AUG 17 2011

HCH-2011-045



CERTIFIED MAIL
RETURN RECEIPT REQUESTED
ARTICLE NUMBER: 7006 0100 0004 0656 8984

Department of Environmental Protection
Office of Permit Management
Division of Water Quality
PO Box 420
Trenton, N.J. 08625-0420

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 July 2011.

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.

John F. Perry

Site Vice President – Hope Creek

HCH-2011-045 NJPDES DMR

Attachments

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

EXPLANATION OF CONDITIONS

July 2011

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-2011-045 NJPDES DMR

EXPLANATION OF EXCEEDANCES

July 2011

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.
- 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 17th day of August, 2011.

JENNIFER M. TURNER ID # 2332557

NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 8/8/2015

New Jersey Department of Environmental Protection Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	N	MONITORING PERI	OD	MONITOR	RED LOCATION:
NJ0025411	Month Day 7 1	Year Mon 2011 To	th Day Year 31 2011	461A – DSN 461A	A – DSW
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236 – ALLOWAY CRI HANCOCKS BRIDGE, NJ 0803		LOCATION OF A HOPE CREEK GENER ARTIFICIAL ISLAND FOOT OF BUTTONWO LOWER ALLOWAYS	ATING STATION OOD RD	REPORT REC PSE&G MARYANN MCLA PO BOX 236 / H15 HANCOCKS BRID	AUGHLIN
CHECK IF APPLICABLE:		ON / COUNTY: Southern		g Report Comments Attach	ad
the certification or, in his absent he certification. Where the hig responsibility or person designate another entity to operate the treation of law that, based on my inquiry of the complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The	hest ranking operated by that person atment works, the sat I have personall se individuals imperate are significant p	ator does not have the abiles shall also sign the second highest-ranking official of the examined and am famile mediately responsible for examines for submitting fallows.	ty to authorize capital certification at the both the contracted entity ar with the information that information includes a conformation, includes	al expenditures and hire per ottom of this page. If the lover shall sign the certification ion submitted in this documition, I believe that the information of and the possibility of and	sonnel, a person having that ocal agency has contracted with . nent and all attachments, and rmation is true, accurate and
John F. Perr	, Site Vice Presid	dent – Hope Creek			N/A
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICE	ER, AUTHORIZED AGENT, O	R *LICENSED OPERAT	OR GRADE AND REGI	STRY NUMBER (IF APPLICABLE)
700-1113	uy .			8-17-11	<u>856-339-3463</u> .
SIGNATURE OF PRINCIPAL EXECU	TIVE OFFICER, AU	THORIZED AGENT, OR *LIC	CENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the high person designated by that person s I certify under penalty of law and in	hall sign the followi	ing certification:			person having that responsibility or
N/A	i accordance with IN	N/A	ave reviewed the attact	N/A	N/A
NAME AND TITLE		SIGNATURE		DATE	AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

461A DSN 461A - DSW

7/1/2011 TO 7/31/2011

HOPE CREEK GENERATING STATION

1400025411		BOIL TOTA - BOIL	•	.,	0 1/01/2011						
PARAMETER	X	QUANTITY OR LO	OADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	57.129 4	,3, 759		****	****	****		0	Continuous	METER
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	01MOAV	REPORT 01DAMX	MGD	*****	*****	******	*****		Continuous	METER
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	72-278 7	14.449		****	*****	*****		0	Continuous	METER
50050 7 Intake From Stream	PERMIT REQUIREMENT	01MOAV	REPORT 01DAMX	MGD	******	######################################	A STATE OF THE STA	*****		Continuous	METER
рн	SAMPLE MEASUREMENT	*****	· 埃尔斯特尔 ·		8,3	*****	8.6		<i>O</i>	'IWEEK	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	6.0 01DAMN	******	9.0 01DAMX	SU		1/Week	GRAB
LC50 Statre 96hr Acu Mysid Bahia	SAMPLE MEASUREMENT	*****	****		CODE =N	*****	*****		0	CODE=N	CODE = N
TAN3E 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	****	*****	REPORT 01RPMN	*****	*****	%EFFL		1/Year	COMPOS
IC25 Statre 7day Chr Mysid Bahia	SAMPLE MEASUREMENT	*****	****		CODE =N	*****	*****		0	CODE: N	CODE=N
TBP3E 1 Effluent Gross Value	PERMIT	**************************************	*****	*****	REPORT 01RPMN	*****	*****	%EFFL		1/Year	COMPOS
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	****		*****	20.1	<o. <="" td=""><td></td><td>0</td><td>3/WEEK</td><td>GRAB</td></o.>		0	3/WEEK	GRAB
*CPOX 1 Effluent Gross Value	PERMIT		· · · · · · · · · · · · · · · · · · ·	*****	******	0.2 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
	RQL	******	1		Control of the second	0.1	0.1		1.085		Specific to the

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

461A DSN 461A - DSW

7/1/2011 TO 7/31/2011

HOPE CREEK GENERATING STATION

PARAMETER		QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****	-	****	33,0	35.9		Ü	Continuous	METER
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	to the second se	*****	******	REPORT 01MOAV	36.2 01 DAMX	DEG.C		Continuous	METER
Temperature,	SAMPLE MEASUREMENT	*****	****		*****	30.5	32, C		0	Continuous	
oC 00010 7 Intake From Stream	PERMIT REQUIREMENT	er ya arkerina Akaren	TO THE TANK OF THE PARTY OF THE	*****	*******	REPORT 01MOAV	REPORT 01DAMX	DEG.C	256 256 256 266 266	Continuous	METER
Carbon, Tot Organic	SAMPLE MEASUREMENT	******	STORY OF BARBANA SOCIAL		******	5.9	6.9		0	1/monith	GRAB
(TOC) 00680 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	· · · · · · · · · · · · · · · · · · ·	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	GRAB
Carbon, Tot Organic	QL SAMPLE	*****	*****		****	3, O	3.0			MONTH	CALCED
(TOC) 00680 2 Effluent Net Value	MEASUREMENT PERMIT REQUIREMENT	******	*****	*****	******	REPORT 01MOAV	REPORT 01DAMX	MG/L	0	//4 O.C.TA	CALCTO
Carbon, Tot Organic	SAMPLE MEASUREMENT	*****	*****		· · · · · · · · · · · · · · · · · · ·	3.2	3.2		0	1/month	GEAB
00680 7 ntake From Stream	PERMIT REQUIREMENT	######################################	******	*****	1. 1869/15 10 10 10 10 10 10 10 10 10 10 10 10 10	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	GRAB
Sulfate, Total	SAMPLE MEASUREMENT	****	######		****	CODE = N	C ODE : N		0	C00€=N	CODE =N
00945 1 Effluent Gross Value	PERMIT	- Andrews	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	UG/L		1/6 Months	COMP24

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

461A DSN 461A - DSW

7/1/2011 TO 7/31/2011

HOPE CREEK GENERATING STATION

PARAMETER	X	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Boron, Total (as B)	SAMPLE MEASUREMENT	*****	*****		*****	Cのわた=∧/	CODE=N		٥	CODE=N	CODE =N
01022 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	**************************************	*****	**************************************	REPORT 01MOAV	REPORT 01DAMX	UG/L		1/6 Months	COMPOS
	QL 🐇		******		*****	**************************************	******		Single S		
Heat (summer) (per Hr.)	SAMPLE MEASUREMENT	88	143		****	****	****		0	1/DAY	CALCID
81386 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	534 01DAMX	MBTU/HR	*****	****	*****	****		1/Day	CALCTD
	QL	****	*****		*****	*	*****				
Copper, Total Recoverable	SAMPLE MEASUREMENT	****	*****		****	CODE = N	CODE=N		Ó	CODE=N	CODE=N
01119 1 Effluent Gross Value	PERMIT REQUIREMENT	ARRAM	****		*****	REPORT 01MOAV	REPORT 01DAMX	UG/L		1/6 Months	COMPOS
	RQL	(2017年7年 東京会議会 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	****	1	*****	2	(\$\frac{2}{3}\)				
Lab Certification #	SAMPLE MEASUREMENT	17451	PA166		04653	PA010					
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT	REPORT	REPORT Lab #			Not Applic	NOT AP
	QL	******	*****		*****	*****	Assisse				

New Jersey Department of Environmental Protection Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT		M	ONITO	RING	PERIO	D		MC	NITOR	ED LOCATION:
NJ0025411	Month 7	Day 1	Year 2011	То	Month 7	Day 31	Year 2011	461C - DS	N 4610	C - DSW internal
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236 – ALLOWAY CRE HANCOCKS BRIDGE, NJ 0803		RD ;	HOPE CI ARTIFIC FOOT O	REEK (CIAL IS F BUT	OF AC GENERA' SLAND TONWOO WAYS CI	TING ST DD RD	ATION	PSE&G MARYAI PO BOX	NN MCL <i>i</i> 236 / H15	IPIENT: AUGHLIN OGE, NJ 08038
	• •	REGION	/ COUN	TY: So	outhern / S	Salem Co	unty			
CHECK IF APPLICABLE:	No	Discharg	ge this Mo	nitorin	g Period		Aonitorin _i	g Report Commen	ts Attach	ed
the certification. Where the hig responsibility or person designa another entity to operate the treat I certify under penalty of law the that, based on my inquiry of the complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The	ted by that atment work at I have pe se individu e are signif	person slows, the highersonally als immediant pen	hall also s ghest-rank examined ediately re nalties for	ign the king of l and an esponsi submit	second co ficial of the m familian ble for ob tting false	ertification to the contract with the taining to th	on at the bected entity informatine information, inclu	ottom of this page v shall sign the certion submitted in thation, I believe that ding the possibili	. If the lot tification. This documn to the information of and/	ent and all attachments, and
John F. Perr	y, Site Vice	Preside	ent – Hop	e Cree	ek					N/A
NAME AND TITLE OF PRINCIPAL						*LICENSI	D OPERAT	OR GRADE	AND REGI	STRY NUMBER (IF APPLICABLE)
Gol F. Fe	ny							8-1	7-11	<u>856-339-3463</u> .
SIGNATURE OF PRINCIPAL EXECU	TWFOFFIC	CER, AUTI	HORIZED A	GENT,	OR *LICE	NSED OP	ERATOR	DATE		AREA CODE/PHONE NUMBER
*For a local agency where the high person designated by that person s I certify under penalty of law and in	hall sign the	following	z certificati	on:	·			·		person having that responsibility or
, N/A		•		,	N/A			-	I/A	N/A .
NAME AND TITLE			SIGNATU	DE				DATE		

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

461C DSN 461C - DSW interna

7/1/2011 TO 7/31/2011

HOPE CREEK GENERATING STATION

00530 1 Effluent Gross Value	PERMIT REQUIREMENT	20 食物的物	****	*****	*****	30 01MOAV	100 01DAMX	MG/L		1/Month	COMPOS
Petrol Hydrocarbons,	QL SAMPLE	由业务 有效	*****		****	***	< 5			2/month	4.046
Total Recoverable 45501 1 Effluent Gross Value	PERMIT REQUIREMENT	******	*****	****	**************************************	10 01MOAV	15 01DAMX	MG/L	٥	2/Month	GRAB
Carbon, Tot Organic	SAMPLE MEASUREMENT	*****	*****		*****	******* *	Second of the second	····	0	Ymonth	COMPOS
(100) 00680 1 Effluent Gross Value	PERMIT	**************************************	*****	*****	###### ###############################	REPORT 01MOAV	50 01DAMX	MG/L		1/Month	COMPOS
Lab Certification #	SAMPLE								is ya i	. Same	dan
Lab Certification #	MEASUREMENT	/1451	TO 11.453 FOR \$		04653	PAOIO	REPORT		A PA	Not Applic	NOT
Lab	PERMIT REQUIREMENT	Lab#	Lab #		Lab #	Lab #	Lab #		allen allen allen allen allen allen		

MONITORED LOCATION:

New Jersey Department of Environmental Protection Division of Water Quality

MONITORING PERIOD

NJPDES PERMIT

Surface Water Discharge Monitoring Report Submittal Form

	Í								
NJ0025411	Month Day 7 1	Year 2011	То	Month 7	Day 31	Year 2011	462B	s - DSN 462	B - DSW Internal
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236 – ALLOWAY CRI HANCOCKS BRIDGE, NJ 0803		LOCATI HOPE CRE ARTIFICIA FOOT OF I LOWER A	EEK G AL ISL BUTT	.AND ONWOOD	NG STA	ATION	1 1	REPORT REC PSE&G MARYANN MCL PO BOX 236 / H1: HANCOCKS BRI	AUGHLIN
	REGIO	N / COUNT	Y: Sou	ıthern / Sal	em Co	unty			
CHECK IF APPLICABLE:	: No Dischar	rge this Moni	toring	Period	M	lonitoring	g Report	Comments Attacl	ned
responsibility or person designal another entity to operate the treat I certify under penalty of law that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The	atment works, the last I have personall ose individuals imme are significant personal water	highest-ranking with the second and	ng offi and am consib abmitt atrol A	icial of the familiar welle for obtaiting false in the for provides	contraction the ining the informat	informati e informati ion, inclu	shall sign submittion, I be ding the	n the certification tted in this docur lieve that the info possibility of and	nent and all attachments, and ormation is true, accurate and /or imprisonment, pursuant
	y, Site Vice Presid								N/A
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICE	R, AUTHORIZ	ED AGI	ENT, OR *LI	ICENSE!	D OPERAT	OR 	8-17-11	ISTRY NUMBER (IF APPLICABLE) <u>856-339-3463</u>
SIGNATURE OF PRINCIPAL EXEC	UTIV Y OFFICER, AU	THORIZED AG	ENT, O	OR *LICENS	ED OPE	RATOR		DATE	AREA CODE/PHONE NUMBER
person designated by that person s	shall sign the followi	ng certification	7:	·		_		-	n person having that responsibility
I certify under penalty of law and i	n accordance with N	.J.S.A. 58:10A	-6F(5)		reviewe	d the attacl	ned discha		
N/A		 	_	N/A				N/A	N/A
NAME AND TITLE		SIGNATURI	Ė					DATE	AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

462B DSN 462B - DSW Interna

7/1/2011 TO 7/31/2011

HOPE CREEK GENERATING STATION

		, DOIL 402D D.			0 7/01/2011						
PARAMETER	X	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	0.0/3	0.025		****	*****	*****		0	Continuas	METER
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	****	****	***************************************	*****		Continuous	METER
	QL	**************************************	*****		1. 30 Sababba 203. T	**********			1999		
BOD, 5-Day (20 oC)	SAMPLE MEASUREMENT	*****	*****		*****	196	196		0	MONTH	COMPOS
00310 G Raw Sew/influent	PERMIT REQUIREMENT	*****	**************************************	*****	10000000000000000000000000000000000000	REPORT 01MOAV	REPORT 01DAMX	MG/L	7	1/Month	COMPOS
	QL	*****	*****		*****	3 di Ampana	*****		383		
BOD, 5-Day (20 oC)	SAMPLE MEASUREMENT	0	0		***	8	8		0	YMONTH.	compos
00310 1 Effluent Gross Value	PERMIT REQUIREMENT	8 01MOAV	REPORT 01WKAV	KG/DAY	******	30 01MOAV	45 01WKAV	MG/L		1/Month	COMPOS
	QL	****	****		****	*****	**************************************				A subject of the second
BOD, 5-Day (20 oC)	SAMPLE MEASUREMENT	*****	****		95.8	****	*****		0	"MONTH	CALCTO
00310 K Percent Removal	PERMIT	*****	*******	*****	87.5 01MOAVMN	*****	*****	PERCENT		1/Month	CALCTD
	QL	((() () () () () () () () ()	***		*****	****	*****				
Solids, Total Suspended	SAMPLE MEASUREMENT	****	*****		*****	298	298		0	1/MONTH	COMPOS
00530 G Raw Sew/influent	PERMIT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	COMPOS
	QL	****	****		******	**************************************	/A*****		20,00		
Solids, Total	SAMPLE MEASUREMENT	*****	*****		****	11	11		0	MONTH	COMPUS
Suspended						**************************************					- X.2
00530 1 Effluent Gross Value	PERMIT REQUIREMENT		******	*****	******	30 01MOAV	45 01WKAV	MG/L		1/Month	COMPOS
	∦QL		*****		*****	*****	*****				

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

462B DSN 462B - DSW Interna

7/1/2011 TO 7/31/2011

HOPE CREEK GENERATING STATION

		 -	· · ·	I				1			
PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****		96	96	*****		0	MONTH	CALCID
00530 K Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 01MOAVMN	REPORT 01MOAV	******	PERCENT		1/Month	CALCTD
Oil and Grease	SAMPLE MEASUREMENT	*****	************************************		*****	<5	< 5		0	MONTH	CRAB
00556 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	******	10 01MOAV	15 01DAMX	MG/L		1/Month	GRAB
Nitrogen, Ammonia Total (as N)	SAMPLE MEASUREMENT	****	***		*****	< 0.1	< 0.1		0	YMONTH	COMPOS
00610 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	******	35 01MOAV	REPORT 01DAMX	MG/L		1/Month	COMPOS
Enterococci	SAMPLE MEASUREMENT	****	*****		*****	< 1	< 1		0	MONTH	GRAB
61211 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	*****	REPORT 01MOGE	REPORT 01WKGE	#/100ML		1/Month	ĞRAB
Coliform, Fecal	SAMPLE MEASUREMENT	*****	*****		*****	< 1	< 1		0	1/MONTH	GRAB
74055 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	*****	200 01MOGE	400 01WKGE	#/100ML		1/Month	GRAB
Lab Certification #	SAMPLE MEASUREMENT	17451	PAIGE		06005						
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL ****	*****	*****		*****	*****	\$ 100 to \$44444 \$ 100 to 100 t				