General Permit No. NCG180000
Certificate of Coverage No. NCG18

This monitoring report summary is due to the DEMLR Regional Office no later than November 1 of each year.

Facility Name: _________________________________________________________________
County: ____________________________________________
Phone Number: (_____)_________________ Total no. of SDOs monitored __________

<table>
<thead>
<tr>
<th>Outfall No.</th>
<th>Total Rainfall, inches</th>
<th>00530</th>
<th>00556</th>
<th>Vehicle Maintenance Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>TSS, mg/L</td>
<td>Non-polar Oil &amp; Grease, mg/L</td>
<td>New Motor Oil Usage, gal/month</td>
</tr>
<tr>
<td>Benchmark</td>
<td>N/A</td>
<td>50/100</td>
<td>15</td>
<td>N/A</td>
</tr>
<tr>
<td>Date Sample Collected, mo/dd/yr</td>
<td></td>
<td></td>
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</tbody>
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If this outfall was in Tier 2 last year, why was monthly monitoring discontinued?

- Enough consecutive samples below benchmarks to decrease frequency □
- Received approval from DEMLR to reduce monitoring frequency □
- Other _____________________________________________ □
### Outfall No. ________

**Is this outfall currently in Tier 2 (monitored monthly)?**
- Yes [ ]
- No [ ]

**Was this outfall ever in Tier 2 (monitored monthly) during the past year?**
- Yes [ ]
- No [ ]

**If this outfall was in Tier 2 last year, why was monthly monitoring discontinued?**
- Enough consecutive samples below benchmarks to decrease frequency [ ]
- Received approval from DEMLR to reduce monitoring frequency [ ]
- Other ________________________________ [ ]

### Vehicle Maintenance Activities

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- Benchmark: N/A
- Total Rainfall, inches: 00530, 00556
- TSS, mg/L: 50/100
- Non-polar Oil & Grease, mg/L: 15
- New Motor Oil Usage, gal/month: N/A
"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 __________________________________________________
Date _______________