

LR-E05-0083

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
ARTICLE NUMBER: 7003 0500 0003 4469 3877

Department of Environmental Protection Division of Water Quality Bureau of Permit Management P.O. Box 029 Trenton, N.J. 08625-0029

NEW JERSEY POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT HOPE CREEK GENERATING STATION NJPDES PERMIT NJ0025411

Dear Sir:

Attached is the Discharge Monitoring Report for the Hope Creek Generating Station for the month of January 2005.

This report is required by and prepared specifically for the Environmental Protection Agency (EPA) and the New Jersey Department of Environmental Protection (NJDEP). It presents only the observed results of measurements and analyses required to be performed by the above agencies. The choice of the measurement devices and analytical methods are controlled by the EPA and the NJDEP, not by the company, and there are limitations on the accuracy of such measurement devices and analytical techniques even when used and maintained as required. Accordingly, this report is not intended as an assertion that any instrument has measured, or that any reading or analytical result represents the true value with absolute accuracy, nor is it an endorsement of the suitability of any analytical or measurement procedure.

If you have any questions concerning this report, please feel free to contact J. Serfass at (856) 339-5411.

onjuerery,

George P. Barnes

Site Vice President – Hope Creek

LR-E05-0083 NJPDES DMR

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Attachments

C Executive Director, DRBC
USNRC - Docket number 50-354
Site Vice President – Hope Creek
Director – Regulatory Assurance
Christopher McAuliffe, Esq.
D. K. Hurka
E. J. Keating
NJPDES Technician
Chem File HCH 2005-006

LR-E05-0083 NJPDES DMR

EXPLANATION OF CONDITIONS

January 2005

The following explanations are included to clarify possible deviation from permit conditions.

General - The columns labeled "No. Ex" on the enclosed DMR tabulate the number of daily discharge values outside the indicated limits.

Data reporting and accuracy reflect the working environment, the design capabilities and reliability of the monitoring instruments and operating equipment.

Deviations from required sampling, analysis monitoring and reporting methods and periodicities are noted on the respective transmittal sheet.

Results reported on the Discharge Monitoring Report forms are consistent with permit limits, data supplied from contract laboratories, the December 1993 revision of the NJDEP DMR Instruction Manual and specific guidance from DEP personnel.

LR-E05-0083 NJPDES DMR

EXPLANATION OF EXCEEDANCES

January 2005

The following exceedances are included in the attached report and explained below.

DSN No.

EXPLANATION

No Exceedances

COUNTY OF SALEM STATE OF NEW JERSEY

- I, George P. Barnes, of full age, being duly sworn according to law, upon my oath depose and say:
- 1. I am the Site Vice President-Hope Creek for PSEG Nuclear, and as such am authorized to sign Hope Creek's Discharge Monitoring Reports submitted to the New Jersey Department of Environmental Protection pursuant to the Station's New Jersey Pollutant Discharge Elimination System permit.
- 2. I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.
- 3. The signature on the attached Discharge Monitoring Reports is my signature and I am submitting this affidavit in satisfaction of the requirement that my signature be notarized.

George P. Barnes

Site Vice President – Hope Creek

Sworn and subscribed before me this /7 // day of February 2005.

LÆLORIS D. HADDEN Notary Public of New Jersey My Commission Expires 03-29-2005

ID # 2073649

New Jersey Department of Environmental Protection Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NAMES DEDICATE		A CANTERDANIC BY	DIAN.	LONIMODED LOGIMION
NJPDES PERMIT	<u> </u>	MONITORING PE	RIOD	MONITORED LOCATION:
NJ0025411	Month Day	Year Mon 2005 To 1	th Day Year 31 2005	461A - DSN 461A - dsw
PERMITTEE:		LOCATION OF		REPORT RECIPIENT:
PSE&G NUCLEAR LLC		HOPE CREEK GEN	ERATING STATION	PSE&G
ALLOWAY CREEK NECK	RD - PO BOX	ARTIFICIAL ISLAN	(D	P.O. BOX 236/N21
236/N21		FOOT OF BUTTON	WOOD RD	HANCOCKS BRIDGE, NJ 08038
HANCOCKS BRIDGE, NJ 0	8038	LOWER ALLOWAY	/S CREEK, NJ 08038-0	0000

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE: No Disc	harge this Monitoring Period	Monitoring Repo	ort Comments Atta	ched
the certification or, in his absence a person desi the certification. Where the highest ranking ope reponsibility or person designated by that perso	gnated by that person. For a local agency, rator does not have the ability to authorizen shall also sign the second certification a	the highest ranking capital expendito the bottom of the	ng operator of the trouvers and hire person is page. If the local	eatment works shall sign nel, a person having that
that, based on my inquiry of those individuals complete. I am aware that there are significant to N.J.A.C. 7:14A-6.9(B). The New Jersey Wa	immediately responsible for obtaining the penalties for submitting false information ter Pollution Control Act provides for pen	e information, I b	elieve that the infor ossibility of fine and 00 per violation.	mation is true, accurate and d/or imprisonment, pursuant
		ED OBER A TOR	~ ~~~	
		ED OPERATOR	2/17/05	856-339-1952
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICEI	R, AUTHORIZED AGENT, OR *LICENSED OF	ERATOR	DATE	AREA CODE/PHONE NUMBER
		pital expenditures o	and hire personnel, a p	person having that responsibility or
WHO MUST SIGN The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign he certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign he certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that eponsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with mother entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification. Certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and hat, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment, pursuant to N.J.A.C. 7:14A-6.9(B). The New Jersey Water Pollution Control Act provides for penalties up to \$50,000 per violation. George P. Barnes, Site Vice President – Hope Creek N/A MANE AND TITLÉ OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR GRADE AND REGISTRY NUMBER (IF APPLICABLE) AREA CODE/PHONE NUMBER For a local agency where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or erson designated by that person shall sign the following certification: Certify under penalty of law and in accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed the attached discharge monitoring reports.				
N/A			N/A	N/A
NAME AND TITLE	SIGNATURE		DATE	AREA CODE/PHONE NUMBER

Attachment

New Jersey Department of Environmental Protection Division of Water Quality Surface Water Discharge Monitoring Report Submittal Form

EXPLANATION OF ADDITIONAL SAMPLES TAKEN

NJPDES Permit No.:

NJ0025411

Monitoring Period: 1/1/05 – 1/31/05

Monitoring Location:

DSN 461A - dsw outfall

Monitoring Report Comments:

Sampling frequency for pH was increased to 2/week at DSN 461A for week 1/24/05 to 1/30/05 to provide additional operational data.

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

461A DSN 461A - dsw

1/1/2005 TO 1/31/2005

HOPE CREEK GENERATING STATION

PARAMETER	\times	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	51.282	60.774		*****	*****	*****		0	continuous	meter
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	***			*****	A LOCAL	Continuous	METER
	QL	20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	**************************************		*****	******					
Thru Treatment Plant 50050 7	SAMPLE MEASUREMENT	49.647	54.142		*****	*****	*****		0	Continuous	meter
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	######################################	***		*****		Continuous	METER
	QL	The second of the second of the			*****						
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.7	su	0	1 week	Gra b
	PERMIT REQUIREMENT	******			6.0 01DAMN	*****	9.0 01DAMX			1/Week	GRAB
	QL								116		
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****	*****	*****	40.i	<0.1	MG/L	0	continuous	Grab
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	**************************************				0.2 01MOAV	0.5 01DAMX			Continuous	GRAB
	ROL	***************************************				0.1	0.1				
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	9.7	23.3		0	Continuous	meter
00010 1	PERMIT. REQUIREMENT			* *****		REPORT 01MOAV	36.2 01DAMX	DEG.C	*******	Continuous	METER
	QL	## ###	*****								
Temperature,	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.0	5.0	DEG.C	0	Continuous	meter
00010 7 Intake From Stream	PERMIT REQUIREMENT		****		****	REPORT 01MOAV	REPORT 01DAMX			Continuous	METER
	QL		A A A A A A A A A A A A A A A A A A A		1000 PARAMETER 1	*****	******				

& see attached explanation.

Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Regin 2 at (609) 292-4860 or via email at "srosenwi@dep.state.nj.us".

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

461A DSN 461A - dsw

1/1/2005 TO 1/31/2005

HOPE CREEK GENERATING STATION

PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2		0	Ymanth	Grab
00680 1 Effluent Gross Value	PERMIT REQUIREMENT		****			REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	GRAB
	OL.	*****	*****			*******	7				
Carbon, Tot Organic (TOC) 00680 2 Effluent Net Value	SAMPLE MEASUREMENT	*****	*****		*****	0	0		0	1/month	Calctd
	PERMIT REQUIREMENT			*****		REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	CALCTD
	QL	*****	****		*****	*****	######################################		1.55 P		
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	****	*****		*****	2	2	MG/L	0	month	Grab
00680 7 Intake From Stream	PERMIT REQUIREMENT		*****	******	*****	REPORT 01MOAV	REPORT 01DAMX			1/Month	GRAB
	QL.		*****				*****				
Heat (winter) (per Hr.)	SAMPLE MEASUREMENT	216	657		*****	*****	****		0	1/044	Calctd
81387 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	662 01DAMX	MBTU/HR	*****	*****		******		1/Day	CALCTD
	QL	*****]			
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17451	PA 343		06431						
	PERMIT REQUIREMENT	REPORT Lab#	REPORT		REPORT Lab#	REPORT Lab#	REPORT Lab #			Not Applie	NOT AP
	QL	*****	*****	1		******	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		10 1.40 2 4.72		

Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Regin 2 at (609) 292-4860 or via email at "srosenwi@dep.state.nj.us".

New Jersey Department of Environmental Protection Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MO	ONITORING PER	JOD		MONITOR	RED LOCATION:
NJ0025411	Month Day 1 1	Year Mont 2005 To 1	461C - DSN 4610	C - DSW internal		
PERMITTEE: PSE&G NUCLEAR LLC ALLOWAY CREEK NECK R 236/N21 HANCOCKS BRIDGE, NJ 080		LOCATION OF APPLICATION OF ARTIFICIAL ISLANDOT OF BUTTONV LOWER ALLOWAY	RATING ST O VOOD RD	ATION	REPORT REOPERS P.O. BOX 236/NZ HANCOCKS BR	 21
	REGION /	/ COUNTY: Southern	/ Salem Cou	inty		
CHECK IF APPLICABLE:	No Discharge	this Monitoring Perio	а 🔲 м	Ionitoring	Report Comments Atta	ched
who must sign the highest the certification or, in his absence the certification. Where the higher reponsibility or person designated another entity to operate the treatr I certify under penalty of law that that, based on my inquiry of thos complete. I am aware that there is to N.J.A.C. 7:14A-6.9(B). The N George P. Barnes, Sit	a person designated st ranking operator do by that person shall nent works, the higher t I have personally endividuals immediate are significant penaltic ew Jersey Water Poll	by that person. For a loos not have the ability also sign the second ce est-ranking official of the examined and am familiately responsible for coies for submitting false lution Control Act prov	cal agency, the to authorize of the contracted ar with the inbtaining the information,	he highest in capital expended the bottom entity shale information information including	ranking operator of the treenditures and hire person of this page. If the local I sign the certification. submitted in this documn, I believe that the inforthe possibility of fine and	eatment works shall sign nel, a person having that agency has contracted with ent and all attachments, and mation is true, accurate and d/or imprisonment, pursuant
NAME AND TITLE OF PRINCIPAL E	xecutive officer,	AUTHORIZED AGENT,	R *LICENSEI	D OPERATO	or grade and regis	try number (if applicable) 856-339-1952
SIGNATURE OF PRINCIPAL EXECU	TIVE OFFICER, AUTI	HORIZED AGENT, OR *L	ICENSED OPE	ERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the highe person designated by that person sha			authorize capi	ital expendii	ures and hire personnel, a	person having that responsibility or
I certify under penalty of law and in a N/A	eccordance with N.J.S.A	A. 58:10A-6F(5) that I hav	e received and	l reviewed th	e attached discharge monito	oring reports. N/A
NAME AND TITLE	SIC	GNATURE			DATE	AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

461C DSN 461C - DSW interna

1/1/2005 TO 1/31/2005

HOPE CREEK GENERATING STATION

PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.045	0,100	_	*****	*****	*****		O	Communus	meter
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD		The results of the second seco		*****		Continuous	METER
	QL	*****			44544		7.47 (1.17 ****** **)		Tay 5		
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	****	*****		*****	13	13		0	month	Compos
	PERMIT REQUIREMENT		****	*****	••••	30 01MOAV	100 01DAMX	MG/L		1/Month	COMPOS
	QL	*****	*****	<u></u>	3-1 (****		******		Val. V		
Petrol Hydrocarbons, Total Recoverable	SAMPLE MEASUREMENT	****	*****		*****	7	13	MG/L	0	2/month	Grab
45501 1 Effluent Gross Value	PERMIT REQUIREMENT				Andrews	10 01MOAV	15 01DAMX			2/Month	GRAB
	QL	*****	*****								
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	****	*****		*****	9	9		0	Ymonth	Compos
00680 1 Effluent Gross Value	PERMIT REQUIREMENT	***	*****	*****	***	REPORT 01MOAV	50 01DAMX	MG/L		1/Month	COMPOS
	QL	1									
Lab Certification #	SAMPLE MEASUREMENT	17451	PA 343		06431						<u></u>
99999 99 Lab	PERMIT REQUIREMENT	REPORT Láb#	REPORT Leb#		REPORT Lab#	REPORT Lab#	REPORT Lab #		73.7	Not Applic	NOT AP
	QL	14 g 1 44444 0 (4 1 1 1	****		*****	*****	Assiss				

Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Regin 2 at (609) 292-4860 or via email at "srosenwi@dep.state.nj.us".

New Jersey Department of Environmental Protection Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	M	IONITORI	NG PERI	OD		MONITORED LO	CATION:
NJ0025411	Month Day	Year 2005 T	Month 1	Day 31	Year 2005	462B - dsn 462B - dsw o	utfall
PERMITTEE: PSE&G NUCLEAR LLC ALLOWAY CREEK NECK R 236/N21 HANCOCKS BRIDGE, NJ 08		HOPE CRE ARTIFICIA FOOT OF I	ON OF ACE EK GENER LISLAND BUTTONWO LLOWAYS	ATING S OD RD	TATION	REPORT RECIPIENT PSE&G P.O. BOX 236/N21 HANCOCKS BRIDGE, NJ 0	_
·	REGION	/COUNTY:	Southern / S	Salem Co	unty		
CHECK IF APPLICABLE:	No Discharge	this Monitor	ring Period		Monitoring	Report Comments Attached	
the certification or, in his absence the certification. Where the higher reponsibility or person designated another entity to operate the treate I certify under penalty of law that that, based on my inquiry of those	a person designated st ranking operator of by that person shal ment works, the high at I have personally se individuals imme are significant penal wew Jersey Water Po	I by that person does not have I also sign the hest-ranking of examined and diately respon lities for submandilution Control	on. For a loca the ability to second certificial of the am familiar sible for obt itting false in al Act provide	agency, authorized fication accontracted with the aining the formation	the highest capital exp the bottom d entity shad information information information	submitted in this document and all n, I believe that the information is the possibility of fine and/or impris	orks shall sign on having that contracted with attachments, and rue, accurate and
NAME AND TITLE OF PRINCIPAL I	EXECUTIVE OFFICER	R, AUTHORIZE	D AGENT, OR	*LICENSI	ED OPERATO		er (if applicable) 339-1952
SIGNATURE OF PRINCIPAL EXECU	TIVE OFFICER, AUT	THORIZED AG	ENT, OR *LIC	ENSED OF	ERATOR	DATE AREA CO	DE/PHONE NUMBER
	est ranking operator d	loes not have th				ures and hire personnel, a person havi	ng that responsibility or
I certify under penalty of law and in a	accordance with N.J.S.	.A. 58:10A-6F(N/A	5) that I have r	eceived ar	d reviewed t	e attached discharge monitoring reports	· N/A

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

NAME AND TITLE

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

462B dsn 462B - dsw outfall

1/1/2005 TO 1/31/2005

HOPE CREEK GENERATING STATION

PARAMETER	\times	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.018	0.041		*****	*****	*****		0	1/0ay	meter
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	***		***************************************	******		1/Day	METER
	QL	***************************************									
BOD, 5-Day (20 oC)	SAMPLE MEASUREMENT			****	410	410		0	Ymonth	Compos	
00310 G Raw Sew/influent	PERMIT REQUIREMENT	****	••••	**************************************	THE RESERVE OF THE PROPERTY OF	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	COMPOS
QL.	QL	******									
BOD, 5-Day (20 oC)	SAMPLE MEASUREMENT	0	0	KG/DAY	*****	46	46		0	1/month	Compos
00310 1 Effluent Gross Value	PERMIT REQUIREMENT	8 01MOAV	REPORT 01WKAV		G.	30 01MOAV	45 01WKAV	MG/L		1/Month	COMPOS
	QL	*****				******					
BOD, 5-Day (20 oC)	SAMPLE MEASUREMENT	*****	*****		99,3	*****	*****		0	month	Calctd
00310 K Percent Removal	PERMIT REQUIREMENT	*****	****	******	87.5 01MOAVMN	*****		PERCENT		1/Month	CALCTD
	QL		******		**************************************	*****					
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****		*****	408	408		0	1/month	Compos
00530 G Raw Sew/influent	PERMIT REQUIREMENT	**************************************	*****	······	*****	REPORT 01MOAV	REPORT 01DAMX	MG/L	######################################	1/Month	COMPOS
	QL						Aleks (
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****		*****	12	12	MG/L	0	Ymonth	Compos
00530 1 Effluent Gross Value	PERMIT REQUIREMENT	CONTRACTOR OF THE STATE OF THE	*****	*****	***	30 01MOAV	45 01WKAV			1/Month	COMPOS
	QL	*****	**************************************		*****	****	######################################				

Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Regin 2 at (609) 292-4860 or via email at "susan.rosenwinkel@dep.state.nj.us".

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

462B dsn 462B - dsw outfall

1/1/2005 TO 1/31/2005

HOPE CREEK GENERATING STATION

PARAMETER	$\overline{}$	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****		97	97	*****		0	1/month	Calotd
00530 K Percent Removal	PERMIT REQUIREMENT	*****	•	*****	85 01MOAVMN	REPORT 01MOAV	******	PERCENT		1/Month	CALCTD
	OL	* (1) (*********************************	*****			\$1,000	*****				
Oil and Grease	SAMPLE MEASUREMENT	*****	*****		*****	2	2		0	manth	Grab
00556 1 Effluent Gross Value	PERMIT REQUIREMENT	****	*****	******	*****	10 01MOAV	15 01DAMX	MG/L	10:00 talences	1/Month	GRAB
	QL	* *****	*****				*****				
Coliform, Fecal General	SAMPLE MEASUREMENT	*****	*****		. *****	41	41		0	1/m ont h	Grab
74055 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	******	****	200 01MOGE	400 01WKGE	#/100ML		1/Month	GRAB
	QL				*****	*****					
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17451	PA 343		06431						
	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab #		REPORT Lab#	REPORT Lab #	REPORT Lab #		(wwig:	Not Applic	NOT AP
	QL	*****	******	1	*****	*****	******				

Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Regin 2 at (609) 292-4860 or via email at "susan.rosenwinkel@dep.state.nj.us".