

**JEA**

Facility Name:  
Facility Address:

Regulatory Conformance  
Self-Monitoring Report

Permit Number:  
Sample Point:

<b>Monitoring Period</b>	
2002	

Parameter Method #	Daily Flow	pH (min)	pH (max)	pH	COD	TSS	SGT-HEM	Cadmium	Chromium	Copper	Cyanide	Lead	Mercury	Nickel	Silver	Zinc	Note 1
Daily Limit	Report	5.5	10.5	5.5 to 10.5	Report	Report	100	1.20	10.00	3.38	3.38	1.40	0.006	3.98	0.43	2.61	
Units	Gal/Day	SU	SU	SU	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	
Sample Type		Grab	Grab	Grab	Comp	Comp	Grab	Comp	Comp	Comp	Grab	Comp	Comp	Comp	Comp	Comp	
Day 1																	
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Peak Daily Flow   
Average Daily Flow

No discharge occurred during this monitoring period

Note 1: Use this column to report analytical results not specifically required by the permit. Indicate parameter, method, and result for the corresponding sampling day. Attach additional sheets if necessary.

Please provide the following information for the laboratories that performed the above analyses:

Laboratory Name: \_\_\_\_\_  
Parameters: \_\_\_\_\_  
DOH Certification #: \_\_\_\_\_

Laboratory Name: \_\_\_\_\_  
Parameters: \_\_\_\_\_  
DOH Certification #: \_\_\_\_\_

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designated to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

\_\_\_\_\_  
Name of Authorized Representative Title Signature Date