**LIMIT VIOLATION DISCHARGE MONITORING REPORT (DMR) – WASTEWATER**

***SUBMIT TO REGIONAL OFFICE\****

**General Permit No. NCG140000**

\*Use this form if any wastewater samples have EXCEEDED A WASTEWATER LIMIT for any parameter.

Send sample results to the DEMLR Regional Office *within 30 days of receipt from the laboratory*.

Certificate of Coverage No. NCG14

Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sample Collection Period: Qtr 1  Qtr 2Qtr 3  Qtr 4Calendar Year \_\_\_\_\_\_\_\_\_

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If Monthly Monitoring: Month\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Person Collecting Samples: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certified Laboratory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lab # \_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lab # \_\_\_\_\_\_\_

**Discharge to HQW or ORW waters? Yes  No**

**Discharge to SA waters? Yes  No  Discharge to Tr (Trout) waters? Yes  No**

**Discharge to SB or PNA waters? Yes  No  If HQW, what is the 7Q10 flow rate? \_\_\_\_\_\_\_\_\_\_ or Tidal, 7Q10 not available**

**Wastewater Monitoring Requirements**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | **Total Suspended Solids (TSS), mg/l** | **Settleable Solids,**  **ml/l**  ***if applicable*** |  |
| **Outfall**  **No.** | **Date Sample Collected** | **Daily Flow Rate, cfs** | **pH,**  **SU** | **Non-Polar O&G (EPA Method 1664 (SGT-HEM)), mg/l** |
| - | **mo/dd/yr**  **or “NO FLOW”** | **HQW or ORW**  **50% of 7Q10**  ***Indicate NO FLOW if applicable*** | **freshwater**  **6.0-9.0  saltwater 6.8-8.5** | **Standard**  **30**  **HQW**  **20**  **HQW / ORW and Tr, or PNA**  **10** | **HQW, ORW, SA, SB, PNA, or any Trout**  **5** | **No Limit**  **Samples above Benchmark**  **subject to Tiered Responses**  **15** |
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Certificate of Coverage No. NCG14

**Wastewater Monitoring Requirements**

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Certificate of Coverage No. NCG14

**CERTIFICATION**

"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." *[Required by 40 CFR §122.22]*

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mail Limit Violation DMR to Your DEMLR Regional Office Land Quality Section:**

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| --- | --- | --- |
| ASHEVILLE REGIONAL OFFICE 2090 US Highway 70  Swannanoa, NC 28778  (828) 296-4500 | FAYETTEVILLE REGIONAL OFFICE 225 Green Street  Systel Building Suite 714  Fayetteville, NC 28301-5043  (910) 433-3300 | MOORESVILLE REGIONAL OFFICE 610 East Center Avenue/Suite 301  Mooresville, NC 28115  (704) 663-1699 |
| RALEIGH REGIONAL OFFICE 3800 Barrett Drive  Raleigh, NC 27609  (919) 791-4200 | WASHINGTON REGIONAL OFFICE 943 Washington Square Mall  Washington, NC 27889  (252) 946-6481 | WILMINGTON REGIONAL OFFICE 127 Cardinal Drive Extension  Wilmington, NC 28405-2845  (910) 796-7215 |
| WINSTON-SALEM REGIONAL OFFICE 450 Hanes Mill Road, Suite 300  Winston-Salem, NC 27103  (336) 776-9800 | CENTRAL OFFICE Questions for The Central Office Stormwater Permitting Program?  (919) 707-9220 |  |