

EFFLUENT

7

NPDES PERMIT NO. NC0021482 DISCHARGE NO. 001 MONTH FEBRUARY YEAR APR 6 2015
 FACILITY NAME TOWN OF MAYSVILLE CLASS 2 COUNTY JONES
 CERTIFIED LABORATORY (1) ENVIRONMENT ONE, INC. CERTIFICATION NO. 10 **KNW**
 (list additional laboratories on the backside/page 2 of this form)
 OPERATOR IN RESPONSIBLE CHARGE 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

RECEIVED
 APR 02 2015
CENTRAL FILES
DWR SECTION

x Brian Odum
 (SIGNATURE OF OPERATOR IN RESPONSIBLE CHARGE)
 BY THIS SIGNATURE, I CERTIFY THAT THIS REPORT IS
 ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
 3-25-15
 APR 8 2015
 DATE

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	MINS		FLOW	TEMPERATURE CELSIUS	pH	RESIDUAL CHLORINE	BOD ₅ 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"/>
			Y/N	MGD	° C	UNITS	UG/L	MG/L	MG/L	MG/L	#/100ML	MG/L	MG/L	MG/L		
1	0800	3	Y	.170	14											
2	0900	4	Y	.227	14								9.0			
3	0630	8.5	Y	.202	13								8.8		RECEIVED	
4	0600	8.5	Y	.180	13								8.8			
5	0600	10	Y	.244	14	7.3		2.0	1.05	2.5	500		8.9			
6	0600	7.5	Y	.207	12								8.9			
7	0830	3	B	.173	14								9.1		CENTRAL FILES	
8	0830	5	B	.151	14								10.2		DWR SECTION	
9	0630	8.5	Y	.148	13								8.5			
10	0630	9.5	Y	.161	13								9.2			
11	0630	8.5	Y	.143	13								9.0			
12	0630	8.5	Y	.139	13			2.0	0.28	2.5	2		9.3			
13	0630	5.5	Y	.137	13	7.2							8.9			
14	0830	3	Y	.135	13								9.5			
15	0830	3	Y	.111	12								9.2			
16	0630	8.5	Y	.143	12								9.5			
17	0600	6	Y	.266	11								8.8			
18	0630	8.5	Y	.217	11								9.0			
19	0730	8	Y	.160	11			5.7	1.85	2.7	16		9.7			
20	0600	6	Y	.171	10	7.0							10.0			
21	0900	3	B	.158	10								10.5			
22	0930	3	B	.167	12								9.6			
23	0630	8.5	Y	.314	13								9.8			
24	0830	2	Y	.260	12								9.1			
25	0900	1	B	.356	11								9.0			
26	0630	8.5	Y	.409	10	7.4		14	0.69	15	9500		9.6			
27	0700	2	Y	.289	11								10.7			
28	0730	3	Y	.245	10								10.1			
29																
30																
31																
AVERAGE				.203	12						111		9.4			
MAXIMUM				.409	14	7.4					9500		10.7			
MINIMUM				.111	10	7.0					2		8.5			
Comp. (C) / Grab (G)					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	5.0	N/A	N/A		

INFLUENT

NPDES Permit No. NC0021482 Discharge No. 001 Month February 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										
	HRS	HRS															
1																	
2																	
3																	
4	0800																
5	0800	24	4		46		23										
6																	
7																	
8																	
9																	
10																	
11	0800																
12	0800	24	3		60		56										
13																	
14																	
15																	
16																	
17																	
18	0800																
19	0800	24	2		83		68										
20																	
21																	
22																	
23																	
24																	
25	0800																
26	0800	24	4		31		42										
27																	
28																	
29																	
30																	
31																	
Average					55		47										
Maximum			4		83		68										
Minimum			2		31		23										
Comp.(C)/Grab(G)			C		C		C										

NPDES Permit No. NC0021482

Discharge No. 001

Month February

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	1130	7			9.6					
7										
8										
9										
10										
11										
12	0745	6			10.5					
13										
14										
15										
16										
17										
18										
19	1130	3			12.8					
20										
21										
22										
23										
24										
25										
26	1215	2			13.1					
27										
28										
29										
30										
31										
Average		4.5			11.5					
Maximum		7			13.1					
Minimum		2			9.6					

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	1130	7			9.4					
7										
8										
9										
10										
11										
12	0745	6			10.7					
13										
14										
15										
16										
17										
18										
19	1130	5			12.7					
20										
21										
22										
23										
24										
25										
26	1215	2			13.4					
27										
28										
29										
30										
31										
Average		4.5			11.6					
Maximum		7			13.4					
Minimum		2			9.4					

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-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

March 25, 2015

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

Mrs. Adams,

The Maysville WWTP was non-compliant in February for exceeding flow limits and percent removal for BOD due to these reasons below.

Flow exceeded the monthly limit due to the plant receiving 8.43 inches of rain during the month of February. Percent removal of 85% was not met due to these flows on February 26th. The high BOD was caused due to this high amount of flow and lack of detention time. The high flows required staff to turn the plant off flow for that day was .409 MGD.

We continue to look into the I & I issues. Dwight Lancaster with Rural Water was down March 19 to smoke test. We recently applied for \$800,000 from EDA and Golden Leaf to install an EQ Basin and to make other needed upgrades and repairs. We are also in the contracting process of a grant to buy a sewer camera to help with I & I discovery. We have scheduled more sewer camera work and smoke testing in April and May with Rural Water.

I 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 "Brain Odum". The signature is stylized and cursive.

Brain Odum
Wastewater ORC