

NPDES PERMIT NO. NC0021482 DISCHARGE NO. 001 MONTH October 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

R K O Q 11-17-14
 (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 EFF <input checked="" type="checkbox"/> INF <input type="checkbox"/>	TEMPERATURE CELSIUS	pH	RESIDUAL CHLORINE	BOD ₅ 20°C	AMMONIA NITROGEN	TOTAL SUSPENDED	FECAL COLIFORM (Geometric Mean)	DISSOLVED OXYGEN	TOTAL NITROGEN	TOTAL PHOSPHORUS				
															DAILY RATE	° C	UNITS	UG/L
1	0630	Y	8.5	.082	23							7.2						
2	0630	Y	6.5	.087	23			2.0	0.04	2.5	1	7.4					RECEIVED	
3	0730	B	4.5	.099	24							7.6						
4	1000	B	3	.083	24							7.6					11/20/2014	
5	1000	B	3	.061	24							7.3						
6	0630	Y	8.5	.073	23							6.9					CENTRAL FILES DWR SECTION	
7	0630	Y	8.5	.065	22							7.2						
8	0630	Y	8.5	.069	23							7.9						
9	0630	Y	8.5	.067	22			2.0	0.23	2.5	1	7.4						
10	0800	Y	2	.060	23							7.6						
11	0730	N	3	.081	22							7.1						
12	0730	N	3	.072	23							7.2					RECEIVED	
13	0700	Y	8.5	.064	23							7.0						
14	0630	Y	9.0	.068	23							7.4					11/20/14	
15	0630	Y	9.5	.127	24							6.7						
16	0630	Y	10.5	.141	22	7.8		2.0	0.40	2.5	1	6.9					CENTRAL FILES DWR SECTION	
17	0630	Y	5.5	.130	22							7.4						
18	0900	B	3	.105	22							7.1						
19	0930	B	3	.082	21							7.2						
20	0630	Y	8.5	.081	20							7.3						
21	0630	Y	8.5	.086	20	7.6						7.7						
22	0630	Y	8.5	.078	21							7.4						
23	0630	Y	8.5	.077	20			2.0	0.20	2.5	1	7.4						
24	0900	B	3.5	.106	19							7.6						
25	0900	B	3	.069	19							6.3						
26	1000	B	3	.060	20							6.6						
27	0630	Y	8.5	.065	20							6.6						
28	0630	Y	8.5	.064	21							6.4						
29	0630	Y	8.5	.057	21							6.8						
30	0630	Y	7.5	.054	21	7.3		2.0	0.29	2.5	4	6.4						
31	0630	Y	5.5	.052	20							6.8						
AVERAGE				.080	22			2.0	0.23	2.5	1.3	7.2						
MAXIMUM				.187	24	7.8		2.0	0.40	2.5	4	7.9						
MINIMUM				.052	19	7.3		2.0	0.04	2.5	1	6.3						
Comp. (C) / Grab (G)					G	G		C	C	C	G	G	C	C				
Monthly Limit				.180	N/A	6.0-9.0	N/A	30	0.6	30	200	5	N/A	N/A				

INFLUENT

NPDES Permit No. NC0021482 Discharge No. 001 Month October 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	0800																		
2	0800	24	4		118		110												
3																			
4																			
5																			
6																			
7																			
8	0800																		
9	0800	24	3		213		208												
10																			
11																			
12																			
13																			
14																			
15	0800																		
16	0800	24	3		149		135												
17																			
18																			
19																			
20																			
21																			
22	0800																		
23	0800	24	4		180		145												
24																			
25																			
26																			
27																			
28																			
29	0800																		
30	0800	24	4		201		164												
31																			
Average					172		152												
Maximum			4		213		208												
Minimum			3		118		110												
Comp.(C)/Grab(G)			C		C		C												

NPDES Permit No. NC0021482 Discharge No. 001 Month October 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	1000	23			6.1					
3										
4										
5										
6										
7										
8										
9	0930	23			5.7					
10										
11										
12										
13										
14										
15										
16	1000	20			5.4					
17										
18										
19										
20										
21										
22										
23	0930	19			4.7					
24										
25										
26										
27										
28										
29										
30	0930	18			5.2					
31										
Average		21			5.4					
Maximum		23			6.1					
Minimum		18			4.7					

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	1000	23			5.8					
3										
4										
5										
6										
7										
8										
9	0930	23			5.9					
10										
11										
12										
13										
14										
15										
16	1000	20			5.5					
17										
18										
19										
20										
21										
22										
23	0930	19			4.5					
24										
25										
26										
27										
28										
29										
30	0930	18			5.0					
31										
Average		21			5.3					
Maximum		23			5.9					
Minimum		18			4.5					

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-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).