## NCDEQ Division of Energy, Mineral and Land Resources

## Stormwater Discharge Monitoring Report (DMR) Form for NCG060000 Food and Kindred

Click here for instructions

Complete, sign, scan and submit the DMR via the <u>Stormwater NPDES Permit Data Monitoring Report (DMR) Upload form</u> within 30 days of receiving sampling results. Mail the original, signed hard copy of the DMR to the <u>appropriate DEMLR Regional Office</u>.

Certificate of Coverage No. NCG06			Person Collecting Samples:				
Facility Name:			Laboratory Name:				
Facility County:			Laboratory Cert. No.:				
Discharge during this period: Yes No (if no, skip to signature and date)							
Has your facility implemented mandatory Tier response actions this sample period for any benchmark exceedances?							
If so, which Tier (I, II, or III)?							
A copy of this DMR has been uploaded electronically via <a href="https://edocs.deq.nc.gov/Forms/SW-DMR">https://edocs.deq.nc.gov/Forms/SW-DMR</a> Yes \sum No							
Date Uploaded:							
Analytical Monitoring Requirements for Outfalls with Industrial Activities – Benchmarks in (Red)							
Parameter Code	Parameter	Outfall	Outfall	Outfall	Outfall	Outfall	
N/A	Receiving Stream Class						
N/A	Date Sample Collected MM/DD/YYYY						
46529	24-Hour Rainfall in inches						
CO530	TSS in mg/L (100 or 50*)						
00400	pH in standard units (6.0 – 9.0 FW, 6.8 – 8.5 SW)						
31616	Fecal Coliform per 100 ml of freshwater (if required) (1000)						
61211	Enterococci per 100 ml of saltwater (if required) (500)						
00340	Chemical Oxygen Demand in mg/L (120)						
Additional parameters for outfalls in drainage areas that use >55 gallons per month of new hydraulic oil on average							
NCOIL	Estimated New Motor/Hydraulic Oil Usage in gal/month						
00552	Non-Polar Oil & Grease in mg/L (15)						
* Outfalls to Outstanding Resource Waters (ORW), High Quality Waters (HQW), Trout Waters (Tr) and Primary Nursery Areas (PNA) have a benchmark TSS limit of 50 mg/L. All other water classifications have a benchmark of 100 mg/L FW (Freshwater) SW (Saltwater)							
Notes (optional):							
"I certify by my signature below, 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 or Delegated Authorized Individual				 Date			
Email Address				Phone Nu	Phone Number		