## STORMWATER DISCHARGE OUTFALL (SDO) MONITORING REPORT

**CERTIFICATE OF COVERAGE NO. NCG100 ____ ____**

**SAMPLES COLLECTED DURING CALENDAR YEAR:** ________

(This monitoring report shall be received by the Division no later than 30 days from the date the facility receives the sampling results from the laboratory.)

**FACILITY NAME _________________________________**

**PERSON COLLECTING SAMPLE(S) _________________________________**

**CERTIFIED LABORATORY(S) _________________________________ Lab #________**

**COUNTY _________________________________**

**PHONE NO. (_____) _________________________________**

**PLEASE REMEMBER TO SIGN ON THE REVERSE →**

### Part A: Stormwater Benchmarks and Monitoring Results

*For sampling periods with no discharge, you must submit this discharge monitoring form noting “No Flow” or “No Discharge” within 30 days of the end of that period to comply with permit reporting requirements.*

<table>
<thead>
<tr>
<th>Outfall No.</th>
<th>Date Sample Collected, mo/dd/year</th>
<th>Total Rainfall, inches</th>
<th>00400 pH, Standard Units</th>
<th>00530 Total Suspended Solids (TSS), mg/L</th>
<th>- - - Non-polar O&amp;G/TPH (Method 1664 SGT-HEM), mg/L</th>
<th>Ethylene Glycol, mg/L</th>
<th>77023 Lead, Total Recoverable, mg/L</th>
<th>01051 Total Toxic Organics, mg/L</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benchmark</td>
<td>-</td>
<td>-</td>
<td>6.0 – 9.0(^1)</td>
<td>100/50(^2)</td>
<td>15 (Tiers 2 and 3)</td>
<td>8,000</td>
<td>0.03</td>
<td>1.0</td>
</tr>
</tbody>
</table>

Note: If you report a sampled value in excess of the benchmark value, or outside the benchmark range for pH, you must implement Tier 1 or Tier 2 responses in the General Permit.

\(^1\) See if pH values outside this range are recorded in sampled stormwater discharges, **but ambient precipitation pH levels are lower**, then the **lower threshold of this benchmark range is the pH of the precipitation** (within instrument accuracy) instead of 6 S.U. Readings from an on-site or local rain gauge (or local precipitation data) must be documented to demonstrate background concentrations were below the benchmark pH range of 6-9.

\(^2\) See General Permit text to identify whether the more protective benchmark applies for especially sensitive receiving waters.

\(^3\) For purposes of this permit the definition of Total Toxic Organics is that list as stated in Appendix D, Table II of Chapter 40 Code of Federal Regulations (CFR) Part 122.
Facilities that incorporate a solvent management plan into the Stormwater Pollution Prevention Plan may request that DWQ waive monitoring of total toxic organics. 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 allowed such a waiver, the discharger shall sign the following certification statement:

_Solvent Management Plan 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

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

"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 or Designee)                  (Date)