

Part B: Vehicle Maintenance Area Monitoring Results: only for facilities averaging > 55 gal of new motor oil/month.

Date Sample Collected ¹ (mo/dd/yr)	Outfall No.	pH	TPH <i>using method 1664A SGT-HEM</i>	TSS	Total Rainfall ²	Check if No Flow This Period ³	Average New Motor Oil Usage
		6-9	15 mg/L	100 mg/L ⁴	-		-

Footnotes from Part A also apply to this Part B

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)