

## NJPDES – DGW Exceedance Report for Terminated Sanitary Landfills

Facility Name: \_\_\_\_\_ NJPDES-DGW Permit #: \_\_\_\_\_

Sampling Date: \_\_\_\_\_ Reporting Period: \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_  
Month/Year Month/Year

NJ Lab Cert. #: \_\_\_\_\_ Applicable GW Classification: \_\_\_\_\_

During the above monitoring event, did any analytical parameter exceed the applicable Ground Water Quality Criteria (GWQC)? No \_\_\_\_\_ Yes \_\_\_\_\_ (if yes, specify details in the table below)

Parameter	Well ID	Units	GWQC	Lab Result

*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.*

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title \_\_\_\_\_