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

APR 22 2015



HCH-2015-016

CERTIFIED MAIL RETURN RECEIPT REQUESTED ARTICLE NUMBER: 7013 1710 0000 6324 5103

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 March 2015.

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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 Travis Zigo at (856) 339-2493.

Sincerely,

Paul J. Davison Site Vice President – Hope Creek

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Attachments

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

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EXPLANATION OF CONDITIONS

March 2015

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 indicated on the respective transmittal sheet with explanations below.

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.

For DSN 462B, flow measurement for March 5th was conducted by performing manual measurement of height of the effluent over the v-notched weir, i.a.w permit condition Part IV.G.4.a.vii, due to flow meter inoperability from freezing weather conditions. For DSN 462B, sampling frequency was increased for TSS analyses to lower monthly average.

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EXPLANATION OF EXCEEDANCES

March 2015

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

DSN No.

EXPLANATION

No Exceedances

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COUNTY OF SALEM STATE OF NEW JERSEY

I, Paul J. Davison, 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.

Paul J. Davison Site Vice President – Hope Creek

Sworn and subscribed before me this $\mathcal{Z}\mathcal{A}$ day of April, 2015.

JENNIFER M. TURMER 1D # 2332657 40TARY PUBLIC OF NEW JERSEN 307 Commission Expires 8/8/2015

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

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NJPDES PERMIT	M	ONITORING PERI	OD	MONITOR	ED LOCATION:
NJ0025411	MonthDay31	Year Mont 2015 To 3	h Day Year 31 2015	461A – DSN 461A	– DSW
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236 – ALLOWAY CRE HANCOCKS BRIDGE, NJ 0803 CHECK IF APPLICABLE:	EEK NECK RD 8 REGION	LOCATION OF A HOPE CREEK GENERA ARTIFICIAL ISLAND FOOT OF BUTTONWO LOWER ALLOWAYS C // COUNTY: Southern e this Monitoring Period	ATING STATION OD RD CREEK, NJ 08038 Salem County	REPORT REC PSE&G TRAVIS ZIGO PO BOX 236 / H15 HANCOCKS BRID	DGE, NJ 08038
WHO MUST SIGN The high the certification or, in his absen- the certification. Where the hig responsibility or person designa another entity to operate the treat I certify under penalty of law th	ce a person designate hest ranking operato ted by that person sh atment works, the hig at I have personally	ed by that person. For a r does not have the abili- nall also sign the second ghest-ranking official of examined and am famili	local agency, the hig ty to authorize capita certification at the b the contracted entity ar with the informati	shest ranking operator of the lexpenditures and hire per- ottom of this page. If the lo shall sign the certification. on submitted in this docum	e treatment works shall sign sonnel, a person having that ocal agency has contracted with ent and all attachments, and
that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The	e are significant pen New Jersey water Po	alties for submitting fals ollution Control Act prov	se information, inclu	ding the possibility of and/ to \$50,000 per violation.	
Paul J. Davison, Site				<u>N/A</u>	
NAME AND TITLE OF PRINCIPAL	-	AUTHORIZED AGENT, OR	*LICENSED OPERAT	OR GRADE AND REGI	STRY NUMBER (IF APPLICABLE)856-339-1555
SIGNATURE OF PRINCIPAL EXECT	UTIVE OFFICER, AUTH	IORIZED AGENT, OR *LIC	ENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the high person designated by that person s			authorize capital expe	nditures and hire personnel, a	person having that responsibility or
I certify under penalty of law and in	n accordance with N.J.	S.A. 58:10A-6F(5) that I h	ave reviewed the attacl	ned discharge monitoring repo	rts.
N/A		N/A		N/A	N/A .
NAME AND TITLE		SIGNATURE	<u></u>	DATE	AREA CODE/PHONE NUMBER
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PI 46815

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PERMIT NUMBER:

MONITORED LOCATION: 461A DSN 461A - DSW MONITORING PERIOD:

3/1/2015 TO 3/31/2015

FACILITY NAME:

HOPE CREEK GENERATING STATION

PARAMETER	$\mathbf{ imes}$	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTI	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	35.386	38,65		*****	*****	*****		ø	Continuous	Meter
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	******		Continuous	METER
	QL	*****	*****		****	*****	*****				
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	51.945	54.707		*****	****	*****		ø	Continuous	meter
50050 7 Intake From Stream	PERMIT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	******	*****	******		Continuous	METER
	QL	*****	*****		*****	****	*****				Contraction of the
рН	SAMPLE MEASUREMENT	*****	*****		8.3	*****	8.5		ø	1/week	Grab
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	******	*****		6.0 01DAMN	******	9.0 01DAMX	SU		1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
LC50 Statre 96hr Acu Mysid Bahia	SAMPLE MEASUREMENT	*****	*****		Code=N	****	*****		¢	Code=N	Code=N
TAN3E 1 Effluent Gross Value	PERMIT REQUIREMENT	******	*****	******	REPORT 01RPMN	*****	*****	%EFFL	-	1/Year	COMPOS
	QL	*****	*****		*****	*****	*****				
IC25 Statre 7day Chr Mysid Bahia	SAMPLE MEASUREMENT	*****	*****		Code=N	*****	*****		ø	Code=N	Code=N
TBP3E 1 Effluent Gross Value	PERMIT REQUIREMENT	****	*****	******	REPORT 01RPMN	*****	*****	%EFFL		1/Year	COMPOS
	QL	*****	*****		*****	*****	*****				The search of the second
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	40.1	20.1		Ø	3 week	GRab.
*CPOX 1 Effluent Gross Value	PERMIT	*****	*****	•••••	*****	0.2 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
	RQL	****	****		*****	0.1	0.1				

Comments: If there are any questions regarding the monitoring report form, please contact Heather Genievich of the Bureau of Surface Water Permitting at (609) 292-4860.

PERMIT NUMBER:	MONIT	TORED LOCA	TION:	MONITORI	NG PERIOD:	FACILITY N	IAME:				
NJ0025411	461A [DSN 461A - DS	SW	3/1/2015 TC	0 3/31/2015	HOPE CRE	EK GENERATIN	IG STATI	ON		
PARAMETER	\square	QUANTITY	OR LOADING	UNITS	QUA	LITY OR CONCENT	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	21.8	26.2		Ø	Continuous	Meter
00010_1 Effluent Gross Value	PERMIT	*****	*****	*****	; ******	REPORT 01MOAV	36.2 01DAMX	DEG.C		Continuous	METER
	QL	*****	*****		*****	*****	*****				
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	5.2	8.2		Ø	CONTINUOUS	Meter
00010 7 Intake From Stream	PERMIT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	METER
	QL	*****	*****		*****	*****	*****				
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	*****		*****	2.60	2.60		ø	1/month	GRAD
00680 1 Effluent Gross Value	PERMIT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	MG/L	-	1/Month	GRAB
	QL	****	*****		*****	***	*****				
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	*****		*****	-0.11	- 0.11		ø	/Mowth	Calctd
00680 2 Effluent Net Value	PERMIT	*****	*****	*****	******	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	CALCTD
	QL	*****	*****		*****	*****	*****				
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	******	*****		******	1.89	1.89		ø	Mowth	GRab
00680 7 Intake From Stream	PERMIT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	GRAB
na metane. In kan san san sa sa sa	QL	*****	*****		*****	*****	****				
Sulfate, Total (as SO4)	SAMPLE MEASUREMENT	*****	*****		******	Code = N	Code=N		φ	Code=N	Code=N
00945 1 Effluent Gross Value	PERMIT	******	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	UG/L	and a	1/6 Months	COMP24
	QL	*****	*****		*****	****	*****				

Comments: If there are any questions regarding the monitoring report form, please contact Heather Genievich of the Bureau of Surface Water Permitting at (609) 292-4860.

PERMIT NUMBER:					RING PERIOD:	FACILITY N					
NJ0025411	461A	DSN 461A - DS	SW :	3/1/2015 1	FO 3/31/2015	HOPE CREE					
PARAMETER	\square	QUANTITY	OR LOADING	UNITS	UNITS QUALITY OR CONCENTRATION UNITS					FREQ. OF ANALYSIS	SAMPLE TYPE
Boron, Total (as B)	SAMPLE MEASUREMENT	*****	*****		. ****	Code=N	Code=N		ø	Code=N	Code=N
01022 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	•••••	******	REPORT 01MOAV	REPORT 01DAMX	UG/L		1/6 Months	COMPOS
Heat (winter) (per Hr.)	SAMPLE	366	478		*****	******	*****		¢	1/Day	Calctd
81387 1 Effluent Gross Value		REPORT 01MOAV	662 01DAMX		CM.	******	*****	*****		1/Day	CALCTD
Copper, Total Recoverable	SAMPLE	*****	*****		*****	Code=N	Code=N		ø	Code=N	Code=N
01119 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	UG/L		1/6 Months	COMPOS
Lab Certification #		1745	PA166	*	03036	2	2				
99999 99 Lab	PERMIT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			33 × 5 (2)	NOT AP
	ِ ^۲ QL	*****	****		****	*****	*****				t the set of

Comments: If there are any questions regarding the monitoring report form, please contact Heather Genievich of the Bureau of Surface Water Permitting at (609) 292-4860.

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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	MONITOR	ED LOCATION:
NJ0025411	MonthDayYear312015	MonthDayYear3312015	461C - DSN 4610	C - DSW internal
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236 – ALLOWAY CRE HANCOCKS BRIDGE, NJ 08038	EK NECK RD B B B B B B B B B B B B B B B B B B B	OF ACTIVITY: GENERATING STATION ILAND FONWOOD RD WAYS CREEK, NJ 08038	REPORT REC PSE&G TRAVIS ZIGO PO BOX 236 / H15 HANCOCKS BRID	
	REGION / COUNTY: So	outhern / Salem County		
CHECK IF APPLICABLE:	No Discharge this Monitorin	g Period 🗌 Monitoring	Report Comments Attach	ed
the certification or, in his absend the certification. Where the high responsibility or person designat another entity to operate the trea I certify under penalty of law that that, based on my inquiry of tho complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The D	est ranking official having day-to-date e a person designated by that person nest ranking operator does not have ed by that person shall also sign the tment works, the highest-ranking of at I have personally examined and at se individuals immediately responsi e are significant penalties for submi New Jersey water Pollution Control	h. For a local agency, the hig the ability to authorize capita second certification at the bo ficial of the contracted entity m familiar with the informati ble for obtaining the informa tting false information, inclu	thest ranking operator of the l expenditures and hire per- bottom of this page. If the lo shall sign the certification. on submitted in this docum tion, I believe that the infor- ding the possibility of and/ to \$50,000 per violation.	e treatment works shall sign sonnel, a person having that ocal agency has contracted with ment and all attachments, and rmation is true, accurate and
	e President- Hope Creek			
hame and fille of principal P aulf. Dan	XECUTIVE OFFICER, AUTHORIZED A	GENT, OK ALICENSED OPERATO	4/22/15	STRY NUMBER (IF APPLICABLE) 856-339-1555
SIGNATURE OF PRINCIPAL EXECU	TIVE OFFICER, AUTHORIZED AGENT,	OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
	est-ranking operator does not have the hall sign the following certification:	ability to authorize capital expe	nditures and hire personnel, a	person having that responsibility or
I certify under penalty of law and ir	accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attach	ned discharge monitoring repo	rts.
N/A	- 	N/A	N/A	N/A .
NAME AND TITLE	SIGNATURE		DATE	AREA CODE/PHONE NUMBER

PI 46815

NJ0025411

MONITORED LOCATION: 461C DSN 461C - DSW interna MONITORING PERIOD: FACILITY NAME:

3/1/2015 TO 3/31/2015

HOPE CREEK GENERATING STATION

PARAMETER	\mathbf{X}	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTR	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.074	0.160		*****	*****	****		Ø	Continuous	Meter
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	******		Continuous	METER
	QL	****	*****		*****	*****	***				
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****		*****	6	6		Ø	1/month	Compos
00530 1 Effluent Gross Value	PERMIT	*****	*****	*****	*****	30 01MOAV	100 01DAMX	MG/L		1/Month	COMPOS
	QL	*****	*****		*****	*****	*****				
Petrol Hydrocarbons, Total Recoverable	SAMPLE MEASUREMENT	*****	****		*****	12	2		ø	2/month	GRab
45501 1 Effluent Gross Value	PERMIT	******	*****	******	*****	10 01MOAV	15 01DAMX	MG/L		2/Month	GRAB
	QL	*****	****		*****	*****	*****				
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	*****		****	2	2		φ	1/mowth	Compos
00680 1 Effluent Gross Value	PERMIT	******	*****	*****	*****	REPORT 01MOAV	50 01DAMX	MG/L		1/Month	COMPOS
	QL	*****	***		*****	*****	*****				
Lab Certification #	SAMPLE MEASUREMENT	17451	PA166		03036		an a				
99999 99 Lab	PERMIT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	*****	*****		*****	*****	*****				

Comments: If there are any questions regarding the monitoring report form, please contact Heather Genievich of the Bureau of Surface Water Permitting at (609) 292-4860.

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

NJPDES PERMIT		M	IONITO	RING	PERIO	D		MONITO	RED LOCATION:
NJ0025411	Month 3	Day 1	Year 2015	То	Month 3	Day 31	Year 2015	462B - DSN 462	B - DSW Internal
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236 – ALLOWAY CRE HANCOCKS BRIDGE, NJ 0803		RD	HOPE CI ARTIFIC FOOT OI	REEK (IAL IS F BUT	OF ACT GENERAT LAND FONWOOI WAYS CR	ING STA	TION	REPORT REC PSE&G TRAVIS ZIGO PO BOX 236 / H1: HANCOCKS BRII	5
		REGIO	N / COUN'	ΓY: So	uthern / S	alem Co	untv		
CHECK IF APPLICABLE:			ge this Mo					g Report Comments Attacl	hed
another entity to operate the treat I certify under penalty of law th that, based on my inquiry of tho complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The	hest rankin ted by that atment wor at I have pose individu e are signif New Jersey	g operat person s ks, the h ersonally als imm ficant pe v water F	or does not shall also s ighest-rank y examined aediately re enalties for Pollution C	t have the ign the cing of and an sponsi submit ontrol	the ability second cer ficial of the m familiar ble for obta tting false	to author rtification e contract with the aining the information	rize capita n at the b ted entity informati e informati ion, inclu	al expenditures and hire pe ottom of this page. If the l γ shall sign the certification ion submitted in this docur ation, I believe that the info iding the possibility of and to to \$50,000 per violation.	rsonnel, a person having that ocal agency has contracted with n. nent and all attachments, and ormation is true, accurate and
Paul J. Davison, Site					<u> </u>			N/A	
NAME AND TITLE OF PRINCIPAL I	Jans	OFFICEI	R, AUTHORI	ZED AC	GENT, OR *	LICENSE	DOPERAT	$\frac{4}{22}$	ISTRY NUMBER (IF APPLICABLE)856-339-1555
SIGNATURE OF PRINCIPAL EXECT	UTIVE OFFI	CER, AUT	HORIZED A	GENT,	OR *LICEN	ISED OPE	RATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the high person designated by that person s					ability to au	thorize co	ipital expe	nditures and hire personnel, a	a person having that responsibility or
I certify under penalty of law and in	n accordance	e with N	J.S.A. 58:10	A-6F(5) that I have	e reviewe	d the attacl	hed discharge monitoring repo	orts.
N/A			الالفي المالية المتحاول	516-10-1-10-00-201	N/A	in the state	: 	N/A	N/A .
NAME AND TITLE			SIGNATU	RE				DATE	AREA CODE/PHONE NUMBER

PERMIT NUMBER:	MON	ITORED LOCAT			RING PERIOD:	FACILITY NA		<u></u>			
NJ0025411	462B	DSN 462B - DS	SW Interna 3	8/1/2015 7	FO 3/31/2015	G STATI	ON				
PARAMETER	QUANTITY OR LOADING		UNITS	QUALI	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE		
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.022	0.035		*****	*****	*****		ø	Continuous	Meter *
0050 1 Effluent Gross Value	PERMIT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	******	******	******		Continuous	METER
3OD, 5-Day (20 oC)		*****	*****		*****	301	301		Ø	1/mowth	Compos
00310 G Raw Sew/influent	PERMIT REQUIREMENT	******	*****		annin	REPORT 01MOAV	REPORT 01DAMX	MG/L		•1/Month	COMPOS
3OD, 5-Day (20 oC)		2	2		*****	14	14		¢	1/month	Compos
00310 1 Effluent Gross Value	PERMIT REQUIREMENT	8, 01MOAV	REPORT 01WKAV	KG/DAY	2000	30 01MOAV	45 01WKAV ******	MG/L		1/Month	COMPOS
3OD, 5-Day (20 oC)	SAMPLE	****	****		95.2	*****	*****		ø	Ynowth	Calctd
00310 K Percent Removal		*****	******	*****	87:5 01MOAVMN	449444 449444	******	PERCENT		1/Month	CALCTD
Golids, Total	SAMPLE	*****	****		*****	660	890		ø	YMonth*	Compos
0530 G Raw Sew/influent	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	COMPOS
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	******		*****	23	32		ø	1/month*	Compos
00530 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	******	anner an anne an	30 01MOAV	45 01WKAV	MG/L		1/Month	COMPOS
	QL	*****	******		144274	ar i par		L	1.55		

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Comments: If there are any questions regarding the monitoring report form, please contact Heather Genievich of the Bureau of Surface Water Permitting at (609) 292-4860. 米 See Exploration of Cond: trows

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PERMIT NUMBER: NJ0025411		ITORED LOCA DSN 462B - D			ING PERIOD: 0 3/31/2015	FACILITY N	AME: EK GENERATIN	NG STATI	ON		
PARAMETER	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****		92	96	*****		Ø	1/month *	Caletd
00530 K Percent Removal	PERMIT	*****	*****	*****	85 01MOAVMN	REPORT 01MOAV	*****	PERCENT		1/Month	CALCTD
Oil and Grease	QL SAMPLE MEASUREMENT	*****	*****		*****	42	42		Ø	1/mosth	GRab
00556 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****		****	10 01MOAV	15 01DAMX	MG/L		1/Month	GRAB
Nitrogen, Ammonia Total (as N)	QL SAMPLE MEASUREMENT	*****	*****		*****	7	******		Ø	1/mowth	Compos
00610 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******		*****	35 01MOAV	REPORT 01DAMX	MG/L		1/Month	COMPOS
Enterococci	QL SAMPLE MEASUREMENT	*****	*****		*****	x***** <10	48888A < 10		Ø	1/month	GRab
61211 1 Effluent Gross Value	PERMIT	*****	***	*****	****	REPORT 01MOGE	REPORT 01WKGE	#/100ML		1/Month	GRAB
Coliform, Fecal	QL SAMPLE MEASUREMENT	*****	*****		*****	< 10	< 10		¢	Vmowth	GRab
General 74055 1 Effluent Gross Value	PERMIT REQUIREMENT	****	*****	******	***	200 01MOGE	400 01WKGE	#/100ML		1/Month	GRAB
Lab Certification #	QL SAMPLE MEASUREMENT	1745)	PA166		06005	*****	******				
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	******	*****		*****	*****	*****				Sector Line

Comments: If there are any questions regarding the monitoring report form, please contact Heather Genievich of the Bureau of Surface Water Permitting at (609) 292-4860.

Pre-Print Creation Date: 1/1/2015