PSEG Nuclear LLC P.O. Box 236, Hancocks Bridge, NJ 08038-0236

OCT 2 3 2009



HCH-2009-116

CERTIFIED MAIL RETURN RECEIPT REQUESTED ARTICLE NUMBER: 7006 0100 0004 0657 7436

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 September 2009.

This report is required by and prepared specifically for 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 Christopher White at (856) 339-3301.

Sincerely

Lawrence M. Wagper Site Plant Manager – Hope Creek



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HCH-2009-116 NJPDES DMR

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Attachments

C Executive Director, DRBC USNRC - Docket number 50-354 2

OCT 2 3 2009

HCH-2009-116 NJPDES DMR

EXPLANATION OF CONDITIONS

September 2009

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 2007 revision of the NJDEP Monitoring Report Form Reference Manual and specific guidance from DEP personnel. HCH-2009-116 NJPDES DMR

EXPLANATION OF EXCEEDANCES

September 2009

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

4

DSN No.

EXPLANATION

No Exceedances

HCH-2009-116 NJPDES DMR

COUNTY OF SALEM STATE OF NEW JERSEY

I, Lawrence M. Wagner, of full age, being duly sworn according to law, upon my oath depose and say:

- 1. I am the Site Plant Manager-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.

Lawrence M. Wagner Site Plant Manager-Hope Creek

Sworn and subscribed before me this $\mathcal{ABR}d$ day of October 2009.

DELORIS D. HADDEN Notary Public of New Jersey My Commission Expires 03/29/2010 ID # 2073649

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

NJPDES PERMIT		MONITORING PERIC	DD	MONITOR	RED LOCATION:
NJ0025411	Month Day 9 1	Year Month 2009 To 9	461A - DSN 461A	A - dsw	
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236-N21 - ALLOWA RD HANCOCKS BRIDGE, NJ 080	038	LOCATION OF A HOPE CREEK GENERA ARTIFICIAL ISLAND FOOT OF BUTTONWO LOWER ALLOWAYS (ATING STATION OD RD CREEK, NJ 08038	REPORT REA PSE&G THFANY BABA P.O. BOX 236 / 1 HANCOCKS BR	Af maryann malaugh lin H15
CHECK IF APPLICABLE:		ge this Monitoring Period		g Report Comments Atta	ahad
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 treats I certify under penalty of law that that, based on my inquiry of those complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The N Lawrence M. W	a person designal st ranking operato l by that person sh ment works, the hi it I have personall se individuals imm are significant per ew Jersey Water J	ted by that person. For a loca or does not have the ability to hall also sign the second certifi- ighest-ranking official of the ly examined and am familiar mediately responsible for obta- nalties for submitting false in Pollution Control Act provide	agency, the highes authorize capital ex fication at the bottor contracted entity shows with the information aining the information formation, includin as for penalties up to	t ranking operator of the tr penditures and hire person n of this page. If the local all sign the certification. n submitted in this docum on, I believe that the infor g the possibility of fine an 0 \$50,000 per violation.	eatment works shall sign nel, a person having that agency has contracted with ent and all attachments, and mation is true, accurate and
NAME AND TITLE OF PRINCIPAL F	-		•		TRY NUMBER (IF APPLICABLE) 856 339 3671
SIGNATURE OF PRINCIPAL EXECU *For a local agency where the higher person designated by that person sha	est, ranking operator	r does not have the ability to au		DATE litures and hire personnel, a	AREA CODE/PHONE NUMBER person having that responsibility or
I certify under penalty of law and in a \mathcal{N}/\mathcal{A}	accordance with N.J	S.A. 58:10A-6F(5) that I have r \mathcal{N}/\mathcal{A}	eceived and reviewed	the attached discharge monito \mathcal{N}/\mathcal{A}	pring reports. \mathcal{N}/\mathcal{A}
NAME AND TITLE		SIGNATURE		DATE	AREA CODE/PHONE NUMBER

- 1915/11115/111154 1135-649

Juliave materi	Discharg		na nchoi	•							F1 490 (U
PERMIT NUMBER:	MONITORED LOCATION: MONITORING PERIOD:					FACILITY N	AME:				
NJ0025411	461A	DSN 461A - de	SW	9/1/2009 T	O 9/30/2009	HOPE CRE	EK GENERATIN	IG STAT	ION		
PARAMETER	\searrow	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE [^]
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	57.797	60.396		*****	*****	*****		0	continu ous	meter
50050 1 Effluent Gross Value	PERMIT. REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	******	******	*****		Continuous	METER
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	74.117	74.856		****	*****	*****		0	continuous	meter
50050 7 Intake From Stream		REPORT 01MOAV	REPORT 01DAMX	MGD	******	*****	*****	*****		Continuous	METER
рН	SAMPLE	*****			8.6	*****	8.6		0	Yweek*	Grab
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	******	6.0 01DAMN		9.0 01DAMX	SU		1/Week	GRAB
Chlorine Produced	QL	#7*##¥	*****		******	*****	*****	<u> </u>		5	
Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	40.1	20.1		0	continuous	Grab
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	******	*****	0.2 01MOAV	0.5 01DAMX	MG/L		Continuous	GRAB
-	RQL	*****	*****		*****	0.1	Öit				- Cristana 1997
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		****	30.1	33.3		D	continuous	meter
00010 1 Effluent Gross Value		4000000 	******	*****	Annan	REPORT 01MOAV	36.2 01DAMX	DEG.C		Continuous	METER
Temperature,	SAMPLE	*****	*****		*****	23,4	26.6	<u>.</u>	D	2017 Hilling & S	meter
oC 00010 7 Intake From Stream	PERMIT REQUIREMENT	*****	******	*****	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	METER
	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". If frequency of Saples were incressed to obtain editional operational information,

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MON	ITORED LOCA	ATION:	MONITOF	NING PERIOD:	FACILITY N	AME:				
461A DSN 461A - dsw			9/1/2009 TO 9/30/2009		HOPE CREEK GENERATING STATION					
QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION		UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE		
SAMPLE MEASUREMENT	******	. ******		*****	5	5		0	1month	Grab
	*****	*****	•••••	******	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	GRAB
SAMPLE MEASUREMENT	*****	******		****	l	1		D	"Imonth	Calctd
PERMIT	*****	*****	*****	******	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	CALCTD
SAMPLE	*****	*****	1998 	****	Ч	4		0	Thath	Grib
	*****	******	*****	******	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	GRAB
SAMPLE	240	350	· · ·	*****	*****	*****		0	10xy	Cilctd
	REPORT 01MOAV	662 01DAMX	MBTU/HR	******	*****	******	*****		1/Day	CALCTD
SAMPLE	17451	PA166		04653						
PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	MON 461A SAMPLE MEASUREMENT QL SAMPLE MEASUREMENT QL SAMPLE MEASUREMENT QL SAMPLE MEASUREMENT QL SAMPLE MEASUREMENT QL SAMPLE MEASUREMENT QL	MONITORED LOCA 461A DSN 461A - d QUANTITY MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT QL 4451A DSN 461A - d QUANTITY 4451A DSN 461A - d 4551A DSN 461A - d QUANTITY 4551A DSN 461A - d 4551A DSN 461A DSN 461A - d 4551A DSN 461A DSN 461A - d 4551A DSN 461A	MONITORED LOCATION: 461A DSN 461A - dsw QUANTITY OR LOADING SAMPLE MEASUREMENT PERMIT REQUIREMENT AL SAMPLE MEASUREMENT AL SAMPLE MEASUREMENT MEASUREMENT MEASUREMENT SAMPLE SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT MEASUREMENT MEASUREMEN	461A DSN 461A - dsw 9/1/2009 T QUANTITY OR LOADING UNITS SAMPLE ****** MEASUREMENT ****** PERMIT ****** QL ****** QL ****** MEASUREMENT ****** QL ****** MEASUREMENT ****** SAMPLE ****** MEASUREMENT ****** SAMPLE ****** SAMPLE ****** MEASUREMENT ****** SAMPLE ****** GL ****** MEASUREMENT ****** MEASUREMENT ****** MEASUREMENT Colume SAMPLE 17451 PA/166<	MONITORED LOCATION: MONITORING PERIOD: 461A DSN 461A - dsw 9/1/2009 TO 9/30/2009 QUANTITY OR LOADING UNITS QUANTITY OR LOADING UNITS MEASUREMENT ****** PERMIT ****** REQUIREMENT ****** OL ****** PERMIT ****** REQUIREMENT ****** OL ****** MEASUREMENT ****** OL ****** PERMIT ****** REQUIREMENT ****** MEASUREMENT ******* MEASUREMENT	MONITORED LOCATION: MONITORING PERIOD: FACILITY N 461A DSN 461A - dsw 9/1/2009 TO 9/30/2009 HOPE CREE QUANTITY OR LOADING UNITS QUALITY OR CONCENTR SAMPLE 5 PERMIT 5 MEASUREMENT 5 SAMPLE 8 MEASUREMENT 8 MEASUREMENT 1 MEASUREMENT 1 MEASUREMENT 1 MEASUREMENT 1 MEASUREMENT 1 MEASUREMENT 1 REPORT 1 MEASUREMENT 1 REPORT 1 MEASUREMENT 1 REPORT 1	MONITORED LOCATION: MONITORING PERIOD: FACILITY NAME: 461A DSN 461A - dsw 9/1/2009 TO 9/30/2009 HOPE CREEK GENERATIN OUANTITY OR LOADING UNITS OUALITY OR CONCENTRATION MESSUREMENT 5 PERMIT FREPORT Image: Concentration MESSUREment FREPORT Image: Concentration MESSUREment MESSUREment MESSUREment MESSUREment MESSUREment MESSUREment	MONITORED LOCATION: 461A DSN 461A - dsw MONITORING PERIOD: 9/1/2009 TO 9/30/2009 FACILITY NAME: HOPE CREEK GENERATING STAT QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS SAMPLE READUREMENT 5 5 REPORT BEPORT BEPORT 01DAMX MG/L SAMPLE READUREMENT 1 1 MG/L SAMPLE READUREMENT BEPORT BEPORT 01DAMX MG/L SAMPLE READUREMENT 1 1 MG/L SAMPLE READUREMENT BEPORT 01MOAV 01DAMX MG/L SAMPLE READUREMENT MG/L MG/L BEADUREMENT BEPORT 01DAMX MG/L MG/L BEADUREMENT OL	MONITORED LOCATION: 461A DSN 461A - dsw MONITORING PERIOD: 9/1/2009 TO 9/30/2009 FACILITY NAME: HOPE CREEK GENERATING STATION QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS OUALITY OR CONCENTRATION UNITS O SAMPLE RELEVENENT O SAMPLE RELEVENENT O SAMPLE RELEVENENT O	MONITORED LOCATION: 461A DSN 461A - dsw MONITORING PERIOD: 91/2009 TO 9/30/2009 FACILITY NAME: HOPE CREEK GENERATING STATION QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS No. FREQ. OF EX. ANALYSIS SAMPLE COMMENT CO

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".

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New Jersey Department of Environmental Protection Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONI	TORED LOCATION:
NJ0025411	MonthDayYearMonthDa912009To930		461C - DSW internal
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236-N21 - ALLOWA RD HANCOCKS BRIDGE, NJ 084	FOOT OF BUTTONWOOD R	G STATION PSE&G THTANY B D P.O. BOX 23	RECIPIENT: ABAN Maryson Maleugh lin 36 / H15 S BRIDGE, NJ 08038
	REGION / COUNTY: Southern / Salem	County	
CHECK IF APPLICABLE:	No Discharge this Monitoring Period	Monitoring Report Comments	Attached
the certification or, in his absence the certification. Where the highe reponsibility or person designated another entity to operate the treath I certify under penalty of law that that, based on my inquiry of thos complete. I am aware that there	ranking official having day-to-day managerial and of a person designated by that person. For a local agen st ranking operator does not have the ability to autho by that person shall also sign the second certification nent works, the highest-ranking official of the contra- t I have personally examined and am familiar with the individuals immediately responsible for obtaining are significant penalties for submitting false informa- ew Jersey Water Pollution Control Act provides for p	cy, the highest ranking operator of t rize capital expenditures and hire per n at the bottom of this page. If the acted entity shall sign the certification the information submitted in this do the information, I believe that the tion, including the possibility of fir	the treatment works shall sign ersonnel, a person having that local agency has contracted with on. ocument and all attachments, and information is true, accurate and ne and/or imprisonment, pursuant
Lawrence M. Wagner	, Site Plant Managor - Hop-	Creek	N/A
NAME AND THE OF PRINCIPAL F	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICE	NSED OPERATOR GRADE AND R	registry number (if applicable) 28 856 337 - 367
	TIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED ast ranking operator does not have the ability to authorize all sign the following certification:		AREA CODE/PHONE NUMBER nel, a person having that responsibility or
I certify under penalty of law and in a	accordance with N.J.S.A. 58:10A-6F(5) that I have received	d and reviewed the attached discharge r	nonitoring reports.
<u></u> N/A	N/A	N/A	N/A
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

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Surface water Discharge monitoring heport

PERMIT NUMBER:	MONI	TORED LOCA	TION:	MONITOF	NING PERIOD:	FACILITY N					
NJ0025411	461C DSN 461C - DSW interna			9/1/2009 TO 9/30/2009		HOPE CRE	EK GENERATII	NG STAT	ION		
PARAMETER	$\mathbf{\mathbf{X}}$	QUANTITY (OR LOADING	UNITS QUALIT		TY OR CONCENTRATION		UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.030	0:100		*****	*****	*****		D	continuous	meter
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	A*****	******	*****	1997 - 2013 1997 - 2013 1997 - 2013	Continuous	METER
olids, Total Suspended	SAMPLE	*****	*****		****	11	[]		0	1/month	Compos
0530 1 Effluent Gross Value		*****	******	******	******	30 01MOAV	100 01DAMX	.MG/L		1/Month	COMPOS
Petrol Hydrocarbons, Total Recoverable	SAMPLE	*****	*****		****	<5	<5		Ø	2/month	Grab
5501 1 ffluent Gross Value	PERMIT REQUIREMENT QL	******	******	*****	******	10 01MOAV	15 01DAMX	MG/L		2/Month	GRAB
Carbon, Tot Organic TOC)	SAMPLE	*****	*****		*****	7	7		D	1/10-1+4	Compos
0680 1 ffluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	*****	REPORT 01MOAV	50 01DAMX	MG/L		1/Month	COMPOS
ab Certification #	SAMPLE MEASUREMENT	17451	P#166		.04653			2			
9999 99 .ab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	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".

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New Jersey Department of Environmental Protection Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	· · · · ·	MONITORED LOCATION	N:
NJ0025411		Day Year 30 2009	462B - dsn 462B - dsw outfall	
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236-N21 - ALLOWA RD HANCOCKS BRIDGE, NJ 080	FOOT OF BUTTONWOOD 138 LOWER ALLOWAYS CRE	NG STATION RD EK, NJ 08038	REPORT RECIPIENT: PSE&G THFFANY BABAN Meryim melonyik P.O. BOX 236 / H15 HANCOCKS BRIDGE, NJ 08038	'n
	REGION / COUNTY: Southern / Sale	-		
CHECK IF APPLICABLE:	No Discharge this Monitoring Period	Monitoring	Report Comments Attached	
the certification or, in his absence the certification. Where the highe reponsibility or person designated another entity to operate the treatu I certify under penalty of law that that, based on my inquiry of thos complete. I am aware that there	ranking official having day-to-day managerial and a person designated by that person. For a local ag st ranking operator does not have the ability to aut by that person shall also sign the second certificat nent works, the highest-ranking official of the con t I have personally examined and am familiar wit e individuals immediately responsible for obtaining are significant penalties for submitting false inform ew Jersey Water Pollution Control Act provides for	ency, the highest norize capital exp ion at the bottom tracted entity sha h the information ng the information	ranking operator of the treatment works shall s benditures and hire personnel, a person having to a of this page. If the local agency has contracted all sign the certification. In submitted in this document and all attachment on, I believe that the information is true, accura- ted the possibility of fine and/or imprisonment, p	ign that d with nts, and ate and
Lowrence M. Wagh	er, Site Plant Manager - 1	tope Cree	кN/А	<u> </u>
NAME AND TITLE OF RINCIPALE	XECUTIVE OFFICER, AUTHORIZED AGENT, OR *LI	CENSED OPERATO	1 hale a	3671
*For a local agency where the high	st ranking operator does not have the ability to author		itures and hire personnel, a person having that resp	ponsibility or
person designated by that person sha	ll sign the following certification:			
I certify under penalty of law and in a	ccordance with N.J.S.A. 58:10A-6F(5) that I have recei	ved and reviewed t	he attached discharge monitoring reports.	
NIA	N/A	······································	N/A N/A	7
NAME AND TITLE	SIGNATURE		DATE AREA CODE/PHONE	E NUMBER

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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". # frequency of 56-ples were increased to obtain additional operational intermetion.

Pre-Print Creation Date: 7/1/2009

Page 1 of 2

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Sumare water Discharge monitoring neport

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PERMIT NUMBER:	MONITORED LOCATION: MONITORING PERIOD:				FACILITY N						
NJ0025411	462B dsn 462B - dsw outfall			9/1/2009 TO 9/30/2009		HOPE CREEK GENERATING STATION					
PARAMETER	QUANTITY OR LOADING		OR LOADING	UNITS	QUALITY OR CONCENTRATION		UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****		93	93	*****		0	1/month	Calctd
00530 K Percent Removal	PERMIT REQUIREMENT	A****	*****	******	85 01MOAVMN	REPORT 01MOAV	*****	PERCENT		1/Month	CALCTD
Oil and Grease	QL SAMPLE MEASUREMENT	******	*****		*****	 25	25		D	1month	Grab
00556 1 Effluent Gross Value	PERMIT. REQUIREMENT	******	*****	******	*****	10 01MOAV	15 01DAMX	MG/L	6.5	1/Month	GRAB
Coliform, Fecal	QL	******			******	******	******				
General	SAMPLE MEASUREMENT	*****	*****		*****	< 1D	<.10		D	lmonth	Grib
74055 1 Effluent Gross Value		******	*****	******	******	200 01MOGE	400 01WKGE	#/100ML		1/Month	GRAB
Lab Certification #	SAMPLE	1745]	PH166		06085						
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	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".

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