

# EFFLUENT

7

NPDES PERMIT NO. NC0021482 DISCHARGE NO. 001 MONTH November 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

JAN - 7 / 2015  
KNW

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 12-22-14  
 (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. JAN 13 2015

DATE	Operator Arrival Time 2400 Clock		ORC On Site? **	50050	00010	00400	50060	00310	00610	00530	31616	00300	00600	00665	ENTER PARAMETER CODE ABOVE NAME AND UNITS						
	HRS	HRS		Y/B/N	FLOW	TEMPERATURE CELSIUS	pH	RESIDUAL CHLORINE	BOD <sub>5</sub> 20°C	AMMONIA NITROGEN	TOTAL SUSPENDED	FECAL COLIFORM (Geometric Mean)	DISSOLVED OXYGEN	TOTAL NITROGEN	TOTAL PHOSPHORUS						
					EFF <input checked="" type="checkbox"/>											INF <input type="checkbox"/>	DAILY RATE				
																° C	UNITS	UG/L	MG/L	MG/L	MG/L
1	0630	3	N	.057	19							6.8									
2	0630	3	N	.053	18							6.4						RECEIVED			
3	0630	8.5	Y	.051	18							6.7									
4	0630	8.5	Y	.051	18							6.9						JAN 02 2015			
5	0630	8.5	Y	.052	19							6.5									
6	0630	1.0	Y	.051	19			2.0	0.31	2.5	11	7.0						CENTRAL FILES			
7	0630	5.5	Y	.048	19							7.5									
8	0730	3	N	.048	16							7.1									
9	0630	3	N	.053	18							7.2									
10	0630	1.5	Y	.056	18							7.0									
11	0830	1.5	Y	.043	19							7.4									
12	0700	8	Y	.044	20							7.3									
13	0630	10	Y	.044	19			2.0	0.26	2.5	1	7.2									
14	0630	5.5	Y	.043	19							8.2									
15	1000	3	B	.039	16							8.5									
16	0930	3	B	.048	16							7.0									
17	0630	8.5	Y	.068	18							7.4									
18	0630	8.5	Y	.051	18							8.5									
19	0630	8	Y	.048	15							8.3									
20	0630	10	Y	.051	15			2.0	0.18	2.5	1	8.2									
21	0630	2	Y	.046	15							8.4									
22	0800	3	Y	.046	14							8.6									
23	0800	3	Y	.083	15							7.9									
24	0630	8.5	Y	.145	16							8.1									
25	0630	8	Y	.126	16			2.0	0.04	2.5	12.7	8.4									
26	0630	6	Y	.353	18							8.1									
27	1000	3	B	.146	20							8.5									
28	1030	3	B	.129	20							8.2									
29	0930	3	B	.140	17							7.6									
30	1100	3	B	.096	16							8.0									
31																					
AVERAGE				.077	17			2.0	0.20	2.5	6.1	7.6									
MAXIMUM				.353	20			2.0	0.31	2.5	12.7	8.6									
MINIMUM				.039	14			2.0	0.04	2.5	1	6.4									
Comp. (C) / Grab (G)					C	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	N/A	N/A							

# INFLUENT

NPDES Permit No. NC0021482 Discharge No. 001 Month November 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 <sub>5</sub> , 20°C	Ammonia Nitrogen as N	Total Suspended Solids										
			°C	UNITS	mg/L	mg/L	mg/L										
	HRS	HRS															
1																	
2																	
3																	
4																	
5	0800																
6	0800	24	4		193		117										
7																	
8																	
9																	
10																	
11																	
12	0800																
13	0800	24	4		215		124										
14																	
15																	
16																	
17																	
18																	
19	0800																
20	0800	24	3		233		301										
21																	
22																	
23																	
24	0800																
25	0800	24	4		95		80										
26																	
27																	
28																	
29																	
30																	
31																	
Average					184		156										
Maximum			4		233		301										
Minimum			3		95		80										
Comp.(C)/Grab(G)			C		C		C										

NPDES Permit No. NC0021482 Discharge No. 001 Month \_\_\_\_\_ 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 <sub>5</sub> , 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													
6	0830	16			6.1								
7													
8													
9													
10													
11													
12													
13	0930	17			5.1								
14													
15													
16													
17													
18													
19													
20	0830	13			6.4								
21													
22													
23													
24													
25	0930	15			6.8								
26													
27													
28													
29													
30													
31													
Average		15			6.1								
Maximum		17			6.8								
Minimum		13			5.1								

DATE	Time 2400 Clock	00010	00400	00310	00300	31616	00095	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	#/100 ml	µmhos/cm					
1													
2													
3													
4													
5													
6	0830	16			5.9								
7													
8													
9													
10													
11													
12													
13	0930	17			5.2								
14													
15													
16													
17													
18													
19													
20	0830	13			6.1								
21													
22													
23													
24													
25	0930	15			6.4								
26													
27													
28													
29													
30													
31													
Average		15			5.9								
Maximum		17			6.4								
Minimum		13			5.2								

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).