### Semi-annual Stormwater Discharge Monitoring Report

for North Carolina Division of Water Quality General Permit No. NCG030000

Date submitted ____________________

**CERTIFICATE OF COVERAGE NO. NCG03__ __ __ __**

**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**

**DISCHARGING TO CLASS**

- **ORW**
- **HQW**
- **Trout**
- **PNA**
- **Zero-flow**
- **Water Supply**
- **SA**
- **Other**

**Comments on sample collection or analysis:**

---

### Part A: Stormwater Benchmarks and Monitoring Results

<table>
<thead>
<tr>
<th>Outfall No.</th>
<th>Date Sample Collected¹ (mo/dd/yr)</th>
<th>24-hour rainfall amount, Inches³</th>
<th>Total Suspended Solids</th>
<th>pH, Standard units</th>
<th>Copper</th>
<th>Lead</th>
<th>Zinc</th>
<th>Non-Polar O&amp;G/Total Petroleum Hydrocarbons</th>
<th>Total Toxic Organics⁵</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benchmarks =&gt;&gt;</td>
<td>-</td>
<td>-</td>
<td>100 mg/L or 50 mg/L⁴</td>
<td>6.0 – 9.0</td>
<td>0.007 mg/L</td>
<td>0.03 mg/L</td>
<td>0.067 mg/L</td>
<td>15 mg/L</td>
<td>1 mg/L</td>
</tr>
</tbody>
</table>

---

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

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

3. 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.

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

5. Total Toxic Organics sampling is applicable only for those facilities which perform metal finishing operations, manufacture semiconductors, manufacture electronic crystals, or manufacture cathode ray tubes. For purposes of this permit the definition of Total Toxic Organics is that definition contained in the EPA Effluent Guidelines for the facility subject to the requirement to sample (for metal finishing use the definition as found in 40 CFR 433.11; for semiconductor manufacture use the definition as found in 40 CFR 469.12; for electronic crystal manufacture use the definition as found in 40 CFR 469.22; and for cathode ray tube manufacture use the definition found in 40 CFR 469.31).

---

PERMIT DATE: 11/1/2012-10/31/2017

SWU-245, last revised 10/25/2012

Page 1 of 3
Facilities that incorporate a **solvent management plan** into the Stormwater Pollution Prevention Plan may so certify, and the requirement for TTO monitoring may be waived. The solvent management plan shall include a list of the total toxic organic compounds used and the other elements listed in the General Permit. For those facilities electing to employ the TTO monitoring waiver, the discharger shall sign the following certification statement:

"Based upon my inquiry of the person or persons directly responsible for managing compliance with the permit monitoring requirement for total toxic organics (TTO), I certify that to the best of my knowledge and belief, no dumping of concentrated toxic organics into the stormwater or 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."

Name (Print name)  

Title (Print title)  

(Signature)  

(Date)

Note: **Results must be reported in numerical format. 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.

**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.  

<table>
<thead>
<tr>
<th>Outfall No.</th>
<th>Date Sample Collected¹ (mo/dd/yr)</th>
<th>24-hour rainfall amount, Inches³</th>
<th>Non-polar O&amp;G/TPH by EPA 1664 (SGT-HEM)</th>
<th>Total Suspended Solids</th>
<th>pH</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Benchmarks ==&gt;&gt;</strong></td>
<td>-</td>
<td>-</td>
<td>15 mg/L</td>
<td>100 mg/L or 50 mg/L*</td>
<td>6.0 – 9.0 SU</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Footnotes from Part A also apply to this Part B**

* See General Permit text, Table 5, identifying the especially sensitive receiving water classifications where the more protective benchmark applies.
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 Quality
Attn: DWQ 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)