

**NCDEQ Division of Energy, Mineral and Land Resources**

**Stormwater Discharge Monitoring Report (DMR) Form for NCG190000  
Marinas and Shipbuilding**

[Click here for instructions](#)

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

|   |                            |
|---|----------------------------|
| Certificate of Coverage No. NCG19   | Person Collecting Samples: |
| Facility Name:  | Laboratory Name:           |
| Facility County:  | Laboratory Cert. No.:      |
| Discharge during this period: <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip to signature and date)  |                            |
| Has your facility implemented mandatory Tier response actions <u>this sample period</u> for any benchmark exceedances? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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> <input type="checkbox"/> Yes <input type="checkbox"/> 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*)                                     |         |         |         |         |         |
| NCOIL   | Estimated New Motor/Hydraulic Oil usage in gal/month         |         |         |         |         |         |
| 00340   | Chemical Oxygen Demand in mg/L (120)                         |         |         |         |         |         |
| 00400   | pH in standard units (6.0 – 9.0 FW, 6.8 – 8.5 SW)            |         |         |         |         |         |
| 01105   | Aluminum, total recoverable in mg/ L (0.75 FW, 0.24 SW)      |         |         |         |         |         |
| 01119   | Copper, total recoverable in mg/L (0.010 FW, 0.006 SW)       |         |         |         |         |         |
| 01051   | Lead, total recoverable (as Pb) in mg/ L (0.075 FW, 0.22 SW) |         |         |         |         |         |
| 01094   | Zinc, total recoverable in mg/L (0.126 FW, 0.095 SW)         |         |         |         |         |         |
| Additional parameters for outfalls in drainage areas that use >55 gallons per month of new hydraulic oil on average |  |         |         |         |         |         |
| 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 Number**