

**STORMWATER DISCHARGE OUTFALL (SDO)
GENERAL PERMIT NO. NCG190000
DISCHARGE MONITORING REPORT (DMR)**

CERTIFICATE OF COVERAGE NO. NCG19 ☐☐☐☐

FACILITY NAME _____
PERSON COLLECTING SAMPLES _____
CERTIFIED LABORATORY _____ Lab # _____
_____ Lab # _____

SAMPLES COLLECTED DURING CALENDAR YEAR: _____
(This monitoring report is due at the Division no later than 30 days from
the date the facility receives the sampling results from the laboratory.)
COUNTY _____
PHONE NO. (____) _____

Part A: Specific Monitoring Requirements

Outfall No.	Date Sample Collected, mo/dd/yr	Total Rainfall, inches	00530	00400	00556	01119	01104	01094	01114
			Total Suspended Solids, mg/L	pH, Standard units	Oil & Grease, mg/L	Copper ^{2,3} , mg/L	Aluminum ² , mg/L	Zinc ^{2,3} , mg/L	Lead ^{2,3} , mg/L
Benchmark ¹	-	-	100	Within 6.0 – 9.0	30	0.007	0.75	0.067	0.03

¹ If a value is in excess of the benchmark, or outside the benchmark range (for pH), you must implement the Tier 1 or Tier 2 responses in the General Permit.

² Total recoverable.

³ These benchmarks are water hardness dependant. Values shown based on a hardness of 50 mg/L.

Solvent Management Plan Certification:

Mail original and one copy to:
Division of Water Quality
Attn: Central Files
1617 Mail Service Center
Raleigh, North Carolina 27699-1617

“Based upon my inquiry of the person or persons directly responsible for managing compliance with the permit requirement for managing solvents, I certify that to the best of my knowledge and belief, no leak, spill, or dumping of concentrated solvents into the stormwater or onto areas which are exposed to rainfall or stormwater runoff has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing all the provisions of the Solvent Management Plan included in the Stormwater Pollution Prevention Plan.”

(Signature of Permittee)

(Date)

YOU MUST SIGN THIS CERTIFICATION FOR ANY INFORMATION REPORTED:

"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)