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

<table>
<thead>
<tr>
<th>NJPDES PERMIT</th>
<th>MONITORING PERIOD</th>
<th>MONITORED LOCATION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NJ0123456</td>
<td>Month 1, Day 1, Year 2015 To Month 1, Day 31, Year 2015</td>
<td>001A - CSO</td>
</tr>
</tbody>
</table>

**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**

*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**
Check that the NJPDES permit # on the DMR matches your NJPDES permit #.
Ensure that the dates specified on the DMR are for the monitoring period being reported.

Do not alter the monitoring period on the DMR.
Ensure that the monitored location corresponds to the permitted outfall for the data being reported.

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

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

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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.

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<th>AREA CODE/PHONE NUMBER</th>
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</thead>
</table>
Ensure that the name(s) and address(s) of the permittee, facility, and reporting recipient are correct.

### Surface Water Discharge Monitoring Report Submittal Form

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

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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**

*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.

**DATE**

**AREA CODE/PHONE NUMBER**

---

**NAME AND TITLE**

**SIGNATURE**

**DATE**

**AREA CODE/PHONE NUMBER**
**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.
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).
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.
# Surface Water Discharge Monitoring Report

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

<table>
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<tr>
<th>PARAMETER</th>
<th>QUANTITY OR LOADING</th>
<th>UNITS</th>
<th>QUALITY OR CONCENTRATION</th>
<th>UNITS</th>
<th>NO EX</th>
<th>FREQ. OF ANALYSIS</th>
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<tbody>
<tr>
<td>Solids/Floatables</td>
<td>SAMPLE MEASUREMENT</td>
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<td>*****</td>
<td>*****</td>
<td>*****</td>
<td>C U YARDS</td>
<td>1/Month</td>
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<tr>
<td>&quot;SOLF 1 Effluent Gross Value</td>
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<td>*****</td>
<td>*****</td>
<td>*****</td>
<td>REPORT 01MOTO</td>
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<td>QL</td>
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<td>*****</td>
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</tr>
<tr>
<td>Precipitation</td>
<td>SAMPLE MEASUREMENT</td>
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<td>*****</td>
<td>*****</td>
<td>*****</td>
<td># INCHES</td>
<td>1/Month</td>
</tr>
<tr>
<td>00193 1 Effluent Gross Value</td>
<td>PERMIT REQUIREMENT</td>
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<td>*****</td>
<td>*****</td>
<td>*****</td>
<td>REPORT 01MOTO</td>
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<td>QL</td>
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<td>*****</td>
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<td>Duration Of Discharge</td>
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<td>*****</td>
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<td>*****</td>
<td># OF DAYS</td>
<td>1/Month</td>
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<td>*****</td>
<td>REPORT 01MOTO</td>
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<td>QL</td>
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</tr>
<tr>
<td>Lab Certification #</td>
<td>SAMPLE MEASUREMENT</td>
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<td>REPORT Lab #</td>
<td>REPORT Lab #</td>
<td>Not Applic</td>
<td>NOT AP</td>
</tr>
</tbody>
</table>

**Pre-Print Creation Date:** 4/23/2015

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

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

<table>
<thead>
<tr>
<th>PARAMETER</th>
<th>SAMPLE MEASUREMENT</th>
<th>QUANTITY OR LOADING</th>
<th>UNITS</th>
<th>QUALITY OR CONCENTRATION</th>
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<th>SAMPLE TYPE</th>
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<tr>
<td>Solids/Floatables</td>
<td></td>
<td>幼稚</td>
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<td>30</td>
<td></td>
<td></td>
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<td>Measured</td>
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<tr>
<td>Effluent Gross Value</td>
<td>PERMIT REQUIREMENT</td>
<td>幼稚</td>
<td></td>
<td>REPORT 01MOTO</td>
<td>CU YARDS</td>
<td>1/ Month</td>
<td>MEASRD</td>
<td></td>
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<tr>
<td>QL</td>
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<td>幼稚</td>
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<tr>
<td>Precipitation</td>
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<td>幼稚</td>
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<td></td>
</tr>
<tr>
<td>Effluent Gross Value</td>
<td>PERMIT REQUIREMENT</td>
<td>幼稚</td>
<td></td>
<td>REPORT 01MOTO</td>
<td># INCHES</td>
<td>1/ Month</td>
<td>MEASRD</td>
<td></td>
</tr>
</tbody>
</table>

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.

**Pre-Print Creation Date:** 4/23/2015
**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.
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.
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
- 1/4/16 = 0.50 inches
- 1/8/16 = 1.25 inches
- 1/9/16 = 0.3 inches
- 1/26/16 = 0.2 inches

What value should be reported on the DMR?

Answer: 0.25 + 0.50 + 1.25 + 0.3 + 0.2 = 2.5
• 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.
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.
### 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.
<table>
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<th>NO. EX.</th>
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<tbody>
<tr>
<td>Solids/Floatables</td>
<td></td>
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<td></td>
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<td>Duration Of Discharge</td>
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</table>

**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.
**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
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.
## Surface Water Discharge Monitoring Report

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

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<td>CU YARDS</td>
<td>1/month</td>
</tr>
<tr>
<td>&quot;SOLF 1 Effluent Gross Value&quot;</td>
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<td>Precipitation</td>
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<td>*****</td>
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<td>5</td>
<td># OF DAYS</td>
<td>1/month</td>
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<tr>
<td>00193 1 Effluent Gross Value</td>
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<td>REPORT Lab #</td>
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<td></td>
</tr>
</tbody>
</table>

**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:
  o Reported values are based on the type of parameter and units to be reported.

• “Number of Excursions” column:
  o Open fields should always be left blank for all 3 parameters.

• “Frequency of Analysis” column:
  o Always reported as “1/Month” for all 3 parameters.

• “Sample Type” column:
  o Always reported as “Measured” for Solids/Floatables and Precipitation
  o 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](http://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

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

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

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