

EFFLUENT

TMS
SEP 02 2014

7

NPDES PERMIT NO. NC0021482 DISCHARGE NO. 001 MONTH JULY YEAR 2014
 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 R K O J
 (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 SEP 11 2014

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												
	HRS	MINS			Y/B/N	MGD											TEMPERATURE CELSIUS	pH	RESIDUAL CHLORINE	BOD ₅ 20°C	AMMONIA NITROGEN	TOTAL SUSPENDED	FECAL COLIFORM (Geometric Mean)	DISSOLVED OXYGEN	TOTAL NITROGEN	TOTAL PHOSPHORUS			
1	0730	7.5	Y	0.069	24																								
2	0730	7.5	Y	0.063	25																								
3	0800	9	B	0.174	25				2.2	0.16	2.5		945	7.4															
4	0530	8	N	0.230	24	HOLIDAY								7.3															
5	0730	4	N	0.142	23									7.2															
6	0730	5.5	N	0.110	24									7.5															
7	0700	8	Y	0.102	24									7.2															
8	0700	8	Y	0.089	25									7															
9	0630	8.5	B	0.085	24									6.7															
10	0730	12	B	0.221	25	7.1			2	0.23	2.5		2800	7.1															
11	0800	8	N	0.214	24									6.8															
12	0900	5	B	0.140	23									6.2															
13	0900	8.5	B	0.117	23									6.7															
14	0700	8.5	Y	0.116	24									6.1															
15	0700	12	Y	0.168	25									6.9															
16	0700	8	Y	0.168	24									7.4															
17	0700	8	Y	0.131	24				2	0.25	2.6		1500	7.9															
18	0730	3.5	Y	0.119	24									7.4															
19	0730	3	N	0.110	24									7.8															
20	0730	5	N	0.231	24									7.4															
21	0700	5	Y	0.252	24									7.6															
22	0730	8	B	0.223	24									7.6															
23	0800	7.5	B	0.172	23									6.2															
24	0730	13	B	0.450	24	7.3			2	0.33	3.5		627	7.5															
25	0700	12	Y	0.422	23									7.1															
26	0930	4	B	0.231	24									7.3															
27	0900	3	B	0.182	24									7.6															
28	0700	8	Y	0.197	25									7.2															
29	0700	8.5	Y	0.156	24									7.1															
30	0700	8	Y	0.144	24									7.2															
31	0700	9	Y	0.152	24				2	0.25	2.5		773	7.6															
AVERAGE					0.174	24.03		0	2.04	0.24	2.7	1139.79	7.2																
MAXIMUM					0.450	25	7.3	0	2.2	0.33	3.5	2800	7.9																
MINIMUM					0.063	23	7.1	0	2	0.16	2.5	627	6.1																
Comp. (C) / Grab (G)						G	G		C	C	C	G	G	C	C														
Monthly Limit					0.180	N/A	6.0 - 9.0	N/A	30	2.3	30	200	5	N/A	N/A														

INFLUENT

NPDES Permit No. NC0021482 Discharge No. 001 Month JULY Year 2014
 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	0800																		
3	0800	24	4		318		260												
4																			
5																			
6																			
7																			
8																			
9	0800																		
10	0800	24	4		82		77												
11																			
12																			
13																			
14																			
15																			
16	0800																		
17	0800	24	4		103		45												
18																			
19																			
20																			
21																			
22																			
23	0800																		
24	0800	24	4		127		80												
25																			
26																			
27																			
28																			
29																			
30	0800																		
31	0800	24	4		105		159												
Average					147		124												
Maximum			4		318		260												
Minimum			4		82		45												
Comp.(C)/Grab(G)			G		C		C												

NPDES Permit No. NC0021482 Discharge No. 001 Month JULY Year 2014
 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	1015	23			3.9									
4														
5														
6														
7														
8														
9														
10	1000	24			4.1									
11														
12														
13														
14														
15														
16														
17	0830	23			4.6									
18														
19														
20														
21														
22														
23														
24	0900	24			4.9									
25														
26														
27														
28														
29														
30	0900	24			5.2									
31														
Average	24				4.5									
Maximum	24				5.2									
Minimum	23				3.9									

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	1015	23			3.7									
4														
5														
6														
7														
8														
9														
10	1000	24			3.9									
11														
12														
13														
14														
15														
16														
17	0830	23			4.8									
18														
19														
20														
21														
22														
23														
24	0900	24			5.1									
25														
26														
27														
28														
29														
30	0900	24			5.6									
31														
Average	24				4.6									
Maximum	24				5.6									
Minimum	23				3.7									

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)

 8/21/14
Signature of Permittee*** Date
(Required unless submitted electronically)

P.O. Box 265 Maysville, NC 28555

910-743-4441

31-Jul-12

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).

Mayor
Mr. Edward Waltz

Commissioners
Mr. Schumata Brown (Mayor Pro-tem)
Mrs. Janet G. Baker
Mr. David F. Chapman, Jr.
Mr. Bobby Flowers
Mrs. Elaine White



Town Manager
Jonathan Franklin

Clerk/Finance Officer
Hans Kalwitz

Town of Maysville
404 Main St. P.O. Box 265
Maysville, NC 28555
(910) 743-4441 Fax (910) 743-0895

August 20, 2014

Amy Adams
Regional Supervisor
Surface Water Protection Section
Washington Office
Washington, NC 27889

Mrs. Adams,

The Maysville WWTP was non-compliant in July due to exceeding fecal coliform limits. Due to these reasons.

Due to the high flows staff had to turn the plant off in order to handle all of the flow. Due to turning the plant off, old UV lights, and the high flows the turbidity and clarity of the effluent hindered the effectiveness of the UV treatment system. Staff added chlorine sticks to the effluent basin to trying to assure a good kill.

Also, we have ordered everything that we need to replace the bulbs in the UV system. We hoped to of received these and have them installed by mid-June. But this has taken longer than we expected due to issues with distributors, lack of revenue and exceedingly high expenditures for maintenance and repairs. Lights should be onsite and installed no later than 8-22 2014 as of then we hope to have all fecal coliform issues resolved!

We believe that staff followed the correct procedures during the events and we will continue to operate the plant in accordance with our permitted limits. We feel we have made some serious headway in solving our I & I issues and will continue to work on those issues. If you have any questions, please give me a call, 910-743-4441.

Thank you,

Jonathan Franklin
Town Manager