

EFFLUENT

7

NPDES PERMIT NO. NC0021482 DISCHARGE NO. 001 MONTH January YEAR 2015
 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

DU

FEB 27 2015

R K O L

2-17-15

QA

DATE
 MAR - 2 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		ORC On Site? **	50050		00010 TEMPERATURE CELSIUS	00400 pH	50060 RESIDUAL CHLORINE	00310 BODs 20°C	00610 AMMONIA NITROGEN	00530 TOTAL SUSPENDED	31616 FECAL COLIFORM (Geometric Mean)	00300 DISSOLVED OXYGEN	00600 TOTAL NITROGEN	00665 TOTAL PHOSPHORUS	ENTER PARAMETER CODE ABOVE NAME AND UNITS												
	HRS	HRS		Y/B/N	MGD											° C	UNITS	UG/L	MG/L	MG/L	MG/L	#/100ML	MGL	MGL	MGL			
1	0900	3	Y	.170	15	7.4																						
2	0900	3	Y	.150	15																							
3	0830	4	Y	.154	16																							
4	0730	5	Y	.417	16																							
5	0630	1	Y	.270	16																							
6	0630	8.5	Y	.244	15																							
7	0630	8.5	Y	.186	15																							
8	0630	8.5	Y	.166	13	7.6		6.3	3.31	4.6	727	7.8																
9	0630	8.5	Y	.199	14																							
10	1100	3	B	.144	15																							
11	1000	5	B	.138	14																							
12	0630	8.5	Y	.265	16																							
13	0700	6.5	B	.227	15																							
14	0800	7	Y	.222	14																							
15	0700	6	Y	.137	14	7.1		13	5.81	8.1	1900	8.8																
16	0630	5.5	Y	.195	15																							
17	0830	3	Y	.167	14																							
18	0830	4.5	Y	.185	15																							
19	0730	4	Y	.179	14																							
20	0630	7	Y	.182	14																							
21	0830	7	B	.144	14																							
22	0630	8.5	Y	.144	14	7.4		2.0	0.16	2.5	4	9.2																
23	0630	4	Y	.429	14																							
24	0930	3	B	.318	14																							
25	1000	3	B	.257	14																							
26	0630	8.5	Y	.262	14																							
27	0630	8.5	Y	.226	14																							
28	0630	9	Y	.183	13																							
29	0630	8.5	Y	.185	13	7.1		2.0	0.61	2.5	6000	9.4																
30	0630	7.5	Y	.176	14																							
31	0800	3	Y	.149	13																							
AVERAGE				.212	14			5.8	2.5	4.4	415	8.3																
MAXIMUM				.439	16	7.6		13	5.81	8.1	6000	9.5																
MINIMUM				.138	13	7.1		2.0	0.16	2.5	4	5.9																
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	8.0	30	200	5.0	N/A	N/A													

RECEIVED

FEB 28 2015

CENTRAL FILES
DWR SECTION

INFLUENT

NPDES Permit No. NC0021482 Discharge No. 001 Month JANUARY Year 2015
 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																				
3																				
4																				
5																				
6																				
7	0800																			
8	0800	24	30		56			65												
9																				
10																				
11																				
12																				
13																				
14	0800																			
15	0800	24	30		69			176												
16																				
17																				
18																				
19																				
20																				
21	0800																			
22	0800	24	40		97			86												
23																				
24																				
25																				
26																				
27																				
28	0800																			
29	0800	24	20		53			41												
30																				
31																				
Average					68.7			92												
Maximum			4		97			176												
Minimum			2		53			41												
Comp.(C)/Grab(G)			C		C			C												

NPDES Permit No. NC0021482 Discharge No. 001 Month JANUARY Year 2015
 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										
4										
5										
6										
7										
8	0930	5			8.8					
9										
10										
11										
12										
13										
14										
15	0935	5			10.5					
16										
17										
18										
19										
20										
21										
22	0745	5			10.8					
23										
24										
25										
26										
27										
28										
29	1245	6			10.1					
30										
31										
Average		5.3			10.1					
Maximum		6			10.8					
Minimum		5			8.8					

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										
4										
5										
6										
7										
8	0930	5			8.7					
9										
10										
11										
12										
13										
14										
15	0935	5			10.8					
16										
17										
18										
19										
20										
21										
22	0745	5			10.6					
23										
24										
25										
26										
27										
28										
29	0245	6			10.0					
30										
31										
Average		5.3			10					
Maximum		6			10.8					
Minimum		5			8.7					

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

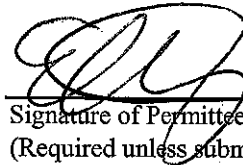
The permittee shall report to the Director or the appropriate Regional Office any noncompliance that potentially threatens public health or the environment. Any information shall be provided orally within 24 hours from the time the permittee became aware of the circumstances. A written submission shall 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)



2/19/15

Signature of Permittee***

Date

(Required unless submitted electronically)

P.O. Box 265 Maysville, NC 28555

910-743-4441

31-Jul-17

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
Mari Spoonemore

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

February 19, 2015

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

Mrs. Adams,

The Maysville WWTP was non-compliant in January due to exceeding fecal coliform limits and flow limits due to these reasons below.

During the end of December and the entire month of January the Town of Maysville received about ten inches of rain. These large rain events caused higher than usual flows. 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 the turbidity and clarity of the effluent hindered the effectiveness of the UV treatment system. Staff added chlorine sticks to the effluent basin to assure a good kill.

In looking into our I & I issues we found that a plug in a previously abandoned line had come unplugged. This allowed for a lot of I & I to flow in that we had not been receiving in over a year. We hired a crew to replace that plug and permanently cement it into place. We have scheduled a date for smoke testing and camera work with Rural Water in March. We have also been working with the Town of Newport to schedule some patch work for us at three locations in our collection system.

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,

A handwritten signature in black ink, appearing to read "JF Franklin", is written over the printed name of Jonathan Franklin.

Jonathan Franklin
Town Manager