

NCDEQ Division of Energy, Mineral and Land Resources

**Wastewater Discharge Monitoring Report (DMR) Form for NCG240000
Compost Operations**

[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. NCG24	Person Collecting Samples:
Facility County:	Laboratory Name:
Facility Name:	Laboratory Cert. No.:
Discharge during this period: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if no, skip to signature and date)</i>	
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 If so, which Tier (I, II, or III)?	
A copy of this DMR has been uploaded electronically via https://edocs.deq.nc.gov/Forms/SW-DMR <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Uploaded:	

Analytical Monitoring Requirements for Outfalls with Industrial Activities – Effluent Limits in (Red)

Parameter Code	Parameter	Outfall	Outfall	Outfall	Outfall	Outfall
N/A	Receiving Stream Class					
N/A	Date Sample Collected MM/DD/YYYY					
82220	Total Flow in cfs					
CO530	TSS in mg/L (30 quarterly average, 45 daily max)					
00310	BOD, 5-day in mg/L (30 quarterly average, 45 daily max)					
31615	Fecal Coliform in colonies per 100 ml (200 quarterly average, 400 daily max)					
00400	pH in standard units (6.0 – 9.0)					
00552	Nonpolar Oil and Grease in mg/L by EPA Method 1664 (AGT-HEM) (N/A but must enter tiered response if exceeds 15)					

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