

EFFLUENT

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MAY 7 - 2015

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NPDES PERMIT NO. NC0021482 DISCHARGE NO. 001 MONTH March YEAR MAY 12 2015
 FACILITY NAME TOWN OF MAYSVILLE CLASS 2 COUNTY JONES
 CERTIFIED LABORATORY (1) ENVIRONMENT ONE, INC. CERTIFICATION NO. 10
 (list additional laboratories on the backside/page 2 of this form)
 OPERATOR IN RESPONSIBLE CHARGE (ORC) BRIAN ODUM GRADE 2 CERTIFICATION NO. 991108
 PERSON(S) COLLECTING SAMPLES STAFF ORC PHONE 910-743-4441
 CHECK BOX IF ORC HAS CHANGED NO FLOW / DISCHARGE FROM SITE

Mail ORIGINAL and ONE COPY to:
 ATTN: CENTRAL FILES
 DIVISION OF WATER QUALITY
 1617 MAIL SERVICE CENTER
 RALEIGH, NC 27699-1617

x Brian Odum 4.27.15
 (SIGNATURE OF OPERATOR IN RESPONSIBLE CHARGE) DATE
 BY THIS SIGNATURE, I CERTIFY THAT THIS REPORT IS
 ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DATE	Operator Arrival Time 2400 Clock	Operator Time	ORC On Site? **	50050		00010	00400	50060	00310	00610	00530	31616	00300	00600	00665	ENTER PARAMETER CODE ABOVE NAME AND UNITS			
				FLOW	DAILY RATE	TEMPERATURE CELSIUS	pH	RESIDUAL CHLORINE	BOD ₅ 20°C	AMMONIA NITROGEN	TOTAL SUSPENDED	FECAL COLIFORM (Geometric Mean)	DISSOLVED OXYGEN	TOTAL NITROGEN	TOTAL PHOSPHORUS				
	HRS	HRS	Y/B/N	MGD	°C	UNITS	UG/L	MG/L	MG/L	MG/L	#/100ML	MG/L	MG/L	MG/L					
1	0800	3	Y	.209	12								10.7						
2	0630	8.5	Y	.209	12								9.9						
3	0700	8.5	Y	.185	12								9.4						
4	0630	8.5	Y	.183	13								10.2						
5	0700	8.5	Y	.202	14	7.4		4.4	1.71	3.4	12	9.9	5.13	1.10					
6	0700	5.5	Y	.207	12								9.3						
7	0900	3	B	.174	14								9.1						
8	1000	3	B	.146	12								8.6						
9	0700	9	Y	.152	13								9.2						
10	0700	9	Y	.144	14								9.3						
11	0700	9	Y	.134	15								8.5						
12	0700	5.5	Y	.134	15	7.1		2.0	0.31	2.5	1	8.6							
13	0700	4.5	Y	.132	15								8.4						
14	0800	4	Y	.245	15								8.8						
15	0900	3	Y	.185	16								8.1						
16	0700	1	Y	.171	15								7.6						
17	0700	8.5	Y	.153	14								7.4						
18	0700	3.5	Y	.138	15								7.7						
19	0700	8	Y	.146	15	7.9		2.0	0.63	2.5	26	8.9							
20	0700	5	Y	.274	14								7.8						
21	1100	3	B	.166	16								7.8						
22	1000	3	B	.138	15								7.4						
23	0700	9	Y	.157	14								7.2						
24	0700	8.5	Y	.125	14								7.7						
25	0700	8.5	Y	.123	14								8.1						
26	0700	9	Y	.134	16	7.5		2.0	1.07	2.5	1	8.5							
27	0700	6.5	Y	.187	16								8.5						
28	0700	4	Y	.187	15								7.6						
29	0900	4	Y	.142	13								7.9						
30	0700	5	Y	.146	13								8.8						
31	0700	5	Y	.135	14								8.5						
AVERAGE				.167	14.1			2.6	0.93	2.7	4.2	8.6							
MAXIMUM				.274	16	7.9		4.4	1.71	3.4	26	10.7							
MINIMUM				.123	12	7.1		2.0	0.31	2.5	1	7.2							
Comp. (C) / Grab (G)					C	C		C	C	C	C	C	C	C	C				
Monthly Limit				.180	N/A	6.0-9.0	N/A	30	8.6	30	200	5.0	N/A	N/A					

RECEIVED
 MAY 05 2015
 CENTRAL FILES
 DWQ SECTION

INFLUENT

 NPDES Permit No. NC0021482

 Discharge No. 001

 Month March

 Year 2015

 Facility Name Town of Maysville

 County Jones

DATE	Time 2400 Clock	Composite Time	00010	00400	00310	00610	00530	ENTER PARAMETER CODE ABOVE, NAME AND UNITS BELOW										
			Temperature °Celsius	pH	BOD ₅ , 20°C	Ammonia Nitrogen as N	Total Suspended Solids											
			°C	UNITS	mg/L	mg/L	mg/L											
1																		
2																		
3																		
4	0800																	
5	0800	24	4			127		96										
6																		
7																		
8																		
9																		
10																		
11	0800																	
12	0800	24	4			104		113										
13																		
14																		
15																		
16																		
17																		
18	0800																	
19	0800	24	4			68		64										
20																		
21																		
22																		
23																		
24																		
25	0800																	
26	0800	24	3			108		102										
27																		
28																		
29																		
30																		
31																		
Average					102		94											
Maximum			4		127		113											
Minimum			3		68		64											
Comp.(C)/Grab(G)			C		C		C											

NPDES Permit No. NC0021482 Discharge No. 001 Month MARCH Year 2015
 Facility Name Town of Maysville County Jones
 Stream White oak River Stream White Oak River
 Location 100' Upstream Location 300' Downstream

UPSTREAM

DOWNSTREAM

DATE	Time 2400 Clock	00010	00400	00310	00300	31616	00095	Enter Parameter Code Above, Name and Units Below	
		Temperature ° Celsius	pH	BOD ₅ , 20°C	Dissolved Oxygen	Fecal Coliform (geometric mean)	Conductivity		
		HRS	°C	UNITS	mg/L	mg/L	#/100 ml	µmhos/cm	
1									
2									
3									
4									
5	1130	4			10.0				
6									
7									
8									
9									
10									
11									
12	1130	8			9.8				
13									
14									
15									
16									
17									
18									
19									
20	1130	11			10.4				
21									
22									
23									
24									
25									
26	0930	14			8.9				
27									
28									
29									
30									
31									
Average		9.3			10				
Maximum		14			10.8				
Minimum		4			8.9				

DATE	Time 2400 Clock	00010	00400	00310	00300	31616	00095	Enter Parameter Code Above, Name and Units Below	
		Temperature ° Celsius	pH	BOD ₅ , 20°C	Dissolved Oxygen	Fecal Coliform (geometric mean)	Conductivity		
		HRS	°C	UNITS	mg/L	mg/L	#/100 ml	µmhos/cm	
1									
2									
3									
4									
5	1130	4			10.7				
6									
7									
8									
9									
10									
11									
12	1130	8			9.7				
13									
14									
15									
16									
17									
18									
19									
20	1130	11			10.6				
21									
22									
23									
24									
25									
26	0930	14			8.7				
27									
28									
29									
30									
31									
Average		9.3			9.9				
Maximum		14			10.7				
Minimum		4			8.7				

Facility Status: (Please check one of the following)

All monitoring data and sampling frequencies meet permit requirements
(including weekly averages, if applicable)

Compliant

All monitoring data and sampling frequencies do NOT meet permit requirements

Noncompliant

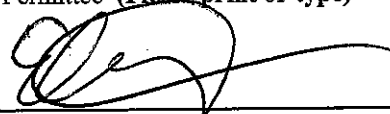
The permittee shall report to the Director or the appropriate Regional Office any noncompliance that potentially threatens public health or the environment. Any information shall be provided orally within 24 hours from the time the permittee became aware of the circumstances. A written submission shall also be provided within 5 days of the time the permittee becomes aware of the circumstances.

If the facility is noncompliant, please attach a list of corrective actions being taken and a time-table for improvements to be made as required by Part II.E.6 of the NPDES permit.

"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 managed 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."

Edward Waltz, Mayor

Permittee (Please print or type)



Signature of Permittee*** Date
(Required unless submitted electronically)

P.O. Box 265 Maysville, NC 28555

910-743-4441

31-Jul-17

Permittee Address

Phone Number

e-mail address

Permit Expiration Date

ADDITIONAL CERTIFIED LABORATORIES

Certified Laboratory (2)	_____	Certification No.	_____
Certified Laboratory (3)	_____	Certification No.	_____
Certified Laboratory (4)	_____	Certification No.	_____
Certified Laboratory (5)	_____	Certification No.	_____

PARAMETER CODES

Parameter Code assistance may be obtained by calling the NPDES Unit at (919) 807-6300 or by visiting <http://portal.ncdenr.org/web/wq/swp/ps/npdes/appforms>.

Use only units of measurement designated in the reporting facility's NPDES permit for reporting data.

- * **No Flow/Discharge From Site:** Check this box if no discharge occurs and, as a result, there are no data to be entered for all of the parameters on the DMR for the entire monitoring period.
- ** **ORC On Site?:** ORC must visit facility and document visitation of facility as required per 15A NCAC 8G .0204.
- *** **Signature of Permittee:** If signed by other than the permittee, then the delegation of the signatory authority must be on file with the state per 15A NCAC 2B .0506(b)(2)(D).