NCDEQ Division of Energy, Mineral and Land Resources

Wastewater Discharge Monitoring Report (DMR) Form for NCG140000 Ready-Mix Concrete

Click here for instructions

Complete, sign, scan and submit the DMR via the <u>Stormwater NPDES Permit Data Monitoring Report (DMR) Upload form</u> within 30 days of receiving sampling results. Mail the original, signed hard copy of the DMR to the <u>appropriate DEMLR Regional Office</u>.

Certificate of Coverage No. NCG14			Person Collecting Samples:			
Facility Name:			Laboratory Name:			
Facility County:			Laboratory Cert. No.:			
Discharge du	uring this period: 🗌 Yes 📗 No <i>(if no</i>	, skip to signatu	ıre and date)			
Has your fac	ility implemented mandatory Tier resp	onse actions <u>th</u>	is sample perio	<u>d</u> for any benchn	nark exceedance	s? 🗌 Yes 🔲 No
If so, which	Tier (I, II, or III)?					
A copy of this DMR has been uploaded electronically via https://edocs.deg.nc.gov/Forms/SW-DMR Yes No						
Date Uploaded:						
-	Ionitoring Requirements for Outfalls v	vith Industrial i	Activities – Effi	ient Limits in (Re	ed)	
Parameter Code	Parameter	Outfall	Outfall	Outfall	Outfall	Outfall
N/A	Receiving Stream Class					
N/A	Date Sample Collected MM/DD/YYYY					
82220	Daily Flow Rate in cfs (50% of 7Q10 for HQW/ORW)					
CO530	TSS in mg/L (30, 20, or 10*)					
00400	pH in standard units (6.0-9.0 freshwater, 6.8-8.5 saltwater)					
00545	Settleable Solids in HQW, ORW, SA, SB, Tr & PNA (5 mL/L)					
00552	Non-Polar Oil & Grease in mg/L (N/A, but samples above 15 require tiered responses)					
Primary Nurs	Outstanding Resource Waters (ORW), Higl ery Areas (PNA) have a TSS limit of <mark>10 mg</mark> ,	-				Waters (Tr) and
Notes (opt	ional):					
accordance w inquiry of the submitted is,	ny signature below, under penalty of law, the vith a system designed to assure that qualify person or persons who manage the system to the best of my knowledge and belief, trution, including the possibility of fines and in	ied personnel pro n, or those perso ue, accurate, and	operly gather and ns directly respor complete. I am a	evaluate the infornsible for gathering ware that there are	mation submitted. the information, t	Based on my the information
Signature of	Permittee or Delegated Authorized In	Date				
Email Address			Phone Number			