



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF CLEAN WATER

**SUPPLEMENTAL REPORT  
DAILY EFFLUENT MONITORING**

Facility Name: Eureka Resources - Susquehanna Facility  
Municipality: Dimock Township County: Susquehanna  
Watershed: 4-G  
Laboratories: \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_  
NPDES Permit No.: PA0276405 Outfall No.: 001  
Renewal application due **180 days** prior to expiration  
This permit will expire on January 31, 2027

Effluent Parameters																		
Day	Flow		pH		DO		Temperature Increase		BOD5		TSS		Total Dissolved Solids		Osmotic Pressure		Oil and Grease	
	Q	MGD	Q	S.U.	Q	mg/L	Q	°F	Q	mg/L	Q	mg/L	Q	mg/L	Q	mOs/kg	Q	mg/L
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I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: \_\_\_\_\_  
Title: \_\_\_\_\_

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



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Day	Effluent Parameters																	
	Ammonia		Total Phosphorus		Total Antimony		Total Arsenic		Total Barium		Total Cadmium		Total Chromium (III)		Hexavalent Chromium		Total Cobalt	
	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L
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Day	Effluent Parameters																	
	Total Copper		Dissolved Iron		Total Lead		Total Mercury		Total Nickel		Total Selenium		Total Silver		Total Strontium		Sulfate	
	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L
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Day	Effluent Parameters																	
	Total Uranium		Total Thallium		Total Zinc		o-Cresol		2,4,6-Trichlorophenol		Phenol		Acetone		Acetophenone		1,4-Dioxane	
	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L
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Day	Effluent Parameters																		
	Benzene		Total BTEX		Chloride		Bromide		2-Butanone		p-Cresol		Pyridine		Gross Alpha		Ra-226/228, Total		
	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	mg/L	Q	pCi/L	Q	pCi/L	
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## INSTRUCTIONS FOR COMPLETING DAILY EFFLUENT MONITORING SUPPLEMENTAL REPORT

Use this form to report daily monitoring results for the parameters that must be monitored in effluent for compliance with the permit. Results for influent parameters are normally reported on Form 3800-FM-BCW0436.

1. Enter Facility Name, Municipality, County, Watershed No., Laboratories, Month, Year, NPDES Permit No., Outfall No., and Permit Expiration Date (it is noted that this information may be pre-populated if you have received this form with your permit). For Laboratories, list the names of all laboratories where samples were analyzed during the month, including on-site analysis.
2. In the column headers, below "Effluent Parameters," enter the names of parameters in the permit. Since limited space is provided, abbreviation may be necessary. If there are more parameters for an outfall than columns provided on the form, attach an additional sheet.
3. Below parameter names, and to the right of "Q" (Qualifier) column headers, enter the units associated each parameter (it is noted that this information may be pre-populated if you have received this form with your permit).
4. Enter monitoring results for parameters in the rows corresponding to the day of the month in which samples were collected. Enter results exactly as reported by the laboratory, or if measured with on-site equipment, to the level of precision recommended by the equipment manufacturer. Enter data qualifiers such as "<," ">," "J," and others in the "Q" column.
5. Calculate and report average values at the bottom of the table in accordance with the DMR Instructions (3800-FM-BCW0463) and DEP guidance (3800-BK-DEP3047). Note – for bacteria, calculate and report the geometric mean value.
6. Type the name of the person who prepared the form, the person's job title, and sign and date the form after reading the certification statement.