

NAME P. B. FIEDLER
 ADDRESS 101 IMPACT DRIVE
BRIDGEVILLE, PA 15005
 FACILITY _____
 LOCATION _____

PERMIT NUMBER PA0000001 DISCHARGE NUMBER 001

MONITORING PERIOD
 FROM YEAR 85 MO 02 DAY 01 TO YEAR 85 MO 01 DAY 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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 (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TEMPERATURE, WATER DEG. CENTIGRADE DOWN 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT				1.3	2.2	11.3	0	cont	
	PERMIT REQUIREMENT									
TEMPERATURE, WATER DEG. CENTIGRADE DOWN 1 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT				11.5	14.2	21.9	0	cont	
	PERMIT REQUIREMENT									
THERMAL DISCHARGE MILLION BTUS PER HR. DOWN 2 0 EFFLUENT NET VALU	SAMPLE MEASUREMENT	4855	5263	MBTU				0	31/31	
	PERMIT REQUIREMENT									
TEMP. DIFF. BETWEEN SAMPLE AND UPSTREAM DOWN 2 0 EFFLUENT NET VALU	SAMPLE MEASUREMENT				10.3	12	17.2	0	31/31	
	PERMIT REQUIREMENT									
PH DOWN 1 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT				7.7		8.0	0	30/31	GRAB
	PERMIT REQUIREMENT									
FLOW, IN LONDON LK THRU TREATMENT PLANT DOWN 1 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	649	662	MGD				0	cont	
	PERMIT REQUIREMENT									
CHLORINE, FREE AVAILABLE DOWN 1 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT		NOT	MG/L	CHLORINATED					
	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 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
[Signature]

TELEPHONE 600 971-4796 DATE 85 02 19
 AREA CODE NUMBER YEAR MO DAY

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

8502270595 850219
 PDR ADOCK 05000219
 S PDR

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.

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.

(FOLD HERE SECOND)

HERE
STAMP
PLACE

(FOLD HERE THIRD)

STAPLE HERE

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

NAME EXECUTIVE VICE PRESIDENT
 ADDRESS GPU NUCLEAR
 100 INTERFACE PARKWAY
 PARSIPPANY N 07054
 FACILITY
 LOCATION LACEY /TWP/

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

(2-16) NJ0005550 I 001
 PERMIT NUMBER DISCHARGE NUMBER

41001-240070

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

17 Z T

MONITORING PERIOD
 FROM YEAR 85 MO 01 DAY 01 TO YEAR 85 MO 01 DAY 31
 (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	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-43) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
81380 2 VELOCITY		*****	*****			.90	1.44		0	1/31	NA
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

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Peter B. Fiedler
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
 909 971-4796 85 02 19
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 FREQUENCY OF ANALYSIS FOR FREE AVAILABLE CHLORINE SHALL BE CONTINUOUS DURING CHLORINATION PERIODS.

NAME OPU WULFAR
 ADDRESS 10000 SHIRAZ PARKWAY
PARISSEPPANT NE 01234

(2-16) 10000-0000 PERMIT NUMBER
 (17-19) 0000 DISCHARGE NUMBER

F - FINAL LIMITS

FACILITY THE EXECUTIVE VICE PRESIDENT
 LOCATION THE EXECUTIVE VICE PRESIDENT

MONITORING PERIOD
 FROM YEAR 83 MO 01 DAY 01 TO YEAR 83 MO 01 DAY 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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 (38-45) (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 EFFLUENT GROSS VALUE					10.6	13.1	15.6	0	2/31	GRAB
	PERMIT REQUIREMENT									
TEMPERATURE, WATER DEG. CENTIGRADE 00010 7 0 INTAKE FROM STREAM					-1.2	4.5	11.2	0	2/31	
	PERMIT REQUIREMENT									
THERMAL DISCHARGE MILLION BTU PER HR 00015 2 0 EFFLUENT NET VALUE		8.6	11.7	MBTU				0	2/31	
	PERMIT REQUIREMENT									
TEMP. DIFF. BETWEEN SAMPLE AND UPSTREAM 00010 2 0 EFFLUENT NET VALUE					4.3	8.6	11.7	1	2/31	
	PERMIT REQUIREMENT									
PH 00400 1 0 EFFLUENT GROSS VALUE					7.8		7.9	0	2/31	GRAB
	PERMIT REQUIREMENT				MINIMUM		MAXIMUM			TRICE/GRAB MONTH
PLUM, IN CONCENTRATION IN TREATMENT PLANT 00050 1 0 EFFLUENT GROSS VALUE		2.88	2.88	PPM				0	2/31	
	PERMIT REQUIREMENT									TRICE/ MONTH
CHLORINE, TOTAL RESIDUAL 00050 1 0 EFFLUENT GROSS VALUE			NOT	MG/L	CHLORINATED					
	PERMIT REQUIREMENT			MG/L	MINIMUM	0.20	MAXIMUM			SEE PERMIT

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.)

Peter B. Fiedler
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 609 971-4796
 DATE 85 02 19
 AREA CODE NUMBER YEAR MO DAY

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

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.)
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HERE
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 PLACE

(FOLD HERE THIRD)

STAPLE HERE

NAME WATERVILLE
 ADDRESS 100 CHESAPEAKE PARKWAY
PASADENA 46 27224

(2-16) 120003380 PERMIT NUMBER
 (17-19) WV 2 DISCHARGE NUMBER

F - FINAL LIMITS

FACILITY PRESIDENT
 LOCATION 100 CHESAPEAKE PARKWAY

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
85	01	01	85	01	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

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PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW RATE		6700	6700		0.00000	0.00000	0.00000	0	1/31	
EFFLUENT CROSS VALU		0.00000	0.00000	GPD	0.00000	0.00000	0.00000		ONCE/	COMPOS
SOLIDS, TOTAL SUSPENDED		.05	.05	MG/L	0.00000	1.86	1.86	0	1/31	CORP
EFFLUENT CROSS VALU		0.73	2.90	DAY	0.00000	0.00000	0.00000		ONCE/	COMPOS

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

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[Signature]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 609 971-4796
 DATE 85 02 19
 AREA CODE NUMBER YEAR MO DAY

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

GENERAL INSTRUCTIONS

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(FOLD HERE FIRST)

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PLACE

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STAPLE HERE

NAME CPD NUCLEAR
 ADDRESS 100 INTERPALE PARKWAY
PASADENA CA 91109

(2-16) (17-19)

F - FINAL LIMITS

PERMIT NUMBER

DISCHARGE NUMBER

FACILITY
 LOCATION

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	83	04	01		83	04	31
	(20-31)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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 (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE											
00056 1 0 EFFLUENT GROSS VALU				1.70						ONCE/ MONTH	
00057 1 0 EFFLUENT GROSS VALU				1.70						ONCE/ MONTH	COMPL
00058 1 0 EFFLUENT GROSS VALU										ONCE/ MONTH	GRAS
00059 1 0 EFFLUENT GROSS VALU										ONCE/ MONTH	GRAS
00060 1 0 EFFLUENT GROSS VALU										ONCE/ MONTH	GRAS
00061 1 0 EFFLUENT GROSS VALU										ONCE/ MONTH	GRAS
00062 1 0 EFFLUENT GROSS VALU										ONCE/ MONTH	GRAS
00063 1 0 EFFLUENT GROSS VALU										ONCE/ MONTH	GRAS
00064 1 0 EFFLUENT GROSS VALU										ONCE/ MONTH	GRAS
00065 1 0 EFFLUENT GROSS VALU										ONCE/ MONTH	GRAS
00066 1 0 EFFLUENT GROSS VALU										ONCE/ MONTH	GRAS
00067 1 0 EFFLUENT GROSS VALU										ONCE/ MONTH	GRAS
00068 1 0 EFFLUENT GROSS VALU										ONCE/ MONTH	GRAS
00069 1 0 EFFLUENT GROSS VALU										ONCE/ MONTH	GRAS
00070 1 0 EFFLUENT GROSS VALU										ONCE/ MONTH	GRAS
00071 1 0 EFFLUENT GROSS VALU										ONCE/ MONTH	GRAS
00072 1 0 EFFLUENT GROSS VALU										ONCE/ MONTH	GRAS
00073 1 0 EFFLUENT GROSS VALU										ONCE/ MONTH	GRAS
00074 1 0 EFFLUENT GROSS VALU										ONCE/ MONTH	GRAS
00075 1 0 EFFLUENT GROSS VALU										ONCE/ MONTH	GRAS
00076 1 0 EFFLUENT GROSS VALU										ONCE/ MONTH	GRAS
00077 1 0 EFFLUENT GROSS VALU										ONCE/ MONTH	GRAS
00078 1 0 EFFLUENT GROSS VALU										ONCE/ MONTH	GRAS
00079 1 0 EFFLUENT GROSS VALU										ONCE/ MONTH	GRAS
00080 1 0 EFFLUENT GROSS VALU										ONCE/ MONTH	GRAS
00081 1 0 EFFLUENT GROSS VALU										ONCE/ MONTH	GRAS
00082 1 0 EFFLUENT GROSS VALU										ONCE/ MONTH	GRAS
00083 1 0 EFFLUENT GROSS VALU										ONCE/ MONTH	GRAS
00084 1 0 EFFLUENT GROSS VALU										ONCE/ MONTH	GRAS
00085 1 0 EFFLUENT GROSS VALU										ONCE/ MONTH	GRAS
00086 1 0 EFFLUENT GROSS VALU										ONCE/ MONTH	GRAS
00087 1 0 EFFLUENT GROSS VALU										ONCE/ MONTH	GRAS
00088 1 0 EFFLUENT GROSS VALU										ONCE/ MONTH	GRAS
00089 1 0 EFFLUENT GROSS VALU										ONCE/ MONTH	GRAS
00090 1 0 EFFLUENT GROSS VALU										ONCE/ MONTH	GRAS
00091 1 0 EFFLUENT GROSS VALU										ONCE/ MONTH	GRAS
00092 1 0 EFFLUENT GROSS VALU										ONCE/ MONTH	GRAS
00093 1 0 EFFLUENT GROSS VALU										ONCE/ MONTH	GRAS
00094 1 0 EFFLUENT GROSS VALU										ONCE/ MONTH	GRAS
00095 1 0 EFFLUENT GROSS VALU										ONCE/ MONTH	GRAS
00096 1 0 EFFLUENT GROSS VALU										ONCE/ MONTH	GRAS
00097 1 0 EFFLUENT GROSS VALU										ONCE/ MONTH	GRAS
00098 1 0 EFFLUENT GROSS VALU										ONCE/ MONTH	GRAS
00099 1 0 EFFLUENT GROSS VALU										ONCE/ MONTH	GRAS
00100 1 0 EFFLUENT GROSS VALU										ONCE/ MONTH	GRAS

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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 609 971-4790
 AREA CODE NUMBER
 DATE
 02 19
 YEAR MO DAY

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

GENERAL INSTRUCTIONS

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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.

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.

(FOLD HERE SECOND)

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STAMP
PLACE

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STAPLE HERE