Semi-annual Stormwater Discharge Monitoring Report
for North Carolina Division of Water Quality General Permit No. NCG090000

Date submitted ____________________

CERTIFICATE OF COVERAGE NO. NCG09__ __ __ __
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 [ ] Monthly1 (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

<table>
<thead>
<tr>
<th>Outfall No.</th>
<th>Date Sample Collected1^ (mo/dd/yr)</th>
<th>24-hour rainfall amount, Inches3</th>
<th>Total Cadmium</th>
<th>Total Chromium</th>
<th>Total Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benchmarks =&gt;&gt;</td>
<td>-</td>
<td>-</td>
<td>0.001 mg/L</td>
<td>1.0 mg/L</td>
<td>0.03 mg/L</td>
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</table>

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.

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.
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</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>Benchmarks ==»</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>
</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) ________________________________

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