

# Effluent

7

NPDES NO: NC0021482 DISCHARGE NO.: 001 MONTH: April YEAR: 2015  
 FACILITY NAME: Town of Maysville CLASS: II 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) Robert Boomer GRADE I CERTIFICATION NO. 24730  
 PERSON(S) COLLECTING SAMPLES Operators ORC PHONE 910/358-1180  
 CHECK BOX IF ORC HAS CHANGE  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

*Robert A. Boomer* 5-27-15  
 (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

JUN -- 2 2015

DATE	Operator Arrival Time 2400 Clock	Operator Time On Site	ORC On Site*	50050	00010	00400	50060	CO310	CO810	CO530	31616	00300	CO600	CO665	COMER	00625	00630	TGP3B
				FLOW	TEMPERATURE CELCIUS	PH	RESIDUAL CHLORINE	BOD <sub>5</sub> 20°C	AMMONIA NITROGEN	TOTAL SUSPENDED RESIDUE	FECAL COLIFORM (Geometric Mean)	DISSOLVED OXYGEN	TOTAL NITROGEN	TOTAL PHOSPHOROUS	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW			
EFF X INF	UV X	Mercury	TKN	Nitrate/Nitrite														
	HRS	HRS	Y/B/N	MGD	°C	UNITS	UG/L	MG/L	MG/L	MG/L	#/100ML	MG/L	MG/L	MG/L	ng/L	MG/L	MG/L	
1	0830	4	Y	0.123	15							8.90						
2	0730	4	Y	0.123	14	7.2		< 2.0	0.16	< 2.5	1	8.80						
3	0830	4	Y	0.116	15							8.80						
4	0830	1	Y	0.109	15							8.60						
5	0730	1	Y	0.102	14							8.40						
6	0730	4	B	0.105	15							8.70						
7	0800	4	B	0.100	16							8.40						
8	0800	4	B	0.095	17							7.60						
9	0800	4	B	0.151	17	7.4		2.2	0.58	< 2.5	5	9.10						
10	0830	4	B	0.148	16							7.60						
11	1130	1	B	0.138	17							8.50						
12	1030	1	B	0.096	12							7.70						
13	0830	4	B	0.099	17							8.00						
14	0700	4	Y	0.111	18							7.70						
15	0700	4	Y	0.101	18							8.20						
16	0700	4	Y	0.104	17	7.7		2.3	1.09	< 2.5	< 1	8.80						
17	0730	4	Y	0.107	17							8.70						
18	0930	1	Y	0.090	17							8.90						
19	0800	1	Y	0.151	18							8.70						
20	0830	4	B	0.141	17							8.20						
21	0830	4	B	0.107	17.0							7.40						
22	0830	4	B	0.098	17							6.90						
23	0700	4	Y	0.101	18	7.6		< 2.0	2.44	< 2.6	4	8.00						
24	0830	4	B	0.098	17							7.70						
25	0930	1	B	0.089	17							7.70						
26	0930	1	B	0.072	16							8.00						
27	0700	4	Y	0.082	17							7.40						
28	0700	4	Y	0.079	16							8.20						
29	0700	4	Y	0.081	17							7.90						
30	0730	4	Y	0.069	17	7.3		< 2.0	0.24	< 2.7	1	8.40						
31																		
AVERAGE				0.106	16.4			0.9	0.9	0	2	8.20						
MAXIMUM				0.151	18.0	7.7		2.3	2.44	< 2.7	5	9.10						
MINIMUM				0.069	12.0	7.2		< 2.0	0.16	< 2.5	< 1	6.90						
Comp.(C/Grab(G))					G	G	G	C	C	C	G	G	C	C	G			
Monthly Limit				0.18			28.0	30.0	2.3	30.0	200	>5			12.0			

RECEIVED  
 MAY 29 2015  
 CENTRAL FILES  
 DWR SECTION

# Influent

NPDES NO: NC0021482      DISCHARGE NO.: 001      MONTH: April      YEAR: 2015  
 FACILITY NAME: Town of Maysville      COUNTY: Jones

Date	Time 2400 Clock	COMPOSITE TIME	00400	00010	00310	00610	00530	ENTER PARAMETER CODE ABOVE NAME AND UNITS BELOW								
			pH Max/pH Min	TEMPERATURE CELCIUS	BOD <sub>5</sub> 20°C	AMMONIA NITROGEN	TOTAL SUSPENDED RESIDUE									
	HRS	HRS	UNITS	°C	MG/L	MG/L	MG/L									
1		24														
2	0800	24			118		146									
3		24														
4		24														
5		24														
6		24														
7		24														
8		24														
9	0800	24			186		147									
10		24														
11		24														
12		24														
13		24														
14		24														
15		24														
16	0800	24			69		77									
17		24														
18		24														
19		24														
20		24														
21		24														
22		24														
23	0800	24			110		97									
24		24														
25		24														
26		24														
27		24														
28		24														
29		24														
30	0800	24			200		139									
31		24														
Average					137		121									
Maximum					200		147									
Minimum					69		77									
Comp.(C)/Grab(G)					C		C									



**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

**If the facility is noncompliant, please attach a list of corrective actions being taken and a time-table for**

"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)

*[Handwritten Signature]*

5/26/15

Signature of Permittee\*\*\*

Date

(Required unless submitted electronically)

PO Box 265, Maysville, NC 28555

910/743-4441

7/31/2017

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) 733-5083 or by visiting the Surface Water Protection Section's web site at [h2o.enr.state.nc.us/wqs](http://h2o.enr.state.nc.us/wqs) and linking to the unit's information

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).