

**STORMWATER DISCHARGE OUTFALL (SDO)  
MONITORING REPORT**

Permit Number NCS \_\_\_\_\_

SAMPLES COLLECTED DURING CALENDAR YEAR: \_\_\_\_\_  
(This monitoring report shall be received by the Division no later than 30 days from the date the facility receives the sampling results from the laboratory.)

FACILITY NAME \_\_\_\_\_  
PERSON COLLECTING SAMPLE(S) \_\_\_\_\_  
CERTIFIED LABORATORY(S) \_\_\_\_\_ Lab # \_\_\_\_\_  
\_\_\_\_\_ Lab # \_\_\_\_\_

COUNTY \_\_\_\_\_  
PHONE NO. (\_\_\_\_) \_\_\_\_\_

**SIGNATURE OF PERMITTEE OR DESIGNEE  
REQUIRED ON PAGE 2.**

**Part A: Specific Monitoring Requirements**

Outfall No.	Date Sample Collected mo/dd/yr	50050	Total Rainfall inches						
		Total Flow (if app.) MG							

Does this facility perform Vehicle Maintenance Activities using more than 55 gallons of new motor oil per month? \_\_ yes \_\_ no  
(if yes, complete Part B)

**Part B: Vehicle Maintenance Activity Monitoring Requirements**

Outfall No.	Date Sample Collected mo/dd/yr	50050	Total Rainfall inches	00556	Non-polar O&G/TPH (Method 1664 SGT-HEM), if appl.	00530	00400	New Motor Oil Usage gal/mo
		Total Flow (if applicable) MG		Oil & Grease (if appl.) mg/l		Total Suspended Solids mg/l	pH unit	

**STORM EVENT CHARACTERISTICS:**

**Date** \_\_\_\_\_

**Total Event Precipitation (inches):** \_\_\_\_\_

**Event Duration (hours):** \_\_\_\_\_ (only if applicable – see permit.)

(if more than one storm event was sampled)

**Date** \_\_\_\_\_

**Total Event Precipitation (inches):** \_\_\_\_\_

**Event Duration (hours):** \_\_\_\_\_ (only if applicable – see permit.)

**Mail Original and one copy to:**

Division of Water Quality

Attn: Central Files

1617 Mail Service Center

Raleigh, North Carolina 27699-1617

**"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)**