STORMWATER DISCHARGE OUTFALL (SDO)
ANNUAL SUMMARY DATA MONITORING REPORT (DMR)
Calendar Year __________

General Permit No. NCG200000
Certificate of Coverage No. NCG20[ ][ ][ ][ ]

This monitoring report summary is due to the DWQ Regional Office no later than March 1st of each calendar year.

Facility Name: ____________________________________________________________
County: _______________________________
Phone Number: (_____)_________________ Total no. of SDOs monitored _________

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 DWQ to reduce monitoring frequency □
   Other ________________________________________________________________ □

<table>
<thead>
<tr>
<th>Outfall _____</th>
<th>Total Rainfall, inches</th>
<th>00530 TSS mg/l</th>
<th>00340 COD mg/l</th>
<th>00556 Oil &amp; Grease mg/l</th>
<th>00400 pH s.u.</th>
<th>01113 Cadmium mg/l</th>
<th>01119 Copper mg/l</th>
<th>00980 Iron mg/l</th>
<th>01114 Lead mg/l</th>
<th>01094 Zinc mg/l</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benchmark</td>
<td>N/A</td>
<td>100</td>
<td>120</td>
<td>30</td>
<td>6.0 – 9.0</td>
<td>0.001</td>
<td>0.007</td>
<td>N/A*</td>
<td>0.03</td>
<td>0.067</td>
</tr>
</tbody>
</table>

Date Sample Collected, mo/dd/yr

*Iron benchmark was removed due to variable ambient in-stream concentrations throughout State. However, 90% of ambient monitoring data collected since 2004 by DWQ show background iron concentrations less than or equal to 2.1 mg/l. Stormwater discharge iron concentrations greater than 2.1 mg/l may be contributing iron above background levels.
Additional Outfall Attachment (make copies as needed for additional outfalls)

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"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 _____________________

Mail Annual DMR Summary Reports to Your Regional DWQ Office:

DWQ Regional Office Contact Information:

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2090 US Highway 70
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Wilmington, NC 28405-2845
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"To preserve, protect and enhance North Carolina’s water..."