**BENCHMARK EXCEEDANCE or TIER 2 DISCHARGE MONITORING REPORT (DMR) – STORMWATER**

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

**General Permit No. NCG240000**

\*Use this form if any stormwater samples have EXCEEDED A BENCHMARK or if the facility is in TIER 2 MONITORING for any parameter.

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

Certificate of Coverage No. NCG24 [ ] [ ] [ ] [ ]

Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sample Collection Period: 1 [ ]  2 **[ ]** 3 [ ]  4 **[ ]** Calendar Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For Monthly Monitoring: Month\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No.: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Person Collecting Samples: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Has this facility had 4 or more benchmark exceedances for any single parameter, at any one SW discharge outfall (SDO)? Yes [ ]  No [ ]**

**Have you contacted the Regional Office? Yes [ ]  No [ ]  Whom at the Region did you speak with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 Benchmark Exceedance/Tier 2 DMR to Your DEMLR Regional Office Land Quality Section:**



|  |  |  |
| --- | --- | --- |
| ASHEVILLE REGIONAL OFFICE2090 US Highway 70Swannanoa, NC 28778(828) 296-4500 | FAYETTEVILLE REGIONAL OFFICE225 Green StreetSystel Building Suite 714Fayetteville, NC 28301-5043(910) 433-3300 | MOORESVILLE REGIONAL OFFICE610 East Center Avenue/Suite 301Mooresville, NC 28115(704) 663-1699 |
| RALEIGH REGIONAL OFFICE3800 Barrett DriveRaleigh, NC 27609(919) 791-4200 | WASHINGTON REGIONAL OFFICE943 Washington Square MallWashington, NC 27889(252) 946-6481 | WILMINGTON REGIONAL OFFICE127 Cardinal Drive ExtensionWilmington, NC 28405-2845(910) 796-7215 |
| WINSTON-SALEM REGIONAL OFFICE450 Hanes Mill Road, Suite 300 Winston-Salem, NC 27103(336) 776-9800 | CENTRAL OFFICEQuestions for The Central Office Stormwater Permitting Program? (919) 707-9220 |  |

Certificate of Coverage No. NCG24 [ ] [ ] [ ] [ ]

**Stormwater Monitoring Requirements**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outfall****No.** | **Date Sample Collected** | **Total Rain-fall** | **Is this SDO in Tier 2?** | **Does this SDO include Vehicle Maint. Activities (VMA)?** | **TSS,****mg/l** | **COD,****mg/l** | **Fecal Coliform,****Col/100mL** | **TN,****mg/l** | **TP,****mg/l** | **Cu, mg/l** | **Pb, mg/l** | **Zn, mg/l** | **pH,****SU** | **Non-polar O&G, mg/l (VMA)*If applicable*** | **New Motor Oil Usage (gal/mo.)*If applicable*** |
| - | **mm/dd/yy** **or “NO FLOW”** | **in**  | **Y/N** | **Y/N** | **100** | **120** | **1000** | **30** | **2** | **0.010** | **0.075** | **0.126** | **6.0-9.0** |  **15** | **>55 gal/mo. average requires TSS and Non-polar O&G monitoring** |
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