**ANNUAL SUMMARY DISCHARGE MONITORING**

**REPORT (DMR) – WASTEWATER**

***SUBMIT TO CENTRAL OFFICE\****

**General Permit No. NCG240000**

**Calendar Year \_\_\_\_\_\_\_\_\_\_\_**

\*Report ALL WASTEWATER monitoring data on this form (include “No Flow”/“No Discharge” and Limit Violations) from the previous calendar year to the DEQ by *MARCH 1 of each year.*

Certificate of Coverage No. NCG24 [ ] [ ] [ ] [ ]  Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total no. of wastewater outfalls monitored \_\_\_\_\_\_\_\_\_

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

**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 this DMR to the NCDEQ Central Office:**

*Note: the address is correct – Central Files is housed in DWR (not DEMLR)*

Central Files Telephone (919) 807-6300

**N.C. Department of Environmental Quality (DEQ)**

**Division of Water Resources**

**Attn: DWR Central Files**

**1617 Mail Service Center**

**Raleigh, NC 27699-1617**

**Questions? Contact DEMLR Stormwater Staff in the Central Office at: (919) 707-9220**

Outfall Attachment (*make copies as needed for additional outfalls*)

**Wastewater (WW) Discharge Outfall No. \_\_\_\_\_\_\_\_\_ Were there any limit violations in the calendar year? Yes [ ]  No [ ]**

**Does this outfall discharge WW to saltwaters (class SA, SB, or PNA)? Yes [ ]  No [ ]**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **TSS,****mg/l** |  | **Fecal Coliform,****Colonies/100mL** |  |
| **Outfall No.** **\_\_\_\_\_\_\_\_\_** | **Total Flow, gallons** |  **pH,****SU** | **BOD5, mg/L** | **Non-Polar O&G (EPA Method 1664 (SGT-HEM)), mg/l** |
| *Effluent Limitations***Daily Maximum** | ***Indicate NO FLOW if applicable*** | **freshwater****6.0-9.0saltwater6.8-8.5** | **45** | **45** | **400** | **No Limit****Samples above Benchmark** **subject to Tiered Responses****15** |
| **Date Sample Collected, mm/dd/yy** |  |  |  |  |  |  |
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