



## **Training Overview**

# Part II Completing a CSO DMR

- o DMR Submittal Form
- o DMR Form
  - Solids/Floatables (S/F)
  - Duration of Discharge
  - Precipitation
  - Laboratory Certification #

**MONITORED LOCATION:** 



NJPDES PERMIT

NAME AND TITLE

## New Jersey Department of Environmental Protection Division of Water Quality

## Surface Water Discharge Monitoring Report Submittal Form

MONITORING PERIOD

**SIGNATURE** 

NJ0123456	Month 1	th Day Year 1 2015 To Month Day Year 1 31 2015						001A - CSO					
PERMITTEE:					N OF AC	ΓΙVΙΤ	<u>'Y:</u>	REPORT RECIPIENT:					
MUNICIPALITY "X"			MUNIC						MUNICIPALITY "X"				
123 STREET ROAD			123 STR			01004			123 STREET ROAD				
MUNICIPALITY "X", NJ 0123	14		MUNIC	IPALI	TY "X", NJ	01234			MUNICIPALITY "X", NJ 01234				
	R	REGION	/ COUN	ΓY: Sα	outhern / Ca	amden	County						
CHECK IF APPLICABLE:	No D	ischarge	this Mon	itorin	g Period		Monitoring	g F	Report Comments Attached				
WHO MUST SIGN The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that reponsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification.													
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 that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment, pursuant to N.J.A.C. 7:14A-6.9(B). The New Jersey Water Pollution Control Act provides for penalties up to \$50,000 per violation.													
NAME AND TITLE OF PRINCIPAL EX	XECUTIVE	GRADE AND REGISTRY NUMBER (IF APPLICABLE)											
SIGNATURE OF PRINCIPAL EXECUT	TIVE OFFIC	ER, AUT	HORIZED	AGENT	Γ, OR *LICEN	SED OP	ERATOR		DATE AREA CODE/PHONE NUMBER				
*For a local agency where the highes person designated by that person shal					bility to auth	orize ca <sub>l</sub>	pital expendi	itui	res and hire personnel, a person having that responsibility or				
I certify under penalty of law and in ac	ccordance w	ith N.J.S.	A. 58:10A-	6F(5) tl	hat I have rec	eived an	d reviewed th	he	attached discharge monitoring reports.				

DATE

AREA CODE/PHONE NUMBER



## New Jersey Department of Environmental Protection Division of Water Quality

### **Surface Water Discharge Monitoring Report Submittal Form**

NJPDES PERMIT	MONITORING PERIOD	MONITOR	RED LOCATION:
NJ0123456	Month         Day         Year         Month         Day         Year           1         1         2015         To         1         31         2015	001A - CSO	
PERMITTEE: MUNICIPALITY "X" 123 STREET ROAD MUNICIPALITY "X", NJ 012:	LOCATION OF ACTIVITY:  "NICIPALITY "X"  "OAD  MUNIC 1234	REPORT REC MUNICIPALITY 123 STREET ROA MUNICIPALITY	"X"
CHECK IF APPLICABLE:	REGION / COUN Check that the N. matches your NJF	•	
the certification or, in his absence the certification. Where the higher reponsibility or person designated	t ranking official having day-to-day manageriar and operational respect a person designated by that person. For a local agency, the highest st ranking operator does not have the ability to authorize capital exploit by that person shall also sign the second certification at the bottom ment works, the highest-ranking official of the contracted entity sha	ranking operator of the treat penditures and hire personn n of this page. If the local a	atment works shall sign el, a person having that
that, based on my inquiry of thos complete. I am aware that there a	at I have personally examined and am familiar with the information se individuals immediately responsible for obtaining the information re significant penalties for submitting false information, including a Jersey Water Pollution Control Act provides for penalties up to \$5	ion, I believe that the informathe possibility of fine and/o	mation is true, accurate and
NAME AND TITLE OF PRINCIPAL E	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERAT	OR GRADE AND REGIST	FRY NUMBER (IF APPLICABLE)
*For a local agency where the highe person designated by that person sha			
	accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed		
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER



## New Jersey Department of Environmental Protection Division of Water Quality

### **Surface Water Discharge Monitoring Report Submittal Form**

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0123456	Month         Day         Year         Month         Day           1         1         2015         To         1         31	2015 001A - CSO
PERMITTEE: MUNICIPALITY "X" 123 STREET ROAD MUNICIPALITY "X", NJ 012	LOCATIO FACTIVITY  MUNICIPALIT  123 STREET RO  MUNICIPALITY  REGION / COUNTY 6	REPORT RECIPIENT:  MUNICIPALITY "X"  123 STREET ROAD  MUNICIPALITY "X", NJ 01234
CHECK IF APPLICABLE:  WHO MUST SIGN The highest the certification or, in his absence the certification. Where the higher reponsibility or person designated another entity to operate the treatment of the certification.	franking official having day a person designated by that st ranking operator does not by that person shall also signent works, the highest-rank at I have personally examine	the dates specified on the DMR are toring period being reported.  the monitoring period on the DMR
		ncluding the possibility of fine and/or imprisonment, pursuant to s up to \$50,000 per violation.
NAME AND TITLE OF PRINCIPAL E	XECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSEI	O OPERATOR GRADE AND REGISTRY NUMBER (IF APPLICABLE)
SIGNATURE OF PRINCIPAL EXECU	TIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPE	RATOR DATE AREA CODE/PHONE NUMBER
*For a local agency where the higher person designated by that person sha		ital expenditures and hire personnel, a person having that responsibility or
I certify under penalty of law and in a	eccordance with N.J.S.A. 58:10A-6F(5) that I have received and	reviewed the attached discharge monitoring reports.
NAME AND TITLE	SIGNATURE	DATE AREA CODE/PHONE NUMBER



NAME AND TITLE

## New Jersey Department of Environmental Protection Division of Water Quality

#### Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0123456	Month         Day         Year         Month         Day         Year           1         1         2015         To         1         31         2015	001A - CSO
PERMITTEE: MUNICIPALITY "X" 123 STREET ROAD MUNICIPALITY "X", NJ 0123	LOCATION OF ACTIVITY:  MUNICIPALITY "X"  123 STREET ROAD  MUNICIPALITY "X"	REPORT RECIPIENT: MUNICIPALITY "X" 123 STREET ROAD MUNICIPALITY "X", NJ 01234
the permitted on the certification. Where the highest eponsibility or person designated	e monitored location correspond outfall for the data being reported a person designated by that person. For a local agency, the highest tranking operator does not have the ability to authorize capital ex- by that person shall also sign the second certification at the botton tent works, the highest-ranking official of the contracted entity sha	for the discharging facility shall sign spenditures and hire personnel, a person having that m of this page. If the local agency has contracted with
certify under penalty of law that nat, based on my inquiry of thos omplete. I am aware that there a	I have personally examined and am familiar with the informative individuals immediately responsible for obtaining the informative significant penalties for submitting false information, including Jersey Water Pollution Control Act provides for penalties up to \$	on submitted in this document and all attachments, and ion, I believe that the information is true, accurate and the possibility of fine and/or imprisonment, pursuant to
AME AND TITLE OF PRINCIPAL E	XECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERA	FOR GRADE AND REGISTRY NUMBER (IF APPLICABLE)
	TIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR  st ranking operator does not have the ability to authorize capital expen	DATE AREA CODE/PHONE NUMBER  ditures and hire personnel, a person having that responsibility or
certify under penalty of law and in a		

SIGNATURE

DATE

AREA CODE/PHONE NUMBER



#### New Jersey Department of Environmental Protection Division of Water Quality

#### Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT		M	ONITO	RIN	G PERIC	MONITORED LOCATION:			
NJ0123456	Month 1	Day 1	Year 2015	То	Month 1	Day 31	Year 2015	001A - CSO	

#### PERMITTEE:

MUNICIPALITY "X" 123 STREET ROAD MUNICIPALITY "X", NJ 01234

#### LOCATION OF ACTIVITY:

MUNICIPALITY "X" 123 STREET ROAD MUNICIPALITY "X", NJ 01234

#### REPORT RECIPIENT

MUNICIPALITY "X" 123 STREET ROAD MUNICIPALITY "X", NJ 01234

REGION / COUNTY: Southern / Camden County

#### CHECK IF

who mus the certificat the certificat reponsibility another entity

## Ensure that the name(s) and address(s) of the permittee, facility, and reporting recipient are correct.

facility shall sign nt works shall sign person having that by has contracted with

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 that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment, pursuant to N.J.A.C. 7:14A-6.9(B). The New Jersey Water Pollution Control Act provides for penalties up to \$50,000 per violation.

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR \*LICENSED OPERATOR

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR \*LICENSED OPERATOR

DATE

AREA CODE/PHONE NUMBER

I certify under penalty of law and in accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed the attached discharge monitoring reports.

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

<sup>\*</sup>For a local agency where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall sign the following certification:

REA CODE/PHONE NUMBER



#### New Jersey Department of Environmental Protection Division of Water Quality

#### **Surface Water Discharge Monitoring Report Submittal Form**

NJPDES PERMIT		M	ONITO	RIN	G PERIC	MONITORED LOCATION:				
NJ0123456	Month	Day	Year 2015	To	Month	Day 31	Year	001A - CSO		
NJ0123456	1 1 1		2015	То	1	31	2015	001A - CSO		

#### **PERMITTEE:**

MUNICIPALITY "X" 123 STREET ROAD MUNICIPALITY "X", NJ 01234

designator.

#### **LOCATION OF ACTIVITY:**

MUNICIPALITY "X"
123 STREET ROAD
MUNICIPALITY "X", NJ 01234

#### REPORT RECIPIENT:

MUNICIPALITY "X" 123 STREET ROAD MUNICIPALITY "X", NJ 01234

#### **REGION / COUNTY: Southern / Camden County**

CHECK IF APPLICABLE No Discharge this Monitoring Period **Monitoring Report Comments Attached** WHO MUST SIGN The h traying day-to-day managerial and operational responsibilities for the discharging facility shall sign the certific treatment works shall sign a person having that the co cv has contracted with Check this box if you have had no discharge from the CSO rep and outfall for the monitoring period. nd all attachments, and Ιc on is true, accurate and tha If checked, only the DMR submittal form needs to prisonment, pursuant to be submitted for that particular monitoring location and monitoring period. (i.e. the DMR NUMBER (IF APPLICABLE) NA form does not need to be submitted) SIG EA CODE/PHONE NUMBER  $*F_{\epsilon}$ n having that responsibility or per Exception: This box should *never* be checked for the CSO eports. I ce outfall with the lowest numerical monitoring location



#### New Jersey Department of Environmental Protection Division of Water Quality

#### **Surface Water Discharge Monitoring Report Submittal Form**

NJPDES PERMIT		M	ONITO	RIN	G PERIC	MONITORED LOCATION:				
NJ0123456	Month	Day	Year		Month	Day	Year	001A - CSO		
1130123430	1	1	2015	To	1	31	2015	TOTA - CSO		

PERMITTEE:

MUNICIPALITY "X" 123 STREET ROAD MUNICIPALITY "X", NJ 01234 **LOCATION OF ACTIVITY:** 

MUNICIPALITY "X" 123 STREET ROAD

MUNICIPALITY "X", NJ 01234

**REPORT RECIPIENT:** 

MUNICIPALITY "X" 123 STREET ROAD

MUNICIPALITY "X", NJ 01234

REGION / COUNTY: Southern / Camden County

**CHECK IF APPLICABLE:** 

No Discharge this Monitoring Period

**Monitoring Report Comments Attached** 

WHO MUST SIGN The highest ranking official having day-to-day managerial and opthe certification or, in his absence a person designated by that person. For a local agency the certification. Where the highest ranking operator does not have the ability to authorize reponsibility or parson decignated by that parson shall also sign the second cartification

consideration to the discharging facility shall sign operator of the treatment works shall sign re personnel, a person having that

cy has contracted with

another e I certif

Check this box if you wish to submit DMR comments.

Your comments should be attached to the DMR submittal form

and must identify the below information as it pertains to the

s, and e and ant to

that, ba comple N.J.A.

NAME

SIGNA'

\*For a person

I certify

comments: NJPDES permit #

- monitored location
- monitoring period

CABLE)

NUMBER

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E NUMBER

NAME AND



licensed o responsibi	elds, information and signature of to the perator having day-to-day manager lities for the treatment works, included applicable expenditures or hire personations.	ial and o	operational e responsibility to
op co	here a local agency has contracted verate the treatment works, the high ntracted entity, and not the local agbinital form.	hest ran	king official of the
who the cer the cer reports	his/her absence, this person may a sponsible official to sign the DMR su th the provisions of N.J.A.C. 7:14A-4	ubmitta	
that, based on my inquiry of the complete. I am aware that the N.J.A.C. 7:14A-6 9(P).		ossibility of fine	information is true, accurate and and/or imprisonment, pursuant to
NAME AND TITLE OF PRINCIPAL E	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND I	REGISTRY NUMBER (IF APPLICABLE)
	TIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR ust ranking operator does not have the ability to authorize capital expenditures it sign the following certification:	DATE  and hire personn	AREA CODE/PHONE NUMBER
I certify under penalty of law and in a	eccordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed the attack.	ached discharge n	nonitoring reports.
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER



#### New Jersey Department of Environmental Protection Division of Water Quality

#### **Surface Water Discharge Monitoring Report Submittal Form**

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0123456	Month Day Year Month Day Year	0011 CCO

## **PERMITTEE**

MUNICIPALITY 123 STREET RO MUNICIPALITY

CHECK IF APPI

#### WHO MUST SIG

the certification or, the certification. W reponsibility or per another entity to op

I certify under penthat, based on my complete. I am aw N.J.A.C. 7:14A-6.9

If the person certifying the DMR does not have the responsibility to authorize capital expenditures and hire personnel for the local agency, then information and a signature of the person having those responsibilities is required at the bottom of the DMR submittal form.

• In his/her absence, this person may authorize another responsible official to sign the DMR submittal form consistent with the provisions of N.J.A.C. 7:14A-4.9(b).

A signature here indicates that the person has received and reviewed the accompanying completed DMR.

SIGNATURE OF PRINCIPAL EXECT

\*For a local agency where the person designated by that so not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that so not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that so not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that so not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that so not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that so not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that so not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that so not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that so not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that so not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that so not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that so not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that so not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that so not have the ability to authorize capital expenditures and hire personnel, a person having that re

## **Surface Water Discharge Monitoring Report** PERMIT NUMBER:

PI 12345

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0123456

001A CSO

1/1/2016 TO 1/31/2016

**MUNICIPALITY "X"** 

PARAMETER		QUANTITY (	OR LOADING	UNITS	QUAL	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Solids/Floatables	SAMPLE MEASUREMENT	****	****		***		****				
*SOLF 1 Effluent Gross Value	PEOLIDEMENT ****** *****	*****	*****	REPORT 01MOTO	•••••	CU YARDS		1/Month	MEASRD		
	QL	*****	****		*****	****	*****				
Precipitation	SAMPLE MEASUREMENT	****	*****		****		****	#INCHES			
00193 1 Effluent Gross Value	PERMIT REQUIREMENT	****	*****	****	****	REPORT 01MOTO	*****			1/Month	MEASRD
Eπiuent Gross value	QL	****	****		*****	*****	*****				
Duration Of Discharge	SAMPLE MEASUREMENT	****	*****		****		****	# OF DAYS			
50037 1 Effluent Gross Value	PERMIT REQUIREMENT	****	*****	*****	****	REPORT 01MOTO	*****			1/Month	ESTIMA
	QL	*****	*****	§	*****	*****	*****				
Lab Certification #	SAMPLE MEASUREMENT										
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	****	*****		*****	*****	*****	7.			



PERMIT NUMBER:	MONI	TORED LOCA	TION:	MONITORI	NG PERIOD:	FACILITY NAME:							
NJ0123456	001A	cso		1/1/2016 To	O 1/31/2016	MUNICIPAL	ITY "X"						
PARAMETER		QUANTITY (	OR LOADING	UNITS	QUALI	TY OR CONCENTE	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE		
Solids/Floatables	SAMPLE MEASUREMENT	***	*****		***		****						
*SOLF 1 Effluent Gross Value	PERMIT	*****	*****	****	*****	REPORT 01MOTO	*****	CU YARDS		1/Month	MEASRI		
		*****	****		*****	*****	*****						
Precipitation			*****		*****	-	****						
00193 1	DE CONTRACTOR DE			*****		REPORT		# INCHES	HARA	1/Month	MEASRE		
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Effluent Gross Value	REQUIREMENT		to carefraktions			01МОТО	<b>建筑</b> 的主要用来证明						
	QL	*****	*****		*****	*****	*****						
Lab Certification #	SAMPLE MEASUREMENT												
99999 99	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT	REPORT	REPORT			Not Applic			
Lab		Lau #	Lau #		Lab#	Lab#	Lab#				NOT AP		



5003 Efflu

Lab

9999

PERMIT NUMBER:	PERMIT NUMBER: MONITORED LOCATION:				NG PERIOD:	FACILITY N	IAME:						
NJ0123456	001A C	so		1/1/2016 TC	1/31/2016	MUNICIPALITY "X"							
PARAMETER	QUANTITY OR LOADING		UNITS	QUA	QUALITY OR CONCENTRATION			NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE			
Solids/Floatables	SAMPLE MEASUREMENT	****	****		****	_	****						
*SOLF 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	****	*****	RE 01	*****	CU YARDS		1/Month	MEASRD		
	QL	*****	*****		*****		****						
Precipitation	SAMPLE MEASUREMENT	****	****		*****								
00193 1	PERMIT	*****	*****	****	*****					1/Month	MEASRD		
Effluent G													
Dura Quality	or Conc	entratio	<u>on</u> :								1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		

- The total volume (reported in cubic yards) of all S/F removed and disposed of from all outfalls during the month.
- Reporting on this paramter is only necessary when the S/F material is measured for disposal (e.g. filled dumpsters)
- For months where disposal of S/F materials has not occurred for any CSO regulated through the permit, the permittee shall report a value of "Code = N" on the DMR.



PERMIT NUMBER:	MONI	TORED LOCA	TION:	MONITORIN	IG PERIOD:	FACI	LITY NA	AME:				
NJ0123456	001A	cso		1/1/2016 TO	1/31/2016	MUN	CIPAL	TY "X"				
PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	TY OR CO	NCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
olids/Floatables	SAMPLE MEASUREMENT	****	*****		*****			****				
SOLF 1	PERMIT REQUIREMENT	*****	****	*****	****	REPO 01MC			CU YARDS		1/Month	MF SRI
No. Ex. (N	umher d	of Evelir	sions):					*****				
IVO. LX. (IV	uniber	) LACUIS	<u> </u>					****				
<ul><li>This op</li></ul>	oen field	should	always	be left		REPO	CONTROL BANKS THE	anna.	# INCHES		1/Month	ASRI
blank s	since the	ere are r	o limits	s impose	ed.	***	10	*****				
	MEASUREMENT	****	****	-	*****			****				
scharge 037 1	PERMIT			*****			ORT		# OF DAYS		1/Monf	STIMA
fluent Gross Value	REQUIREMENT	*****	*****			01MC		*****	- Front Barro			
ab Certification #	SAMPLE						el arolen el actifica					
9999 99	MEASUR Fro	equency	of Anal	lvcic.		REPO	ORT	REPORT			Nd	NOT AP
ab	REQ!	<u>.querrey</u>	oj Anai	<u>y313</u> .		Lab		Lab #				
	•	Frequei	ncy sho	uld <i>alwo</i>	ays be	***						
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							•	Sample	type	sho	uld <i>alv</i>	vays
								be repo	rted a	as "	measu	red".

## Surface Water Discharge Monitoring Report

PI 12345

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0123456

001A CSO

1/1/2016 TO 1/31/2016

MUNICIPALITY "X"

PARAMETER		QUANTITY	OR LOADING	UNITS	QUAL	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Solids/Floatables	SAMPLE MEASUREMENT	*****	*****		*****	30	****			1/month	Measured
*SOLF 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOTO	*****	CU YARDS		1/Month	MEASRD
	QL	****	****		****	****	*****				
Precipitation	SAMPLE MEASUREMENT	*****	*****		****		****	-			
00193 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOTO	*****	# INCHES		1/Month	MEASRD
	QL	*****	****		*****	*****	*****				
Duration Of Discharge	SAMPLE MEASUREMENT	****	****		****		****				
50037 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	****	REPORT 01MOTO	*****	# OF DAYS		1/Month	ESTIMA
	QL	*****	*****		*****	*****	*****				
Lab Certification #	SAMPLE MEASUREMENT										
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab#			Not Applic	NOT AP
	QL	****	*****		*****	*****	****				

## **Example**:

A permittee is regulated for 5 CSO outfalls. During the course of the month, approximately one full dumpster of S/F material was disposed. The volume of their dumpster is 30 cubic yards. What value should be reported on the DMR?

Answer: 30



PERMIT NUMBER:	MON17	TORED LOCA	TION:	MONITORIN	IG PERIOD:	FACILITY NA	ME:				
NJ0123456	001A C	cso		1/1/2016 TO	1/31/2016	MUNICIPALI	TY "X"				
PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Solids/Floatables	SAMPLE MEASUREMENT	****	****		*****	30	*****			1/month	Measured
*SOLF 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOTO	*****	CU YARDS		1/Month	MEASRD
	QL	*****	*****		*****	*****	*****				
Precipitation	SAMPLE MEASUREMENT	****	*****		*****		****				
00193 1 Effluent Gross Va	PERMIT	*****	*****	****	*****	REPORT 01MOTO	*****	# INCHES		1/Month	MEASRD
		*****	*****		*****	*****	*****				
Duration Of Discharge			*****		*****		****				
50037 1 Effluent Gross Value	REQU			*****	*****	REPORT 01MOTO	*****	# OF DAYS		1/Month	ESTIMA
						all (i.e. th	e outfa	ll with	the	e lowe:	st
	QL	****	*****		*****	*****	****				



FLINIVIT NOWDEN.	WOTVIT	ONLD LOCA	TIOIV.	WOINTOIN	ING FLINIOD.	TACILITINA	TIVIL.				
NJ0123456	001A C	cso		1/1/2016 T	O 1/31/2016	MUNICIPAL	ITY "X"				
PARAMETER		QUANTITY	OR LOADING	UNITS	QUAI	LITY OR CONCENTR	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Solids/Floatables	SAMPLE MEASUREMENT	****	****		*****	30	*****			1/month	Measured
*SOLF 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOTO	*****	CU YARDS		1/Month	MEASRD
	QL	*****	****		*****	*****	*****				
Precipitation	SAMPLE MEASUREMENT	****	****		*****		*****				
00193 1 Effluent Gross Value	PERMIT			*****		REPO				1/Month	MEASRD

FACILITY NAME

Duration Of
Discharge
50037 1
Effluent Gross

Lab Certification

99999 99 Lab

## **Quality or Concentration:**

- The total amount of precipitation measured during the monitoring period from a single rain gauge representative of the area.
- A rain gauge located within the permittee's CSS is considered "representative of the area" (e.g. airports, local/regional STP, etc...)
- A rain gauge located outside of the permittee's CSS may be considered "representative of the area" upon Department approval.
- Site-specific characteristics of the area may necessitate the use of multiple rain gauges to obtain precipitation data representative of area.
   If multiple rain gauges are utilized, please contact the Department.
- Trace values can be counted as 0 for determining total precipitation.
- For monitoring periods where no precipitation was measured at the rain gauge, the permittee shall report a value of zero (i.e. 0) on the DMR.

Comments: Should



	001A C	SO		1/1/2016 TO	1/31/2016	MUNICIPALI	TY "X"				
PARAMETER		QUANTITY (	OR LOADING	UNITS	QUAL	LITY OR CONCENTRA	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Solids/Floatables	SAMPLE MEASUREMENT	****	****		****	30	*****			1/month	Measure
SOLF 1	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOTO	****	CU YARDS		1/Month	MEASRD
	QL	*****	****		*****	****	*****				
recipitation	SAMPLE MEASUREMENT	****	****		****		*****				1
0193 1	PERMIT			*****	file hours	REPORT		# INCHES		1/Month	MF SRD
•	en field s		•		***	REPORT 01MOTO	***	# OF DAYS		1/Month	TIMA
blank sii	en field s nce there		•		1.		*****	# OF DAYS		1/Month	TIMA
blank sii			•		1.		A GOTTON BETT	# OF DAYS		1/Month	TIMA
•	nce there		•		1.		A GOTTON BETT	# OF DAYS		1/Month Not	TIMA IOT AP

FACILITY NAME

Comments: Should the permittee have any questions regarding this form, the permittee should contact the Bureau of Surface Water Permitting CSO Program at (609) 292-4860.

be reported as "measured".

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0123456

001A CSO

1/1/2016 TO 1/31/2016

**MUNICIPALITY "X"** 

PARAMETER		QUANTITY (	OR LOADING	UNITS	QUAL	ITY OR CONCENTRA	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Solids/Floatables	SAMPLE MEASUREMENT	****	****		****	30	****			1/month	Measured
*SOLF 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	****	*****	*****	REPORT 01MOTO	*****	CU YARDS		1/Month	MEASRD
	QL	*****	****		*****	*****	*****				
Precipitation	SAMPLE MEASUREMENT	****	****		****	2.5	****			1/month	Measured
00193 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	****	*****	****	REPORT 01MOTO	*****	# INCHES		1/Month	MEASRD
	QL	*****	*****	9	*****	*****	*****				
Duration Of	SAMPLE	****	****		****		****				

## **Example:**

All five CSO outfalls are associated with a relatively small CSS and, as such, a single rain gauge located at a nearby airport within the CSS is being utilized to obtain precipitation data representative of the area. During the course of the month, the following precipitation levels were observed at the rain gauge:

$$1/3/16 = 0.25$$
 inches  $1/8/16 = 1.25$  inches

$$1/8/16 = 1.25$$
 inches

$$1/26/16 = 0.2$$
 inches

$$1/4/16 = 0.50$$
 inches

$$1/9/16 = 0.3$$
 inches

What value should be reported on the DMR?

**Answer:** 0.25 + 0.50 + 1.25 + 0.3 + 0.2 = 2.5

## **Surface Water Discharge Monitoring Report**

PERMIT NUMBER: MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0123456

99999 99

Lab

001A CSO

1/1/2016 TO 1/31/2016

**MUNICIPALITY "X"** 

PARAMETER		QUANTITY (	OR LOADING	UNITS	QUAL	ITY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Solids/Floatables	SAMPLE MEASUREMENT	****	****		****	30	****			1/month	Measured
*SOLF 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 01MOTO	*****	CU YARDS		1/Month	MEASRD
	QL	*****	****		*****	*****	*****				
Precipitation	SAMPLE MEASUREMENT	*****	****		****	2.5	****			1/month	Measured
00193 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 01MOTO	*****	# INCHES		1/Month	MEASRD
	QL	****	****		*****	*****	*****				
Duration Of Discharge	SAMPLE MEASUREMENT	****	*****		*****		****				
59037_1 Effluent Gross Value	PERMINE			*****	*****	REPORT 01MOTO	*****	# OF DAYS		1/Month	ESTIMA
Lab Certification #	QL	gggstanters residentes.									

For those permittees where reporting on this parameter was delayed 6 months, this parameter will be present on each CSO outfall DMR beginning January 1, 2016.

AP

**Note**: For CSO outfalls where "Duration of Discharge" is the only parameter to be reported on the DMR, permittees will not receive, or be required to submit, DMRs until the January 2016 monitoring period.

Comments: Should the permittee

Others will be required to report on this parameter beginning July 1, 2015.

Pre-Print Creation Date: 4/23/2015

bage 1 of 1



MONITORING PERIOD: FACILITY NAME: NJ0123456 **001A CSO** 1/1/2016 TO 1/31/2016 **MUNICIPALITY "X"** FREQ. OF SAMPLE PARAMETER QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS EX **ANALYSIS TYPE** Solids/Floatables SAMPLE 30 1/month Measured \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* REPORT MEASRD \*SOLF 1 1/Month **CU YARDS** \*\*\*\*\* \*\*\*\* \*\*\*\*\* REQUIREMEN 01MOTO Effluent Gross Value \*\*\*\*\* \*\*\*\*\* QL Precipitation SAMPLE 25 1/month Measured \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* MEASUREMENT 00193 1 REPORT 1/Month MEASRD # INCHES REQUIREMENT 01MOTO Effluent Gross Value \*\*\*\*\* \*\*\*\*\* QL **Duration Of** SAMPLE \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* MEASUREMENT Discharge REPORT **ESTIMA** 1/Month

Lab Certification #

**Effluent Gross Value** 

99999 99 Lab

## **Quality or Concentration**:

- Reported on the DMR as the number of calendar days where a discharge from an outfall occurred (reported in whole days).
- Data intended to represent the estimated # of days on which discharges from an outfall occurred; not the # of discharge events.
  - E.g. If there was an intermittent discharge from the CSO over the course of a day, the value reported on the DMR would be 1 day.
- For months where no discharge occurred from the outfall with the lowest numerical monitoring location designator, the permittee shall report a value of zero (i.e. 0) on the DMR.

Comments: Should the permit



PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0123456

001A CSO

1/1/2016 TO 1/31/2016

**MUNICIPALITY "X"** 

PARAMETER		QUANTITY (	OR LOADING	UNITS	QUAL	ITY OR CONCENTRA	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Solids/Floatables	SAMPLE MEASUREMENT	****	****		*****	30	****			1/month	Measured
*SOLF 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 01MOTO	*****	CU YARDS		1/Month	MEASRD
	QL	****	****		*****	****	*****				
Precipitation	SAMPLE MEASUREMENT	****	****		*****	2.5	****			1/month	Measured
00193 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOTO	*****	# INCHES		1/Month	MEASRD
	QL	****	****		*****	*****	*****				
Duration Of	SAMPLE	*****	*****		*****		*****				
Discharge	MEASUREMENT	*****	*****		*****		*****				
50037 1		· 集工工作				REPORT				1/Month	ESTIMA
Effluent Gross Value											

Lab Certification #

99999 99 Lab

## **Quality or Concentration (con't)**:

- Can be determined using various methods including, but not limited to, the following:
  - simple visual observations (e.g. through the use of chalk lines or tethered wooden blocks, directly witnessing a discharge, etc...),
  - monitoring instruments (e.g. floats, sensors, etc.,); or
  - a correlation, derived from the outputs of computer modeling, between CSO discharge occurrences and rainfall amounts.

Comments: Should the permit



NJ0123456	001A	CSO		1/1/2016 T	O 1/31/2016	MUNICIPALIT	Y "X"				
PARAMETER		QUANTITY (	OR LOADING	UNITS	QUAI	LITY OR CONCENTRAT	TION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Solids/Floatables SOLF 1 Effluent Gross Value		<i>Ex. (Nun</i> Γhis oper				e left	*****	CU YARDS		1/month	Measured
Precipitation	į k	olank sin	ce there	are no	o limits i	mposed.	****			1/month	Measured
00193 1 Effluent Gross Value	PERMIT REQUIREMENT	****	*****	*****	*****	*****	*****	# INCHES		1/Month	MEASRD
Ouration Of Discharge	SAMPLE MEASUREMENT	****	*****	NATE OF THE PROPERTY OF THE PR	****		****				
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOTO	*****	JAYS		1/Month	IMA
ab Certification #	SAMPLE MEASUREMENT										and the second s
99999 99  _ab	Frequ	ency shoted as "1	uld <i>alw</i>	•		• S	nple Type	type		ould <i>alv</i>	•

FACILITY NAME:

Surface Water Discharge Monitoring Report

PI 12345

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0123456

001A CSO

1/1/2016 TO 1/31/2016

**MUNICIPALITY "X"** 

PARAMETER		QUANTITY (	OR LOADING	UNITS	QUAL	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Solids/Floatables	SAMPLE MEASUREMENT	*****	*****		****	30	*****			1/month	Measured
*SOLF 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOTO	*****	CU YARDS		1/Month	MEASRD
	QL	****	****		*****	****	*****				
Precipitation	SAMPLE MEASUREMENT	****	*****		****	2.5	****			1/month	Measured
00193 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOTO	*****	# INCHES		1/Month	MEASRD
	QL	*****	****		*****	*****	*****				
Duration Of Discharge	SAMPLE MEASUREMENT	****	*****		****	5	****			1/month	Estimated
50037 1 Effluent Gross Value	PERMIT REQUIREMENT	****	*****	*****	****	REPORT 01MOTO	*****	# OF DAYS		1/Month	ESTIMA
	QL	*****	*****		*****	*****	*****				
Lab Certification #	SAMPLE MEASUREMENT										
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab#	REPORT Lab #	REPORT Lab#			Not Applic	NOT AP
	QL	****	****		*****	*****	****				

## **Example:**

Based on the use of a tethered wooden block placed at the CSO outfall and visual inspections of the wooden block, it was observed that at least one overflow from the CSO occurred on the 3<sup>rd</sup>, 4<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, and 26<sup>th</sup> of January 2016. What value should be reported on the DMR?

Answer: 5

Com



PERMIT NUMBER: MONITORED LOCATION: MONITORING PERIOD: FACILITY NAME: **MUNICIPALITY "X"** NJ0123456 **001A CSO** 1/1/2016 TO 1/31/2016 NO FREQ. OF SAMPLE **PARAMETER** QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS EX **ANALYSIS TYPE** Solids/Floatables SAMPLE 30 Measured 1/month \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* MEASUREMEN REPORT 1/Month MEASRD \*SOLF 1 PERMIT \*\*\*\*\* **CU YARDS** \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* REQUIREMEN 01MOTO Effluent Gross Value \*\*\*\*\* \*\*\*\*\* QL Precipitation Measured Because laboratory analysis is not needed for the parameters 00193 1 MEASRD contained on the DMR form, all open fields associated with this Effluent Gross Value parameter should be left blank. **Duration Of** Estimated Discharge 50037 1 REPORT 1/Month **ESTIMA** # OF DAYS PERMIT \*\*\*\*\* \*\*\*\*\* 01MOTO **Effluent Gross Value** \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* QL Lab Certification # SAMPLE MEASUREMENT REPORT REPORT 99999 99 REPORT REPORT REPORT **Not Applic** NOT AP PERMIT REQUIREMEN' Lab# Lab# Lab# Lab# Lab# Lab \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* QL

PI 12345

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0123456

001A CSO

1/1/2016 TO 1/31/2016

**MUNICIPALITY "X"** 

PARAMETER		QUANTITY (	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Solids/Floatables	SAMPLE MEASUREMENT	****	****		****	30	****			1/month	Measured
*SOLF 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOTO	*****	CU YARDS		1/Month	MEASRD
	QL	*****	****		*****	****	*****				
Precipitation	SAMPLE MEASUREMENT	*****	*****		****	2.5	****			1/month	Measured
00193 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOTO	*****	# INCHES		1/Month	MEASRD
	QL	****	*****		*****	*****	*****				
Duration Of Discharge	SAMPLE MEASUREMENT	****	****		****	5	****			1/month	Estimated
50037 1 Effluent Gross Value	PERMIT REQUIREMENT	****	****	*****	*****	REPORT 01MOTO	*****	# OF DAYS		1/Month	ESTIMA
	QL	*****	*****		*****	*****	*****				
Lab Certification #	SAMPLE MEASUREMENT										
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	*****	*****		*****	*****	****				

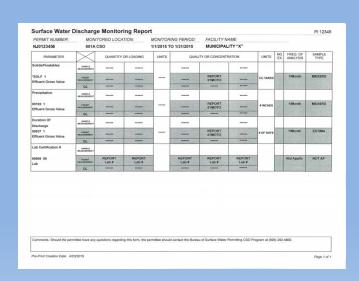
## **DMR Completed!**





## **Recap of DMR Form Completion**

- "Quality or Concentration" column:
  - Reported values are based on the type of parameter and units to be reported.
- "Number of Excursions" column:
  - Open fields should always be left blank for all 3 parameters.



- "Frequency of Analysis" column:
  - Always reported as "1/Month" for all 3 parameters.
- <u>"Sample Type" column</u>:
  - Always reported as "Measured" for Solids/Floatables and Precipitation
  - Always reported as "Estimated" for Duration of Discharge
- All open fields for Lab Certification # should always be left blank.



## **Additional Resources on CSO DMRs**

- NJDEP's CSO Website:
  - www.nj.gov/dep/dwq/cso.htm
  - FAQ documents
  - Quick Guide for CSO DMR Form Submissions





- Specific questions regarding completion of the CSO DMRs can be directed to your NJDEP CSO Team Leader.
  - Please refer to CSO website for names and contact information.
- General questions regarding DMRs can be directed to Debbie Esposti at (609) 984-4428 or <u>Debbie.Esposti@dep.nj.gov</u>.

## **DMR Reminders**

FACILITY NAME

QUALITY OR CONCE

MUNICIPALITY "

9

DMRs must be submitted monthly and are due 25 days after the last day of the

monitoring period.

51110			
****		****	
在水水水水	*****	*****	REPORT 01MOTO
杂水水水水		****	*****
***		****	
***	****	*****	REPORT 01MOTO
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<b>我在我我</b>		****	
教育的杂集	****	******	REPORT 01MOTO
Section 1			44444

There are two methods of DMR submission, paper or electronic, and electronic is strongly encouraged.

First DMR is due on or before August 25, 2015.

Comments: Should the permittee have any questions regardi

nitting CSO Program at (609) 292-4860.