



CSO Monitoring Report Form (MRF) Training

Part II: *Completing a CSO DMR*



Training Overview

Part II

Completing a CSO DMR

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



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

PI 12345

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
NJ0123456	Month	Day	Year	To	Month	Day	Year	001A - CSO
	1	1	2015		1	31	2015	

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 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 responsibility 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 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

**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:*

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



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

PI 12345

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REPORT RECIPIENT:

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

REGION / COUNTY

CHECK IF APPLICABLE: ☐ No Discharge this Month

Check that the NJPDES permit # on the DMR matches your NJPDES permit #.

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 responsibility 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.

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GRADE AND REGISTRY NUMBER (IF APPLICABLE)

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DATE

AREA CODE/PHONE NUMBER

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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



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Division of Water Quality
Surface Water Discharge Monitoring Report Submittal Form

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	1	1	2015		1	31	2015

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MUNICIPALITY "X"
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MUNICIPALITY "X", NJ 01234

LOCATION OF ACTIVITY:

MUNICIPALITY
123 STREET ROAD
MUNICIPALITY

REPORT RECIPIENT:

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

REGION / COUNTY

CHECK IF APPLICABLE: ☐ No Discharge this Month

WHO MUST SIGN The highest ranking official having day to day responsibility for the treatment works, or, in his absence a person designated by that person shall also sign the certification. Where the highest ranking operator does not have day to day responsibility or person designated by that person shall also sign the certification. Where the highest ranking operator does not have day to day responsibility or person designated by that person shall also sign the certification. Where the highest ranking operator does not have day to day responsibility or person designated by that person shall also sign the certification.

I certify under penalty of law that I have personally examined the treatment works, and that, based on my inquiry of those individuals immediately responsible for the operation and maintenance of the treatment works, the information is true, complete, and correct. 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.

Ensure that the dates specified on the DMR are for the monitoring period being reported.

Do not alter the monitoring period on the DMR.

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

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NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER



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Division of Water Quality
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NJPDES PERMIT	MONITORING PERIOD							MONITORED LOCATION:
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PERMITTEE:

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MUNICIPALITY "X", NJ 01234

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MUNICIPALITY "X", NJ 01234

REPORT RECIPIENT:

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

Ensure that the monitored location corresponds to the permitted outfall for the data being reported.

Comments Attached

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 responsibility 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.

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NAME AND TITLE

SIGNATURE

DATE

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MUNICIPALITY "X", NJ 01234

REGION / COUNTY: Southern / Camden County

CHECK IF

WHO MUST

the certifica
the certifica
responsibility
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
y 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.

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GRADE AND REGISTRY NUMBER (IF APPLICABLE)

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

DATE

AREA CODE/PHONE NUMBER

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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



New Jersey Department of Environmental Protection
Division of Water Quality

PI 12345

Surface Water Discharge Monitoring Report Submittal Form

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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 person having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification. If the facility is a treatment works, the person having day-to-day managerial and operational responsibilities for the treatment works shall sign the certification. If the facility is a person having that responsibility, the person having that responsibility shall sign the certification.

Check this box if you have had no discharge from the CSO outfall for the monitoring period.

- If checked, only the DMR submittal form needs to be submitted for that particular monitoring location and monitoring period. (i.e. the DMR form does not need to be submitted)

Exception: This box should never be checked for the CSO outfall with the lowest numerical monitoring location designator.

and all attachments, and
on is true, accurate and
prisonment, pursuant to

NUMBER (IF APPLICABLE)

EA CODE/PHONE NUMBER

n having that responsibility or

reports.

REA CODE/PHONE NUMBER



New Jersey Department of Environmental Protection
Division of Water Quality

PI 12345

Surface Water Discharge Monitoring Report Submittal Form

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NJ0123456	Month	Day	Year	To	Month	Day	Year	001A - CSO
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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 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 operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize the certification, the highest ranking operator shall hire personnel, a person having that responsibility or person designated by that person shall also sign the second certification at another location. If the agency has contracted with another agency, the agency shall sign the certification.

I certify
that, based on
complete review
of N.J.A.C. 7:27,
I am certifying
that the discharge
is in compliance
with the permit
conditions and
the applicable
regulations.

NAME AND TITLE

SIGNATURE

*For a person other than the permittee, the signature must be accompanied by a letter of authorization from the permittee.

I certify

NAME AND TITLE

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(CABLE)

NUMBER
nsibility or

ONE NUMBER

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 comments:

- NJPDES permit #
- monitored location
- monitoring period

In these fields, information and signature of the highest ranking licensed operator having day-to-day managerial and operational responsibilities for the treatment works, including the responsibility to authorize capital expenditures or hire personnel, must be provided.

- Where a local agency has contracted with another entity to operate the treatment works, the highest ranking official of the contracted entity, and not the local agency, shall sign 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).

I certify under penalty of law that I am the highest ranking licensed operator for obtaining the information, I believe that the information is true, accurate and complete. I am aware that 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

**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:*

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



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

PI 12345

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:
NJ0123456	Month	Day	Year	Month	Day	Year	001A CSO

PERMITTEE
MUNICIPALITY
123 STREET RO
MUNICIPALITY

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.

CHECK IF APPL

WHO MUST SIGN

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

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

NAME AND TITLE OF PR

SIGNATURE OF PRINCIPAL EXEC

ORIZED AGENT, OR *LICENSED OPERATOR

DATE

AREA CODE/PHONE NUMBER

**For a local agency where the operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that agency must sign the following certification:*

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

Surface Water Discharge Monitoring Report

PI 12345

PERMIT NUMBER: NJ0123456
 MONITORED LOCATION: 001A CSO
 MONITORING PERIOD: 1/1/2016 TO 1/31/2016
 FACILITY NAME: MUNICIPALITY "X"

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

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.

Surface Water Discharge Monitoring Report

PI 12345

PERMIT NUMBER: **NJ0123456** MONITORED LOCATION: **001A CSO** MONITORING PERIOD: **1/1/2016 TO 1/31/2016** FACILITY NAME: **MUNICIPALITY "X"**

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Solids/Floatables	SAMPLE MEASUREMENT	*****	*****		*****		*****				
*SOLF 1	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOTO	*****	CU YARDS		1/Month	MEASRD
Effluent Gross Value		*****	*****		*****	*****	*****				
Precipitation			*****		*****		*****				
00193 1	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	*****	# INCHES		1/Month	MEASRD
Effluent											
Dur											
Disc											
5003											
Effluent Gross Value	REQUIREMENT	*****	*****		*****	01MOTO	*****	# OF DAYS			
	QL	*****	*****		*****	*****	*****				
Lab Certification #	SAMPLE MEASUREMENT										
99999 99	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
Lab	QL	*****	*****		*****	*****	*****				

Only present on the DMR for the first CSO outfall (i.e. the outfall with the lowest numerical monitoring location designator).

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.

Surface Water Discharge Monitoring Report

PI 12345

PERMIT NUMBER: NJ0123456 MONITORED LOCATION: 001A CSO MONITORING PERIOD: 1/1/2016 TO 1/31/2016 FACILITY NAME: MUNICIPALITY "X"

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION		UNITS	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 Effluent G	PERMIT REQUIREMENT	*****	*****	*****	*****				1/Month	MEASRD
Dura										
Disc										
5003										
Efflu										
Lab										
9999										
Lab										

Quality or Concentration:

- The total volume (reported in cubic yards) of all S/F removed and disposed of **from all outfalls** during the month.
- Reporting on this parameter 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.

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.

Surface Water Discharge Monitoring Report

PI 12345

PERMIT NUMBER: **NJ0123456** MONITORED LOCATION: **001A CSO** MONITORING PERIOD: **1/1/2016 TO 1/31/2016** FACILITY NAME: **MUNICIPALITY "X"**

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION		UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Solids/Floatables	SAMPLE MEASUREMENT	*****	*****		*****	*****				
*SOLF 1	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOTO	CU YARDS		1/Month	ME SRD
Effluent Gross Value										
						REPORT 01MOTO	# INCHES		1/Month	ASRD
Discharge	MEASUREMENT	*****	*****		*****	*****				
50037 1	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOTO	# OF DAYS		1/Month	STIMA
Effluent Gross Value	QL	*****	*****		*****	*****				
Lab Certification #	SAMPLE MEASUREMENT									
99999 99	PERMIT REQUIREMENT					REPORT Lab #			No	NOT AP
Lab						*****				

No. Ex. (Number of Excursions):

- This open field should **always** be left blank since there are no limits imposed.

Frequency of Analysis:

- Frequency should **always** be reported as "1/month".

Sample Type:

- Sample type should **always** be reported as "measured".

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.

Surface Water Discharge Monitoring Report

PI 12345

PERMIT NUMBER: NJ0123456 MONITORED LOCATION: 001A CSO MONITORING PERIOD: 1/1/2016 TO 1/31/2016 FACILITY NAME: MUNICIPALITY "X"

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Solids/Floatables *SOLF 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	30	*****			1/month	Measured
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOTO	*****	CU YARDS		1/Month	MEASRD
	QL	*****	*****		*****	*****	*****				
Precipitation 00193 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****		*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOTO	*****	# INCHES		1/Month	MEASRD
	QL	*****	*****		*****	*****	*****				
Duration Of Discharge 50037 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****		*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOTO	*****	# OF DAYS		1/Month	ESTIMA
	QL	*****	*****		*****	*****	*****				
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT										
	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

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.

Surface Water Discharge Monitoring Report

PI 12345

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Solids/Floatables	SAMPLE MEASUREMENT	*****	*****		*****	30	*****			1/month	Measured
*SOLF 1	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOTO	*****	CU YARDS		1/Month	MEASRD
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
Precipitation	SAMPLE MEASUREMENT	*****	*****		*****		*****				
00193 1	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOTO	*****	# INCHES		1/Month	MEASRD
Effluent Gross Va		*****	*****		*****	*****	*****				
Duration Of Discharge			*****		*****		*****				
50037 1	REQU			*****	*****	REPORT 01MOTO	*****	# OF DAYS		1/Month	ESTIMA
Effluent Gross Value											
Lab											
9999											
Lab											
	QL	*****	*****		*****	*****	*****				

Only present on the DMR for the first CSO outfall (i.e. the outfall with the lowest numerical monitoring location designator).

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.

Surface Water Discharge Monitoring Report

PI 12345

PERMIT NUMBER: NJ0123456 MONITORED LOCATION: 001A CSO MONITORING PERIOD: 1/1/2016 TO 1/31/2016 FACILITY NAME: MUNICIPALITY "X"

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Solids/Floatables	SAMPLE MEASUREMENT	*****	*****		*****	30	*****			1/month	Measured
*SOLF 1	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOTO	*****	CU YARDS		1/Month	MEASRD
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
Precipitation	SAMPLE MEASUREMENT	*****	*****		*****		*****				
00193 1	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOTO	*****			1/Month	MEASRD
Effluent Gross Value											

Duration Of Discharge
50037 1
Effluent Gross V

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



FACILITY NAME:

MUNICIPALITY “X”Page 1 of 1

Surface Water Discharge Monitoring Report

PI 12345

PERMIT NUMBER: NJ0123456 MONITORED LOCATION: 001A CSO MONITORING PERIOD: 1/1/2016 TO 1/31/2016 FACILITY NAME: MUNICIPALITY "X"

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Solids/Floatables *SOLF 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	30	*****	CU YARDS		1/month	Measured
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOTO	*****			1/Month	MEASRD
	QL	*****	*****	*****	*****	*****	*****				
Precipitation 00193 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.5	*****	# INCHES		1/month	Measured
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOTO	*****			1/Month	MEASRD
	QL	*****	*****	*****	*****	*****	*****				
Duration Of Discharge 50037 Efflu	SAMPLE MEASUREMENT	*****	*****		*****		*****				

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

1/26/16 = 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

PI 12345

PERMIT NUMBER: NJ0123456 MONITORED LOCATION: 001A CSO MONITORING PERIOD: 1/1/2016 TO 1/31/2016 FACILITY NAME: MUNICIPALITY "X"

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Solids/Floatables	SAMPLE MEASUREMENT	*****	*****		*****	30	*****			1/month	Measured
*SOLF 1	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOTO	*****	CU YARDS		1/Month	MEASRD
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
Precipitation	SAMPLE MEASUREMENT	*****	*****		*****	2.5	*****			1/month	Measured
00193 1	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOTO	*****	# INCHES		1/Month	MEASRD
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
Duration Of Discharge	SAMPLE MEASUREMENT	*****	*****		*****		*****				
00037 1	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOTO	*****	# OF DAYS		1/Month	ESTIMA
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
Lab Certification #	SAMPLE MEASUREMENT										
99999 99	REQ										AP
Lab											

- 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.

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.

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

Comments: Should the permittee

Surface Water Discharge Monitoring Report

PI 12345

PERMIT NUMBER: NJ0123456 MONITORED LOCATION: 001A CSO MONITORING PERIOD: 1/1/2016 TO 1/31/2016 FACILITY NAME: MUNICIPALITY "X"

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Solids/Floatables *SOLF 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	30	*****			1/month	Measured
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOTO	*****	CU YARDS		1/Month	MEASRD
	QL	*****	*****		*****	*****	*****				
Precipitation 00193 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	2.5	*****			1/month	Measured
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOTO	*****	# INCHES		1/Month	MEASRD
	QL	*****	*****		*****	*****	*****				
Duration Of Discharge 00037 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****		*****				
	PERMIT REQUIREMENT	*****	*****		*****	REPORT	*****			1/Month	ESTIMA
Lab Certification # 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 permittee

Surface Water Discharge Monitoring Report

PI 12345

PERMIT NUMBER: **NJ0123456** MONITORED LOCATION: **001A CSO** MONITORING PERIOD: **1/1/2016 TO 1/31/2016** FACILITY NAME: **MUNICIPALITY "X"**

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Solids/Floatables *SOLF 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	30	*****			1/month	Measured
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOTO	*****	CU YARDS		1/Month	MEASRD
	QL	*****	*****		*****	*****	*****				
Precipitation 00193 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	2.5	*****			1/month	Measured
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOTO	*****	# INCHES		1/Month	MEASRD
	QL	*****	*****		*****	*****	*****				
Duration Of Discharge 00037 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****		*****				
	PERMIT REQUIREMENT	*****	*****		*****	REPORT	*****			1/Month	ESTIMA
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

Surface Water Discharge Monitoring Report

PI 12345

PERMIT NUMBER: NJ0123456 MONITORED LOCATION: 001A CSO MONITORING PERIOD: 1/1/2016 TO 1/31/2016 FACILITY NAME: MUNICIPALITY "X"

PARAMETER		QUANTITY OR LOADING	UNITS	QUALITY OR CONCENTRATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Solids/Floatables				*****			1/month	Measured
*SOLF 1				*****	CU YARDS		1/Month	MEASRD
Effluent Gross Value				*****				
Precipitation				*****			1/month	Measured
00193 1	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1/Month	MEASRD
Effluent Gross Value	QL	*****	*****	*****	*****	*****		
Duration Of Discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		
50037 1	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1/Month	ESTIMA
Effluent Gross Value	QL	*****	*****	*****	*****	*****		
Lab Certification #	SAMPLE MEASUREMENT							
99999 99	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #	REPORT Lab #	REPORT Lab #	Not A		OT AP
Lab				*****	*****			

No. Ex. (Number of Excursions):

- This open field should **always** be left blank since there are no limits imposed.

Frequency of Analysis:

- Frequency should **always** be reported as "1/month".

Sample Type:

- Sample type should **always** be reported as "estimated".

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.

Surface Water Discharge Monitoring Report

PI 12345

PERMIT NUMBER: NJ0123456 MONITORED LOCATION: 001A CSO MONITORING PERIOD: 1/1/2016 TO 1/31/2016 FACILITY NAME: MUNICIPALITY "X"

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Solids/Floatables *SOLF 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	30	*****	CU YARDS		1/month	Measured
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOTO	*****			1/Month	MEASRD
	QL	*****	*****		*****	*****	*****				
Precipitation 00193 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.5	*****	# INCHES		1/month	Measured
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOTO	*****			1/Month	MEASRD
	QL	*****	*****		*****	*****	*****				
Duration Of Discharge 00037 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	5	*****	# OF DAYS		1/month	Estimated
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOTO	*****			1/Month	ESTIMA
	QL	*****	*****		*****	*****	*****				
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT										
	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 3rd, 4th, 8th, 9th, and 26th of January 2016. What value should be reported on the DMR?

Answer: 5

Com

Surface Water Discharge Monitoring Report

PI 12345

PERMIT NUMBER: **NJ0123456** MONITORED LOCATION: **001A CSO** MONITORING PERIOD: **1/1/2016 TO 1/31/2016** FACILITY NAME: **MUNICIPALITY "X"**

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			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											Measured
00193 1 Effluent Gross Value											MEASRD
Duration Of Discharge											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	*****	*****		*****	*****	*****				

- Because laboratory analysis is not needed for the parameters contained on the DMR form, all open fields associated with this parameter should be left blank.

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.

Surface Water Discharge Monitoring Report

PI 12345

PERMIT NUMBER: NJ0123456 MONITORED LOCATION: 001A CSO MONITORING PERIOD: 1/1/2016 TO 1/31/2016 FACILITY NAME: MUNICIPALITY "X"

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

DMR Completed!



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.

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.
- “Sample Type” column:
 - 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.

Surface Water Discharge Monitoring Report PI 12345

PERMIT NUMBER: NJ0123456 MONITORED LOCATION: 001A CSO MONITORING PERIOD: 1/1/2015 TO 1/31/2015 FACILITY NAME: MUNICIPALITY "K"

PARAMETER	QUANTITY OR LOADING	UNITS	QUALITY OR CONCENTRATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Solids/Floatables							
SS01 1 Effluent Gross Value	CL		REPORT 01MOTO			1/Month	MEASRD
Precipitation							
0010 1 Effluent Gross Value	CL		REPORT 01MOTO			1/Month	MEASRD
Duration Of Discharge							
0003 1 Effluent Gross Value	CL		REPORT 01MOTO			1/Month	ESTIMA
Lab Certification #							
9999 99 Lab	REPORT Lab #	REPORT Lab #	REPORT Lab #	REPORT Lab #		Not Applicable	NOT AP

Comments: Should the permittee have any questions regarding this form, the permittee should contact the Bureau of Surface Water Permitting CSO Program at (856) 292-4863.

Pre-Print Creation Date: 4/23/2015 Page 1 of 1

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 Debbie.Esposti@dep.nj.gov.



DMR Reminders

DD: FACILITY NAME:
5 MUNICIPALITY NAME:

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

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 regarding

submitting CSO Program at (609) 292-4860.