

# NON-DISCHARGE APPLICATION REPORT SPRAY IRRIGATION SITE(S)

THERE ARE TWO APPLICATION FIELDS PER PAGE. USE ADDITIONAL PAGES AS NEEDED.

PERMIT NUMBER: WQ19631 MONTH: January YEAR: 2008

FACILITY NAME: Johnston Co. Recaimed Utilization Syst. COUNTY: Johnston

**Formulas:**

**Daily Loading (inches)** = [Volume Applied (gallons) x 0.1336 (cubic feet/gallon) x 12 (inches/foot)] / [Area Sprayed (acres) x 43,560 (square feet/acre)] OR

= Volume Applied (gallons) / [Area Sprayed (acres) x 27,152 (gallons/acre-inch)]

**Maximum Hourly Loading (inches)** = Daily Loading (inches) / [Time Irrigated (minutes) / 60 (minutes/hour)]

**Monthly Loading (inches)** = Sum of Daily Loadings (inches)

**12 Month Floating Total (inches)** = Sum of this month's Monthly Loading (inches) and previous 11 month's Monthly Loadings (inches)

**Average Weekly Loading (inches)** = [Monthly Loading (inches/month) / Number of days in the month (days/month)] x 7 (days/week)

Did Irrigation Occur At This Facility:					Did Irrigation Occur On This Field:				Did Irrigation Occur On This Field:			
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>					Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>			
					FIELD NUMBER:		5		FIELD NUMBER:		6	
					AREA SPRAYED (acres):		24.11		AREA SPRAYED (acres):		8.82	
					COVER CROP:		Grass		COVER CROP:		Grass/ Trees	
					PERMITTED HOURLY RATE (inches):		0.3		PERMITTED HOURLY RATE (inches):		0.3	
					PERMITTED YEARLY RATE (inches):		16		PERMITTED YEARLY RATE (inches):		14	
					DATE	WEATHER CONDITIONS			Storage Lagoon Free-board feet	Volume Applied gallons	Time Irrigated minutes	Daily Loading inches
Weather Code*	Temperature at application (°F)	Precipitation inches										
1	R	45.1	0.03	N/A								
2	R	29.7	0.01	N/A								
3	R	25.8	0.03	N/A								
4	R	29.8	0.32	N/A								
5	PC	39.4		N/A								
6	PC	52.9		N/A								
7	PC	56.4		N/A								
8	PC	60.6		N/A								
9	PC	62		N/A								
10	PC	53.9		N/A								
11	PC	62.1		N/A								
12	PC	49.5		N/A								
13	PC	42.7		N/A								
14	PC	41.4		N/A								
15	PC	33.8		N/A								
16	PC	35.2		N/A								
17	R	35.3	0.34	N/A								
18	PC	37.6		N/A								
19	R	36.7	0.39	N/A								
20	R	28.7	0.03	N/A								
21	PC	24.6		N/A								
22	R	34.8	0.04	N/A								
23	R	43	0.02	N/A								
24	PC	38.2		N/A								
25	PC	28.7		N/A								
26	PC	35.5		N/A								
27	PC	39.4		N/A								
28	PC	39		N/A								
29	PC	50.6		N/A								
30	R	49.1	0.1	N/A								
31	PC	39.5		N/A								
Total Gallons/Monthly Loading (inches)					0		0.00		0		0.00	
12 Month Floating Total (inches)							0.00				0.00	
Average Weekly Loading (inches)							0				0	

\* Weather Codes: C-clear, PC-partly cloudy, CI-cloudy, R-rain, Sn-snow, SI-sleet

Spray Irrigation Operator in Responsible Charge (ORC): John D. Wall Phone: 919-938-4726

ORC Certification Number: 29141 Check Box if ORC Has Changed:

Mail ORIGINAL and TWO COPIES to:  
ATTN: Non-Discharge Compliance Unit  
DENR  
Division of Water Quality  
1617 Mail Service Center  
RALEIGH, NC 27699-1617



*John D. Wall*  
\_\_\_\_\_  
SIGNATURE OF OPERATOR IN RESPONSIBLE CHARGE  
BY THIS SIGNATURE, I CERTIFY THAT THIS REPORT IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

**NON-DISCHARGE APPLICATION REPORT  
SPRAY IRRIGATION SITE(S)**

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 = Volume Applied (gallons) / [Area Sprayed (acres) x 27,152 (gallons/acre-inch)]

**Maximum Hourly Loading (inches)** = Daily Loading (inches) / [Time Irrigated (minutes) / 60 (minutes/hour)]      **Monthly Loading (inches)** = Sum of Daily Loadings (inches)

**12 Month Floating Total (inches)** = Sum of this month's Monthly Loading (inches) and previous 11 month's Monthly Loadings (inches)

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Did Irrigation Occur At This Facility:					Did Irrigation Occur On This Field:				Did Irrigation Occur On This Field:			
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>					Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>			
					FIELD NUMBER:		7		FIELD NUMBER:		LF Cells 1 & 2	
					AREA SPRAYED (acres):		5.15		AREA SPRAYED (acres):		15.9	
					COVER CROP:		Grass/Trees		COVER CROP:		Grass/ Trees	
					PERMITTED HOURLY RATE (inches):		0.3		PERMITTED HOURLY RATE (inches):		0.3	
					PERMITTED YEARLY RATE (inches):		14		PERMITTED YEARLY RATE (inches):		5	
					DATE	WEATHER CONDITIONS			Storage Lagoon Free-board feet	Volume Applied gallons	Time Irrigated minutes	Daily Loading inches
Weather Code*	Temperature at application (°F)	Precipitation inches										
1	R	45.1	0.03	N/A								
2	R	29.7	0.01	N/A								
3	R	25.8	0.03	N/A								
4	R	29.8	0.32	N/A								
5	PC	39.4		N/A								
6	PC	52.9		N/A								
7	PC	56.4		N/A								
8	PC	60.6		N/A								
9	PC	62		N/A								
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14	PC	41.4		N/A								
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16	PC	35.2		N/A								
17	R	35.3	0.34	N/A								
18	PC	37.6		N/A								
19	R	36.7	0.39	N/A								
20	R	28.7	0.03	N/A								
21	PC	24.6		N/A								
22	R	34.8	0.04	N/A								
23	R	43	0.02	N/A								
24	PC	38.2		N/A								
25	PC	28.7		N/A								
26	PC	35.5		N/A								
27	PC	39.4		N/A								
28	PC	39		N/A								
29	PC	50.6		N/A								
30	R	49.1	0.1	N/A								
31	PC	39.5		N/A								
Total Gallons/Monthly Loading (inches)					0		0.00		0		0.00	
12 Month Floating Total (inches)							0.00				0.00	
Average Weekly Loading (inches)							0				0	

\* Weather Codes: C-clear, PC-partly cloudy, CI-cloudy, R-rain, Sn-snow, SI-sleet

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= Volume Applied (gallons) / [Area Sprayed (acres) x 27,152 (gallons/acre-inch)]

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Did Irrigation Occur At This Facility:					Did Irrigation Occur On This Field:				Did Irrigation Occur On This Field:				
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>					Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				
					FIELD NUMBER: <u>LF Cell 5</u>				FIELD NUMBER:				
					AREA SPRAYED (acres): <u>27.52</u>				AREA SPRAYED (acres):				
					COVER CROP: <u>Grass</u>				COVER CROP:				
					PERMITTED HOURLY RATE (inches): <u>0.3</u>				PERMITTED HOURLY RATE (inches): <u>0.3</u>				
					PERMITTED YEARLY RATE (inches): <u>5</u>				PERMITTED YEARLY RATE (inches): <u>8</u>				
					DATE	WEATHER CONDITIONS			Storage Lagoon Free-board feet	Volume Applied gallons	Time Irrigated minutes	Daily Loading inches	Maximum Hourly Loading inches
Weather Code*	Temperature at application (°F)	Precipitation inches											
1	R	45.1	0.03	N/A									
2	R	29.7	0.01	N/A									
3	R	25.8	0.03	N/A									
4	R	29.8	0.32	N/A									
5	PC	39.4		N/A									
6	PC	52.9		N/A									
7	PC	56.4		N/A									
8	PC	60.6		N/A									
9	PC	62		N/A									
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18	PC	37.6		N/A									
19	R	36.7	0.39	N/A									
20	R	28.7	0.03	N/A									
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26	PC	35.5		N/A									
27	PC	39.4		N/A									
28	PC	39		N/A									
29	PC	50.6		N/A									
30	R	49.1	0.1	N/A									
31	PC	39.5		N/A									
Total Gallons/Monthly Loading (inches)					0		0.00		0		0.00		
12 Month Floating Total (inches)							0.00						
Average Weekly Loading (inches)							0				0		

\* Weather Codes: C-clear, PC-partly cloudy, CI-cloudy, R-rain, Sn-snow, SI-sleet

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Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>					Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>			
					FIELD NUMBER:		LF Cell 3		FIELD NUMBER:		LF Cell 4	
					AREA SPRAYED (acres):		11.26		AREA SPRAYED (acres):		26.42	
					COVER CROP:		Grass		COVER CROP:		Grass/ Trees	
					PERMITTED HOURLY RATE (inches):		0.3		PERMITTED HOURLY RATE (inches):		0.3	
D A T E					PERMITTED YEARLY RATE (inches):				PERMITTED YEARLY RATE (inches):			
					5		5		5		5	
WEATHER CONDITIONS				Storage Lagoon Free-board feet	Volume Applied gallons	Time Irrigated minutes	Daily Loading inches	Maximum Hourly Loading inches	Volume Applied gallons	Time Irrigated minutes	Daily Loading inches	Maximum Hourly Loading inches
Weather Code*	Temperature at application (°F)	Precipitation inches										
1	R	45.1	0.03	N/A								
2	R	29.7	0.01	N/A								
3	R	25.8	0.03	N/A								
4	R	29.8	0.32	N/A								
5	PC	39.4		N/A								
6	PC	52.9		N/A								
7	PC	56.4		N/A								
8	PC	60.6		N/A								
9	PC	62		N/A								
10	PC	53.9		N/A								
11	PC	62.1		N/A								
12	PC	49.5		N/A								
13	PC	42.7		N/A								
14	PC	41.4		N/A								
15	PC	33.8		N/A								
16	PC	35.2		N/A								
17	R	35.3	0.34	N/A								
18	PC	37.6		N/A								
19	R	36.7	0.39	N/A								
20	R	28.7	0.03	N/A								
21	PC	24.6		N/A								
22	R	34.8	0.04	N/A								
23	R	43	0.02	N/A								
24	PC	38.2		N/A								
25	PC	28.7		N/A								
26	PC	35.5		N/A								
27	PC	39.4		N/A								
28	PC	39		N/A								
29	PC	50.6		N/A								
30	R	49.1	0.1	N/A								
31	PC	39.5		N/A								
Total Gallons/Monthly Loading (inches)					0		0.00		0		0.00	
12 Month Floating Total (inches)							0.00				0.00	
Average Weekly Loading (inches)							0				0	

\* Weather Codes: C-clear, PC-partly cloudy, CI-cloudy, R-rain, Sn-snow, SI-sleet

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**NON-DISCHARGE APPLICATION REPORT  
SPRAY IRRIGATION SITE(S)**

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PERMIT NUMBER: WQ 0019631

MONTH: January

YEAR: 2008

FACILITY NAME: Johnston County Reclaimed Water Utilization System

COUNTY: Johnston

**Formulas:**

Daily Loading (inches) = [Volume Applied (gallons) x 0.1336 (cubic feet/gallon) x 12 (inches/foot)] / [Area Sprayed (acres) x 43,560 (square feet/acre)] OR  
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Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>					Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				
					FIELD NUMBER:		Phase II field 5		FIELD NUMBER:		Phase II field 6		
					AREA SPRAYED (acres):		5.65		AREA SPRAYED (acres):		5.65		
					COVER CROP:		Trees		COVER CROP:		Trees		
					PERMITTED HOURLY RATE (inches):		0.3		PERMITTED HOURLY RATE (inches):		0.3		
					PERMITTED YEARLY RATE (inches):		38.61		PERMITTED YEARLY RATE (inches):		38.61		
					DATE	WEATHER CONDITIONS			Storage Lagoon Free-board feet	Volume Applied gallons	Time Irrigated minutes	Daily Loading inches	Maximum Hourly Loading inches
Weather Code*	Temperature at application (°F)	Precipitation inches											
1	R	45.1	0.03	N/A									
2	R	29.7	0.01	N/A									
3	R	25.8	0.03	N/A									
4	R	29.8	0.32	N/A									
5	PC	39.4		N/A									
6	PC	52.9		N/A									
7	PC	56.4		N/A									
8	PC	60.6		N/A									
9	PC	62		N/A									
10	PC	53.9		N/A									
11	PC	62.1		N/A									
12	PC	49.5		N/A									
13	PC	42.7		N/A									
14	PC	41.4		N/A									
15	PC	33.8		N/A									
16	PC	35.2		N/A									
17	R	35.3	0.34	N/A									
18	PC	37.6		N/A									
19	R	36.7	0.39	N/A									
20	R	28.7	0.03	N/A									
21	PC	24.6		N/A									
22	R	34.8	0.04	N/A									
23	R	43	0.02	N/A									
24	PC	38.2		N/A									
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26	PC	35.5		N/A									
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28	PC	39		N/A									
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31	PC	39.5		N/A									
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12 Month Floating Total (inches)							0.00				0.00		
Average Weekly Loading (inches)							0				0		

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Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>					Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>			
					FIELD NUMBER:		Phase II field 7		FIELD NUMBER:		Phase II field 8	
					AREA SPRAYED (acres):		5.35		AREA SPRAYED (acres):		5.65	
					COVER CROP:		Grass		COVER CROP:		Grass	
					PERMITTED HOURLY RATE (inches):		0.3		PERMITTED HOURLY RATE (inches):		0.3	
DATE					PERMITTED YEARLY RATE (inches):				PERMITTED YEARLY RATE (inches):			
					14.31		38.61					
DATE	WEATHER CONDITIONS			Storage Lagoon Free-board feet	Volume Applied gallons	Time Irrigated minutes	Daily Loading inches	Maximum Hourly Loading inches	Volume Applied gallons	Time Irrigated minutes	Daily Loading inches	Maximum Hourly Loading inches
	Weather Code*	Temperature at application (°F)	Precipitation inches									
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2	R	29.7	0.01	N/A								
3	R	25.8	0.03	N/A								
4	R	29.8	0.32	N/A								
5	PC	39.4		N/A								
6	PC	52.9		N/A								
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9	PC	62		N/A								
10	PC	53.9		N/A								
11	PC	62.1		N/A								
12	PC	49.5		N/A								
13	PC	42.7		N/A								
14	PC	41.4		N/A								
15	PC	33.8		N/A								
16	PC	35.2		N/A								
17	R	35.3	0.34	N/A								
18	PC	37.6		N/A								
19	R	36.7	0.39	N/A								
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23	R	43	0.02	N/A								
24	PC	38.2		N/A								
25	PC	28.7		N/A								
26	PC	35.5		N/A								
27	PC	39.4		N/A								
28	PC	39		N/A								
29	PC	50.6		N/A								
30	R	49.1	0.1	N/A								
31	PC	39.5		N/A								
Total Gallons/Monthly Loading (inches)					0		0.00		0		0.00	
12 Month Floating Total (inches)							0.00				0.00	
Average Weekly Loading (inches)							0				0	

\* Weather Codes: C-clear, PC-partly cloudy, CI-cloudy, R-rain, Sn-snow, SI-sleet

Spray Irrigation Operator in Responsible Charge (ORC): John D. Wall Phone: 919-938-4726

ORC Certification Number: 29141 Check Box if ORC Has Changed:

Mail ORIGINAL and TWO COPIES to:  
ATTN: Non-Discharge Compliance Unit  
DENR  
Division of Water Quality  
1617 Mail Service Center  
RALEIGH, NC 27699-1617

  
(SIGNATURE OF OPERATOR IN RESPONSIBLE CHARGE)  
BY THIS SIGNATURE, I CERTIFY THAT THIS REPORT IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

**NON-DISCHARGE APPLICATION REPORT  
SPRAY IRRIGATION SITE(S)**

THERE ARE TWO APPLICATION FIELDS PER PAGE. USE ADDITIONAL PAGES AS NEEDED.

PERMIT NUMBER: WQ 0019631 MONTH: January YEAR: 2008

FACILITY NAME: Johnston County Reclaimed Water Utilization System COUNTY: Johnston

**Formulas:**

Daily Loading (inches) = [Volume Applied (gallons) x 0.1336 (cubic feet/gallon) x 12 (inches/foot)] / [Area Sprayed (acres) x 43,560 (square feet/acre)] OR  
= Volume Applied (gallons) / [Area Sprayed (acres) x 27,152 (gallons/acre-inch)]

Maximum Hourly Loading (Inches) = Daily Loading (inches) / [Time Irrigated (minutes) / 60 (minutes/hour)] Monthly Loading (inches) = Sum of Daily Loadings (inches)

12 Month Floating Total (Inches) = Sum of this month's Monthly Loading (inches) and previous 11 month's Monthly Loadings (inches)

Average Weekly Loading (Inches) = (Monthly Loading (inches/month) / Number of days in the month (days/month)) x 7 (days/week)

Did Irrigation Occur At This Facility:					Did Irrigation Occur On This Field:				Did Irrigation Occur On This Field:				
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>					Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				
					FIELD NUMBER:		Phase II field 11		FIELD NUMBER:		Phase II field 12		
					AREA SPRAYED (acres):		5.65		AREA SPRAYED (acres):		6.74		
					COVER CROP:		Grass		COVER CROP:		Grass		
					PERMITTED HOURLY RATE (inches):		0.3		PERMITTED HOURLY RATE (inches):		0.3		
					PERMITTED YEARLY RATE (inches):		14.31		PERMITTED YEARLY RATE (inches):		14.31		
					DATE	WEATHER CONDITIONS			Storage Lagoon Free-board feet	Volume Applied gallons	Time Irrigated minutes	Daily Loading inches	Maximum Hourly Loading inches
Weather Code*	Temperature at application (°F)	Precipitation inches											
1	R	45.1	0.03	N/A									
2	R	29.7	0.01	N/A									
3	R	25.8	0.03	N/A									
4	R	29.8	0.32	N/A									
5	PC	39.4		N/A									
6	PC	52.9		N/A									
7	PC	56.4		N/A									
8	PC	60.6		N/A									
9	PC	62		N/A									
10	PC	53.9		N/A									
11	PC	62.1		N/A									
12	PC	49.5		N/A									
13	PC	42.7		N/A									
14	PC	41.4		N/A									
15	PC	33.8		N/A									
16	PC	35.2		N/A									
17	R	35.3	0.34	N/A									
18	PC	37.6		N/A									
19	R	36.7	0.39	N/A									
20	R	28.7	0.03	N/A									
21	PC	24.6		N/A									
22	R	34.8	0.04	N/A									
23	R	43	0.02	N/A									
24	PC	38.2		N/A									
25	PC	28.7		N/A									
26	PC	35.5		N/A									
27	PC	39.4		N/A									
28	PC	39		N/A									
29	PC	50.6		N/A									
30	R	49.1	0.1	N/A									
31	PC	39.5		N/A									
Total Gallons/Monthly Loading (Inches)					0		0.00		0		0.00		
12 Month Floating Total (inches)							0.00				0.00		
Average Weekly Loading (inches)							0				0		

\* Weather Codes: C-clear, PC-partly cloudy, CI-cloudy, R-rain, Sn-snow, SI-sleet

Spray Irrigation Operator in Responsible Charge (ORC): John D. Wall Phone: 919-938-4726

ORC Certification Number: 29141 Check Box if ORC Has Changed:

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ATTN: Non-Discharge Compliance Unit  
DENR  
Division of Water Quality  
1617 Mail Service Center  
RALEIGH, NC 27699-1617

  
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**NON-DISCHARGE APPLICATION REPORT  
 SPRAY IRRIGATION SITE(S)**  
 THERE ARE TWO APPLICATION FIELDS PER PAGE. USE ADDITIONAL PAGES AS NEEDED.

PERMIT NUMBER: WQ 0019631 MONTH: January YEAR: 2008  
 FACILITY NAME: Johnston County Reclaimed Water Utilization System COUNTY: Johnston

**Formulas:**

Daily Loading (inches) = [Volume Applied (gallons) x 0.1336 (cubic feet/gallon) x 12 (inches/foot)] / [Area Sprayed (acres) x 43,560 (square feet/acre)] OR  
 = Volume Applied (gallons) / [Area Sprayed (acres) x 27,152 (gallons/acre-inch)]  
 Maximum Hourly Loading (inches) = Daily Loading (inches) / [Time Irrigated (minutes) / 60 (minutes/hour)]  
 12 Month Floating Total (inches) = Sum of this month's Monthly Loading (inches) and previous 11 month's Monthly Loadings (inches)  
 Average Weekly Loading (inches) = [Monthly Loading (inches/month) / Number of days in the month (days/month)] x 7 (days/week)  
 Monthly Loading (inches) = Sum of Daily Loadings (inches)

Did Irrigation Occur At This Facility:					Did Irrigation Occur On This Field:				Did Irrigation Occur On This Field:			
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>					Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>			
					FIELD NUMBER:		Phase II field 13		FIELD NUMBER:		Phase II field 14	
					AREA SPRAYED (acres):		12.26		AREA SPRAYED (acres):		9.2	
					COVER CROP:		Grass		COVER CROP:		Grass	
					PERMITTED HOURLY RATE (inches):		0.3		PERMITTED HOURLY RATE (inches):		0.3	
DATE					PERMITTED YEARLY RATE (inches):				PERMITTED YEARLY RATE (inches):			
					14.31				14.31			
DATE	WEATHER CONDITIONS			Storage Lagoon Free-board feet	Volume Applied gallons	Time Irrigated minutes	Daily Loading inches	Maximum Hourly Loading inches	Volume Applied gallons	Time Irrigated minutes	Daily Loading inches	Maximum Hourly Loading inches
	Weather Code*	Temperature at application (°F)	Precipitation Inches									
1	R	45.1	0.03	N/A								
2	R	29.7	0.01	N/A								
3	R	25.8	0.03	N/A								
4	R	29.8	0.32	N/A								
5	PC	39.4		N/A								
6	PC	52.9		N/A								
7	PC	56.4		N/A								
8	PC	60.6		N/A								
9	PC	62		N/A								
10	PC	53.9		N/A								
11	PC	62.1		N/A								
12	PC	49.5		N/A								
13	PC	42.7		N/A								
14	PC	41.4		N/A								
15	PC	33.8		N/A								
16	PC	35.2		N/A								
17	R	35.3	0.34	N/A								
18	PC	37.6		N/A								
19	R	36.7	0.39	N/A								
20	R	28.7	0.03	N/A								
21	PC	24.6		N/A								
22	R	34.8	0.04	N/A								
23	R	43	0.02	N/A								
24	PC	38.2		N/A								
25	PC	28.7		N/A								
26	PC	35.5		N/A								
27	PC	39.4		N/A								
28	PC	39		N/A								
29	PC	50.6		N/A								
30	R	49.1	0.1	N/A								
31	PC	39.5		N/A								
Total Gallons/Monthly Loading (inches)					0		0.00		0		0.00	
12 Month Floating Total (inches)												
Average Weekly Loading (inches)							0				0	

\* Weather Codes: C-clear, PC-partly cloudy, CI-cloudy, R-rain, Sn-snow, SI-sleet

Spray Irrigation Operator in Responsible Charge (ORC): John D. Wall Phone: 919-938-4726

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 DENR  
 Division of Water Quality  
 1617 Mail Service Center  
 RALEIGH, NC 27699-1617

  
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**NON-DISCHARGE APPLICATION REPORT  
SPRAY IRRIGATION SITE(S)**

THERE ARE TWO APPLICATION FIELDS PER PAGE. USE ADDITIONAL PAGES AS NEEDED.

PERMIT NUMBER: WQ 0019631 MONTH: January YEAR: 2008  
 FACILITY NAME: Johnston County Reclaimed Water Utilization System COUNTY: Johnston

**Formulas:**

**Daily Loading (inches)** = [Volume Applied (gallons) x 0.1336 (cubic feet/gallon) x 12 (inches/foot)] / [Area Sprayed (acres) x 43,560 (square feet/acre)] OR

= Volume Applied (gallons) / [Area Sprayed (acres) x 27,152 (gallons/acre-inch)]

**Maximum Hourly Loading (inches)** = Daily Loading (inches) / [Time Irrigated (minutes) / 60 (minutes/hour)]

**Monthly Loading (inches)** = Sum of Daily Loadings (inches)

**12 Month Floating Total (inches)** = Sum of this month's Monthly Loading (inches) and previous 11 month's Monthly Loadings (inches)

**Average Weekly Loading (inches)** = [Monthly Loading (inches/month) / Number of days in the month (days/month)] x 7 (days/week)

Did Irrigation Occur At This Facility:					Did Irrigation Occur On This Field:				Did Irrigation Occur On This Field:			
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>					Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>			
					FIELD NUMBER:		Phase II field 9		FIELD NUMBER:		Phase II field 10	
					AREA SPRAYED (acres):		35.34		AREA SPRAYED (acres):		5.65	
					COVER CROP:		Grass		COVER CROP:		Grass	
					PERMITTED HOURLY RATE (inches):		0.3		PERMITTED HOURLY RATE (inches):		0.3	
D A T E					PERMITTED YEARLY RATE (inches):				PERMITTED YEARLY RATE (inches):			
					14.31		14.31		14.31		14.31	
Weather Code*	Temperature at application (°F)	Precipitation (inches)	Storage Lagoon Free-board (feet)	Volume Applied (gallons)	Time Irrigated (minutes)	Daily Loading (inches)	Maximum Hourly Loading (inches)	Volume Applied (gallons)	Time Irrigated (minutes)	Daily Loading (inches)	Maximum Hourly Loading (inches)	
1	R	45.1	0.03	N/A								
2	R	29.7	0.01	N/A								
3	R	25.8	0.03	N/A								
4	R	29.8	0.32	N/A								
5	PC	39.4		N/A								
6	PC	52.9		N/A								
7	PC	56.4		N/A								
8	PC	60.6		N/A								
9	PC	62		N/A								
10	PC	53.9		N/A								
11	PC	62.1		N/A								
12	PC	49.5		N/A								
13	PC	42.7		N/A								
14	PC	41.4		N/A								
15	PC	33.8		N/A								
16	PC	35.2		N/A								
17	R	35.3	0.34	N/A								
18	PC	37.6		N/A								
19	R	36.7	0.39	N/A								
20	R	28.7	0.03	N/A								
21	PC	24.6		N/A								
22	R	34.8	0.04	N/A								
23	R	43	0.02	N/A								
24	PC	38.2		N/A								
25	PC	28.7		N/A								
26	PC	35.5		N/A								
27	PC	39.4		N/A								
28	PC	39		N/A								
29	PC	50.6		N/A								
30	R	49.1	0.1	N/A								
31	PC	39.5		N/A								
Total Gallons/Monthly Loading (inches)					0		0.00		0		0.00	
12 Month Floating Total (inches)											0.00	
Average Weekly Loading (inches)							0				0	

\* Weather Codes: C-clear, PC-partly cloudy, CI-cloudy, R-rain, Sn-snow, SI-sleet

Spray Irrigation Operator in Responsible Charge (ORC): John D. Wall Phone: 919-938-4726

ORC Certification Number: 29141 Check Box if ORC Has Changed:

Mail ORIGINAL and TWO COPIES to:  
 ATTN: Non-Discharge Compliance Unit  
 DENR  
 Division of Water Quality  
 1617 Mail Service Center  
 RALEIGH, NC 27699-1617

  
 (SIGNATURE OF OPERATOR IN RESPONSIBLE CHARGE)  
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**NON-DISCHARGE APPLICATION REPORT  
SPRAY IRRIGATION SITE(S)**

THERE ARE TWO APPLICATION FIELDS PER PAGE. USE ADDITIONAL PAGES AS NEEDED.

PERMIT NUMBER: WQ 0019631

MONTH: January

YEAR: 2008

FACILITY NAME: Johnston County Reclaimed Water Utilization System

COUNTY: Johnston

**Formulas:**

Daily Loading (inches) = [Volume Applied (gallons) x 0.1336 (cubic feet/gallon) x 12 (inches/foot)] / [Area Sprayed (acres) x 43,560 (square feet/acre)] OR

= Volume Applied (gallons) / [Area Sprayed (acres) x 27.152 (gallons/acre-inch)]

Maximum Hourly Loading (inches) = Daily Loading (inches) / [Time Irrigated (minutes) / 60 (minutes/hour)]

Monthly Loading (inches) = Sum of Daily Loadings (inches)

12 Month Floating Total (inches) = Sum of this month's Monthly Loading (inches) and previous 11 month's Monthly Loadings (inches)

Average Weekly Loading (inches) = [Monthly Loading (inches/month) / Number of days in the month (days/month)] x 7 (days/week)

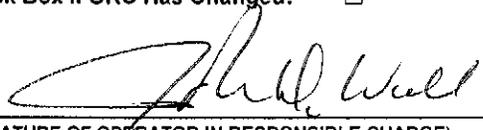
Did Irrigation Occur At This Facility:					Did Irrigation Occur On This Field:				Did Irrigation Occur On This Field:			
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>					Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>			
					FIELD NUMBER:		Phase II Field 1		FIELD NUMBER:		Phase II Field 4	
					AREA SPRAYED (acres):		9.32		AREA SPRAYED (acres):		16.62	
					COVER CROP:		Bermuda/soybeans		COVER CROP:		Bermudagrass/Sm Gr.	
					PERMITTED HOURLY RATE (inches):		0.3		PERMITTED HOURLY RATE (inches):		0.3	
D A T E					PERMITTED YEARLY RATE (inches):				PERMITTED YEARLY RATE (inches):			
					38.61		38.61		38.6		38.6	
WEATHER CONDITIONS				Storage Lagoon Free-board	Volume Applied gallons	Time Irrigated minutes	Daily Loading inches	Maximum Hourly Loading Inches	Volume Applied gallons	Time Irrigated minutes	Daily Loading inches	Maximum Hourly Loading inches
Weather Code*	Temperature at application (°F)	Precipitation inches										
1	R	45.1	0.03	N/A								
2	R	29.7	0.01	N/A								
3	R	25.8	0.03	N/A								
4	R	29.8	0.32	N/A								
5	PC	39.4		N/A								
6	PC	52.9		N/A								
7	PC	56.4		N/A								
8	PC	60.6		N/A								
9	PC	62		N/A								
10	PC	53.9		N/A								
11	PC	62.1		N/A								
12	PC	49.5		N/A								
13	PC	42.7		N/A								
14	PC	41.4		N/A								
15	PC	33.8		N/A								
16	PC	35.2		N/A								
17	R	35.3	0.34	N/A								
18	PC	37.6		N/A								
19	R	36.7	0.39	N/A								
20	R	28.7	0.03	N/A								
21	PC	24.6		N/A								
22	R	34.8	0.04	N/A								
23	R	43	0.02	N/A								
24	PC	38.2		N/A								
25	PC	28.7		N/A								
26	PC	35.5		N/A								
27	PC	39.4		N/A								
28	PC	39		N/A								
29	PC	50.6		N/A								
30	R	49.1	0.1	N/A								
31	PC	39.5		N/A								
Total Gallons/Monthly Loading (inches)					0		0.00		0		0.00	
12 Month Floating Total (inches)							13.13				12.53	
Average Weekly Loading (inches)							0				0	

\* Weather Codes: C-clear, PC-partly cloudy, CI-cloudy, R-rain, Sn-snow, SI-sleet

Spray Irrigation Operator in Responsible Charge (ORC): John D. Wall Phone: 919-938-4726

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1617 Mail Service Center  
RALEIGH, NC 27699-1617

  
\_\_\_\_\_  
(SIGNATURE OF OPERATOR IN RESPONSIBLE CHARGE)  
BY THIS SIGNATURE, I CERTIFY THAT THIS REPORT IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

**NON-DISCHARGE APPLICATION REPORT  
SPRAY IRRIGATION SITE(S)**

THERE ARE TWO APPLICATION FIELDS PER PAGE. USE ADDITIONAL PAGES AS NEEDED.

PERMIT NUMBER: WQ19631 MONTH: January YEAR: 2008  
 FACILITY NAME: Johnston Co. Recaimed Utilization Syst. COUNTY: Johnston

**Formulas:**

**Daily Loading (inches)** = [Volume Applied (gallons) x 0.1336 (cubic feet/gallon) x 12 (inches/foot)] / [Area Sprayed (acres) x 43,560 (square feet/acre)] OR  
 = Volume Applied (gallons) / [Area Sprayed (acres) x 27,152 (gallons/acre-inch)]

**Maximum Hourly Loading (inches)** = Daily Loading (inches) / [Time Irrigated (minutes) / 60 (minutes/hour)]

**Monthly Loading (inches)** = Sum of Daily Loadings (inches)

**12 Month Floating Total (inches)** = Sum of this month's Monthly Loading (inches) and previous 11 month's Monthly Loadings (inches)

**Average Weekly Loading (inches)** = [Monthly Loading (inches/month) / Number of days in the month (days/month)] x 7 (days/week)

Did Irrigation Occur At This Facility:					Did Irrigation Occur On This Field:				Did Irrigation Occur On This Field:			
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>					Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>			
					FIELD NUMBER:		1, Residences		FIELD NUMBER:		AG Center	
					AREA SPRAYED (acres):		3.97		AREA SPRAYED (acres):		9	
					COVER CROP:		Grass		COVER CROP:		Grass	
					PERMITTED HOURLY RATE (inches):		0.3		PERMITTED HOURLY RATE (inches):		0.3	
D A T E					PERMITTED YEARLY RATE (inches):				PERMITTED YEARLY RATE (inches):			
					30		30		30		30	
Weather Code*	Temperature at application (°F)	Precipitation (inches)	Storage Lagoon Free-board (feet)	Volume Applied (gallons)	Time Irrigated (minutes)	Daily Loading (inches)	Maximum Hourly Loading (inches)	Volume Applied (gallons)	Time Irrigated (minutes)	Daily Loading (inches)	Maximum Hourly Loading (inches)	
1	R	45.1	0.03	N/A								
2	R	29.7	0.01	N/A								
3	R	25.8	0.03	N/A								
4	R	29.8	0.32	N/A								
5	PC	39.4		N/A								
6	PC	52.9		N/A								
7	PC	56.4		N/A								
8	PC	60.6		N/A								
9	PC	62		N/A								
10	PC	53.9		N/A								
11	PC	62.1		N/A								
12	PC	49.5		N/A								
13	PC	42.7		N/A								
14	PC	41.4		N/A								
15	PC	33.8		N/A								
16	PC	35.2		N/A								
17	R	35.3	0.34	N/A								
18	PC	37.6		N/A								
19	R	36.7	0.39	N/A								
20	R	28.7	0.03	N/A								
21	PC	24.6		N/A								
22	R	34.8	0.04	N/A								
23	R	43	0.02	N/A								
24	PC	38.2		N/A								
25	PC	28.7		N/A								
26	PC	35.5		N/A								
27	PC	39.4		N/A								
28	PC	39		N/A								
29	PC	50.6		N/A								
30	R	49.1	0.1	N/A								
31	PC	39.5		N/A								
Total Gallons/Monthly Loading (inches)					0		0.00		0		0.00	
12 Month Floating Total (inches)							14.12				0.92	
Average Weekly Loading (inches)							0				0	

\* Weather Codes: C-clear, PC-partly cloudy, CI-cloudy, R-rain, Sn-snow, SI-sleet

Spray Irrigation Operator in Responsible Charge (ORC): John D. Wall Phone: 919-938-4726

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**NON-DISCHARGE APPLICATION REPORT  
SPRAY IRRIGATION SITE(S)**

THERE ARE TWO APPLICATION FIELDS PER PAGE. USE ADDITIONAL PAGES AS NEEDED.

PERMIT NUMBER: WQ 0019631 MONTH: January YEAR: 2008  
 FACILITY NAME: Johnston County Reclaimed Water Utilization System COUNTY: Johnston

**Formulas:**

Daily Loading (inches) = [Volume Applied (gallons) x 0.1336 (cubic feet/gallon) x 12 (inches/foot)] / [Area Sprayed (acres) x 43,560 (square feet/acre)] OR  
 = Volume Applied (gallons) / [Area Sprayed (acres) x 27,152 (gallons/acre-inch)]  
 Maximum Hourly Loading (inches) = Daily Loading (inches) / [Time Irrigated (minutes) / 60 (minutes/hour)]  
 Monthly Loading (Inches) = Sum of Daily Loadings (inches)  
 12 Month Floating Total (inches) = Sum of this month's Monthly Loading (inches) and previous 11 month's Monthly Loadings (inches)  
 Average Weekly Loading (inches) = [Monthly Loading (inches/month) / Number of days in the month (days/month)] x 7 (days/week)

Did Irrigation Occur At This Facility:					Did Irrigation Occur On This Field:				Did Irrigation Occur On This Field:			
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>					Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>			
					FIELD NUMBER:		1		FIELD NUMBER:		2	
					AREA SPRAYED (acres):		20.5		AREA SPRAYED (acres):		54.73	
					COVER CROP:		Trees		COVER CROP:		Bermudagrass/Sm Gr.	
					PERMITTED HOURLY RATE (inches):		0.3		PERMITTED HOURLY RATE (inches):		0.3	
					PERMITTED YEARLY RATE (inches):		20		PERMITTED YEARLY RATE (inches):		20	
DATE	WEATHER CONDITIONS			Storage Lagoon Free-board	Volume Applied gallons	Time Irrigated minutes	Daily Loading inches	Maximum Hourly Loading inches	Volume Applied gallons	Time Irrigated minutes	Daily Loading inches	Maximum Hourly Loading inches
	Weather Code*	Temperature at application (°F)	Precipitation Inches									
1	R	45.1	0.03	N/A								
2	R	29.7	0.01	N/A								
3	R	25.8	0.03	N/A								
4	R	29.8	0.32	N/A								
5	PC	39.4		N/A								
6	PC	52.9		N/A								
7	PC	56.4		N/A								
8	PC	60.6		N/A								
9	PC	62		N/A								
10	PC	53.9		N/A								
11	PC	62.1		N/A								
12	PC	49.5		N/A								
13	PC	42.7		N/A								
14	PC	41.4		N/A								
15	PC	33.8		N/A								
16	PC	35.2		N/A								
17	R	35.3	0.34	N/A								
18	PC	37.6		N/A								
19	R	36.7	0.39	N/A								
20	R	28.7	0.03	N/A								
21	PC	24.6		N/A								
22	R	34.8	0.04	N/A								
23	R	43	0.02	N/A								
24	PC	38.2		N/A								
25	PC	28.7		N/A								
26	PC	35.5		N/A								
27	PC	39.4		N/A								
28	PC	39		N/A								
29	PC	50.6		N/A								
30	R	49.1	0.1	N/A								
31	PC	39.5		N/A								
Total Gallons/Monthly Loading (inches)					0		0.00		0		0.00	
12 Month Floating Total (inches)							15.04				15.83	
Average Weekly Loading (inches)							0				0	

\* Weather Codes: C-clear, PC-partly cloudy, CI-cloudy, R-rain, Sn-snow, SI-sleet

Spray Irrigation Operator in Responsible Charge (ORC): John D. Wall Phone: 919-938-4726

ORC Certification Number: 29141 Check Box if ORC Has Changed:

Mail ORIGINAL and TWO COPIES to:  
 ATTN: Non-Discharge Compliance Unit  
 DENR  
 Division of Water Quality  
 1617 Mail Service Center  
 RALEIGH, NC 27699-1617

  
 (SIGNATURE OF OPERATOR IN RESPONSIBLE CHARGE)

BY THIS SIGNATURE, I CERTIFY THAT THIS REPORT IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

**NON-DISCHARGE APPLICATION REPORT  
SPRAY IRRIGATION SITE(S)**

THERE ARE TWO APPLICATION FIELDS PER PAGE. USE ADDITIONAL PAGES AS NEEDED.

PERMIT NUMBER: WQ 0019631

MONTH: January

YEAR: 2008

FACILITY NAME: Johnston County Reclaimed Water Utilization System

COUNTY: Johnston

**Formulas:**

Daily Loading (inches) = (Volume Applied (gallons) x 0.1336 (cubic feet/gallon) x 12 (inches/foot)) / [Area Sprayed (acres) x 43,560 (square feet/acre)] OR

= Volume Applied (gallons) / [Area Sprayed (acres) x 27,152 (gallons/acre-inch)]

Maximum Hourly Loading (inches) = Daily Loading (inches) / [Time Irrigated (minutes) / 60 (minutes/hour)]

Monthly Loading (inches) = Sum of Daily Loadings (inches)

12 Month Floating Total (inches) = Sum of this month's Monthly Loading (inches) and previous 11 month's Monthly Loadings (inches)

Average Weekly Loading (inches) = [Monthly Loading (inches/month) / Number of days in the month (days/month)] x 7 (days/week)

Did Irrigation Occur At This Facility:					Did Irrigation Occur On This Field:				Did Irrigation Occur On This Field:			
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>					Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>			
					FIELD NUMBER:		3		FIELD NUMBER:		4	
					AREA SPRAYED (acres):		9.6		AREA SPRAYED (acres):		9.6	
					COVER CROP:		Bermudagrass		COVER CROP:		Bermudagrass	
					PERMITTED HOURLY RATE (inches):		0.3		PERMITTED HOURLY RATE (inches):		0.3	
D A T E					PERMITTED YEARLY RATE (inches):				PERMITTED YEARLY RATE (inches):			
					16				16			
WEATHER CONDITIONS				Storage Lagoon Free-board	Volume Applied gallons	Time Irrigated minutes	Daily Loading inches	Maximum Hourly Loading inches	Volume Applied gallons	Time Irrigated minutes	Daily Loading inches	Maximum Hourly Loading inches
Weather Code*	Temperature at application (°F)	Precipitation inches										
1	R	45.1	0.03	N/A								
2	R	29.7	0.01	N/A								
3	R	25.8	0.03	N/A								
4	R	29.8	0.32	N/A								
5	PC	39.4		N/A								
6	PC	52.9		N/A								
7	PC	56.4		N/A								
8	PC	60.6		N/A								
9	PC	62		N/A								
10	PC	53.9		N/A								
11	PC	62.1		N/A								
12	PC	49.5		N/A								
13	PC	42.7		N/A								
14	PC	41.4		N/A								
15	PC	33.8		N/A								
16	PC	35.2		N/A								
17	R	35.3	0.34	N/A								
18	PC	37.6		N/A								
19	R	36.7	0.39	N/A								
20	R	28.7	0.03	N/A								
21	PC	24.6		N/A								
22	R	34.8	0.04	N/A								
23	R	43	0.02	N/A								
24	PC	38.2		N/A								
25	PC	28.7		N/A								
26	PC	35.5		N/A								
27	PC	39.4		N/A								
28	PC	39		N/A								
29	PC	50.6		N/A								
30	R	49.1	0.1	N/A								
31	PC	39.5		N/A								
Total Gallons/Monthly Loading (inches)					0		0.00		0		0.00	
12 Month Floating Total (inches)							14.89				14.01	
Average Weekly Loading (inches)							0				0	

\* Weather Codes: C-clear, PC-partly cloudy, CI-cloudy, R-rain, Sn-snow, SI-sleet

Spray Irrigation Operator in Responsible Charge (ORC): John D. Wall

Phone: 919-938-4726

ORC Certification Number: 29141 Check Box if ORC Has Changed:

Mail ORIGINAL and TWO COPIES to:  
ATTN: Non-Discharge Compliance Unit  
DENR  
Division of Water Quality  
1617 Mail Service Center  
RALEIGH, NC 27699-1617

  
\_\_\_\_\_  
(SIGNATURE OF OPERATOR IN RESPONSIBLE CHARGE)

BY THIS SIGNATURE, I CERTIFY THAT THIS REPORT IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

**NON-DISCHARGE APPLICATION REPORT  
SPRAY IRRIGATION SITE(S)**

THERE ARE TWO APPLICATION FIELDS PER PAGE. USE ADDITIONAL PAGES AS NEEDED.

PERMIT NUMBER: WQ 0019631 MONTH: January YEAR: 2008

FACILITY NAME: Johnston County Reclaimed Water Utilization System COUNTY: Johnston

**Formulas:**

Daily Loading (inches) = [Volume Applied (gallons) x 0.1336 (cubic feet/gallon) x 12 (inches/foot)] / [Area Sprayed (acres) x 43,560 (square feet/acre)] OR  
= Volume Applied (gallons) / [Area Sprayed (acres) x 27,152 (gallons/acre-inch)]

Maximum Hourly Loading (inches) = Daily Loading (inches) / [Time Irrigated (minutes) / 60 (minutes/hour)]

Monthly Loading (inches) = Sum of Daily Loadings (inches)

12 Month Floating Total (Inches) = Sum of this month's Monthly Loading (inches) and previous 11 month's Monthly Loadings (inches)

Average Weekly Loading (Inches) = [Monthly Loading (Inches/month) / Number of days in the month (days/month)] x 7 (days/week)

Did Irrigation Occur At This Facility:					Did Irrigation Occur On This Field:				Did Irrigation Occur On This Field:			
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>					Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>			
					FIELD NUMBER:	9			FIELD NUMBER:	10		
					AREA SPRAYED (acres):	2.35			AREA SPRAYED (acres):	6.91		
					COVER CROP:	Grass/Trees			COVER CROP:	Grass/Trees		
					PERMITTED HOURLY RATE (inches):	0.3			PERMITTED HOURLY RATE (inches):	0.3		
					PERMITTED YEARLY RATE (inches):	15			PERMITTED YEARLY RATE (inches):	15		
DATE	WEATHER CONDITIONS			Storage Lagoon Free-board feet	Volume Applied gallons	Time Irrigated minutes	Daily Loading inches	Maximum Hourly Loading inches	Volume Applied gallons	Time Irrigated minutes	Daily Loading inches	Maximum Hourly Loading inches
	Weather Code*	Temperature at application (°F)	Precipitation inches									
1	R	45.1	0.03	N/A								
2	R	29.7	0.01	N/A								
3	R	25.8	0.03	N/A								
4	R	29.8	0.32	N/A								
5	PC	39.4		N/A								
6	PC	52.9		N/A								
7	PC	56.4		N/A								
8	PC	60.6		N/A								
9	PC	62		N/A								
10	PC	53.9		N/A								
11	PC	62.1		N/A								
12	PC	49.5		N/A								
13	PC	42.7		N/A								
14	PC	41.4		N/A								
15	PC	33.8		N/A								
16	PC	35.2		N/A								
17	R	35.3	0.34	N/A								
18	PC	37.6		N/A								
19	R	36.7	0.39	N/A								
20	R	28.7	0.03	N/A								
21	PC	24.6		N/A								
22	R	34.8	0.04	N/A								
23	R	43	0.02	N/A								
24	PC	38.2		N/A								
25	PC	28.7		N/A								
26	PC	35.5		N/A								
27	PC	39.4		N/A								
28	PC	39		N/A								
29	PC	50.6		N/A								
30	R	49.1	0.1	N/A								
31	PC	39.5		N/A								
Total Gallons/Monthly Loading (inches)					0		0.00		0		0.00	
12 Month Floating Total (inches)							12.68				14.58	
Average Weekly Loading (inches)							0				0	

\* Weather Codes: C-clear, PC-partly cloudy, CI-cloudy, R-rain, Sn-snow, SI-sleet

Spray Irrigation Operator in Responsible Charge (ORC): John D. Wall Phone: 919-938-4726

ORC Certification Number: 29141 Check Box if ORC Has Changed:

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DENR  
Division of Water Quality  
1617 Mail Service Center  
RALEIGH, NC 27699-1617

  
\_\_\_\_\_  
(SIGNATURE OF OPERATOR IN RESPONSIBLE CHARGE)  
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**NON-DISCHARGE APPLICATION REPORT  
SPRAY IRRIGATION SITE(S)**

THERE ARE TWO APPLICATION FIELDS PER PAGE. USE ADDITIONAL PAGES AS NEEDED.

PERMIT NUMBER: WQ 0019631 MONTH: January YEAR: 2008  
 FACILITY NAME: Johnston County Reclaimed Water Utilization System COUNTY: Johnston

**Formulas:**

Daily Loading (inches) = [Volume Applied (gallons) x 0.1336 (cubic feet/gallon) x 12 (inches/foot)] / [Area Sprayed (acres) x 43,560 (square feet/acre)] OR  
 = Volume Applied (gallons) / [Area Sprayed (acres) x 27,152 (gallons/acre-inch)]

Maximum Hourly Loading (inches) = Daily Loading (inches) / [Time Irrigated (minutes) / 60 (minutes/hour)]

Monthly Loading (inches) = Sum of Daily Loadings (inches)

12 Month Floating Total (inches) = Sum of this month's Monthly Loading (inches) and previous 11 month's Monthly Loadings (inches)

Average Weekly Loading (inches) = [Monthly Loading (inches/month) / Number of days in the month (days/month)] x 7 (days/week)

Did Irrigation Occur At This Facility:					Did Irrigation Occur On This Field:				Did Irrigation Occur On This Field:				
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>					Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				
					FIELD NUMBER:		Dust Control		FIELD NUMBER:		Borrow Area C		
					AREA SPRAYED (acres):		9.05		AREA SPRAYED (acres):		12.68		
					COVER CROP:		Road		COVER CROP:				
					PERMITTED HOURLY RATE (inches):		0.3		PERMITTED HOURLY RATE (inches):		0.3		
D A T E					PERMITTED YEARLY RATE (inches):				PERMITTED YEARLY RATE (inches):				
					15		8						
WEATHER CONDITIONS					Storage Lagoon Free-board	Volume Applied gallons	Time Irrigated minutes	Daily Loading inches	Maximum Hourly Loading inches	Volume Applied gallons	Time Irrigated minutes	Daily Loading inches	Maximum Hourly Loading inches
Weather Code*	Temperature at application (°F)	Precipitation inches	Storage Lagoon Free-board feet										
1	R	45.1	0.03	N/A									
2	R	29.7	0.01	N/A									
3	R	25.8	0.03	N/A									
4	R	29.8	0.32	N/A									
5	PC	39.4		N/A									
6	PC	52.9		N/A									
7	PC	56.4		N/A									
8	PC	60.6		N/A									
9	PC	62		N/A									
10	PC	53.9		N/A									
11	PC	62.1		N/A									
12	PC	49.5		N/A									
13	PC	42.7		N/A									
14	PC	41.4		N/A									
15	PC	33.8		N/A									
16	PC	35.2		N/A									
17	R	35.3	0.34	N/A									
18	PC	37.6		N/A									
19	R	36.7	0.39	N/A									
20	R	28.7	0.03	N/A									
21	PC	24.6		N/A									
22	R	34.8	0.04	N/A									
23	R	43	0.02	N/A									
24	PC	38.2		N/A									
25	PC	28.7		N/A									
26	PC	35.5		N/A									
27	PC	39.4		N/A									
28	PC	39		N/A									
29	PC	50.6		N/A									
30	R	49.1	0.1	N/A									
31	PC	39.5		N/A									
Total Gallons/Monthly Loading (inches)					0		0.00		0		0.00		
12 Month Floating Total (inches)							8.18				0.00		
Average Weekly Loading (inches)							0				0		

\* Weather Codes: C-clear, PC-partly cloudy, CI-cloudy, R-rain, Sn-snow, SI-sleet

Spray Irrigation Operator in Responsible Charge (ORC): John D. Wall Phone: 919-938-4726

ORC Certification Number: 29141 Check Box if ORC Has Changed:

Mail ORIGINAL and TWO COPIES to:  
 ATTN: Non-Discharge Compliance Unit  
 DENR  
 Division of Water Quality  
 1617 Mail Service Center  
 RALEIGH, NC 27699-1617

  
 (SIGNATURE OF OPERATOR IN RESPONSIBLE CHARGE)  
 BY THIS SIGNATURE, I CERTIFY THAT THIS REPORT IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

# NON-DISCHARGE APPLICATION REPORT SPRAY IRRIGATION SITE(S)

THERE ARE TWO APPLICATION FIELDS PER PAGE. USE ADDITIONAL PAGES AS NEEDED.

PERMIT NUMBER: WQ 0019631 MONTH: January YEAR: 2008

FACILITY NAME: Johnston County Reclaimed Water Utilization System COUNTY: Johnston

**Formulas:**

**Daily Loading (inches)** = [Volume Applied (gallons) x 0.1336 (cubic feet/gallon) x 12 (inches/foot)] / [Area Sprayed (acres) x 43,560 (square feet/acre)] OR  
= Volume Applied (gallons) / [Area Sprayed (acres) x 27,152 (gallons/acre-inch)]

**Maximum Hourly Loading (inches)** = Daily Loading (inches) / [Time Irrigated (minutes) / 60 (minutes/hour)]

**Monthly Loading (inches)** = Sum of Daily Loadings (inches)

**12 Month Floating Total (inches)** = Sum of this month's Monthly Loading (inches) and previous 11 month's Monthly Loadings (inches)

**Average Weekly Loading (inches)** = (Monthly Loading (inches/month) / Number of days in the month (days/month)) x 7 (days/week)

Did Irrigation Occur At This Facility:					Did Irrigation Occur On This Field:				Did Irrigation Occur On This Field:					
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>					Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>					
					FIELD NUMBER:		Livestock Arena		FIELD NUMBER:		8			
					AREA SPRAYED (acres):		8.97		AREA SPRAYED (acres):		28.97			
					COVER CROP:		Grass/Trees		COVER CROP:		Trees/Grass			
					PERMITTED HOURLY RATE (inches):		0.3		PERMITTED HOURLY RATE (inches):		0.3			
					PERMITTED YEARLY RATE (inches):		15		PERMITTED YEARLY RATE (inches):		14			
					DATE	WEATHER CONDITIONS			Storage Lagoon Free-board feet	Volume Applied gallons	Time Irrigated minutes	Daily Loading inches	Maximum Hourly Loading inches	Volume Applied gallons
Weather Code*	Temperature at application (°F)	Precipitation inches												
1	R	45.1	0.03	N/A										
2	R	29.7	0.01	N/A										
3	R	25.8	0.03	N/A										
4	R	29.8	0.32	N/A										
5	PC	39.4		N/A										
6	PC	52.9		N/A										
7	PC	56.4		N/A										
8	PC	60.6		N/A										
9	PC	62		N/A										
10	PC	53.9		N/A										
11	PC	62.1		N/A										
12	PC	49.5		N/A										
13	PC	42.7		N/A										
14	PC	41.4		N/A										
15	PC	33.8		N/A										
16	PC	35.2		N/A										
17	R	35.3	0.34	N/A										
18	PC	37.6		N/A										
19	R	36.7	0.39	N/A										
20	R	28.7	0.03	N/A										
21	PC	24.6		N/A										
22	R	34.8	0.04	N/A										
23	R	43	0.02	N/A										
24	PC	38.2		N/A										
25	PC	28.7		N/A										
26	PC	35.5		N/A										
27	PC	39.4		N/A										
28	PC	39		N/A										
29	PC	50.6		N/A										
30	R	49.1	0.1	N/A										
31	PC	39.5		N/A										
<b>Total Gallons/Monthly Loading (inches)</b>					0		0.00		0		0.00			
<b>12 Month Floating Total (inches)</b>							7.68				13.87			
<b>Average Weekly Loading (inches)</b>							0				0			

\* Weather Codes: C-clear, PC-partly cloudy, CI-cloudy, R-rain, Sn-snow, SI-sleet

Spray Irrigation Operator in Responsible Charge (ORC): John D. Wall Phone: 919-938-4726

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(SIGNATURE OF OPERATOR IN RESPONSIBLE CHARGE)  
BY THIS SIGNATURE, I CERTIFY THAT THIS REPORT IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

**NON-DISCHARGE APPLICATION REPORT  
SPRAY IRRIGATION SITE(S)**

**Facility Status:**

Please indicate ( by inserting Y(es) or N(o) in the appropriate box ) whether the facility has been **compliant** with the following permit requirements: (Note: if a requirement does not apply to your facility put (NA) in the compliant box. )

- |   |   |
|---|---|
| <b>1. The application rate(s) did not exceed the limit(s) specified in the permit.</b>                                    | Compliant (Y,N)<br><input type="text" value="Y"/> |
| <b>2. Adequate measures were taken to prevent wastewater runoff from the site(s).</b>                                     | <input type="text" value="Y"/>                    |
| <b>3. A suitable vegetative cover was maintained on the site(s) in accordance with the permit.</b>                        | <input type="text" value="Y"/>                    |
| <b>4. All buffer zones as specified in the permit were maintained during each application.</b>                            | <input type="text" value="Y"/>                    |
| <b>5. The freeboard in the treatment and/or storage lagoon(s) was not less than the limit(s) specified in the permit.</b> | <input type="text" value="NA"/>                   |

If the facility is **non-compliant**, please explain in the space below the reason(s) the facility was not in compliance with its permit. Provide in your explanation the date(s) of the non-compliance and describe the corrective action(s) taken. Attach additional sheets if necessary.

"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 all qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage 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."

Haywood M. Phthisic      2/25/10  
 (Signature of Permittee)\*      Date

Haywood M. Phthisic  
 (Name of Signing Official-Please print or type)

Johnston County Department of Public Utilities  
 (Permittee-Please print or type)

Assistant Director  
 (Position or Title)

P.O. Box 2263

919-989-5075  
 (Phone Number)

31-Oct-11  
 (Permit Exp. Date)

Smithfield, NC 27577  
 (Permittee Address)

\* If signed by other than the permittee, delegation of signatory authority must be on file with the state per 15A NCAC 2B.0506 (b)(2)(D).

## NON DISCHARGE WASTEWATER MONITORING REPORT

PERMIT NUMBER: WQ0019632  
 FACILITY NAME: Johnston Co. Reclaimed Water Utilization System

MONTH: January YEAR: 2008  
 COUNTY: Johnston

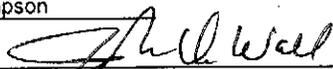
Flow Monitoring Point:				Effluent:	<input type="checkbox"/>	Influent:	<input checked="" type="checkbox"/>										
Parameter Monitoring Point:				Effluent:	<input type="checkbox"/>	Influent:	<input checked="" type="checkbox"/>	Surface Water (SW):	<input type="checkbox"/>	SW Code/Name:							
Was There Effluent Flow For This Month Generated At This Facility:										Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>				
DATE	Operator Arrival Time 2400 Clock	Operator Time On Site	ORC on Site?	50050	310.0	00610	00530	31616	545	625	620	940	70295	680	76		
				Daily Rate (Flow) into Treatment System	BOD-5 20°C	NH3-N	TSS	Fecal Coliform Geometric Mean	Settable matter	TKN	NO3	Chloride	TDS	TOC	TURBIDITY		
		HRS	Y/N	MGD	UNITS	mg/L	mg/L	mg/L	/100ML	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	NTU	
1	8:00	8	N	0.0440		HOLIDAY			HOLIDAY			HOLIDAY				2.950	
2	8:00	8	Y	0.0530	6.42	4.0	0.28	1.2		<0.10	1.75	7.54				1.460	
3	8:00	8	Y	0.0840						<0.10						1.850	
4	8:00	8	Y	0.0880						<0.10						1.300	
5	8:00	8	N	0.0690												1.450	
6	8:00	8	N	0.0690												1.050	
7	8:00	8	Y	0.0710					< 1	<0.10						0.900	
8	8:00	8	Y	0.0700						<0.10						1.010	
9	8:00	8	Y	0.0750	6.51	4.9	0.43	1.2		<0.10	1.20	5.73				0.763	
10	8:00	8	Y	0.0710						<0.10						0.810	
11	8:00	8	Y	0.0750						<0.10						0.850	
12	8:00	8	N	0.0600												1.380	
13	8:00	8	N	0.0440												0.490	
14	8:00	8	Y	0.0650					< 1	<0.10						0.496	
15	8:00	8	Y	0.0740	6.47	3.2	0.21	< 1.0		<0.10	1.13	4.91				0.580	
16	8:00	8	Y	0.0700						<0.10						0.600	
17	8:00	8	Y	0.0730						<0.10						1.170	
18	8:00	8	Y	0.0810						<0.10						1.330	
19	8:00	8	N	0.0460												0.610	
20	8:00	8	N	0.0820												0.520	
21	8:00	8	N	0.0580		HOLIDAY			HOLIDAY			HOLIDAY				0.400	
22	8:00	8	Y	0.0720	6.57	3.9	0.20	2.0	< 1	<0.10	1.10	5.01				0.470	
23	8:00	8	Y	0.0770						<0.10						0.520	
24	8:00	8	Y	0.0750						<0.10						0.520	
25	8:00	8	Y	0.0740						<0.10						0.630	
26	8:00	8	N	0.0920												0.670	
27	8:00	8	N	0.0650												0.480	
28	8:00	8	Y	0.0980					< 1	<0.10						1.400	
29	8:00	8	Y	0.0920	6.6	3.5	1.63	< 1.0		<0.10	3.47	7.79				2.350	
30	8:00	8	Y	0.0980						<0.10						0.870	
31	8:00	8	Y	0.1000						<0.10						0.660	
Average				0.0731		3.9	0.55	< 1.0	< 1	0	1.73	6.20	#DIV/0!	#####	#####	0.985	
Daily Maximum				0.100	6.60	4.9	1.63	2.0	< 1	<0.10	3.47	7.79	0	0	0.00	2.95	
Daily Minimum				0.044	6.42	3.2	0.20	< 1.0	< 1	<0.10	1.10	4.91	0	0	0.00	0.400	
Monthly Limit(s)				NA	>6<9	10.0	4	5	14	NA	NA	NA	NA	NA	NA	NA	
Composite (C) / Grab (G)				cont	G	C	C	C	G	G	C	C	C	C	C	cont	

Operator in Responsible Charge (ORC): John D. Wall Grade: SI Phone: 919-795-1889  
 Check Box if ORC Has Changed:  ORC Certification Number: 29141

Certified Laboratories (1): Johnston County WWTP (2): Meritech

Person(s) Collecting Samples: Jennifer Doll/Chad Thompson

Mail ORIGINAL and TWO COPIES to:  
 ATTN: Non-Discharge Compliance Unit  
 DENR  
 Division of Water Quality  
 1617 Mail Service Center  
 RALEIGH, NC 27699-1617

  
 (SIGNATURE OF OPERATOR IN RESPONSIBLE CHARGE)  
 BY THIS SIGNATURE, I CERTIFY THAT THIS REPORT IS ACCURATE  
 AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

# NON DISCHARGE WASTEWATER MONITORING REPORT

**Facility Status:**

Please answer the following question:

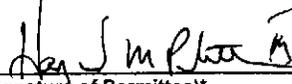
1. Does all monitoring data and sampling frequencies meet permit requirements?

Compliant (Y,N)

Y

If the facility is **non-compliant**, please explain in the space below the reason(s) the facility was not in compliance with its permit. Provide in your explanation the date(s) of the non-compliance and describe the corrective action(s) taken. Attach additional sheets if necessary.

"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 all qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage 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."

  
 \_\_\_\_\_  
 (Signature of Permittee)\*                      Date

Haywood M Phthisic III  
 \_\_\_\_\_  
 (Name of Signing Official-Please print or type)

Johnston County Department of Public Utilities  
 \_\_\_\_\_  
 (Permittee-Please print or type)

Assistant Director  
 \_\_\_\_\_  
 (Position or Title)

P.O Box 2263  
 \_\_\_\_\_

919-989-5075  
 \_\_\_\_\_  
 (Phone Number)

31-Oct-2011  
 \_\_\_\_\_  
 (Permit Exp. Date)

Smithfield, NC 27577  
 \_\_\_\_\_  
 (Permittee Address)

**Parameter Codes:**

01002 Arsenic	31504 Coliform, Total	00600 Nitrogen, Total	00929 Sodium
01022 Boron	00094 Conductivity	00630 NO2&NO3	00931 SAR
00310 BOD5	01042 Copper	00620 NO3	00745 Sulfide
01027 Cadmium	00300 Dissolved Oxygen	00556 Oil-Grease	70295 TDS
00916 Calcium	31616 Fecal Coliform	WQ09 PAN (Plant Available)	00010 Temperature
00940 Chloride	01051 Lead	00400 pH	00625 TKN
50060 Chlorine, Total Residual	00927 Magnesium	32730 Phenols	00680 TOC
	71900 Mercury	00665 Phosphorus, Total	00530 TSS/TSR
01034 Chromium	00610 NH3asN	00937 Potassium	00078 Turbidity
00340 COD	01067 Nickel	00545 Settleable Matter	01092 Zinc

Parameter Code assistance may be obtained by calling the Water Quality Compliance/Enforcement Unit at (919) 733-5083 ext. 529.

The monthly average for Fecal Coliform is to be reported as a GEOMETRIC mean. Use only the units designated in the reporting facility's permit for reporting data.

\* If signed by other than the permittee, delegation of signatory authority must be on file with the state per 15A NCAC 2B.0506 (b)(2)(D).

**GROUNDWATER QUALITY MONITORING:  
COMPLIANCE REPORT FORM**

Mail original and  
1 copy to:

Please Print Clearly or Type

**FACILITY INFORMATION**  
 Facility Name: Johnston County Landfill  
 Permit Name (if different): Johnston County Reclaimed Water Utilization System  
 Facility Address: 680 County Home Road  
(County)

Smithfield NC 27577 County Johnston  
(City) (State) (Zip)

Contact Person: John D. Wall Telephone#: 919-938-4726  
 Well Location/ Site Name: PIEZOMETER #3 No. of wells to be sampled: 9  
(from permit)

Well Identification Number (from Permit): PIEZOMETER #3  
 Well Depth: 17.82 ft. Well Diameter: 2 in.  
 Screened Interval: N/A ft. to N/A ft.

Depth to Water Level: 8.70 ft. below measuring point.  
 measuring Point is 2.26 ft. above land surface.  
 Gallons of Water Pumped/bailed before sampling: N/A

FIELD ANALYSIS: pH N/A Specific Conductance N/A  
 Temp: N/A °C Odor N/A Appearance N/A

**PARAMETERS** (Samples for metals were collected unfiltered) YES NO and field acidified YES NO  
 NOTE: Values should reflect dissolved and colloidal concentrations.

**COD**  
 Coliform: MF Fecal mg/l  
 Coliform: MF Total /100ml  
 (Note: Use MPN method for highly turbid samples)  
 Dissolved Solids: Total mg/l  
 pH (When analyzed) units  
**TOC**  
 Chloride mg/l  
 Arsenic mg/l  
 Grease & Oils mg/l  
 Phenol mg/l  
 Sulfate mg/l  
 Specific Conductance umhos  
 Total Ammonia mg/l  
(Ammonia Nitrogen, NH<sub>3</sub> as N; Ammonia Nitrogen, Total)  
 TKN as N mg/l

Nitrite (NO<sub>2</sub>) as N mg/l  
 Nitrate (NO<sub>3</sub>) as N mg/l  
 Phosphorus: Total as P mg/l  
 Orthophosphate mg/l  
 Al - Aluminum mg/l  
 Ba - Barium mg/l  
 Ca - Calcium mg/l  
 Cd - Cadmium mg/l  
 Chromium: Total mg/l  
 Cu - Copper mg/l  
 Fe - Iron mg/l  
 Hg - Mercury mg/l  
 K - Potassium mg/l  
 Mg - Magnesium mg/l  
 Mn - Manganese mg/l

Ni - Nickel mg/l  
 Pb - Lead mg/l  
 Zn - Zinc mg/l

Other (Specify Compounds and Concentration Units)

ORGANICS: (by GC, GC/MS, HPLC)  
 (Specify test and method #. ATTACH LAB REPORT.)  
 Report Attached? YES (1) NO (0)  
 VOC :method #=  
 :method #=  
 :method #=  
 :method #=

DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES  
 DIVISION OF WATER QUALITY INFORMATION PROCESSING UNIT  
 617 MAIL SERVICE CENTER  
 RALEIGH, NC 27699-1617 Phone (919) 733-3221

PERMIT No. WQ0019631 EXPIRATION DATE: 10-31-11  
 Non-Discharge x  
 NPDES

TYPE OF PERMITTED OPERATION BEING MONITORED  
 Lagoon  
 Spray Field  
 Rotary Distributor  
 Water Source heat Pump  
 Other: \_\_\_\_\_

Remediation: Infiltration Gallery  
 Remediation: \_\_\_\_\_  
 Land Application of Sludge

For Remediation System Influent/Effluent Only (Attach Lab Reports)  
 Influent mg/L (total VOC Concentration)  
 Effluent mg/L (total VOC Concentration)  
 VOC Removal %

Date sample analyzed: \_\_\_\_\_  
 Laboratory Name: \_\_\_\_\_  
 Certification No. \_\_\_\_\_

I certify that, to the best of my knowledge and belief, the information in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a North Carolina DWQ (formerly DEW) certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Haywood M. Phittisic III Assistant Director  
 Permittee (or Authorized agent) Name and Title - Please print or type  
 Signature of Permittee (or Authorized Agent)  
 Date: 2/25/08



**GROUNDWATER QUALITY MONITORING:  
COMPLIANCE REPORT FORM**

Please Print Clearly or Type

Mail original and  
1 copy to:

DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES  
DIVISION OF WATER QUALITY INFORMATION PROCESSING UNIT  
1617 MAIL SERVICE CENTER  
RALEIGH, NC 27699-1617  
Phone: (919) 733-3221

PERMIT NO. WQ0019631 EXPIRATION DATE: 10-31-11

Non-Discharge  X  
NPDES

TYPE OF PERMITTED OPERATION BEING MONITORED

Lagoon  
 Spray Field  
 Rotary Distributor  
 Water Source heat Pump  
 Other: \_\_\_\_\_  
Remediator: Infiltration Gallery  
Remediation: \_\_\_\_\_  
Land Application of Sludge  
Water Source heat Pump

For Remediation System Influent/Effluent Only (Attach Lab Reports)

Influent \_\_\_\_\_ mg/L (total VOC Concentration)  
Effluent \_\_\_\_\_ mg/L (total VOC Concentration)  
VOC Removal \_\_\_\_\_ %

Date sample analyzed: \_\_\_\_\_  
Laboratory Name: \_\_\_\_\_  
Certification No. \_\_\_\_\_

**FACILITY INFORMATION**  
Facility Name: Johnston County Landfill  
Permit Name (if different): Johnston County Reclaimed Water Utilization System  
Facility Address: 680 County Home Road  
(Street)  
Smithfield NC 27577  
(City) (State) (Zip)  
County Johnston  
Contact Person: John D. Wall Telephone #: 919-938-4726  
Well Location/Site Name: MW-5-2 No. of wells to be sampled: 9  
(from permit)

Well Identification Number (from Permit): MW-5-2  
Well Depth: 22.5 ft. Well Diameter: 2 in.  
Screened Interval: 22.5 ft. to 7.5 ft.  
Depth to Water Level: 5.87 ft. below measuring point.  
measuring Point is 2.28 ft. above land surface.  
Gallons of Water Pumped/trailed before sampling: N/A

**IF WELL WAS DRY**  
at time of sampling, check here \_\_\_\_\_  
Sample is from system:  Influent  Effluent  
Relative M.P. Elevation in ft. 206.77  
Date sample collected: 1-18-08

FIELD ANALYSIS: pH N/A Specific Conductance N/A  
Temp: N/A °C Odor N/A Appearance N/A uMhos

PARAMETERS (Samples for metals were collected unfiltered) YES NO and field acidified YES NO  
NOTE: Values should reflect dissolved and colloidal concentrations.

COD	mg/l								
Coliform: MF Fecal	/100ml								
Coliform: MF Total	/100ml								
(Note: Use MPN method for highly turbid samples)									
Dissolved Solids: Total	mg/l								
pH (when analyzed)	units								
TOC	mg/l								
Chloride	mg/l								
Arsenic	mg/l								
Grease & Oils	mg/l								
Phenol	mg/l								
Sulfate	mg/l								
Specific Conductance	uMhos								
Total Ammonia	mg/l								
(Ammonia Nitrogen: NH <sub>3</sub> as N; Ammonia Nitrogen, Total)									
TKN as N	mg/l								
Nitrite (NO <sub>2</sub> ) as N	mg/l								
Nitrate (NO <sub>3</sub> ) as N	mg/l								
Phosphorus: Total as P	mg/l								
Orthophosphate	mg/l								
Al - Aluminum	mg/l								
Ba - Barium	mg/l								
Ca - Calcium	mg/l								
Cd - Cadmium	mg/l								
Chromium: Total	mg/l								
Cu - Copper	mg/l								
Fe - Iron	mg/l								
Hg - Mercury	mg/l								
K - Potassium	mg/l								
Mg - Magnesium	mg/l								
Mn - Manganese	mg/l								
Ni - Nickel	mg/l								
Pb - Lead	mg/l								
Zn - Zinc	mg/l								
Other (Specify Compounds and Concentration Units)									
ORGANICS: (by GC, GC/MS, HPLC)									
(Specify test and method #, ATTACH LAB REPORT.)									
Report Attached? YES	(1)	NO	(0)						
VOC	:method #=								
	:method #=								
	:method #=								

I certify that, to the best of my knowledge and belief, the information in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a North Carolina DWQ (formerly DEN) certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Haywood M. Prithic III Assistant Director  
Permittee (or Authorized Agent) Name and Title. Please print or type  
Haywood M. Prithic III  
Signature of Permittee (or Authorized Agent) 2/25/08  
Date



**GROUNDWATER QUALITY MONITORING:  
COMPLIANCE REPORT FORM**

Please Print Clearly or Type

Mail original and  
1 copy to

DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES  
DIVISION OF WATER QUALITY INFORMATION PROCESSING UNIT  
6/17 MAIL SERVICE CENTER  
RALEIGH, NC 27699-1617 Phone: (919) 733-3221

PERMIT No. WQ0019631 EXPIRATION DATE: 10-31-11

FACILITY INFORMATION  
Facility Name: Johnston County Landfill  
Permit Name (if different): Johnston County Reclaimed Water Utilization System  
Facility Address: 680 County Home Road  
(Street)

Smithfield NC 27577  
(City) (State) (ZIP)

County Johnston

Contact Person: John D. Wall Telephone#: 919-938-4726

Well Location/ Site Name: MW-3 No. of wells to be sampled: 9  
(from permit)

Well Identification Number (from Permit): MW-3  
Well Depth: 30 ft. Well Diameter: 2 in.  
Screened Interval: 30 ft. to 20 ft.

Depth to Water Level: Dry ft. below measuring point.  
measuring Point is 19 ft. above land surface.

If WELL WAS DRY at time of sampling, check here  
Sample is from system:  Influent  Effluent  
Relative M.P. Elevation in ft. 235.03  
Date sample collected: 1-18-08

FIELD ANALYSIS: pH N/A Specific Conductance N/A Appearance N/A  
Temp: N/A °C Odor N/A uMhos

TYPE OF PERMITTED OPERATION BEING MONITORED  
 Lagoon  
 Spray Field  
 Rotary Distributor  
 Water Source heat Pump  
 Other: \_\_\_\_\_

PARAMETERS (Samples for metals were collected unfiltered) YES NO and field acidified YES NO

For Remediation System Influent/Effluent Only (Attach Lab Reports)  
Influent \_\_\_\_\_ mg/L (total VOC Concentration)  
Effluent \_\_\_\_\_ mg/L (total VOC Concentration)  
VOC Removal \_\_\_\_\_ %

Date sample analyzed: \_\_\_\_\_  
Laboratory Name: \_\_\_\_\_  
Certification No. \_\_\_\_\_

NOTE: Values should reflect dissolved and colloidal concentrations.  
COD \_\_\_\_\_ mg/l  
Coliform: MF Fecal \_\_\_\_\_ /100ml  
Coliform: MF Total \_\_\_\_\_ /100ml  
(Note: Use MPN method for highly turbid samples)  
Dissolved Solids: Total \_\_\_\_\_ mg/l  
pH (when analyzed) \_\_\_\_\_ units  
TOC \_\_\_\_\_ mg/l  
Chloride \_\_\_\_\_ mg/l  
Arsenic \_\_\_\_\_ mg/l  
Grease & Oils \_\_\_\_\_ mg/l  
Phenol \_\_\_\_\_ mg/l  
Sulfate \_\_\_\_\_ mg/l  
Specific Conductance \_\_\_\_\_ uMhos  
Total Ammonia \_\_\_\_\_ mg/l  
(Ammonia Nitrogen, NH<sub>3</sub> as N; Ammonia Nitrogen, Total)  
TKN as N \_\_\_\_\_ mg/l

Nitrite (NO<sub>2</sub>) as N \_\_\_\_\_ mg/l  
Nitrate (NO<sub>3</sub>) as N \_\_\_\_\_ mg/l  
Phosphorus: Total as P \_\_\_\_\_ mg/l  
Orthophosphate \_\_\_\_\_ mg/l  
Al - Aluminum \_\_\_\_\_ mg/l  
Ba - Barium \_\_\_\_\_ mg/l  
Ca - Calcium \_\_\_\_\_ mg/l  
Cd - Cadmium \_\_\_\_\_ mg/l  
Chromium: Total \_\_\_\_\_ mg/l  
Cu - Copper \_\_\_\_\_ mg/l  
Fe - Iron \_\_\_\_\_ mg/l  
Hg - Mercury \_\_\_\_\_ mg/l  
K - Potassium \_\_\_\_\_ mg/l  
Mg - Magnesium \_\_\_\_\_ mg/l  
Mn - Manganese \_\_\_\_\_ mg/l

Ni - Nickel \_\_\_\_\_ mg/l  
Pb - Lead \_\_\_\_\_ mg/l  
Zn - Zinc \_\_\_\_\_ mg/l  
Other (Specify Compounds and Concentration Units)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
ORGANICS: (by GC, GC/MS, HPLC)  
(Specify test and method #, ATTACH LAB REPORT.)  
Report Attached? YES (1) NO (0)  
:method # = \_\_\_\_\_  
:method # = \_\_\_\_\_  
:method # = \_\_\_\_\_

I certify that, to the best of my knowledge and belief, the information in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a North Carolina DWMQ (formerly DEM) certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Haywood M. Phthisic III Assistant Director  
Permittee (or Authorized agent) Name and Title - Please print or type  
Haywood M. Phthisic III  
Signature of Permittee (or Authorized Agent)

2/25/08 (Date)

**GROUNDWATER QUALITY MONITORING:  
COMPLIANCE REPORT FORM**

Please Print Clearly or Type

Mail original and  
1 copy to:

DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES  
DIVISION OF WATER QUALITY INFORMATION PROCESSING UNIT  
667 MAIL SERVICE CENTER  
RALEIGH, NC 27699-1617 Phone (919) 733-3221

PERMIT No. WQ0019631  
EXP. DATE: 10-31-11

**FACILITY INFORMATION**  
Facility Name: Johnston County Landfill  
Permit Name (if different): Johnston County Reclaimed Water Utilization System  
Facility Address: 680 County Home Road  
Smithfield NC 27577  
County Johnston

Contact Person: John D. Wall  
Telephone #: 919-938-4726  
Well Location/ Site Name: DWQ-MW-3  
No. of wells to be sampled: 9

Well Identification Number (from Permit): DWQ-MW-3  
Well Depth: 42 ft. Well Diameter: 2 in.  
Screened Interval: 42 ft. to 32 ft.  
Depth to Water Level: 19.11 ft. below measuring point.  
measuring Point is: 2.92 ft. above land surface.  
Gallons of Water Pumped/bailed before sampling: N/A

If WELL WAS DRY  
at time of sampling, check here  
 Sample is from system:  Infiltrant  Effluent

Relative M.P. Elevation in ft.: 182.85  
Date sample collected: 1-18-08

**FIELD ANALYSIS:** pH N/A Specific Conductance N/A  
Temp: N/A °C Odor N/A Appearance N/A

Date sample analyzed:  
Laboratory Name:  
Certification No.

**PARAMETERS** (Samples for metals were collected unfiltered)  
NOTE: Values should reflect dissolved and colloidal concentrations.

COD	mg/l	Nitrite (NO <sub>2</sub> ) as N	mg/l	Ni - Nickel	mg/l
Coliform: MF Fecal	/100ml	Nitrate (NO <sub>3</sub> ) as N	mg/l	Pb - Lead	mg/l
Coliform: MF Total	/100ml	Phosphorus: Total as P	mg/l	Zn - Zinc	mg/l
(Note: Use MPN method for highly turbid samples)		Orthophosphate	mg/l	Other (Specify Compounds and Concentration Units)	
Dissolved Solids: Total	mg/l	Al - Aluminum	mg/l		
pH (when analyzed)	units	Ba - Barium	mg/l		
TOC	mg/l	Ca - Calcium	mg/l		
Chloride	mg/l	Cd - Cadmium	mg/l		
Arsenic	mg/l	Chromium: Total	mg/l		
Grease & Oils	mg/l	Cu - Copper	mg/l		
Phenol	mg/l	Fe - Iron	mg/l		
Sulfate	mg/l	Hg - Mercury	mg/l		
Specific Conductance	umhos	K - Potassium	mg/l		
Total Ammonia	mg/l	Mg - Magnesium	mg/l		
(Ammonia Nitrogen, NH <sub>3</sub> as N; Ammonia Nitrogen, Total)	mg/l	Mn - Manganese	mg/l		
TKN as N	mg/l				

I certify that to the best of my knowledge and belief, the information in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a North Carolina DWQ (formerly DEM) certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Haywood M. Phittisic III Assistant Director  
Permittee (or Authorized agent) Name and Title- Please print or type  
Signature of Permittee (or Authorized Agent) 2/25/08 (Date)





**GROUNDWATER QUALITY MONITORING:  
COMPLIANCE REPORT FORM**

Please Print Clearly or Type

Mail original and  
1 copy to:

DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES  
DIVISION OF WATER QUALITY INFORMATION PROCESSING UNIT  
1617 MALE SERVICE CENTER  
RALEIGH, NC 27699-1617 Phone (919) 733-3221

PERMIT No. WQ00019631  
Non-Discharge  NPDES

EXPIRATION DATE: 10-31-11

FACILITY INFORMATION  
Facility Name: Johnston County Landfill  
Permit Name (if different): Johnston County Reclaimed Water Utilization System  
Facility Address: 680 County Home Road  
Smithfield NC 27577  
County Johnston

Contact Person: John D. Wall Telephone: 919-938-4726  
Well Location/ Site Name: CDLMW-5 No. of wells to be sampled: 9

Well Identification Number (from Permit): CDLMW-5  
Well Depth: 20 ft. Well Diameter: 2 in.  
Screened Interval: 20 ft. to 5 ft.  
Depth to Water Level: 9.09 ft. below measuring point.  
measuring Point is 2.35 ft. above land surface.  
Gallons of Water Pumped/bailed before sampling: N/A

FIELD ANALYSIS: pH N/A Specific Conductance N/A  
Temp: N/A °C Odor N/A Appearance N/A

PARAMETERS (Samples for metals were collected unfiltered and colloidal concentrations.)  
NOTE: Values should reflect dissolved and colloidal concentrations.

COD mg/l  
Coliform: MF Fecal /100ml  
Coliform: MF Total /100ml  
(Note: Use MPN method for highly turbid samples)  
Dissolved Solids: Total mg/l  
pH (when analyzed) units  
TOC mg/l  
Chloride mg/l  
Arsenic mg/l  
Grease & Oils mg/l  
Phenol mg/l  
Sulfate mg/l  
Specific Conductance uMhos  
Total Ammonia mg/l  
(Ammonia Nitrogen, NH<sub>3</sub> as N; Ammonia Nitrogen, Total)  
TKN as N mg/l

Nitrite (NO<sub>2</sub>) as N mg/l  
Nitrate (NO<sub>3</sub>) as N mg/l  
Phosphorus: Total as P mg/l  
Orthophosphate mg/l  
Al - Aluminum mg/l  
Ba - Barium mg/l  
Ca - Calcium mg/l  
Cd - Cadmium mg/l  
Chromium: Total mg/l  
Cu - Copper mg/l  
Fe - Iron mg/l  
Hg - Mercury mg/l  
K - Potassium mg/l  
Mg - Magnesium mg/l  
Mn - Manganese mg/l

Ni - Nickel mg/l  
Pb - Lead mg/l  
Zn - Zinc mg/l  
Other (Specify Compounds and Concentration Units)

ORGANICS: (by GC, GC/MS, HPLC)  
(Specify test and method #, ATTACH LAB REPORT.)  
Report Attached? YES (1) NO (0)  
method #=  
method #=  
method #=  
method #=#

DATE SAMPLE ANALYZED: \_\_\_\_\_  
LABORATORY NAME: \_\_\_\_\_  
CERTIFICATION NO. \_\_\_\_\_

TYPE OF PERMITTED OPERATION BEING MONITORED  
 Lagoon  
 Spray Field  
 Rotary Distributor  
 Water Source heat Pump  
 Other: \_\_\_\_\_

For Remediation System Influent/Effluent Only (Attach Lab Reports)  
Influent mg/L (total VOC Concentration)  
Effluent mg/L (total VOC Concentration)  
VOC Removal %

I certify that, to the best of my knowledge and belief, the information in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a North Carolina DWQ (formerly DEM) certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Haywood M. Phittisic III Assistant Director  
Permittee (or Authorized agent) Name and Title- Please print or type  
Signature of Permittee (or Authorized Agent) *[Signature]*  
(Date) 2/25/08



GROUNDWATER QUALITY MONITORING: COMPLIANCE REPORT FORM

Please Print Clearly or Type

FACILITY INFORMATION
Facility Name: Johnston County Landfill
Permit Name (if different): Johnston County Reclaimed Water Utilization System
Facility Address: 680 County Home Road

Smithfield NC 27577 Johnston County
Contact Person: John D. Wall Telephone#: 919-938-4726
Well Location/ Site Name: MW-5-10 No. of wells to be sampled: 9

Well Identification Number (from Permit): MW-5-10
Well Depth: 26.1 ft. Well Diameter: 2 in.
Screened Interval: 26.1 ft. to 11.1 ft.
Depth to Water Level: 14.31 ft. below measuring point.
measuring Point is 2.16 ft. above land surface.
Gallons of Water Pumped/bailed before sampling: N/A

FIELD ANALYSIS: pH N/A Specific Conductance N/A
Temp: NA °C Odor N/A Appearance N/A
uMhos

PARAMETERS (Samples for metals were collected unfiltered)
NOTE: Values should reflect dissolved and colloidal concentrations.

COD mg/l
Coliform: MF Fecal /100ml
Coliform: MF Total /100ml
Dissolved Solids: Total mg/l
pH (when analyzed)
TOC mg/l
Chloride mg/l
Arsenic mg/l
Grease & Oils mg/l
Phenol mg/l
Sulfate mg/l
Specific Conductance uMhos
Total Ammonia mg/l
(Ammonia Nitrogen: NH3 as N; Ammonia Nitrogen: Total) mg/l

Nitrite (NO2) as N mg/l
Nitrate (NO3) as N mg/l
Phosphorus: Total as P mg/l
Orthophosphate mg/l
Ba - Barium mg/l
Ca - Calcium mg/l
Cd - Cadmium mg/l
Chromium: Total mg/l
Cu - Copper mg/l
Fe - Iron mg/l
Hg - Mercury mg/l
K - Potassium mg/l
Mg - Magnesium mg/l
Mn - Manganese mg/l

NI - Nickel mg/l
Pb - Lead mg/l
Zn - Zinc mg/l
Other (Specify Compounds and Concentration Units)
ORGANICS: (by GC, GC/MS, HPLC)
(Specify test and method #. ATTACH LAB REPORT.)
Report Attached? YES ( ) NO ( )
VOC :method #=
:method #=
:method #=

DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES
DIVISION OF WATER QUALITY CONTROL
PERMITTING AND COMPLIANCE CENTER
PERMIT NO. WQ0019631
EXPIRATION DATE: 10-31-11

TYPE OF PERMITTED OPERATION BEING MONITORED
X Lagoon
Remediation: Infiltration Gallery
Spray Field
Remediation:
Rotary Distributor Land Application of Sludge
Water Source heat Pump
Other:

For Remediation System Influent/Effluent Only (Attach Lab Reports)
Influent mg/L (total VOC Concentration)
Effluent mg/L (total VOC Concentration)
VOC Removal %

Date sample analyzed:
Laboratory Name:
Certification No.

I certify that, to the best of my knowledge and belief, the information in this report is true, accurate and complete, and that the laboratory analytical data was produced using approved methods of analysis by a North Carolina DWQ (formerly DEM) certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Haywood M. Phittisic III Assistant Director
Permittee (or Authorized agent) Name and Title- Please print or type
Signature of Permittee (or Authorized Agent)
Date

**GROUNDWATER QUALITY MONITORING:  
COMPLIANCE REPORT FORM**

Mail original and  
1 copy to

Please Print Clearly or Type

DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES  
DIVISION OF WATER QUALITY & WASTE MANAGEMENT  
1617 MAIL SERVICE CENTER  
RALEIGH, NC 27609-1017  
Phone: (919) 719-1111

EXPIRATION DATE: 10-31-11

**FACILITY INFORMATION**  
Facility Name: Johnston County Landfill  
Permit Name (if different): Johnston County Reclaimed Water Utilization System  
Facility Address: 680 County Home Road  
Smithfield NC 27577  
County Johnston

Contact Person: John D. Wall  
Well Location/Site Name: MW-5-2  
Telephone#: 919-938-4726  
No. of wells to be sampled: 9  
(from permit)

**Well Identification Number (from Permit): MW-5-2**  
Well Depth: 22.5 ft. Well Diameter: 2 in.  
Screened Interval: 22.5 ft. to 7.5 ft.  
Depth to Water Level: 5.87 ft. below measuring point.  
measuring Point is 2.28 ft. above land surface.  
Gallons of Water Pumped/bailed before sampling: N/A  
Date sample collected: 1-18-08

**FIELD ANALYSIS:** pH N/A Specific Conductance N/A  
Temp: N/A °C Odor N/A Appearance N/A  
uMhos

**PARAMETERS (Samples for metals were collected unfiltered)** YES NO and field acidified YES NO  
COD mg/l  
Coliform: MF Fecal /100ml  
Coliform: MF Total /100ml  
(Note: Use MPN method for highly turbid samples)  
Dissolved Solids: Total mg/l  
pH (when analyzed) units  
TOC mg/l  
Chloride mg/l  
Arsenic mg/l  
Grease & Oils mg/l  
Phenol mg/l  
Sulfate mg/l  
Specific Conductance uMhos  
Total Ammonia mg/l  
(Ammonia Nitrogen; NH<sub>3</sub> as N; Ammonia Nitrogen, Total)  
TKN as N mg/l

**TYPE OF PERMITTED OPERATION BEING MONITORED**  
Lagoon  
X Spray Field  
Rotary Distributor  
Water Source heat Pump  
Other:  
Remediation: Infiltration Gallery  
Remediation:  
Land Application of Sludge

**For Remediation System Influent/Effluent Only (Attach Lab Reports)**  
Influent mg/L (total VOC Concentration)  
Effluent mg/L (total VOC Concentration)  
VOC Removal %  
Date sample analyzed:  
Laboratory Name:  
Certification No.

**PERMIT No. WQ0019631**  
Non-Discharge X  
NPDES  
ORGANICS: (by GC, GC/MS, HPLC)  
(Specify test and method #. ATTACH LAB REPORT.)  
Report Attached? YES (1) NO (0)  
:method #=  
:method #=  
:method #=  
:method #=  
Ni - Nickel mg/l  
Pb - Lead mg/l  
Zn - Zinc mg/l  
Other (Specify Compounds and Concentration Units)

I certify, that to the best of my knowledge and belief, the information in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a North Carolina DWO formerly DEM, certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Haywood M. Phthisic III Assistant Director  
Permittee (or Authorized agent) Name and Title- Please print or type  
Signature of Permittee (or Authorized Agent)  
2/25/08 (Date)



**GROUNDWATER QUALITY MONITORING:  
COMPLIANCE REPORT FORM**

*Please Print Clearly or Type*

Mail original and  
1 copy to:

DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES  
DIVISION OF WATER QUALITY CONTROL  
WATER QUALITY CONTROL CENTER  
1000 N. W. 11th St., Ft. Lauderdale, FL 33304  
Phone: (954) 346-2321

**FACILITY INFORMATION**  
 Facility Name: Johnston County Landfill  
 Permit Name (if different): Johnston County Reclaimed Water Utilization System  
 Facility Address: 680 County Home Road  
(Street)

Smithfield NC 27577 Johnston  
(City) (State) (Zip) County

Contact Person: John D. Wall Telephone#: 919-938-4726  
 Well Location/Site Name: MW-3 No. of wells to be sampled: 9  
(from permit)

Well Identification Number (from Permit): MW-3  
 Well Depth: 30 ft. Well Diameter: 2 in.  
 Screened Interval: 30 ft. to 20 ft.

Depth to Water Level: Dry ft. below measuring point  
 measuring Point is 1.9 ft. above land surface.  
 Gallons of Water Pumped/bailed before sampling: N/A

FIELD ANALYSIS: pH N/A Specific Conductance N/A  
 Temp: N/A °C Odor N/A Appearance N/A  
 uMhos

PARAMETERS (Samples for metals were collected unfiltered) YES NO and field acidified YES NO  
 NOTE: Values should reflect dissolved and colloidal concentrations.

COD	mg/l	
Coliform: MF Fecal	/100ml	
Coliform: MF Total	/100ml	
<small>(Note: Use MPN method for highly turbid samples)</small>		
Dissolved Solids: Total	mg/l	
pH (When analyzed)	units	
TOC	mg/l	
Chloride	mg/l	
Arsenic	mg/l	
Grease & Oils	mg/l	
Phenol	mg/l	
Sulfate	mg/l	
Specific Conductance	uMhos	
Total Ammonia	mg/l	
<small>(Ammonia Nitrogen, NH<sub>3</sub> as N; Ammonia Nitrogen, Total)</small>		
TKN as N	mg/l	

If WELL WAS DRY  
 at time of sampling, check here  
 Sample is from system:  Influent  Effluent

Relative M.P. Elevation in ft. 235.03  
 Date sample collected: 1-18-08

uMhos

Date sample analyzed:  
 Laboratory Name:  
 Certification No.

PERMIT No. WQ0019631 EXPIRATION DATE: 10-31-11  
 Non-Discharge  x  
 NPDES

TYPE OF PERMITTED OPERATION BEING MONITORED  
 Lagoon  
 Spray Field  
 Rotary Distributor  
 Water Source heat Pump  
 Other: \_\_\_\_\_  
 Remediation: Infiltration Gallery  
 Land Application of Sludge

For Remediation System Influent/Effluent Only (Attach Lab Reports)  
 Influent \_\_\_\_\_ mg/L (total VOC Concentration)  
 Effluent \_\_\_\_\_ mg/L (total VOC Concentration)  
 VOC Removal \_\_\_\_\_ %

Nitrite (NO <sub>2</sub> ) as N	mg/l	
Nitrate (NO <sub>3</sub> ) as N	mg/l	
Phosphorus: Total as P	mg/l	
Orthophosphate	mg/l	
Al - Aluminum	mg/l	
Ba - Barium	mg/l	
Ca - Calcium	mg/l	
Cd - Cadmium	mg/l	
Chromium: Total	mg/l	
Cu - Copper	mg/l	
Fe - Iron	mg/l	
Hg - Mercury	mg/l	
K - Potassium	mg/l	
Mg - Magnesium	mg/l	
Mn - Manganese	mg/l	
Ni - Nickel	mg/l	
Pb - Lead	mg/l	
Zn - Zinc	mg/l	
Other (Specify Compounds and Concentration Units)		
ORGANICS: (by GC, GC/MS, HPLC)		
(Specify test and method #. ATTACH LAB REPORT.)		
Report Attached? YES	(1) NO	(0)
VOC	method #=	
	method #=	
	method #=	
	method #=	

I certify that to the best of my knowledge and belief the information in this report is true, accurate and complete and that the laboratory analytical data was produced using approved methods of analysis by a North Carolina DWMQ (formerly DEM) certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Haywood M. Prithisic III Assistant Director  
 Permittee (or Authorized agent) Name and Title. Please print or type  
*Haywood M. Prithisic III*  
 Signature of Permittee (or Authorized Agent) 2/25/08 (Date)







**GROUNDWATER QUALITY MONITORING:  
COMPLIANCE REPORT FORM**

*Please Print Clearly or Type*

Mail original and  
1 copy to:

DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES  
DIVISION OF WATER QUALITY & WASTE MANAGEMENT  
1617 MAIL SERVICE CENTER  
RALEIGH, NC 27601-6012 Phone: (919) 745-1111

EXPIRATION DATE: 10-31-11

**FACILITY INFORMATION**  
Facility Name: Johnston County Landfill  
Permit Name (if different): Johnston County Reclaimed Water Utilization System  
Facility Address: 680 County Home Road  
(County)

Smithfield NC 27577  
(City) (State) (Zip) County Johnston

Contact Person: John D. Wall Telephone#: 919-938-4726  
Well Location/Site Name: CDLMW-5 No. of wells to be sampled: 9  
(from permit)

Well Identification Number (from Permit): CDLMW-5  
Well Depth: 20 ft. Well Diameter: 2 in.  
Screened Interval: 20 ft. to 5 ft.  
Depth to Water Level: 9.09 ft. below measuring point.  
measuring Point is 2.35 ft. above land surface.  
Gallons of Water Pumped/bailed before sampling: N/A

**FIELD ANALYSIS:** pH N/A Specific Conductance N/A  
Temp: N/A °C Odor N/A Appearance N/A

**PARAMETERS (Samples for metals were collected unfiltered)** YES NO and field acidified YES NO  
NOTE: Values should reflect dissolved and colloidal concentrations.

COD	mg/l	
Coliform: MF Fecal	/100ml	
Coliform: MF Total	/100ml	
<small>(Note: Use MPN method for highly turbid samples)</small>		
Dissolved Solids: Total	mg/l	
pH (when analyzed)	units	
TOC	mg/l	
Chloride	mg/l	
Arsenic	mg/l	
Grease & Oils	mg/l	
Phenol	mg/l	
Sulfate	mg/l	
Specific Conductance	umhos	
Total Ammonia	mg/l	
<small>(Ammonia Nitrogen, NH<sub>3</sub> as N; Ammonia Nitrogen, Total)</small>		
TKN as N	mg/l	

Nitrite (NO <sub>2</sub> ) as N	mg/l	
Nitrate (NO <sub>3</sub> ) as N	mg/l	
Phosphorus: Total as P	mg/l	
Orthophosphate	mg/l	
Al - Aluminum	mg/l	
Ba - Barium	mg/l	
Ca - Calcium	mg/l	
Cd - Cadmium	mg/l	
Chromium: Total	mg/l	
Cu - Copper	mg/l	
Fe - Iron	mg/l	
Hg - Mercury	mg/l	
K - Potassium	mg/l	
Mg - Magnesium	mg/l	
Mn - Manganese	mg/l	
Ni - Nickel	mg/l	
Pb - Lead	mg/l	
Zn - Zinc	mg/l	
Other (Specify Compounds and Concentration Units)		
ORGANICS: (by GC, GC/MS, HPLC)		
(Specify test and method #. ATTACH LAB REPORT.)		
Report Attached? YES	(1) NO	(0)
VOC	method #=	
	method #=	
	method #=	

I certify that to the best of my knowledge and belief, the information in this report is true, accurate, and complete, and that the laboratory analytical data was produced using approved methods of analysis by a North Carolina DWQ (formerly DEM) certified laboratory. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Haywood M. Phittisic III Assistant Director  
Permittee (or Authorized agent) Name and Title - Please print or type  
*John D. Wall*  
Signature for Permittee (or Authorized Agent) *John D. Wall*  
(Date) *2/25/08*

**GW-59A COMPLIANCE REPORT FORM**

Permit # WQ 0019631

(Submit one each monitoring period with GW-59 forms.)

1	Enter date monitoring results were due. ( <u>N/A</u> ) Will this monitoring report (GW-59 and GW-59A) be submitted after the established due date? <u>OUR PERMIT ONLY REQUIRES THAT WE MONITOR GROUNDWATER ELEVATIONS (ONLY) MONTHLY</u>	YES	NO ✓
2	Was any required information missing on the GW-59 report forms?	YES	NO
<i>If the answer to question 1 or 2 is "YES", list in the space provided below the well identification number(s) and explain the problems encountered in obtaining the required information.</i>			✓
3	Are any of the monitor wells in need of repair or maintenance (damaged casing, unlocked or missing cap, missing identification plate, area overgrown, etc.)? <i>If the answer is "Yes", contact the Regional Office for guidance.</i>	YES	NO ✓
4	Are any monitored constituents equal to or above the established standards?	YES	NO ✓
<i>If the answer to question 4 is "NO", skip to section 8. If the answer to question 4 is "YES" list the affected wells individually with constituent(s) and concentration(s) exceeding standards in the space provided below:</i>			✓
5	For the constituents identified in question 4 above, have standards been exceeded previously for the same constituent(s) in the same well(s) in the last two years?	YES	NO
<i>If the answer to question 5 is "NO", skip to section 8. If the answer to question 5 is "YES", list in the space provided below, each well with constituent(s) exceeding standards, concentration(s) reported, and sample collection date for each occurrence (for the last two years).</i>			
6	Are the monitoring wells listed in section 5 located at or beyond the review boundary?	YES	NO
<i>If the answer is "YES", a groundwater quality problem may be occurring. CONTACT THE REGIONAL OFFICE IMMEDIATELY FOR GUIDANCE. If the answer is "NO", monitoring wells may be improperly located; contact the Regional Office.</i>			
7	Is the permittee implementing previously approved actions required by the Division involving this groundwater quality problem?	YES	NO
<i>If the answer to question 7 is "YES", describe those actions in the space provided below. If the answer to question 7 is "NO", contact the Regional Office within 90 days; an evaluation may be required to determine the impact the waste disposal system is having at the review and compliance boundaries surrounding this facility. Failure to do so may subject the permittee to a Notice of Violation, fines, and/or penalties.</i>			
8	<p><b>The person completing this portion (GW-59A) of the monitoring report should sign below and submit this form with GW-59 forms for required wells to the address provided at the top of the current GW-59 form.</b></p> <p><b>I hereby acknowledge that the above information was evaluated and the information submitted in this report (Compliance Report GW-59A) is true and complete to the best of my knowledge.</b></p> <p><u>Hay [Signature]</u> Signature of Permittee (or Authorized Agent)</p> <p><u>2/25/08</u> Date</p>		