

LIMIT VIOLATION DISCHARGE MONITORING REPORT (DMR) – WASTEWATER

SUBMIT TO REGIONAL OFFICE*

General Permit No. NCG020000

*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. NCG02

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

County: _____ If Monthly Monitoring: Month _____

Phone Number: (____) _____ Person Collecting Samples: _____

Certified Laboratory: _____ Lab # _____

_____ Lab # _____

Is this an industrial sand mine? Yes No

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

Outfall No.	Date Sample Collected	Daily Flow Rate, cfs	pH, SU	Total Suspended Solids (TSS), mg/l	Settleable Solids, ml/l <i>if applicable</i>	Discharge Turbidity, NTU	Upstream (U) Turbidity, NTU	Downstream (D) Turbidity, NTU	Fecal Coliform, col/100 ml (SA)
-	mo/dd/yr or "NO FLOW"	HQW or ORW 50% of 7Q10 <small>Indicate NO FLOW if applicable</small>	freshwater 6.0-9.0 saltwater 6.8-8.5	Industrial Sand 25/45 HQW or ORW 20/30 HQW or ORW and Tr or PNA 10/15	HQW, ORW, SA, SB, PNA, or any Trout 0.1/0.2	No Limit Circle Water Quality Standard that applies: 50/25/10	N/A Water Quality Standard applies	N/A Water Quality Standard applies	N/A

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:

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

