



de maximis, inc.

186 Center Street
Suite 290
Clinton, NJ 08809
(908) 735-9315
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August 22, 2011

Gayle Pagano and Robert Downes
Camden County Municipal Utilities Authority
1645 Ferry Avenue
Camden, New Jersey 08104

VIA ELECTRONIC MAIL

**RE: GEMS Phase II Site Trust
Industrial Discharge Monitoring Report (July 2011)**

Dear Ms. Pagano and Mr. Downes:

Enclosed please find the Industrial Discharge Monitoring Report (IDMR) for the GEMS Landfill pretreatment system for July 2011. Monitoring was performed at the frequency specified in the most recent permit modification which went into effect February 1, 2009. There were no exceedances of any discharge parameters during the monitoring period.

CCMUA continues to have near real-time access to all laboratory data via internet password-protected access to the laboratory.

Effective as of the March 2010 report, the IDMR and supporting data are now being submitted electronically. Please advise of any necessary changes or concerns. As always, if you have any questions please do not hesitate to contact me at (908) 735-9315.

Very truly yours,

de maximis, inc.

William J. Lee

cc: S. Wohleb, NJDEP (w/o data)
T. Mitchell, USEPA (w/o data)
GEMS Phase II Trust (w/o data)
R. Benson, GTMUA (w/o data)

CCMUA IDMR July 2011 (3120-31)

INDUSTRIAL DISCHARGE MONITORING REPORT (IDMR)

NAME : GEMS Site Phase II Trust
ADDRESS : Erial and Turnersville-Hickstown Rd.
 Gloucester, NJ 08030

PERMIT NUMBER
4953-BTCI-1

DISCHARGE NUMBER
002

SAMPLE DATE
07/01/11-07/31/11

FACILITY CONTACT : Tom Thomas

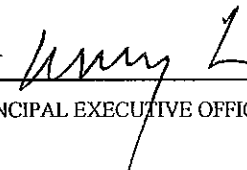
NOTE: PLEASE READ IDMR CHECKLIST BEFORE COMPLETING THIS FORM.

PARAMETER		QUALITY OR CONCENTRATION				SAMPLE FREQUENCY	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		
Arsenic, Total	SAMPLE MEASUREMENT	<0.1	<0.1	<0.1	mg/L	2/31	24 HOUR COMPOSITE
	PERMIT REQUIREMENT		1.0	1.0		ONE/2 WEEKS	24 HOUR COMPOSITE
Beryllium, Total	SAMPLE MEASUREMENT	<1	<1	<1	mg/L	2/31	24 HOUR COMPOSITE
	PERMIT REQUIREMENT		NL	NL		ONE/2 WEEKS	24 HOUR COMPOSITE
Cadmium, Total	SAMPLE MEASUREMENT	<0.01	<0.01	<0.01	mg/L	2/31	24 HOUR COMPOSITE
	PERMIT REQUIREMENT		0.04	0.04		ONE/2 WEEKS	24 HOUR COMPOSITE
Chromium, Total	SAMPLE MEASUREMENT	<0.1	<0.1	<0.1	mg/L	2/31	24 HOUR COMPOSITE
	PERMIT REQUIREMENT		2.0	2.0		ONE/2 WEEKS	24 HOUR COMPOSITE
Cyanide, Total	SAMPLE MEASUREMENT	<0.1	<0.1	<0.1	mg/L	2/31	GRAB
	PERMIT REQUIREMENT		1.0	1.0		ONE/2 WEEKS	GRAB
Lead, Total	SAMPLE MEASUREMENT	<0.01	<0.01	<0.01	mg/L	2/31	24 HOUR COMPOSITE
	PERMIT REQUIREMENT		0.30	0.30		ONE/2 WEEKS	24 HOUR COMPOSITE
Mercury, Total	SAMPLE MEASUREMENT	<0.01	<0.01	<0.01	mg/L	2/31	24 HOUR COMPOSITE
	PERMIT REQUIREMENT		0.01	0.01		ONE/2 WEEKS	24 HOUR COMPOSITE
Nickel, Total	SAMPLE MEASUREMENT	<0.1	<0.1	<0.1	mg/L	2/31	24 HOUR COMPOSITE
	PERMIT REQUIREMENT		1.0	1.0		ONE/2 WEEKS	24 HOUR COMPOSITE

PLEASE CHECK ONE:

<input checked="" type="checkbox"/> NO- No Violations <input type="checkbox"/> YES- I am aware that I have violated my permit, and that there are potential changes in reporting requirements and the possibility of significant penalties. <input type="checkbox"/> COMMENTS AND EXPLANATION OF ANY VIOLATIONS ARE ATTACHED
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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed 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 a fine and imprisonment for knowing violations. Attached is a copy of the certified lab results.

William J. Lee/ Project Coordinator 

 NAME/TITLE/SIGNATURE- PRINCIPAL EXECUTIVE OFFICER OR DESIGNEE

8/27/2011

 DATE

INDUSTRIAL DISCHARGE MONITORING REPORT (IDMR)

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4953-BTCI-1	002

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SAMPLE DATE
07/01/11-07/31/11

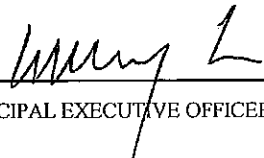
NOTE: PLEASE READ IDMR CHECKLIST BEFORE COMPLETING THIS FORM.

PARAMETER		QUALITY OR CONCENTRATION				SAMPLE UNITS	SAMPLE	SAMPLE
		MINIMUM	AVERAGE	MAXIMUM	FREQUENCY		TYPE	
Phenol	SAMPLE MEASUREMENT	<1	<1	<1	mg/L	2/31	GRAB	
	PERMIT REQUIREMENT		NL	NL		ONE/2 WEEKS	GRAB	
Silver, Total	SAMPLE MEASUREMENT	<1	<1	<1	mg/L	2/31	24 HOUR COMPOSITE	
	PERMIT REQUIREMENT		NL	NL		ONE/2 WEEKS	24 HOUR COMPOSITE	
Zinc, Total	SAMPLE MEASUREMENT	<0.1	<0.1	<0.1	mg/L	2/31	24 HOUR COMPOSITE	
	PERMIT REQUIREMENT		4.0	4.0		ONE/2 WEEKS	24 HOUR COMPOSITE	
Molybdenum	SAMPLE MEASUREMENT	<1	<1	<1	mg/L	2/31	24 HOUR COMPOSITE	
	PERMIT REQUIREMENT		NL	NL		ONE/2 WEEKS	24 HOUR COMPOSITE	
Copper, Total	SAMPLE MEASUREMENT	<0.1	<0.1	<0.1	mg/L	2/31	24 HOUR COMPOSITE	
	PERMIT REQUIREMENT		1.0	1.0		ONE/2 WEEKS	24 HOUR COMPOSITE	
Sulfide	SAMPLE MEASUREMENT	<0.1	<0.1	<0.1	mg/L	2/31	GRAB	
	PERMIT REQUIREMENT		1.0	1.0		ONE/2 WEEKS	GRAB	
Flow	SAMPLE MEASUREMENT	143800	167726	190000	GPD	31/31	CONTINUOUS	
	PERMIT REQUIREMENT		288000	288000		CONTINUOUS	CONTINUOUS	
pH	SAMPLE MEASUREMENT	7.3	7.3	7.3	STD UNITS	2/31	GRAB	
	PERMIT REQUIREMENT	6.0		11.5		ONE/2 WEEKS	GRAB	

PLEASE CHECK ONE:

<input checked="" type="checkbox"/>	NO- No Violations
<input type="checkbox"/>	YES- I am aware that I have violated my permit, and that there are potential changes in reporting requirements and the possibility of significant penalties.
<input type="checkbox"/>	COMMENTS AND EXPLANATION OF ANY VIOLATIONS ARE ATTACHED

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William J. Lee/ Project Coordinator 

 NAME/TITLE/SIGNATURE- PRINCIPAL EXECUTIVE OFFICER OR DESIGNEE

8/22/2011

 DATE

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FACILITY CONTACT : Tom Thomas

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PARAMETER		QUALITY OR CONCENTRATION				SAMPLE FREQUENCY	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		
COD	SAMPLE MEASUREMENT	64	69	74	mg/L	2/31	24 HOUR COMPOSITE
	PERMIT REQUIREMENT		1000	1000		ONE/2 WEEKS	24 HOUR COMPOSITE
BOD	SAMPLE MEASUREMENT	<10	<10	<10	mg/L	2/31	24 HOUR COMPOSITE
	PERMIT REQUIREMENT		1000	1000		ONE/2 WEEKS	24 HOUR COMPOSITE
TSS	SAMPLE MEASUREMENT	<10	<10	<10	mg/L	2/31	24 HOUR COMPOSITE
	PERMIT REQUIREMENT		750	750		ONE/2 WEEKS	24 HOUR COMPOSITE
Oil/Grease	SAMPLE MEASUREMENT	<10	<10	<10	mg/L	2/31	GRAB
	PERMIT REQUIREMENT		100	100		ONE/2 WEEKS	GRAB
PHC	SAMPLE MEASUREMENT	<1	<1	<1	mg/L	2/31	GRAB
	PERMIT REQUIREMENT		30	30		ONE/2 WEEKS	GRAB
Total Dissolved Solids (TDS)	SAMPLE MEASUREMENT	746	784	822	mg/L	2/31	24 HOUR COMPOSITE
	PERMIT REQUIREMENT		NI	NI		ONE/2 WEEKS	24 HOUR COMPOSITE
TTO	SAMPLE MEASUREMENT	<0.01	<0.01	<0.01	mg/L	2/31	GRAB
	PERMIT REQUIREMENT		5.00	5.00		ONE/2 WEEKS	GRAB

PLEASE CHECK ONE:

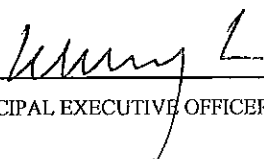
NO- No Violations

YES- I am aware that I have violated my permit, and that there are potential changes in reporting requirements and the possibility of significant penalties.

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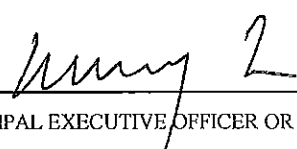
PARAMETER		QUALITY OR CONCENTRATION				SAMPLE FREQUENCY	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		
+BNA (EPA Method 625)	SAMPLE MEASUREMENT	<1	<1	<1	mg/L	2/31	24 HOUR COMPOSITE
	PERMIT REQUIREMENT		NL	NL		ONE/2 WEEKS	24 HOUR COMPOSITE
+BTEX	SAMPLE MEASUREMENT	0.01	0.01	0.01	mg/L	2/31	GRAB
	PERMIT REQUIREMENT		1.50	1.50		ONE/2 WEEKS	GRAB
+VOC (EPA Method 624)	SAMPLE MEASUREMENT	<1	<1	<1	mg/L	2/31	GRAB
	PERMIT REQUIREMENT		NL	NL		ONE/2 WEEKS	GRAB
Gross Alpha Radioactivity	SAMPLE MEASUREMENT	2	3	5	pCi/L	4/31	GRAB
	PERMIT REQUIREMENT		15	15		WEEKLY	GRAB
Gross Beta Radioactivity	SAMPLE MEASUREMENT	<1	<1	<1	pCi/L	4/31	GRAB
	PERMIT REQUIREMENT		50	50		WEEKLY	GRAB
Radium 226 + Radium 228	SAMPLE MEASUREMENT	1	2	2	pCi/L	4/31	GRAB
	PERMIT REQUIREMENT		5	5		WEEKLY	GRAB

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