

# Effluent

7

NPDES NO: NC0021482 DISCHARGE NO.: OO1 MONTH: May 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

DJ

JUL 13 2015

*Robert Boomer*

QA

6-24-15 2015

DATE JUL 13 2015

(SIGNATURE OF OPERATOR IN RESPONSIBLE CHARGE)  
 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 On Site	ORC On Site*	50050	00010	00400	50060	CO310	CO610	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											UVX	Mercury	TKN	Nitrate/Nitrite	
HRS	HRS	Y/B/N	MGD	°C	UNITS	UG/L	MG/L	MG/L	MG/L	MG/L	#/100ML	MG/L	MG/L	MG/L	ng/L	MG/L	MG/L		
1	0730	4.5	Y	0.070	18							7.90							
2	0830	3	Y	0.066	18							8.10							
3	0830	3	Y	0.064	18							8.00							
4	0830	7.5	B	0.060	18							7.80							
5	0700	8.5	Y	0.055	18							7.90							
6	0830	5	B	0.060	18							8.40							
7	0700	10	Y	0.061	19	7.4		2.1	4.44	<2.5	2	7.80							
8	0730	4.5	Y	0.088	19							8.20							
9	1000	3	B	0.124	19							8.50							
10	1000	3	B	0.189	19							8.00							
11	0700	3.5	Y	0.326	19							8.20							
12	0700	5.5	Y	0.227	19							7.60							
13	0830	10.5	B	0.136	19							7.90							
14	0730	6.5	B	0.137	18	7.9		7.9	6.9	7	5800	6.80							
15	0800	5	B	0.114	19							7.70							
16	0900	3	B	0.128	19							7.80							
17	1100	3	B	0.080	19							7.90							
18	0800	6.5	B	0.084	19							8.00							
19	0730	6	B	0.088	20							7.00							
20	0730	10	B	0.073	21							6.30							
21	0800	6	B	0.091	21.0	8.2		4.5	3.61	3.3	1500	7.50							
22	0800	4	B	0.081	21							7.90							
23	1000	3	B	0.071	21							8.00							
24	0900	3	B	0.063	20							8.00							
25	0830	3	B	0.068	20							6.70							
26	0830	7	B	0.055	22							6.00							
27	0730	2.5	B	0.066	21							6.50							
28	0730	6.5	B	0.064	21							6.50							
29	0750	7.5	B	0.065	21	8.2		2.1	7.22	2.5	3200	7.40							
30	1000	3	B	0.054	22							6.90							
31	0830	4	B	0.066	22							7.00							
AVERAGE				0.096	19.6			4.2	5.5	3	486	7.55							
MAXIMUM				0.326	22.0	8.2		7.9	7.22	7	5800	8.50							
MINIMUM				0.054	18.0	7.4		2.1	3.61	2.5	2	6.00							
Comp.(C /Grab)(G)				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

JUN 23 2015

CENTRAL FILES  
DWR SECTION

**Facility Status: (Please check one of the following)**

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

All monitoring data and sampling frequencies do NOT meet permit requirements

XXX

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)

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).

**Town of Maysville WWTP  
NPDES Permit #NC0021482  
May 2015  
Noncompliant Status**

For the month of May 2015, the Maysville WWTP was noncompliant for the following parameters:

Ammonia	Monthly Average
Fecal Coliform	Monthly Average
Fecal Coliform	Weekly Average

During the period of noncompliance, there was a transition in the staff at the WWTP. The new responsible staff was not familiar with the UV cleaning process and so cleaning of the bulbs was delayed. The UV bulbs are now being cleaned and a regular cleaning schedule will be established.

The loss of nitrification in the plant may be due to lowered dissolved oxygen levels in the aeration basin. There were some mechanical issues with the blowers that have now been resolved. Staff will maintain the appropriate dissolved oxygen levels needed for nitrification.

# Influent

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

Date	Time 2400 Clock	COMPOSITE TIME	00400	00010	00310	00810	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	MGL	MGL	MGL								
1															
2															
3															
4															
5															
6															
7	800	24			200		145								
8															
9															
10															
11															
12															
13															
14	800	24			77		45								
15															
16															
17															
18															
19															
20															
21	800	24			212		193								
22															
23															
24															
25															
26															
27															
28	800	24			135		100								
29															
30															
31															
Average					156		121								
Maximum					212		193								
Minimum					77		45								
Comp.(C)/Grab(G)					C		C								

NPDES NO. NC0021482 DISCHARGE NO. 001 MONTH May YEAR 2015  
 FACILITY NAME Town of Maysville COUNTY Jones  
 STREAM White Oak River STREAM White Oak River  
 LOCATION 100' Upstream LOCATION 300' Downstream

### Upstream

Date	Time 2400 Clock	00510	00400	00310	00300	31818	00095	00610	Enter Parameter Code Above Name and Units Below			
		Temperature Celsius	pH	BOD <sub>5</sub> 20°C	Dissolved Oxygen	FECAL COLIFORM (Geometric Mean)	Conductivity					
	HRS	°C	Units	mg/l	mg/l	#/100ml	umhos/cm					
1												
2												
3												
4												
5												
6												
7	0930	18.0			6.90							
8												
9												
10												
11												
12												
13												
14	1000	20.0			5.90							
16												
16												
17												
18												
19												
20												
21	1000	23.0			6.80							
22												
23												
24												
25												
26												
27												
28	0910	23.0			6.60							
29												
30												
31												
Average		21.0			6.30							
Maximum		23.0			6.90							
Minimum		18.0			5.80							

### Downstream

Date	Time 2400 Clock	00510	00400	00310	00300	31818	00095	00610	Enter Parameter Code Above Name and Units Below			
		Temperature Celsius	pH	BOD <sub>5</sub> 20°C	Dissolved Oxygen	FECAL COLIFORM (Geometric Mean)	Conductivity					
	HRS	°C	Units	mg/l	mg/l	#/100ml	umhos/cm					
		20.8			6.03							
		23.0			6.70							
		18.0			5.30							