

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Form Approved - OMB No. 2040-0004 Expires 2-29-84

NAME EXECUTIVE VICE PRESIDENT
 ADDRESS SBN NUCLEAR
 100 INTERPACE PARKWAY
 PARSIPPANY NJ 07054
 FACILITY
 LOCATION LACEY TWP

PERMIT NUMBER NJ0005550
 DISCHARGE NUMBER 001

840601-840630

JP AT MI
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MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
84	06	01	84	06	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)


OYSTER CREEK COOLING WATER

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
00010 1 TEMPERATURE, WATER (CENTIGRADE) EFFL CROSS	SAMPLE MEASUREMENT	*****			NO DISCHARGE					
	PERMIT REQUIREMENT	*****			*****				CONT	*
00010 2 TEMPERATURE, WATER (CENTIGRADE) INFLUENT	SAMPLE MEASUREMENT	*****			*****					
	PERMIT REQUIREMENT	*****			*****				**	**
00015 4 HEAT RATE (BTU X 10 ⁶ /HOUR) EFFL NET	SAMPLE MEASUREMENT	*****			*****					
	PERMIT REQUIREMENT	*****			*****				*	*
00016 4 TEMPERATURE DIFF. EFFL NET	SAMPLE MEASUREMENT	*****			*****					
	PERMIT REQUIREMENT	*****			*****				*	*
00400 1 PH EFFL CROSS	SAMPLE MEASUREMENT	*****			*****					
	PERMIT REQUIREMENT	*****			*****				2/7	CR
00050 1 FLOW RATE (MILLION GALLONS/DAY) EFFL GROSS	SAMPLE MEASUREMENT	*****			*****					
	PERMIT REQUIREMENT	*****			*****				CONT	*
00064 1 CHLORINE, FREE AVAILABLE EFFL GROSS	SAMPLE MEASUREMENT	*****			*****					
	PERMIT REQUIREMENT	*****			*****				CONT	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Peter B. Fiedler
 Vice President and Director
 Oyster Creek
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

 TELEPHONE AREA CODE 809 NUMBER 971-4796
 DATE YEAR 84 MO 7 DAY 10

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

FREQUENCY OF ANALYSIS FOR FREE AVAILABLE CHLORINE SHALL BE CONTINUOUS DURING CHLORINATION PERIODS.
 8407160203 840710
 PDR ADOCK 05000219
 R PDR

PERMITTEE NAME/ADDRESS (include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Form Approved - OMB No. 2040-0004 Expires 2-29-84

NAME EXECUTIVE VICE PRESIDENT
 ADDRESS 670 NUCLEAR
 100 INTERPACE PARKWAY
 PARLISSANY NJ 07054
 FACILITY
 LOCATION LACEY TWP

NJ0005550 PERMIT NUMBER
 001 DISCHARGE NUMBER

840601-840630

SP AT MI 17 7 1

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)


OYSTER CREEK COOLING WATER

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
VELOCITY		*****	*****		NO FLOW					
INFLUENT		*****	*****		*****	1.00	2.20		1/31	NA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Peter B. Fiedler
 Vice President and Director
 Oyster Creek
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND 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 SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE DATE
 AREA CODE NUMBER YEAR MO DAY
 609 971-4796 84 7 10

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

FREQUENCY OF ANALYSIS FOR FREE AVAILABLE CHLORINE SHALL BE CONTINUOUS DURING CHLORINATION PERIODS.

NAME EXECUTIVE VICE PRESIDENT
 ADDRESS RPL NUCLEAR
100 INTERPACE PARKWAY
PASSIPPANY NJ 07054
 FACILITY _____
 LOCATION LACEY TWP/

(2-16) (17-19)

NJ0005430 PERMIT NUMBER	HEC DISCHARGE NUMBER
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MONITORING PERIOD

FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
84	06	01	84	06	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)


840601-840630

EP AT XI
1771

OYSTER CREEK
COOLING WATER

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. EX (52-53)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)				
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS			
00010 - 8 TEMPERATURE, WATER (CENTIGRADE) STREAM INT	SAMPLE MEASUREMENT	*	*	*	*	*	*	19.6	21.4	23.3	DEG.C	0	*	*
	PERMIT REQUIREMENT	*	*	*	*	*	*	*	*	*	*	*		
00010 - 7 TEMPERATURE, WATER (CENTIGRADE) EFFL GROSS	SAMPLE MEASUREMENT	*	*	*	*	*	*	18.6	20.3	21.7	DEG.C	0	2/30	GR
	PERMIT REQUIREMENT	*	*	*	*	*	*	*	*	*	*	2/30	GR	
00015 - 4 HEAT RATE (BTU X 1000/HOUR) EFFL NET	SAMPLE MEASUREMENT	*	*	*	*	*	*	-1.3	-2.1	-2.9	MBTU/H	0	*	*
	PERMIT REQUIREMENT	*	*	*	*	*	*	*	*	*	*	*		
00016 - 4 TEMPERATURE DIFF. EFFL NET	SAMPLE MEASUREMENT	*	*	*	*	*	*	-0.8	-1.1	-1.6	DEG.C	0	*	*
	PERMIT REQUIREMENT	*	*	*	*	*	*	*	*	*	*	*		
00400 - 1 PH EFFL GROSS	SAMPLE MEASUREMENT	*	*	*	*	*	*	7.1	7.4	7.6	PH	0	2/30	GR
	PERMIT REQUIREMENT	*	*	*	*	*	*	6.50	*	8.50	*	2/30	GR	
50050 - 1 FLOW RATE (MILLION GALLONS/DY) EFFL GROSS	SAMPLE MEASUREMENT	*	*	*	*	*	*	2.00	2.00	2.00	MGD	0	2/30	NA
	PERMIT REQUIREMENT	*	*	*	*	*	*	*	*	*	*	2/30	NA	
	SAMPLE MEASUREMENT													
	PERMIT REQUIREMENT													

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE	DATE
Peber B. Fiedler Vice President and Director Oyster Creek TYPED OR PRINTED		609 971-4796	84 7 10
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DIS HEC IS HEAT EXCHANGE COOLING WATER

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipalities with secondary treatment requirement, enter 30-day average of sulfate measurements under "AVERAGE" and enter maximum 7-day average of sulfate measurements obtained during monitoring period under "MAXIMUM.")
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT" (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

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10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFER TO EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation, or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Form Approved - OMB No. 2040-0004 Expires 2-29-84

NAME EXECUTIVE VICE PRESIDENT
 ADDRESS GPU NUCLEAR
 100 INTERPACE PARKWAY
 PARSIPPANY NJ 07054
 FACILITY
 LOCATION LACEY 7/26/84

NJ0005560 PERMIT NUMBER
 DMW DISCHARGE NUMBER

840601-840630

SP AT NT
 17 7 1

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	06	01	84	06	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

OYSTER CREEK

NOTE: Read instructions before completing this form.

PARAMETER (22-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
00054 1 FLOW RATE (GALLONS PER DAY) EFFL GROSS					6700	6700	6700	GPD	0	1/30	CP
										1/30	CP
00530 1 SOLIDS, SUSPENDED, TOTAL (TSS) EFFL GROSS		50	50	KG/DAY	19.8	19.8	19.8	MG/L	0	1/30	CP
		0.73	2.40							1/30	CP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Peter S. Fiedlar
 Vice President and Director
 Oyster Creek
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 [Signature]

TELEPHONE 609 871-4796
 DATE 84 7 10
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE IS DEMINERALIZED WASTES

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipalities with secondary treatment requirement: enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".)
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT" for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT" (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

FOLD HERE FIRST

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" and "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Officer(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Officer(s) specified in permit.

LEGAL NOTICE

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Form Approved * OMB No. 2040-0004 Expires 2-29-84

NAME EXECUTIVE VICE PRESIDENT
 ADDRESS GPU NUCLEAR
 100 INTERPACE PARKWAY
 PARSIPPANY NJ 07054
 FACILITY
 LOCATION LACEY TWP

430005550
 PERMIT NUMBER
 STP
 DISCHARGE NUMBER

840601-840630

89 AT 63
 17 7 1

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	06	01		84	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

OYSTER CREEK SANITARY

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (48-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
00050 1 FLOW RATE (GALLONS PER DAY)	SAMPLE MEASUREMENT	*****	*****		NO DISCHARGE					
	PERMIT REQUIREMENT	*****	*****		*****				1/30	*
00310 1 BOD, 5-DAY (0005)	SAMPLE MEASUREMENT			KG/DAY						
	PERMIT REQUIREMENT	1.14	1.70		*****	30.00	45.00		1/30	CP
00400 1 PH	SAMPLE MEASUREMENT	*****	*****							
	PERMIT REQUIREMENT	*****	*****		5.00	*****	9.00		1/30	GR
00530 1 SOLIDS, SUSPENDED, TOTAL (TSS)	SAMPLE MEASUREMENT			KG/DAY						
	PERMIT REQUIREMENT	1.14	1.70		*****	30.00	45.00		1/30	CP
74030 1 COLIFORMS, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****							
	PERMIT REQUIREMENT	*****	*****		*****	200.00	400.00		1/30	GR
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Peter B. Fiedler Vice President and Director Oyster Creek TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY WITH 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 SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>P. Fiedler</i>		609 AREA CODE	971-4796 NUMBER	84 YEAR

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCH STP IS SEWAGE TREATMENT PLANTWAST

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER" and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipalities with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".)
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT," (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

FOLD HERE FIRST

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER" OR "AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

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FOLD HERE SECOND

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 STAMP
 PLACE

FOLD HERE THIRD

STAPLE HERE