 pH	New Motor Oil Usage
	mo/dd/yr	MG	inches	mg/l		mg/l	unit	gal/mo

STORM EVENT CHARACTERISTICS:

Date _____
Total Event Precipitation (inches): _____
Event Duration (hours): _____ (only if applicable – see permit.)

(if more than one storm event was sampled)

Date _____
Total Event Precipitation (inches): _____
Event Duration (hours): _____ (only if applicable – see permit.)

Mail Original and one copy to:
Division of Energy Mineral and Land Resources
Attn: Central Files
1617 Mail Service Center
Raleigh, North Carolina 27699-1617

"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 of Permittee)

(Date)