

# Semi-annual Stormwater Discharge Monitoring Report

for North Carolina Division of Water Resources General Permit No. NCG120000

Date submitted \_\_\_\_\_

CERTIFICATE OF COVERAGE NO. NCG12\_\_\_\_

FACILITY NAME \_\_\_\_\_

COUNTY \_\_\_\_\_

PERSON COLLECTING SAMPLES \_\_\_\_\_

LABORATORY \_\_\_\_\_ Lab Cert. # \_\_\_\_\_

Comments on sample collection or analysis: \_\_\_\_\_

SAMPLE COLLECTION YEAR \_\_\_\_\_

SAMPLE PERIOD ☐ Jan-June ☐ July-Dec

or ☐ Monthly<sup>1</sup> \_\_\_\_\_ (month)

DISCHARGING TO CLASS ☐ ORW ☐ HQW ☐ Trout ☐ PNA

☐ Zero-flow ☐ Water Supply ☐ SA

☐ Other \_\_\_\_\_

PLEASE REMEMBER TO SIGN ON THE REVERSE →

## Part A: Stormwater Benchmarks and Monitoring Results

☐ No discharge this period?<sup>2</sup>

Outfall No.	Date Sample Collected <sup>1</sup> (mo/dd/yr)	24-hour rainfall amount, Inches <sup>3</sup>	Chemical Oxygen Demand	Fecal Coliform	Total Suspended Solids
<i>Benchmarks ==&gt;</i>	-	-	120 mg/L	1000 count per 100 mL	100 mg/L or 50 mg/L <sup>4</sup>

<sup>1</sup> Monthly sampling (instead of semi-annual) must begin with the second consecutive benchmark exceedance for the same parameter at the same outfall.

<sup>2</sup> For sampling periods with no discharge at any single outfall, you must still submit this discharge monitoring report with a checkmark here.

<sup>3</sup> The total precipitation must be recorded using data from an on-site rain gauge. Unattended sites may be eligible for a waiver of the rain gauge requirement.

<sup>4</sup> See General Permit text, Table 3, identifying the especially sensitive receiving water classifications where the more protective benchmark applies.

Note: **Results must be reported in numerical format. For example, do not report** Below Detection Limit, BDL, <PQL, Non-detect, ND, or other similar non-numerical format. When results are below the applicable limits, **they must be reported in the format, "<XX mg/L"**, where XX is the numerical value of the detection limit, reporting limit, etc. in mg/L. Conversely, where fecal coliform results exceed the dilution upper limit, report the result as ">XX".

**Note: If you report a sample value in excess of the benchmark, you must implement Tier 1, Tier 2, or Tier 3 responses. See General Permit text.**

**Part B: Vehicle Maintenance Area Monitoring Results: only for facilities averaging > 55 gal of new oil per month.**

☐ No discharge this period?<sup>2</sup>

Outfall No.	Date Sample Collected <sup>1</sup> (mo/dd/yr)	24-hour rainfall amount, Inches <sup>3</sup>	Non-polar O&G/TPH by EPA 1664 (SGT-HEM)	Total Suspended Solids	pH
<b>Benchmarks ==&gt;</b>	-	-	15 mg/L	100 mg/L or 50 mg/L <sup>4</sup>	6.0 – 9.0 SU

Footnotes from Part A also apply to this Part B

**Note: If you report a sample value in excess of the benchmark, you must implement Tier 1, Tier 2, or Tier 3 responses. See General Permit text.**

FOR PART A AND PART B MONITORING RESULTS:

- A BENCHMARK EXCEEDANCE TRIGGERS **TIER 1 REQUIREMENTS**. SEE PERMIT PART II SECTION B.
- 2 EXCEEDANCES IN A ROW FOR THE SAME PARAMETER AT THE SAME OUTFALL TRIGGER **TIER 2 REQUIREMENTS**. SEE PERMIT PART II SECTION B.
- **TIER 3:** HAS YOUR FACILITY HAD 4 OR MORE BENCHMARK EXCEEDENCES FOR THE SAME PARAMETER AT ANY ONE OUTFALL? YES ☐ NO ☐  
IF YES, HAVE YOU CONTACTED THE DWQ REGIONAL OFFICE? YES ☐ NO ☐

REGIONAL OFFICE CONTACT NAME: \_\_\_\_\_

**Mail an original and one copy of this DMR, including all “No Discharge” reports, within 30 days of receipt of the lab results (or at end of monitoring period in the case of “No Discharge” reports) to:**

Division of Water Resources  
Attn: DWR Central Files  
1617 Mail Service Center  
Raleigh, North Carolina 27699-1617

**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)

Permit Date: 11/1/2012-10/31/2017

SWU-248, last revised 10/25/2012  
Page 2 of 2