MAY 21 2010

HCH-2010-055



CERTIFIED MAIL
RETURN RECEIPT REQUESTED
ARTICLE NUMBER: 7006 0100 0004 0657 6620

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 April 2010.

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,

Íohn F. Perry

Site Vice President - Hope Creek

ILAS

HCH-2010-055 NJPDES DMR 2

Attachments

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

HCH-2010-055 NJPDES DMR 3

EXPLANATION OF CONDITIONS

April 2010

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-2010-055 NJPDES DMR 4

EXPLANATION OF EXCEEDANCES

April 2010

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, John F. Perry, 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.

John F. Perry

Site Vice President - Hope Creek

Sworn and subscribed before me this 2/6+ day of May 2010,

Deloris D. Hadden
Notary Public of New Jersey
My Commission Expires 3/29/2015
ID # 2073649

New Jersey Department of Environmental Protection Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	<u> </u>	MONITORING PERI	OD	MONITOR	RED LOCATION:
NJ0025411	Month Day	Year Month 2010 To 4	461A - DSN 461A	A - dsw	
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236-N21 - ALLOV RD HANCOCKS BRIDGE, NJ		LOCATION OF A HOPE CREEK GENER ARTIFICIAL ISLAND FOOT OF BUTTONW LOWER ALLOWAYS	ATING STATION OOD RD	REPORT REC PSE&G TIFFANY BABA P.O. BOX 236 / I HANCOCKS BR	The maryean melsughling
	REGION	N / COUNTY: Southern /	Salem County		
CHECK IF APPLICABLE:	No Discharg	e this Monitoring Period	Monitorii	ng Report Comments Atta	ched
No. of the contract of the con	1	ed by that person. For a loc	al agency, the highe	st ranking operator of the tro	9
ne certification. Where the hig eponsibility or person designate nother entity to operate the tre certify under penalty of law to nat, based on my inquiry of the complete. I am aware that the	hest ranking operator ted by that person sha atment works, the hig hat I have personally nose individuals immere are significant pena	d by that person. For a loc does not have the ability to all also sign the second cert chest-ranking official of the examined and am familial ediately responsible for ob- alties for submitting false is	al agency, the highe of authorize capital edification at the bottoe contracted entity slow with the informational taining the information, including	st ranking operator of the tro xpenditures and hire person om of this page. If the local nall sign the certification. on submitted in this docum- tion, I believe that the infor- ng the possibility of fine an	eatment works shall sign nel, a person having that agency has contracted with ent and all attachments, and mation is true, accurate and
ne certification. Where the hig eponsibility or person designa nother entity to operate the tre certify under penalty of law on that, based on my inquiry of the complete. I am aware that the	hest ranking operator ted by that person sha atment works, the hig hat I have personally nose individuals immere are significant penal New Jersey Water Po	d by that person. For a loc does not have the ability to ll also sign the second cert chest-ranking official of the examined and am familial ediately responsible for ob- lities for submitting false is collution Control Act provide	al agency, the highe of authorize capital edification at the bottoe contracted entity slow with the informational taining the information, including	st ranking operator of the tro xpenditures and hire person om of this page. If the local nall sign the certification. on submitted in this docum- tion, I believe that the infor- ng the possibility of fine an	eatment works shall sign nel, a person having that agency has contracted with ent and all attachments, and mation is true, accurate and
ne certification. Where the hig eponsibility or person designa nother entity to operate the trecertify under penalty of law that, based on my inquiry of the omplete. I am aware that the own.J.A.C. 7:14A-6.9(B). The John F. Perry, Sit	ted by that person sha atment works, the hig hat I have personally nose individuals immere are significant penal New Jersey Water Pole e Vice President	d by that person. For a loc does not have the ability tell also sign the second cert thest-ranking official of the examined and am familial ediately responsible for obtaining false is collution Control Act provided Hope Creek R, AUTHORIZED AGENT, OF	al agency, the higher of authorize capital edification at the botton of the contracted entity slower with the information of a substantial edition of the information	st ranking operator of the troxpenditures and hire person om of this page. If the local nall sign the certification. on submitted in this documation, I believe that the informing the possibility of fine and the possibility of	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
per certification. Where the hig eponsibility or person designal nother entity to operate the trecertify under penalty of law that, based on my inquiry of the omplete. I am aware that the one N.J.A.C. 7:14A-6.9(B). The John F. Perry, Sit AME AND TITLE OF PRINCIPAL EXERGIBLE For a local agency where the highest possibility of the principal agency where the highest possibility of the principal exercises.	hest ranking operator ted by that person sha atment works, the highat I have personally nose individuals immere are significant penal New Jersey Water Pole Vice President LEXECUTIVE OFFICE COTIVE OFFICE, AUghest ranking operator of	d by that person. For a loc does not have the ability to all also sign the second cert chest-ranking official of the examined and am familial ediately responsible for obalties for submitting false is collution Control Act provided Hope Creek R, AUTHORIZED AGENT, OR *LIGHT CONTROL OF THORIZED AGENT CONTROL OF THORIZ	al agency, the higher of authorize capital edification at the botton of the contracted entity slower with the information of th	st ranking operator of the trop xpenditures and hire person of this page. If the local nall sign the certification. on submitted in this documention, I believe that the informs the possibility of fine and the possibility of f	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 TRY NUMBER (IF APPLICABLE) 856-339-3463 AREA CODE/PHONE NUMBER
IAME AND TITLE OF PRINCIPA FOR F. F. IGNATURE OF PRINCIPAL EXE	hest ranking operator ted by that person sha atment works, the highat I have personally nose individuals immere are significant penal. New Jersey Water Pole Vice President LEXECUTIVE OFFICE CONTINUE OFFICE	d by that person. For a loc does not have the ability to all also sign the second cert chest-ranking official of the examined and am familial ediately responsible for obalties for submitting false is collution Control Act provided Hope Creek R, AUTHORIZED AGENT, OR *LIC does not have the ability to a certification:	al agency, the higher of authorize capital endification at the botton of the contracted entity of the contracted entity of the information of the	st ranking operator of the trop expenditures and hire person of this page. If the local nall sign the certification. on submitted in this documention, I believe that the informing the possibility of fine and the possibility o	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 TRY NUMBER (IF APPLICABLE) 856-339-3463 AREA CODE/PHONE NUMBER person having that responsibility of

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

461A DSN 461A - dsw

4/1/2010 TO 4/30/2010

HOPE CREEK GENERATING STATION

					0 4/30/2010	0	LK GENERATIN		.0.1		
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	39.610	54.866		*****	*****	*****		0	CONTINUOUS	METER
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	******	*****	*****		Continuous	METER
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	55.609	68.018		*****	*****	*****		0	continuous	METER
50050 7 Intake From Stream	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		Continuous	METER
рΗ	SAMPLE MEASUREMENT	****	****		8.5	*****	8.6		0	YWEEK	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	•••••	******	*****	6:0 01DAMN	*****	9.0 01DAMX	SU		1/Week	GRAB
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	*****		*****	< 0.1	<0.1		0	Continuous	GRAB
*CPOX 1 Effluent Gross Value	PERMIT: REQUIREMENT	13 (2) to 3	******	*****	*****	0.2 01MOAV 0.1	0:5 01DAMX 0:1	MG/L		Continuous	GRAB
Temperature,	SAMPLE MEASUREMENT	*****	*****		*4***	26.8	32.5		0	CONTINUOUS	METEK
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	******	REPORT 01MOAV	36.2 01DAMX	DEG.C		Continuous	METER
Temperature,	SAMPLE MEASUREMENT	*****	*****		*****	15.0	16.0		0	Continuous	METER
00010 7 Intake From Stream	PERMIT REQUIREMENT	*****		***	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	METER
	QL	*****	*****		*****	*****	*****				

PI 46815

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

461A DSN 461A - dsw

4/1/2010 TO 4/30/2010

HOPE CREEK GENERATING STATION

PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	IATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	****	*****		*****	6.7	6.7		0	1/month	GRAB
00680 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	*****	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	GRAB
Carbon, Tot Organic	SAMPLE MEASUREMENT	*****	*****		*****	1.2	1.2		0	Vmonth	Celctd
(TOC) 00680 2 Effluent Net Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	CALCTD
Carbon, Tot Organic	QL	******	******		****	2 .7	2 7		0	I//	c 000
(TOC) 00680 7 Intake From Stream	PERMIT REQUIREMENT	****** ******	*****	****	*****	3.7 REPORT	3.7 REPORT	MG/L	U	1/Month	GRAB
Heat (winter) (per Hr.)	SAMPLE MEASUREMENT	292	542		*****	*****	*****		0	1/0ay	Caleta
81387 1 Effluent Gross Value	PERMIT REQUIREMENT?	REPORT 01MOAV	662 01DAMX	мвти/нп	*****	*****	******	*****		1/Day	CALCTD
Lab Certification #	SAMPLE MEASUREMENT	17451	PA 166		04653				-		
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab#		REPORT L'ab #	REPORT Lab#	REPORT Lab#			Not Applic	NOT AP

New Jersey Department of Environmental Protection Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	M	ONITORING PER	IOD	MONITOI	RED LOCATION:
NJ0025411	Month Day 4 1	Year Month 2010 To 4	Day Year 30 2010	461C - DSN 4610	C - DSW internal
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236-N21 - ALLOWA RD HANCOCKS BRIDGE, NJ 08		LOCATION OF A HOPE CREEK GENEI ARTIFICIAL ISLAND FOOT OF BUTTONW LOWER ALLOWAYS	RATING STATION OOD RD	REPORT RE PSE&G TIFFANY BABA P.O. BOX 236 / HANCOCKS BR	AN naryen Matughlin H15
	REGION	/COUNTY: Southern /	Salem County		
CHECK IF APPLICABLE:	No Discharge	this Monitoring Period	Monitoring	Report Comments Atta	ched
the certification. Where the higher reponsibility or person designated another entity to operate the treat. I certify under penalty of law 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.	I by that person shall ment works, the high at I have personally se individuals immediate significant penal	I also sign the second cer hest-ranking official of th examined and am familia diately responsible for of lties for submitting false	tification at the bottome contracted entity sha or with the information otaining the information information, including	n of this page. If the local all sign the certification. In submitted in this document, I believe that the infor- gethe possibility of fine an	agency has contracted with ent and all attachments, and mation is true, accurate and
John F. Perry, Site	Vice President -	- Hope Creek	• *	N/A	
NAME AND TITLE OF PRINCIPAL I		R, AUTHORIZED AGENT, O	R *LICENSED OPERAT	OR GRADE AND REGIS	TRY NUMBER (IF APPLICABLE) 856-339-3463
SIGNATURE OF PRINCIPAL EXECU		THORIZED AGENT, OR *LI	CENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the high person designated by that person sha			uuthorize capital expend	itures and hire personnel, 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 N/A	e received and reviewed	the attached discharge monitor N/A	oring reports. N/A
NAME AND TITLE	S	IGNATURE	,,,,,,	DATE	AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

461C DSN 461C - DSW interna

4/1/2010 TO 4/30/2010

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	0.028	0.070		*****	*****	*****		0	continuous	METER
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****		******	*****		Continuous	METER
Solids, Total	QL	*****	*****		******	*******	******		0	1/month	Co., 005
Suspended	MEASUREMENT	*****	*****		*****	30	ا 100			1/Month	Comfus
00530 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	******	01MOAV	01DAMX	MG/L		MWOITH.	COMFOS
Petrol Hydrocarbons,	SAMPLE MEASUREMENT	*****	*****		*****	< 5	45		0	2/month	GRAB
Total Recoverable 45501 1 Effluent Gross Value	PERMIT. REQUIREMENT	*****	F. ******	. *****	*****	10 01MOAV	15 01DAMX	MG/L		2/Month	GRAB
C. d. T. O.	QL	*****	******		******	****** i	*****	l		<u> </u>	
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	****	****		****	6	6		0	1/month	compos
00680 1 Effluent Gross Value	PERMIT. REQUIREMENT.	*****	*****	*****	******	REPORT 01MOAV	50 01DAMX	MG/L		1/Month	COMPOS
	QL 🖟	*****	*****		******	*****	*****				
Lab Certification #	SAMPLE MEASUREMENT	17451	PA 166		04653						
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab#		REPORT	REPORT#	REPORT Lab #			Not Applic	NOT AP
	QL	****	*****		*****	*****	*****				

New Jersey Department of Environmental Protection Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	M	IONITORING PE	RIOD		MONITO	RED LOCATION:
NJ0025411	Month : Day	Year Mon 2010 To 4	lh Day 30	Year 2010	462B - dsn 462B	- dsw outfall
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236-N21 - ALLOWA RD HANCOCKS BRIDGE, NJ 08		LOCATION OF HOPE CREEK GENI ARTIFICIAL ISLAN FOOT OF BUTTON' LOWER ALLOWAY	ERATING S D WOOD RD	TATION	REPORT RE PSE&G THFFANY BABA P.O. BOX 236 / HANCOCKS BR	HIS
	REGION	N / COUNTY: Souther	/Salem Co	unty		
CHECK IF APPLICABLE:	No Discharge	e this Monitoring Perio	od 🔲 1	Monitoring	Report Comments Atta	nched
the certification or, in his absence the certification. Where the higher reponsibility or person designated another entity to operate the treat. 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.	st ranking operator of the stranking operator of the stranking operator is stranking of the stranking operator of the stranking operator of the stranking operator op	does not have the ability also sign the second of the hest-ranking official of examined and am family diately responsible for alties for submitting fals	to authorized ertification as the contracted iar with the obtaining the information	e capital exp t the bottom d entity shal information e informatio n, including	enditures and hire persor of this page. If the local l sign the certification. submitted in this docum, I believe that the info the possibility of fine ar	anel, a person having that agency has contracted with nent and all attachments, and rmation is true, accurate and
John F. Perry, Site	Vice President -	– Hope Creek	B		N/A	
NAME AND TITLE OF PRINCIPAL I	EXECUTIVE OFFICE	R, AUTHORIZED AGENT,	OR *LICENS	ED OPERATO	OR GRADE AND REGIS	STRY NUMBER (IF APPLICABLE)
Golf F. P.	any .				5-21-10	856-339-3463
SIGNATURE OF PRINCIPAL EXECU	UTWE OFFICER, AU				DATE	AREA CODE/PHONE NUMBER
*For a local agency where the high person designated by that person sha			authorize ca	pital expendi	tures and hire personnel, a	person having that responsibility o
I certify under penalty of law and in	accordance with N.J.S		ve received a	nd reviewed t		oring reports.
N/A		N/A			N/A	N/A
NAME AND TITLE	S	SIGNATURE			DATE	AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

462B dsn 462B - dsw outfall

4/1/2010 TO 4/30/2010

HOPE CREEK GENERATING STATION

1100025411	1020	402D - 43	vi outium -i	, 1,2010	10 4/30/2010	HOI L CHL	EK GENERATIN	IG STAT	1011		
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	0.015	0.029		****	****	****		0	1044	METER
50050 1 Effluent Gross Value	PERMIT REQUIREMENT.	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	******	******	*****		1/Day	METER
BOD, 5-Day (20 oC)	SAMPLE MEASUREMENT	****	****		****	494	494		0	1/month	compos
00310 G Raw Sew/influent	PERMIT. REQUIREMENT:	*******	******	•••••	*****	REPORT 01MOAV	REPORT 01DAMX	MG/L		4/Month	COMPOS
BOD, 5-Day (20 oC)	SAMPLE MEASUREMENT	1	l		*****	12	12		0	1/monTH	Compos
00310 1 Effluent Gross Value	PERMIT REQUIREMENT	8 01MOAV	REPORT 01WKAV	KG/DAY	*****	30 01MOAV	45 01WKAV	MG/L		1/Month	COMPOS
	QL QL	. *****	******		*****	*****	*****				
BOD, 5-Day (20 oC)	SAMPLE MEASUREMENT	****	*****		97.6	*****	*****	:	0	1/month	Calctd .
00310 K Percent Removal	PERMIT REQUIREMENT	# A*****	*****	*****	87.5 01MOAVMN	******	anage attack	PERCENT		1/Month	CALCTD
Solids, Total Suspended	SAMPLE MEASUREMENT	****	*****		*****	429	429		0	Vmonth	Compos
00530 G Raw Sew/influent	PERMIT REQUIREMENT	******	******	*****	A44444	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	COMPOS
Solids, Total	ur			l							
Suspended	SAMPLE MEASUREMENT	****	*****		****				0	"Imonty	Compos
00530 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	30 01MOAV	45 01WKAV	MG/L		1/Month	COMPOS
	QL QL	*****	*****		*****	*****	*****				

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

462B dsn 462B - dsw outfall

4/1/2010 TO 4/30/2010

HOPE CREEK GENERATING STATION

PARAMETER		QUANTITY OR LOADING		UNITS	UNITS QUALITY OR CONCENTRATION				NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Solids, Total Suspended	SAMPLE MEASUREMENT	****	****		100	100	*****		0	1/month	Calctd
00530 K Percent Removal	PERMIT. REQUIREMENT:	******	******	*****	85 01MOAVMN	REPORT 01MOAV	******	PERCENT		1/Month	CALCTD
Oil and Grease	SAMPLE MEASUREMENT	****	*****		*****	< 5	45		0	1/month	GRAB
00556 1 Effluent Gross Value	PERMIT REQUIREMENT		******	*****	*****	10. 01MOAV	15 01DAMX	MG/L		1/Month	GRAB
Coliform, Fecal General	SAMPLE MEASUREMENT	****	*****		****	50	50		0	1/monTH	GRAG
74055 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	*****	200 01MOGE	400 01WKGE	#/100ML		1/Month	ĞRAB
Lab Certification #	SAMPLE MEASUREMENT	17451	PA 166		06005						
99999 99 Lab	PERMIT REQUIREMENTS	REPORT (Lab #	REPORT Lab.#		REPORT Lab#	REPORT Lab #	REPORT Lab#	-		Not Applic	NOT AP