NON-DISCHARGE APPLICATION REPORT
SPRAY IRRIGATION SITE(S)

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

RECEIVED MAY 30 2008 DOS WATER SECTION

PERMIT NUMBER: WQ 0019631 MONTH: April 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: Yes: ☑ No: ☐

	Did Irrigation Occur On This Field: Yes: ☑ No: ☐	Did Irrigation Occur On This Field: Yes: ☐ No: ☑
FIELD NUMBER:	Livestock Arena	8
AREA SPRAYED (acres):	8.97	28.97
COVER CROP:	Grass/Trees	Trees/Grass
PERMITTED HOURLY RATE (inches):	0.3	0.3
PERMITTED YEARLY RATE (inches):	15	14

DATE	WEATHER CONDITIONS				Livestock Arena				8			
	Weather Code*	Temperature at application (°F)	Precipitation inches	Storage Lagoon Freeboard 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	67.5	0.09	N/A								
2	PC	59.2		N/A								
3	R	48	0.26	N/A								
4	R	58.5	0.05	N/A								
5	R	61.9	1.21	N/A								
6	R	53.1	0.02	N/A								
7	R	49.4	0.08	N/A								
8	R	52.4	0.05	N/A								
9	PC	58.1		N/A								
10	PC	62.2		N/A								
11	PC	69		N/A								
12	R	67.9	0.03	N/A								
13	PC	57.9		N/A								
14	PC	47.3		N/A								
15	PC	48.8		N/A								
16	PC	51.4		N/A								
17	PC	60.2		N/A	14200	20	0.06	0.17				
18	PC	69		N/A								
19	PC	67.6		N/A								
20	R	60.9	0.37	N/A								
21	R	56.5	0.03	N/A								
22	R	61.7	0.02	N/A								
23	PC	64.2		N/A								
24	PC	65.1		N/A								
25	PC	68.6		N/A								
26	PC	71.6		N/A								
27	R	67.8	0.62	N/A								
28	R	64.3	0.84	N/A								
29	PC	54.2		N/A								
30	R	52.9	0.01									
31												
Total Gallons/Monthly Loading (inches)					14200		0.06		0		0.00	
12 Month Floating Total (inches)							7.50				12.99	
Average Weekly Loading (inches)							0.0135948				0	

* Weather Codes: C-clear, PC-partly cloudy, Cl-cloudy, R-rain, Sn-snow, Sl-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)

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

PERMIT NUMBER: WQ19631 **MONTH:** April **YEAR:** 2008

FACILITY NAME: Johnston Co. Recaimed Utilitization 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)]

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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: Yes: ☐ No: ☑					Did Irrigation Occur On This Field: Yes: ☐ No: ☑				Did Irrigation Occur On This Field: Yes: ☐ No: ☑			
					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 Freeboard								
	Weather Code*	Temperature at application (°F)	Precipitation inches	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	67.5	0.09	N/A								
2	PC	59.2		N/A								
3	R	48	0.26	N/A								
4	R	58.5	0.05	N/A								
5	R	61.9	1.21	N/A								
6	R	53.1	0.02	N/A								
7	R	49.4	0.08	N/A								
8	R	52.4	0.05	N/A								
9	PC	58.1		N/A								
10	PC	62.2		N/A								
11	PC	69		N/A								
12	R	67.9	0.03	N/A								
13	PC	57.9		N/A								
14	PC	47.3		N/A								
15	PC	48.8		N/A								
16	PC	51.4		N/A								
17	PC	60.2		N/A								
18	PC	69		N/A								
19	PC	67.6		N/A								
20	R	60.9	0.37	N/A								
21	R	56.5	0.03	N/A								
22	R	61.7	0.02	N/A								
23	PC	64.2		N/A								
24	PC	65.1		N/A								
25	PC	68.6		N/A								
26	PC	71.6		N/A								
27	R	67.8	0.62	N/A								
28	R	64.3	0.84	N/A								
29	PC	54.2		N/A								
30	R	52.9	0.01	N/A								
31				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, Cl-cloudy, R-rain, Sn-snow, Sl-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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NON-DISCHARGE APPLICATION REPORT
SPRAY IRRIGATION SITE(S)

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PERMIT NUMBER: WQ19631 MONTH: April YEAR: 2008

FACILITY NAME: Johnston Co. Recaimed Utilitization 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)]

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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: Yes: ☐ No: ☑					Did Irrigation Occur On This Field: Yes: ☐ No: ☑				Did Irrigation Occur On This Field: Yes: ☐ No: ☑			
					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											
	Weather Code*	Temperature at application (°F)	Precipitation inches	Storage Lagoon Freeboard 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	67.5	0.09	N/A								
2	PC	59.2		N/A								
3	R	48	0.26	N/A								
4	R	58.5	0.05	N/A								
5	R	61.9	1.21	N/A								
6	R	53.1	0.02	N/A								
7	R	49.4	0.08	N/A								
8	R	52.4	0.05	N/A								
9	PC	58.1		N/A								
10	PC	62.2		N/A								
11	PC	69		N/A								
12	R	67.9	0.03	N/A								
13	PC	57.9		N/A								
14	PC	47.3		N/A								
15	PC	48.8		N/A								
16	PC	51.4		N/A								
17	PC	60.2		N/A								
18	PC	69		N/A								
19	PC	67.6		N/A								
20	R	60.9	0.37	N/A								
21	R	56.5	0.03	N/A								
22	R	61.7	0.02	N/A								
23	PC	64.2		N/A								
24	PC	65.1		N/A								
25	PC	68.6		N/A								
26	PC	71.6		N/A								
27	R	67.8	0.62	N/A								
28	R	64.3	0.84	N/A								
29	PC	54.2		N/A								
30	R	52.9	0.01									
31												
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, Cl-cloudy, R-rain, Sn-snow, Sl-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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PERMIT NUMBER: WQ19631 MONTH: April YEAR: 2008

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

Formulas:

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Did Irrigation Occur At This Facility: Yes: ☐ No: ☑					Did Irrigation Occur On This Field: Yes: ☐ No: ☑				Did Irrigation Occur On This Field: Yes: ☐ No: ☑			
					FIELD NUMBER:		LF Cell 5		FIELD NUMBER:			
					AREA SPRAYED (acres):		27.52		AREA SPRAYED (acres):			
					COVER CROP:		Grass		COVER CROP:			
					PERMITTED HOURLY RATE (inches):		0.3		PERMITTED HOURLY RATE (inches):			
					PERMITTED YEARLY RATE (inches):		5		PERMITTED YEARLY RATE (inches):			
DATE	WEATHER CONDITIONS			Storage Lagoon Free-board	Volume Applied	Time Irrigated	Daily Loading	Maximum Hourly Loading	Volume Applied	Time Irrigated	Daily Loading	Maximum Hourly Loading
	Weather Code*	Temper-ature at application (°F)	Precipita-tion inches	feet	gallons	minutes	inches	inches	gallons	minutes	inches	inches
1	R	67.5	0.09	N/A								
2	PC	59.2		N/A								
3	R	48	0.26	N/A								
4	R	58.5	0.05	N/A								
5	R	61.9	1.21	N/A								
6	R	53.1	0.02	N/A								
7	R	49.4	0.08	N/A								
8	R	52.4	0.05	N/A								
9	PC	58.1		N/A								
10	PC	62.2		N/A								
11	PC	69		N/A								
12	R	67.9	0.03	N/A								
13	PC	57.9		N/A								
14	PC	47.3		N/A								
15	PC	48.8		N/A								
16	PC	51.4		N/A								
17	PC	60.2		N/A								
18	PC	69		N/A								
19	PC	67.6		N/A								
20	R	60.9	0.37	N/A								
21	R	56.5	0.03	N/A								
22	R	61.7	0.02	N/A								
23	PC	64.2		N/A								
24	PC	65.1		N/A								
25	PC	68.6		N/A								
26	PC	71.6		N/A								
27	R	67.8	0.62	N/A								
28	R	64.3	0.84	N/A								
29	PC	54.2		N/A								
30	R	52.9	0.01									
31												
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, Cl-cloudy, R-rain, Sn-snow, Sl-sleet

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PERMIT NUMBER: WQ19631 MONTH: April YEAR: 2008

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Did Irrigation Occur At This Facility: Yes: ☐ No: ☑

Did Irrigation Occur On This Field: Yes: ☐ No: ☑

FIELD NUMBER: LF Cell 3 | AREA SPRAYED (acres): 11.26 | COVER CROP: Grass | PERMITTED HOURLY RATE (inches): 0.3 | PERMITTED YEARLY RATE (inches): 5

Did Irrigation Occur On This Field: Yes: ☐ No: ☑

FIELD NUMBER: LF Cell 4 | AREA SPRAYED (acres): 26.42 | COVER CROP: Grass/ Trees | PERMITTED HOURLY RATE (inches): 0.3 | PERMITTED YEARLY RATE (inches): 5

DATE	WEATHER CONDITIONS: Weather Code*	Temperature at application (°F)	Precipitation inches	Storage Lagoon Freeboard feet	LF Cell 3: Volume Applied gallons	LF Cell 3: Time Irrigated minutes	LF Cell 3: Daily Loading inches	LF Cell 3: Maximum Hourly Loading inches	LF Cell 4: Volume Applied gallons	LF Cell 4: Time Irrigated minutes	LF Cell 4: Daily Loading inches	LF Cell 4: Maximum Hourly Loading inches
1	R	67.5	0.09	N/A								
2	PC	59.2		N/A								
3	R	48	0.26	N/A								
4	R	58.5	0.05	N/A								
5	R	61.9	1.21	N/A								
6	R	53.1	0.02	N/A								
7	R	49.4	0.08	N/A								
8	R	52.4	0.05	N/A								
9	PC	58.1		N/A								
10	PC	62.2		N/A								
11	PC	69		N/A								
12	R	67.9	0.03	N/A								
13	PC	57.9		N/A								
14	PC	47.3		N/A								
15	PC	48.8		N/A								
16	PC	51.4		N/A								
17	PC	60.2		N/A								
18	PC	69		N/A								
19	PC	67.6		N/A								
20	R	60.9	0.37	N/A								
21	R	56.5	0.03	N/A								
22	R	61.7	0.02	N/A								
23	PC	64.2		N/A								
24	PC	65.1		N/A								
25	PC	68.6		N/A								
26	PC	71.6		N/A								
27	R	67.8	0.62	N/A								
28	R	64.3	0.84	N/A								
29	PC	54.2		N/A								
30	R	52.9	0.01									
31												
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, Cl-cloudy, R-rain, Sn-snow, Sl-sleet

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

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Did Irrigation Occur At This Facility: Yes: ☑ No: ☑					Did Irrigation Occur On This Field: Yes: ☐ No: ☑				Did Irrigation Occur On This Field: Yes: ☑ No: ☐			
					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: Bermuda Grass			
					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											
	Weather Code*	Temperature at application (°F)	Precipitation inches	Storage Lagoon Freeboard 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	67.5	0.09	N/A								
2	PC	59.2		N/A								
3	R	48	0.26	N/A								
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8	R	52.4	0.05	N/A								
9	PC	58.1		N/A								
10	PC	62.2		N/A								
11	PC	69		N/A								
12	R	67.9	0.03	N/A								
13	PC	57.9		N/A								
14	PC	47.3		N/A								
15	PC	48.8		N/A								
16	PC	51.4		N/A								
17	PC	60.2		N/A								
18	PC	69		N/A								
19	PC	67.6		N/A								
20	R	60.9	0.37	N/A								
21	R	56.5	0.03	N/A								
22	R	61.7	0.02	N/A								
23	PC	64.2		N/A								
24	PC	65.1		N/A					55335	230	0.36	0.09
25	PC	68.6		N/A					19247	230	0.13	0.03
26	PC	71.6		N/A								
27	R	67.8	0.62	N/A								
28	R	64.3	0.84	N/A								
29	PC	54.2		N/A								
30	R	52.9	0.01									
31												
Total Gallons/Monthly Loading (inches)					0		0.00		74582		0.49	
12 Month Floating Total (inches)							0.00				0.49	
Average Weekly Loading (inches)							0				0.1133606	

* Weather Codes: C-clear, PC-partly cloudy, Cl-cloudy, R-rain, Sn-snow, Sl-sleet

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RALEIGH, NC 27699-1617

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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: April 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: Yes: ☐ No: ☑					Did Irrigation Occur On This Field: Yes: ☐ No: ☑				Did Irrigation Occur On This Field: Yes: ☐ No: ☑			
					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	
					PERMITTED YEARLY RATE (inches):		14.31		PERMITTED YEARLY RATE (inches):		38.61	
DATE	WEATHER CONDITIONS			Storage Lagoon Free-board	Volume Applied	Time Irrigated	Daily Loading	Maximum Hourly Loading	Volume Applied	Time Irrigated	Daily Loading	Maximum Hourly Loading
	Weather Code*	Temper-ature at application (°F)	Precipita-tion inches	feet	gallons	minutes	inches	inches	gallons	minutes	inches	inches
1	R	67.5	0.09	N/A								
2	PC	59.2		N/A								
3	R	48	0.26	N/A								
4	R	58.5	0.05	N/A								
5	R	61.9	1.21	N/A								
6	R	53.1	0.02	N/A								
7	R	49.4	0.08	N/A								
8	R	52.4	0.05	N/A								
9	PC	58.1		N/A								
10	PC	62.2		N/A								
11	PC	69		N/A								
12	R	67.9	0.03	N/A								
13	PC	57.9		N/A								
14	PC	47.3		N/A								
15	PC	48.8		N/A								
16	PC	51.4		N/A								
17	PC	60.2		N/A								
18	PC	69		N/A								
19	PC	67.6		N/A								
20	R	60.9	0.37	N/A								
21	R	56.5	0.03	N/A								
22	R	61.7	0.02	N/A								
23	PC	64.2		N/A								
24	PC	65.1		N/A								
25	PC	68.6		N/A								
26	PC	71.6		N/A								
27	R	67.8	0.62	N/A								
28	R	64.3	0.84	N/A								
29	PC	54.2		N/A								
30	R	52.9	0.01									
31												
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, Cl-cloudy, R-rain, Sn-snow, Sl-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

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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:** April **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: Yes: ☐ No: ☑				Did Irrigation Occur On This Field: Yes: ☐ No: ☑				Did Irrigation Occur On This Field: Yes: ☐ No: ☑			
				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: Weather Code*	Temperature at application (°F)	Precipitation inches	Storage Lagoon Freeboard 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	67.5	0.09	N/A								
2	PC	59.2		N/A								
3	R	48	0.26	N/A								
4	R	58.5	0.05	N/A								
5	R	61.9	1.21	N/A								
6	R	53.1	0.02	N/A								
7	R	49.4	0.08	N/A								
8	R	52.4	0.05	N/A								
9	PC	58.1		N/A								
10	PC	62.2		N/A								
11	PC	69		N/A								
12	R	67.9	0.03	N/A								
13	PC	57.9		N/A								
14	PC	47.3		N/A								
15	PC	48.8		N/A								
16	PC	51.4		N/A								
17	PC	60.2		N/A								
18	PC	69		N/A								
19	PC	67.6		N/A								
20	R	60.9	0.37	N/A								
21	R	56.5	0.03	N/A								
22	R	61.7	0.02	N/A								
23	PC	64.2		N/A								
24	PC	65.1		N/A								
25	PC	68.6		N/A								
26	PC	71.6		N/A								
27	R	67.8	0.62	N/A								
28	R	64.3	0.84	N/A								
29	PC	54.2		N/A								
30	R	52.9	0.01									
31												
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, Cl-cloudy, R-rain, Sn-snow, Sl-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

John D. Wall

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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: April 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: Yes: ☐ No: ☑					Did Irrigation Occur On This Field: Yes: ☐ No: ☑				Did Irrigation Occur On This Field: Yes: ☐ No: ☑			
					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	
					PERMITTED YEARLY RATE (inches):		14.31		PERMITTED YEARLY RATE (inches):		14.31	
DATE	WEATHER CONDITIONS: Weather Code*	Temperature at application (°F)	Precipitation inches	Storage Lagoon Freeboard 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	67.5	0.09	N/A								
2	PC	59.2		N/A								
3	R	48	0.26	N/A								
4	R	58.5	0.05	N/A								
5	R	61.9	1.21	N/A								
6	R	53.1	0.02	N/A								
7	R	49.4	0.08	N/A								
8	R	52.4	0.05	N/A								
9	PC	58.1		N/A								
10	PC	62.2		N/A								
11	PC	69		N/A								
12	R	67.9	0.03	N/A								
13	PC	57.9		N/A								
14	PC	47.3		N/A								
15	PC	48.8		N/A								
16	PC	51.4		N/A								
17	PC	60.2		N/A								
18	PC	69		N/A								
19	PC	67.6		N/A								
20	R	60.9	0.37	N/A								
21	R	56.5	0.03	N/A								
22	R	61.7	0.02	N/A								
23	PC	64.2		N/A								
24	PC	65.1		N/A								
25	PC	68.6		N/A								
26	PC	71.6		N/A								
27	R	67.8	0.62	N/A								
28	R	64.3	0.84	N/A								
29	PC	54.2		N/A								
30	R	52.9	0.01									
31												
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, Cl-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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NON-DISCHARGE APPLICATION REPORT
SPRAY IRRIGATION SITE(S)

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PERMIT NUMBER: WQ 0019631 MONTH: April YEAR: 2008

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

Formulas:

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Did Irrigation Occur At This Facility: Yes: ☐ No: ☑					Did Irrigation Occur On This Field: Yes: ☐ No: ☑				Did Irrigation Occur On This Field: Yes: ☐ No: ☑			
					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	
					PERMITTED YEARLY RATE (inches):		14.31		PERMITTED YEARLY RATE (inches):		14.31	
DATE	WEATHER CONDITIONS: Weather Code*	Temperature at application (°F)	Precipitation inches	Storage Lagoon Freeboard 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	67.5	0.09	N/A								
2	PC	59.2		N/A								
3	R	48	0.26	N/A								
4	R	58.5	0.05	N/A								
5	R	61.9	1.21	N/A								
6	R	53.1	0.02	N/A								
7	R	49.4	0.08	N/A								
8	R	52.4	0.05	N/A								
9	PC	58.1		N/A								
10	PC	62.2		N/A								
11	PC	69		N/A								
12	R	67.9	0.03	N/A								
13	PC	57.9		N/A								
14	PC	47.3		N/A								
15	PC	48.8		N/A								
16	PC	51.4		N/A								
17	PC	60.2		N/A								
18	PC	69		N/A								
19	PC	67.6		N/A								
20	R	60.9	0.37	N/A								
21	R	56.5	0.03	N/A								
22	R	61.7	0.02	N/A								
23	PC	64.2		N/A								
24	PC	65.1		N/A								
25	PC	68.6		N/A								
26	PC	71.6		N/A								
27	R	67.8	0.62	N/A								
28	R	64.3	0.84	N/A								
29	PC	54.2		N/A								
30	R	52.9	0.01									
31												
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, Cl-cloudy, R-rain, Sn-snow, Sl-sleet

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NON-DISCHARGE APPLICATION REPORT
SPRAY IRRIGATION SITE(S)

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PERMIT NUMBER: WQ 0019631 MONTH: April 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)]

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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: Yes: ☑ No: ☐					Did irrigation Occur On This Field: Yes: ☑ No: ☐				Did Irrigation Occur On This Field: Yes: ☑ No: ☐			
					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 grass			COVER CROP:	Bermuda grass		
					PERMITTED HOURLY RATE (inches):	0.3			PERMITTED HOURLY RATE (inches):	0.3		
					PERMITTED YEARLY RATE (inches):	38.61			PERMITTED YEARLY RATE (inches):	38.6		
DATE	WEATHER CONDITIONS			Storage Lagoon Free-board	Volume Applied	Time Irrigated	Daily Loading	Maximum Hourly Loading	Volume Applied	Time Irrigated	Daily Loading	Maximum Hourly Loading
	Weather Code*	Temper-ature at application	Precipita-tion		gallons	minutes	inches	inches	gallons	minutes	inches	inches
		(°F)	inches	feet								
1	R	67.5	0.09	N/A								
2	PC	59.2		N/A								
3	R	48	0.26	N/A								
4	R	58.5	0.05	N/A								
5	R	61.9	1.21	N/A								
6	R	53.1	0.02	N/A								
7	R	49.4	0.08	N/A								
8	R	52.4	0.05	N/A								
9	PC	58.1		N/A								
10	PC	62.2		N/A								
11	PC	69		N/A								
12	R	67.9	0.03	N/A								
13	PC	57.9		N/A								
14	PC	47.3		N/A								
15	PC	48.8		N/A								
16	PC	51.4		N/A								
17	PC	60.2		N/A					92359	348	0.20	0.04
18	PC	69		N/A					90639	348	0.20	0.03
19	PC	67.6		N/A					89042	348	0.20	0.03
20	R	60.9	0.37	N/A								
21	R	56.5	0.03	N/A								
22	R	61.7	0.02	N/A								
23	PC	64.2		N/A								
24	PC	65.1		N/A	52653	426	0.21	0.03	90816	348	0.20	0.03
25	PC	68.6		N/A	37275	426	0.15	0.02	91072	348	0.20	0.03
26	PC	71.6		N/A								
27	R	67.8	0.62	N/A								
28	R	64.3	0.84	N/A								
29	PC	54.2		N/A								
30	R	52.9	0.01									
31												
Total Gallons/Monthly Loading (inches)					89928		0.36		453928		1.01	
12 Month Floating Total (inches)							13.49				13.54	
Average Weekly Loading (inches)							0.082862				0.2345485	

* Weather Codes: C-clear, PC-partly cloudy, Cl-cloudy, R-rain, Sn-snow, Sl-sleet

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NON-DISCHARGE APPLICATION REPORT
SPRAY IRRIGATION SITE(S)
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PERMIT NUMBER: WQ19631 MONTH: April YEAR: 2008

FACILITY NAME: Johnston Co. Recaimed Utilitization 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
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Maximum Hourly Loading (inches) = Daily Loading (inches) / [Time Irrigated (minutes) / 60 (minutes/hour)] **Monthly Loading (inches)** = Sum of Daily Loadings (inches)

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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: Yes: ☑ No: ☐

Did Irrigation Occur On This Field: Yes: ☑ No: ☐

FIELD NUMBER: 1, Residences
AREA SPRAYED (acres): 3.97
COVER CROP: Grass
PERMITTED HOURLY RATE (inches): 0.3
PERMITTED YEARLY RATE (inches): 30

Did Irrigation Occur On This Field: Yes: ☑ No: ☐

FIELD NUMBER: AG Center
AREA SPRAYED (acres): 9
COVER CROP: Grass
PERMITTED HOURLY RATE (inches): 0.3
PERMITTED YEARLY RATE (inches): 30

DATE	WEATHER CONDITIONS			Storage Lagoon Freeboard	1, Residences				AG Center			
	Weather Code*	Temperature at application (°F)	Precipitation inches	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	67.5	0.09	N/A	1300	10	0.01	0.07				
2	PC	59.2		N/A								
3	R	48	0.26	N/A								
4	R	58.5	0.05	N/A								
5	R	61.9	1.21	N/A								
6	R	53.1	0.02	N/A								
7	R	49.4	0.08	N/A								
8	R	52.4	0.05	N/A								
9	PC	58.1		N/A								
10	PC	62.2		N/A					3800	30	0.02	0.03
11	PC	69		N/A								
12	R	67.9	0.03	N/A								
13	PC	57.9		N/A								
14	PC	47.3		N/A								
15	PC	48.8		N/A								
16	PC	51.4		N/A								
17	PC	60.2		N/A	930	10	0.01	0.05				
18	PC	69		N/A								
19	PC	67.6		N/A								
20	R	60.9	0.37	N/A	4319	20	0.04	0.12				
21	R	56.5	0.03	N/A								
22	R	61.7	0.02	N/A								
23	PC	64.2		N/A								
24	PC	65.1		N/A								
25	PC	68.6		N/A								
26	PC	71.6		N/A								
27	R	67.8	0.62	N/A	3262	20	0.03	0.09				
28	R	64.3	0.84	N/A								
29	PC	54.2		N/A								
30	R	52.9	0.01									
31												
Total Gallons/Monthly Loading (inches)					9811		0.09		3800		0.02	
12 Month Floating Total (inches)							12.82				0.88	
Average Weekly Loading (inches)							0.0212226				0.0036259	

* Weather Codes: C-clear, PC-partly cloudy, Cl-cloudy, R-rain, Sn-snow, Sl-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: April 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: Yes: ☑ No: ☐					Did Irrigation Occur On This Field: Yes: ☐ No: ☑				Did Irrigation Occur On This Field: Yes: ☑ No: ☐			
					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 Freeboard								
	Weather Code*	Temperature at application (°F)	Precipitation inches	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	67.5	0.09	N/A								
2	PC	59.2		N/A								
3	R	48	0.26	N/A								
4	R	58.5	0.05	N/A								
5	R	61.9	1.21	N/A								
6	R	53.1	0.02	N/A								
7	R	49.4	0.08	N/A								
8	R	52.4	0.05	N/A								
9	PC	58.1		N/A								
10	PC	62.2		N/A								
11	PC	69		N/A								
12	R	67.9	0.03	N/A								
13	PC	57.9		N/A								
14	PC	47.3		N/A								
15	PC	48.8		N/A								
16	PC	51.4		N/A								
17	PC	60.2		N/A								
18	PC	69		N/A								
19	PC	67.6		N/A								
20	R	60.9	0.37	N/A								
21	R	56.5	0.03	N/A								
22	R	61.7	0.02	N/A								
23	PC	64.2		N/A								
24	PC	65.1		N/A					191000	468	0.13	0.02
25	PC	68.6		N/A								
26	PC	71.6		N/A								
27	R	67.8	0.62	N/A								
28	R	64.3	0.84	N/A								
29	PC	54.2		N/A								
30	R	52.9	0.01									
31												
Total Gallons/Monthly Loading (inches)					0		0.00		191000		0.13	
12 Month Floating Total (inches)							14.81				14.31	
Average Weekly Loading (inches)							0				0.0299698	

* Weather Codes: C-clear, PC-partly cloudy, Cl-cloudy, R-rain, Sn-snow, Sl-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
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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: April 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: Yes: ☐ No: ☑

	Did Irrigation Occur On This Field: Yes: ☐ No: ☑				Did Irrigation Occur On This Field: Yes: ☐ No: ☑			
FIELD NUMBER:	3				4			
AREA SPRAYED (acres):	9.6				9.6			
COVER CROP:	Bermudagrass				Bermudagrass			
PERMITTED HOURLY RATE (inches):	0.3				0.3			
PERMITTED YEARLY RATE (inches):	16				16			

DATE	WEATHER CONDITIONS			Storage Lagoon Freeboard	Volume Applied	Time Irrigated	Daily Loading	Maximum Hourly Loading	Volume Applied	Time Irrigated	Daily Loading	Maximum Hourly Loading
	Weather Code*	Temperature at application (°F)	Precipitation inches	feet	gallons	minutes	inches	inches	gallons	minutes	inches	inches
1	R	67.5	0.09	N/A								
2	PC	59.2		N/A								
3	R	48	0.26	N/A								
4	R	58.5	0.05	N/A								
5	R	61.9	1.21	N/A								
6	R	53.1	0.02	N/A								
7	R	49.4	0.08	N/A								
8	R	52.4	0.05	N/A								
9	PC	58.1		N/A								
10	PC	62.2		N/A								
11	PC	69		N/A								
12	R	67.9	0.03	N/A								
13	PC	57.9		N/A								
14	PC	47.3		N/A								
15	PC	48.8		N/A								
16	PC	51.4		N/A								
17	PC	60.2		N/A								
18	PC	69		N/A								
19	PC	67.6		N/A								
20	R	60.9	0.37	N/A								
21	R	56.5	0.03	N/A								
22	R	61.7	0.02	N/A								
23	PC	64.2		N/A								
24	PC	65.1		N/A								
25	PC	68.6		N/A								
26	PC	71.6		N/A								
27	R	67.8	0.62	N/A								
28	R	64.3	0.84	N/A								
29	PC	54.2		N/A								
30	R	52.9	0.01									
31												
Total Gallons/Monthly Loading (inches)					0		0.00		0		0.00	
12 Month Floating Total (inches)							12.71				12.00	
Average Weekly Loading (inches)							0				0	

* Weather Codes: C-clear, PC-partly cloudy, Cl-cloudy, R-rain, Sn-snow, Sl-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: April 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: Yes: ☐ No: ☑					Did Irrigation Occur On This Field: Yes: ☐ No: ☑				Did Irrigation Occur On This Field: Yes: ☐ No: ☑			
					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								
	Weather Code*	Temper-ature at application (°F)	Precipita-tion inches	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	67.5	0.09	N/A								
2	PC	59.2		N/A								
3	R	48	0.26	N/A								
4	R	58.5	0.05	N/A								
5	R	61.9	1.21	N/A								
6	R	53.1	0.02	N/A								
7	R	49.4	0.08	N/A								
8	R	52.4	0.05	N/A								
9	PC	58.1		N/A								
10	PC	62.2		N/A								
11	PC	69		N/A								
12	R	67.9	0.03	N/A								
13	PC	57.9		N/A								
14	PC	47.3		N/A								
15	PC	48.8		N/A								
16	PC	51.4		N/A								
17	PC	60.2		N/A								
18	PC	69		N/A								
19	PC	67.6		N/A								
20	R	60.9	0.37	N/A								
21	R	56.5	0.03	N/A								
22	R	61.7	0.02	N/A								
23	PC	64.2		N/A								
24	PC	65.1		N/A								
25	PC	68.6		N/A								
26	PC	71.6		N/A								
27	R	67.8	0.62	N/A								
28	R	64.3	0.84	N/A								
29	PC	54.2		N/A								
30	R	52.9	0.01									
31												
Total Gallons/Monthly Loading (inches)					0		0.00		0		0.00	
12 Month Floating Total (inches)							11.26				13.55	
Average Weekly Loading (inches)							0				0	

* Weather Codes: C-clear, PC-partly cloudy, Cl-cloudy, R-rain, Sn-snow, Sl-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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NON-DISCHARGE APPLICATION REPORT
SPRAY IRRIGATION SITE(S)

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PERMIT NUMBER: WQ 0019631 MONTH: April 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: Yes: ☐ No: ☑					Did Irrigation Occur On This Field: Yes: ☐ No: ☑				Did Irrigation Occur On This Field: Yes: ☐ No: ☑			
					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
					PERMITTED YEARLY RATE (inches):		15		PERMITTED YEARLY RATE (inches):			8
DATE	WEATHER CONDITIONS			Storage Lagoon Freeboard	Volume Applied	Time Irrigated	Daily Loading	Maximum Hourly Loading	Volume Applied	Time Irrigated	Daily Loading	Maximum Hourly Loading
	Weather Code*	Temperature at application (°F)	Precipitation inches	feet	gallons	minutes	inches	inches	gallons	minutes	inches	inches
1	R	67.5	0.09	N/A								
2	PC	59.2		N/A								
3	R	48	0.26	N/A								
4	R	58.5	0.05	N/A								
5	R	61.9	1.21	N/A								
6	R	53.1	0.02	N/A								
7	R	49.4	0.08	N/A								
8	R	52.4	0.05	N/A								
9	PC	58.1		N/A								
10	PC	62.2		N/A								
11	PC	69		N/A								
12	R	67.9	0.03	N/A								
13	PC	57.9		N/A								
14	PC	47.3		N/A								
15	PC	48.8		N/A								
16	PC	51.4		N/A								
17	PC	60.2		N/A								
18	PC	69		N/A								
19	PC	67.6		N/A								
20	R	60.9	0.37	N/A								
21	R	56.5	0.03	N/A								
22	R	61.7	0.02	N/A								
23	PC	64.2		N/A								
24	PC	65.1		N/A								
25	PC	68.6		N/A								
26	PC	71.6		N/A								
27	R	67.8	0.62	N/A								
28	R	64.3	0.84	N/A								
29	PC	54.2		N/A								
30	R	52.9	0.01									
31												
Total Gallons/Monthly Loading (inches)					0		0.00		0		0.00	
12 Month Floating Total (inches)							6.81				0.00	
Average Weekly Loading (inches)							0				0	

* Weather Codes: C-clear, PC-partly cloudy, Cl-cloudy, R-rain, Sn-snow, Sl-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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RALEIGH, NC 27699-1617

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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.*)

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

(Signature of Permittee)* Date: 5/23/08	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 **MONTH:** April **YEAR:** 2008

FACILITY NAME: Johnston Co. Reclaimed Water Utilization System **COUNTY:** Johnston

Flow Monitoring Point: Effluent: ☐ Influent: ☑

Parameter Monitoring Point: Effluent: ☐ Influent: ☑ Surface Water (SW): ☐ SW Code/Name:

Was There Effluent Flow For This Month Generated At This Facility: Yes: ☑ No: ☐

				50050		310.0		00610	00530	31616	545	625	620	940	70295	680	76
DATE	Operator Arrival Time 2400 Clock	Operator Time On Site	ORC on Site?	Daily Rate (Flow) into Treatment System	pH	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	Y	0.0470	6.71	2.0		0.36	1.4		<0.10	1.12	0.82				0.970
2	8:00	8	Y	0.0240							<0.10						1.250
3	8:00	8	Y	0.0470							<0.10						1.140
4	8:00	8	Y	0.1170							<0.10						1.350
5	8:00	8	N	0.1020													1.020
6	8:00	8	N	0.0680													1.310
7	8:00	8	Y	0.0430							<0.10						0.930
8	8:00	8	Y	0.0470	6.53	2.0		0.28	1.8	6	<0.10	1.08	1.07				0.700
9	8:00	8	Y	0.0180							<0.10						1.600
10	8:00	8	Y	0.1010							<0.10						0.910
11	8:00	8	Y	0.0310							<0.10						1.260
12	8:00	8	N	0.0890													0.952
13	8:00	8	N	0.0660													1.390
14	8:00	8	Y	0.0820						2	<0.10						1.090
15	8:00	8	Y	0.0560	6.59	3.0		0.35	1.5		<0.10	1.11	1.27				0.880
16	8:00	8	Y	0.0540							<0.10						1.090
17	8:00	8	Y	0.0750							<0.10						1.270
18	8:00	8	Y	0.0730							<0.10						1.970
19	8:00	8	N	0.0710													1.840
20	8:00	8	N	0.0500													1.600
21	8:00	8	Y	0.0490						6	<0.10						0.740
22	8:00	8	Y	0.0490	6.49	2.1		0.44	1.8		<0.10	1.63	1.38				1.140
23	8:00	8	Y	0.0470							<0.10						1.100
24	8:00	8	Y	0.0780							<0.10						0.970
25	8:00	8	Y	0.0750							<0.10						1.110
26	8:00	8	N	0.0780													1.100
27	8:00	8	N	0.0790													0.890
28	8:00	8	Y	0.1310						1	<0.10						0.780
29	8:00	8	Y	0.0680	6.59	3.0		0.28	1.1		<0.10	0.88	2.06				1.100
30	8:00	8	Y	0.0590							<0.10						1.520
Average				0.0590		2.4		0.34	1.5	3	0	1.16	1.32		#####	#####	1.166
Daily Maximum				0.131	6.71	3.0		0.44	1.8	6	<0.10	1.63	2.06	0	0	0.00	1.970
Daily Minimum				0.018	6.49	2.0		0.28	1.1	1	<0.10	0.88	0.82	0	0	0.00	0.700
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:
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Division of Water Quality
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RALEIGH, NC 27699-1617

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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."

Haywood M Phthisic III 5-28-08

(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

Smithfield, NC 27577

(Permittee Address)

919-989-5075

(Phone Number)

31-Oct-2011

(Permit Exp. Date)

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	00076 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).

SUBMIT FORM ON YELLOW PAPER ONLY

GROUNDWATER QUALITY MONITORING: COMPLIANCE REPORT FORM

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

FACILITY INFORMATION *Please Print Clearly or Type*

Facility Name: Johnston County Landfill
Permit Name (if different): Johnston County Reclaimed Water Utilization System
Facility Address: 680 County Home Road (street)
Smithfield (City) NC (State) 27577 (Zip) County Johnston
Contact Person: John D. Wall Telephone#: 919-938-4726
Well Location/Site Name: MW-5-10 No.of wells to be sampled: 9 (from permit)

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

TYPE OF PERMITTED OPERATION BEING MONITORED

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

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: 13.37 ft. below measuring point.
measuring Point is 2.16 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: ☐ Influent ☐ Effluent
Relative M.P. Elevation in ft. 202.88
Date sample collected: 4-18-08

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

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

Date sample analyzed:
Laboratory Name:
Certification No.

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	Nitrite (NO_2) as N		mg/l	Ni - Nickel	mg/l
Coliform: MF Fecal		/100ml	Nitrate (NO3) 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		
Dissolved Solids: Total		mg/l	Al - Aluminum		mg/l	Other (Specify Compounds and Concentration Units)	
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	ORGANICS: (by GC, GC/MS, HPLC)	
Sulfate		mg/l	Hg - Mercury		mg/l	(Specify test and method #. ATTACH LAB REPORT.)	
Specific Conductance		uMhos	K - Potassium		mg/l	Report Attached? YES (1) NO (0)	
Total Ammonia		mg/l	Mg - Magnesium		mg/l	VOC	:method #=
(Ammonia Nitrogen; NH_3 as N; Ammonia Nitrogen, Total)			Mn - Manganese		mg/l		:method #=
TKN as N		mg/l					: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. Phthisic III Assistant Director
Permittee (or Authorized agent) Name and Title- Please print or type

Signature of Permittee (or Authorized Agent) 5-28-08 (Date)

GW-59

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1617 MAIL SERVICE CENTER
RALEIGH, NC 27699-1617 Phone (919) 733-3221

FACILITY INFORMATION *Please Print Clearly or Type*

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

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

TYPE OF PERMITTED OPERATION BEING MONITORED

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

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

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: 4-18-08

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

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

Date sample analyzed:
Laboratory Name:
Certification No.

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	Nitrite (NO_2) as N		mg/l	Ni - Nickel	mg/l
Coliform: MF Fecal		/100ml	Nitrate (NO3) 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		
Dissolved Solids: Total		mg/l	Al - Aluminum		mg/l	Other (Specify Compounds and Concentration Units)	
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	ORGANICS: (by GC, GC/MS, HPLC)	
Sulfate		mg/l	Hg - Mercury		mg/l	(Specify test and method #. ATTACH LAB REPORT.)	
Specific Conductance		uMhos	K - Potassium		mg/l	Report Attached? YES (1) NO (0)	
Total Ammonia		mg/l	Mg - Magnesium		mg/l	VOC	:method #=
(Ammonia Nitrogen; NH_3 as N; Ammonia Nitrogen, Total)			Mn - Manganese		mg/l		:method #=
TKN as N		mg/l					: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. Phthisic III Assistant Director
Permittee (or Authorized agent) Name and Title- Please print or type

Signature of Permittee (or Authorized Agent) 5-28-08 (Date)

GW-59

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DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER
RALEIGH, NC 27699-1617 Phone (919) 733-3221

FACILITY INFORMATION *Please Print Clearly or Type*

Facility Name: Johnston County Landfill
Permit Name (if different): Johnston County Reclaimed Water Utilization System
Facility Address: 680 County Home Road (street)
Smithfield (City) NC (State) 27577 (Zip) County Johnston
Contact Person: John D. Wall Telephone#: 919-938-4726
Well Location/Site Name: MW-5-1 No.of wells to be sampled: 9 (from permit)

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

TYPE OF PERMITTED OPERATION BEING MONITORED

____	Lagoon	____	Remediation: Infiltration Gallery
X	Spray Field	____	Remediation: ____
____	Rotary Distributor	____	Land Application of Sludge
____	Water Source heat Pump		
____	Other: ____		

Well Identification Number (from Permit): MW-5-1
Well Depth: 31.7 ft. Well Diameter: 2 in.
Screened Interval: 31.7 ft. to 16.7 ft.
Depth to Water Level: 25.06ft. below measuring point.
measuring Point is 2.22 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: ☐ Influent ☐ Effluent
Relative M.P. Elevation in ft. 232.17
Date sample collected: 4-18-08

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

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

Date sample analyzed: ____
Laboratory Name: ____
Certification No.

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	Nitrite (NO_2) as N		mg/l	Ni - Nickel	mg/l
Coliform: MF Fecal		/100ml	Nitrate (NO3) 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		
Dissolved Solids: Total		mg/l	Al - Aluminum		mg/l	Other (Specify Compounds and Concentration Units)	
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	**ORGANICS**: (by GC, GC/MS, HPLC)	
Sulfate		mg/l	Hg - Mercury		mg/l	**(Specify test and method #. ATTACH LAB REPORT.)**	
Specific Conductance		uMhos	K - Potassium		mg/l	**Report Attached? YES ____(1) NO ____(0)**	
Total Ammonia		mg/l	Mg - Magnesium		mg/l	VOC	:method #=
(Ammonia Nitrogen; NH_3 as N; Ammonia Nitrogen, Total)			Mn - Manganese		mg/l		:method #=
TKN as N		mg/l					: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. Phthisic III Assistant Director
Permittee (or Authorized agent) Name and Title- Please print or type

Signature of Permittee (or Authorized Agent) 5-28-08 (Date)

GW-59

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DIVISION OF WATER QUALITY-INFORMATION PROCESSING UNIT
1617 MAIL SERVICE CENTER
RALEIGH, NC 27699-1617 Phone (919) 733-3221

FACILITY INFORMATION *Please Print Clearly or Type*

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

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

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

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

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: 4-18-08

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

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

Date sample analyzed:
Laboratory Name:
Certification No.

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	Nitrite (NO_2) as N		mg/l	Ni - Nickel		mg/l
Coliform: MF Fecal		/100ml	Nitrate (NO3) 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			
Dissolved Solids: Total		mg/l	Al - Aluminum		mg/l	Other (Specify Compounds and Concentration Units)		
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	**ORGANICS**: (by GC, GC/MS, HPLC)		
Sulfate		mg/l	Hg - Mercury		mg/l	**(Specify test and method #. ATTACH LAB REPORT.)**		
Specific Conductance		uMhos	K - Potassium		mg/l	**Report Attached? YES___(1) NO___(0)**		
Total Ammonia		mg/l	Mg - Magnesium		mg/l	VOC	:method #	
(Ammonia Nitrogen; NH_3 as N; Ammonia Nitrogen, Total)			Mn - Manganese		mg/l		:method #	
TKN as N		mg/l					: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. Phthisic III Assistant Director
Permittee (or Authorized agent) Name and Title- Please print or type

Signature of Permittee (or Authorized Agent) 5-25-08 (Date)

GW-59

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1617 MAIL SERVICE CENTER
RALEIGH, NC 27699-1617 Phone (919) 733-3221

FACILITY INFORMATION *Please Print Clearly or Type*

Facility Name: Johnston County Landfill
Permit Name (if different): Johnston County Reclaimed Water Utilization System
Facility Address: 680 County Home Road (street)
Smithfield (City) NC (State) 27577 (Zip) 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 (from permit)

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

TYPE OF PERMITTED OPERATION BEING MONITORED

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

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: 17.21 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: ☐ Influent ☐ Effluent
Relative M.P. Elevation in ft. 182.85
Date sample collected: 4-18-08

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

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

Date sample analyzed:
Laboratory Name:
Certification No.

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	Nitrite (NO_2) as N		mg/l	Ni - Nickel	mg/l
Coliform: MF Fecal		/100ml	Nitrate (NO3) 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		
Dissolved Solids: Total		mg/l	Al - Aluminum		mg/l	Other (Specify Compounds and Concentration Units)	
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	**ORGANICS**: (by GC, GC/MS, HPLC)	
Specific Conductance		uMhos	K - Potassium		mg/l	**(Specify test and method #. ATTACH LAB REPORT.)**	
Total Ammonia		mg/l	Mg - Magnesium		mg/l	**Report Attached? YES (1) NO (0)**	
(Ammonia Nitrogen; NH_3 as N; Ammonia Nitrogen, Total)			Mn - Manganese		mg/l	VOC	:method #=
TKN as N		mg/l					: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. Phthisic III Assistant Director
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Signature of Permittee (or Authorized Agent) 5-28-08 (Date)

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FACILITY INFORMATION *Please Print Clearly or Type*

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

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

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

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

TYPE OF PERMITTED OPERATION BEING MONITORED

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

Well Identification Number (from Permit): DWQ-MW-2
Well Depth: 20 ft. Well Diameter: 2 in.
Screened Interval: 20 ft. to 5 ft.
Depth to Water Level: 14.93ft. below measuring point.
measuring Point is 3 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: ☐ Influent ☐ Effluent
Relative M.P. Elevation in ft.
Date sample collected: 4-18-08

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

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

Date sample analyzed:
Laboratory Name:
Certification No.

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	Nitrite (NO_2) as N		mg/l	Ni - Nickel		mg/l
Coliform: MF Fecal		/100ml	Nitrate (NO3) 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			
Dissolved Solids: Total		mg/l	Al - Aluminum		mg/l	Other (Specify Compounds and Concentration Units)		
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	**ORGANICS**: (by GC, GC/MS, HPLC)		
Sulfate		mg/l	Hg - Mercury		mg/l	**(Specify test and method #. ATTACH LAB REPORT.)**		
Specific Conductance		uMhos	K - Potassium		mg/l	**Report Attached? YES (1) NO (0)**		
Total Ammonia		mg/l	Mg - Magnesium		mg/l	VOC	:method #=	
(Ammonia Nitrogen; NH_3 as N; Ammonia Nitrogen, Total)			Mn - Manganese		mg/l		:method #=	
TKN as N		mg/l					: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. Phthisic III Assistant Director
Permittee (or Authorized agent) Name and Title- Please print or type

Signature of Permittee (or Authorized Agent) 5-28-08 (Date)

GW-59

SUBMIT FORM ON YELLOW PAPER ONLY

GROUNDWATER QUALITY MONITORING: COMPLIANCE REPORT FORM

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

FACILITY INFORMATION *Please Print Clearly or Type*

Facility Name: Johnston County Landfill
Permit Name (if different): Johnston County Reclaimed Water Utilization System
Facility Address: 680 County Home Road (street)
Smithfield (City) NC (State) 27577 (Zip) County Johnston
Contact Person: John D. Wall Telephone#: 919-938-4726
Well Location/Site Name: DWQ-MW-1 No.of wells to be sampled: 9 (from permit)

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

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

Well Identification Number (from Permit): DWQ-MW-1
Well Depth: 20 ft. Well Diameter: 2 in.
Screened Interval: 20 ft. to 10 ft.
Depth to Water Level: 10.51 ft. below measuring point.
measuring Point is 3.38 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: ☐ Influent ☐ Effluent
Relative M.P. Elevation in ft. 213.81
Date sample collected: 4-18-08

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

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

Date sample analyzed:
Laboratory Name:
Certification No.

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	Nitrite (NO_2) as N		mg/l	Ni - Nickel		mg/l
Coliform: MF Fecal		/100ml	Nitrate (NO3) 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			
Dissolved Solids: Total		mg/l	Al - Aluminum		mg/l	Other (Specify Compounds and Concentration Units)		
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	**ORGANICS:** (by GC, GC/MS, HPLC)		
Sulfate		mg/l	Hg - Mercury		mg/l	**(Specify test and method #. ATTACH LAB REPORT.)**		
Specific Conductance		uMhos	K - Potassium		mg/l	**Report Attached? YES ____(1) NO ____(0)**		
Total Ammonia		mg/l	Mg - Magnesium		mg/l	VOC	:method #=	
(Ammonia Nitrogen; NH_3 as N; Ammonia Nitrogen, Total)			Mn - Manganese		mg/l		:method #=	
TKN as N		mg/l					:method #=	
							:method #=	

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

Signature of Permittee (or Authorized Agent) 5-28-08 (Date)

GW-59

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RALEIGH, NC 27699-1617 Phone (919) 733-3221

FACILITY INFORMATION *Please Print Clearly or Type*

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

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

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

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: 8.18 ft. below measuring point.
measuring Point is 2.35 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: ☐ Influent ☐ Effluent
Relative M.P. Elevation in ft. 214.28
Date sample collected: 4-18-08

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

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

Date sample analyzed:
Laboratory Name:
Certification No.

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	Nitrite (NO_2) as N		mg/l	Ni - Nickel		mg/l
Coliform: MF Fecal		/100ml	Nitrate (NO3) 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			
Dissolved Solids: Total		mg/l	Al - Aluminum		mg/l	Other (Specify Compounds and Concentration Units)		
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	**ORGANICS**: (by GC, GC/MS, HPLC)		
Sulfate		mg/l	Hg - Mercury		mg/l	**(Specify test and method #. ATTACH LAB REPORT.)**		
Specific Conductance		uMhos	K - Potassium		mg/l	**Report Attached? YES___(1) NO___(0)**		
Total Ammonia		mg/l	Mg - Magnesium		mg/l	VOC	:method #=	
(Ammonia Nitrogen; NH_3 as N; Ammonia Nitrogen, Total)			Mn - Manganese		mg/l		:method #=	
TKN as N		mg/l					: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. Phthisic III Assistant Director
Permittee (or Authorized agent) Name and Title- Please print or type

Signature of Permittee (or Authorized Agent) 5-25-08 (Date)

GW-59

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GROUNDWATER QUALITY MONITORING: COMPLIANCE REPORT FORM

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FACILITY INFORMATION *Please Print Clearly or Type*

Facility Name: Johnston County Landfill
Permit Name (if different): Johnston County Reclaimed Water Utilization System
Facility Address: 680 County Home Road (street)
Smithfield (City) NC (State) 27577 (Zip) County Johnston
Contact Person: John D. Wall Telephone#: 919-938-4726
Well Location/Site Name: PIEZOMETER #3 No.of wells to be sampled: 9 (from permit)

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

TYPE OF PERMITTED OPERATION BEING MONITORED

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

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: 8.61 ft. below measuring point.
measuring Point is 2.26 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: ☐ Influent ☐ Effluent
Relative M.P. Elevation in ft. 194.91
Date sample collected: 4-18-08

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

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

Date sample analyzed:
Laboratory Name:
Certification No.

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	Nitrite (NO_2) as N		mg/l	Ni - Nickel		mg/l
Coliform: MF Fecal		/100ml	Nitrate (NO3) 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			
Dissolved Solids: Total		mg/l	Al - Aluminum		mg/l	Other (Specify Compounds and Concentration Units)		
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	ORGANICS: (by GC, GC/MS, HPLC)		
Sulfate		mg/l	Hg - Mercury		mg/l	(Specify test and method #. ATTACH LAB REPORT.)		
Specific Conductance		uMhos	K - Potassium		mg/l	Report Attached? YES (1) NO (0)		
Total Ammonia		mg/l	Mg - Magnesium		mg/l	VOC	:method #=	
(Ammonia Nitrogen; NH_3 as N; Ammonia Nitrogen, Total)			Mn - Manganese		mg/l		:method #=	
TKN as N		mg/l					: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. Phthisic III Assistant Director
Permittee (or Authorized agent) Name and Title- Please print or type

Signature of Permittee (or Authorized Agent) (Date) 5-28-08

GW-59

GW-59A COMPLIANCE REPORT FORM

Permit # WQ 0019631

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

1	**Enter date monitoring results were due. (** N/A **) Will this monitoring report (GW-59 and GW-59A) be submitted after the established due date?** OUR PERMIT ONLY [redacted] REQUIRES THAT WE MONITOR GROUNDWATER ELEVATIONS (ONLY) MONTHLY	YES	NO ✓
2	**Was any required information missing on the GW-59 report forms?**	YES	NO
	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.		✓
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.)?** *If the answer is "Yes", contact the Regional Office for guidance.*	YES	NO ✓
4	**Are any monitored constituents equal to or above the established standards?**	YES	NO ✓
	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:*		✓
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
	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).*		
6	**Are the monitoring wells listed in section 5 located at or beyond the review boundary?**	YES	NO
	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.		
7	**Is the permittee implementing previously approved actions required by the Division involving this groundwater quality problem?**	YES	NO
	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.***		
8	***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.*** **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.** [signature] 5-25-08 **Signature of Permittee (or Authorized Agent)** **Date**		