

March 12, 2001 LR-E01-0072

New Jersey Department of Environmental Protection Division of Water Quality Bureau of Permit Management P.O. Box 029 Trenton, NJ 08625-0029 Certified Mail Number 7099 3400 0003 6394 5178

NEW JERSEY POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORTS SALEM GENERATING STATION PERMIT NO. NJ0005622

Attached is the Discharge Monitoring Report for Salem Generating Station containing the information as required in Permit No. NJ0005622, for the month of February 2001.

This report is required by and prepared specifically for the Environmental Protection Agency (EPA) and the New Jersey Department of Environmental Protection (NJDEP). It presents only the observed results of measurements and analyses required to be performed by the above agencies. The choice of the measurement devices and analytical methods is controlled by EPA and NJDEP, not by the company, and there are limitations on the accuracy of such measurement devices and analytical techniques even when used and maintained as required. Accordingly, this report is not intended as an assertion that any instrument has measured, or any reading or analytical result represents, the true value with absolute accuracy, nor is it an endorsement of the suitability of any analytical or measurement procedure.

Sincerely,

David F. Garchow Vice President Operations



Attachments

NJPDES Report February 2001

C Executive Director – DRBC USNRC – Document Control Desk Unit#1-50-272 Unit#2-50-311 Vice President Operations Licensing Manager M. Vaskis D. Hurka J. Schloss Central Record Facility E. Keating

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NJPDES Report Explanation of Deviations February 2001

The following excursions are included in the attached report and are explained below. Excursions have not endangered nor significantly impacted public health or the environment.

DSN NO. EXPLANATION

None

COUNTY OF SALEM STATE OF NEW JERSEY

I, David F. Garchow, of full age, being duly sworn according to law, upon my oath depose and say:

- 1. I am the Vice President, Operations for PSEG Nuclear, and as such, am authorized to sign Salem's Discharge Monitoring Reports submitted to the New Jersey Department of Environmental Protection pursuant to the Station's New Jersey Pollutant Discharge Elimination System permit.
- 2. I have reviewed the attached Discharge Monitoring Reports. Pursuant to N.J. A. C. 7:14A-2.4, 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 responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.
- 3. The signature on the attached Discharge Monitoring Reports is my signature and I am submitting this affidavit in satisfaction of the requirement that my signature be notarized.

David F. Garchow Vice President Operations

Sworn and subscribed before me this $\underline{12}$ day of \underline{Mull} 2001

UV.

SHERI L. HUSTON NOTARY PUBLIC OF NEW JERSEY My Commission Expires 12/08/2001

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: NJ0005622 MONITORING REPORT TYPE: Surface Water Discharge N	MONITORED LOCATION: MONITORED LOCATION GROUP	FACA SW Outfall FACA : N/A
MONITORING PERIOD: 2/1/2001 - 2/28/2001	REGION / COUNTY:	Southern / Salem County
<u>REPORT RECIPIENT:</u> PSE&G PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038	<u>LOCATION OF ACTIVITY:</u> PUBLIC SERVICE ENERGY GRO ALLOWAY CREEK NECK RD LOWER ALLOWAYS CREEK, NA	
CHECK IF APPLICABLE: No Discharge this Monitoring	g Period	
MONITORING REPORT COMMENTS:	···· - · ···· - · · · · · · · · · · · ·	
I certify under penalty of law that I have personally examined individuals immediately responsible for obtaining the information		

individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1319.

(Penalties under these statutes may include fines up to \$10,000 and or a maximum imprisonment of between/ months and 5 years.)

David F. Garchow Vice President-Operation

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

(856) 339-6000

3/12/01

preton

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA CODE / TELEPHONE NUMBER

DATE (MONTH / DAY / YEAR)

PERMIT NUMBER: NJ0005622		NTORED LOCA			RING PERIOD: FO 2/28/2001	FACILITY NAME: PUBLIC SERVICE ENERGY GROUP NUCLI					
PARAMETER	\bigtriangledown	QUANTITY	OR LOADING	UNITS	QUAL	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE		
Temperature, oC 00010 G	SAMPLE MEASUREMENT	****	*****		*****	4.3	5,5		0	Continuous	CONTIN
Raw Sew/influent	PERMIT REQUIREMENT	****	*****	—	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
Temperature, oC 00010 1	SAMPLE MEASUREMENT	*****	*****		****	12.6	15.3		0	Continuoui	CONTIN
Effluent Gross Value	PERMIT	******	*****		*****	REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
Temperature, oC 00010 2	SAMPLE MEASUREMENT	*****	*****		*****	8.3	10.]		0	Continuous	
Effluent Net Value	PERMIT REQUIREMENT				t	REPORT 01MOAV	15.3 01DAMX	DEG.C	in the state in the sector	Continuous	CALCTD
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
99999 99		The second second	t					4			

REPORT

Lab #

PERMIT REQUIREMENT

Comments Your monitoring report forms have been converted to the Department's new NJ Environmental Management System (NJEMS). If there are any questions in regards to the monitoring report 3 to the monitoring report 4 to the Department's new NJ Environmental Management System (NJEMS). If there are any questions in regards to the monitoring report 3 to the monitoring report 3 to the monitoring report 3 to the monitoring report 4 to the monitoring report 5 to the monitoring report 6 to the monitoring report 6 to the monitoring report 5 to the monitoring report 6 to the monitoring rep

Lab

NOT AP

Not Applic

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: NJ0005622 MONITORING REPORT TYPE: Surface Water Discharge N	MONITORED LOCATION: MONITORED LOCATION GROUP	FACB SW Outfall FACB
MONITORING PERIOD: 2/1/2001 - 2/28/2001	REGION / COUNTY:	Southern / Salem County
<u>REPORT RECIPIENT:</u>	LOCATION OF ACTIVITY:	
PSE&G	PUBLIC SERVICE ENERGY GRO	DUP NUCLEAR LLC
PO BOX 236/N21	ALLOWAY CREEK NECK RD	
HANCOCKS BRIDGE, NJ 08038	LOWER ALLOWAYS CREEK, N	J 08038-0000
CHECK IF APPLICABLE: No Discharge this Monitori	ng Period	
	8	
MONITORING REPORT COMMENTS:		
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I certify under penalty of law that I have personally examined individuals immediately responsible for obtaining the information significant penalties for submitting false information, including the	on, I believe the submitted information is tr	ue, accurate, and complete. I am aware that there
(Penalties under these statutes may include fines up to \$10,000 a	and or a maximum imprisonment of between	p momphs and 5 years.)
David F. Garchow Vice President-Operation		autou
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHO	ORIZED AGENT SIGNATURE OF PRINCIP	AL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	3/12/01	.
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DAY / Y	EAR)

of those there are

REPORT		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
06431		46405	77343					
****	*****	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C		Continuous	CALCTD
*****		****	10.4	11.9		0	Continuous	CALCTL
	******	****	REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
*****		*****	14.7	17./		0	Continuous	CONTIN
*****	******	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
*****		****	4,3	5.5		0	Continuous	CONTIN
Y OR LOADING	UNITS	QUALI		ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
	2/1/2001 T	O 2/28/2001	PUBLIC SER	VICE ENERG	Y GROUF	GROUP NUCL		
	FACB	FACB 2/1/2001 T	FACB 2/1/2001 TO 2/28/2001	FACB 2/1/2001 TO 2/28/2001 PUBLIC SER	FACB 2/1/2001 TO 2/28/2001 PUBLIC SERVICE ENERG	FACB 2/1/2001 TO 2/28/2001 PUBLIC SERVICE ENERGY GROUP	FACB 2/1/2001 TO 2/28/2001 PUBLIC SERVICE ENERGY GROUP NUC	

Comments, Your monitoring report forms have been converted to the Department's new NJ Environmental Management System (NJEMS). If there are any questions in regards to the monitoring report as form please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us".

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER:NJ0005622MONITORING REPORT TYPE:Surface Water Discharge NMONITORING PERIOD:2/1/2001 - 2/28/2001	MONITORED LOCATION: MONITORED LOCATION GROUP REGION / COUNTY:	FACC SW Outfall FACC : N/A Southern / Salem County
REPORT RECIPIENT: PSE&G PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038	LOCATION OF ACTIVITY: PUBLIC SERVICE ENERGY GRO ALLOWAY CREEK NECK RD LOWER ALLOWAYS CREEK, N.	
CHECK IF APPLICABLE: No Discharge this Monitoring	Period	
MONITORING REPORT COMMENTS:		
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I certify under penalty of law that I have personally examined a individuals immediately responsible for obtaining the information, significant penalties for submitting false information, including the	I believe the submitted information is ti	rue, accurate, and complete. I am aware that there are
(Penalties under these statutes may include fines up to \$10,000 and		
David F. Garch <u>ow Vice President-Operation</u>	Cure	F. Tarchow
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORI	ZED AGENT SIGNATURE OF PRINCIP	AL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	3/12/01	·
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DAY / Y	ČAR)

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MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT REQUIREMENT 16382

REPORT

01MOAV

17327

REPORT

Lab #

16930

30600

01DAMX

06431

REPORT

Lab #

MBTU/HR

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PERMIT NUMBER:	MONI	TORED LOCA	TION:	MONITORII	NG PERIOD:	FACILITY NA	AME:				
NJ0005622	FACC	SW Outfall F	ACC	2/1/2001 TC	0 2/28/2001	PUBLIC SER	VICE ENERG	Y GROUF	P NUC		
PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, in Conduit or Thru Treatment Plant 50050 G	SAMPLE MEASUREMENT	2786	2898		*****	*****	*****		0	li Pay	CALCTE
Raw Sew/influent	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	•••••		1/Day	CALCTD
Thermal Discharge	SAMPLE										

46405

REPORT

Lab #

77343

REPORT

Lab #

REPORT

Lab #

Comments: Your monitoring report forms have been converted to the Department's new NJ Environmental Management System (NJEMS). If there are any questions in regards to the monitoring report form: please contact Susan, Rosenwinkel of the BPSP = Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us".

Million BTUs per Hr

Effluent Net Value

Lab Certification #

00015 2

99999 99

Lab

O Continuous

Continuous

Not Applic

CALCID

CALCTD

1991 (N. 1973)

NOT AP

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: NJ0005622	MONITORED LOCATION: 048C SW Outfall 48C
MONITORING REPORT TYPE:Surface Water Discharge N	MONITORED LOCATION GROUP: N/A
MONITORING PERIOD: 2/1/2001 - 2/28/2001	REGION / COUNTY: Southern / Salem County
REPORT RECIPIENT:	LQCATION OF ACTIVITY:
PSE&G	PUBLIC SERVICE ENERGY GROUP NUCLEAR LLC
PO BOX 236/N21	ALLOWAY CREEK NECK RD
HANCOCKS BRIDGE, NJ 08038	LOWER ALLOWAYS CREEK, NJ 08038-0000

No Discharge this Monitoring Period

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MONITORING REPORT COMMENTS:		· · · · · · · · · · · · · · · · · · ·	
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I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1319.

(Penalties under these statutes may include fines up to \$10,000 and or a maximum imprisonment of between 6 months and 5 years.)

David F. Garchow Vice President-Operation

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

(856) 339-6000

CHECK IF APPLICABLE

AREA CODE / TELEPHONE NUMBER

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE (MONTH / DAY / YEAR)

PERMIT NUMBER:	MONITORED L

NJ0005622

MONITORED LOCATION: 048C SW Outfall 48C

MONITORING PERIOD: 2/1/2001 TO 2/28/2001 FACILITY NAME:

PUBLIC SERVICE ENERGY GROUP NUCLI

PARAMETER	\bigtriangledown	QUANTITY (QUANTITY OR LOADING		QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1	SAMPLE MEASUREMENT	0.1782	0.4261		*****	****	*****		0	1/Dav	CALCTO
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****			1/Day	CALCTD
Solids, Total Suspended 00530_1	SAMPLE MEASUREMENT	****	****		*****	9	12		0	2, Month	COMPOS
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****		*****	30 01MOAV	100 01DAMX	MG/L		2/Month	COMPOS
Nitrogen, Ammonia Total (as N) 00610_1	SAMPLE MEASUREMENT	****	*****		\$****	2	4	-	0	2/Month	COMPOS
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****		*****	35 01MOAV	70 01DAMX	MG/L		2/Month	COMPOS
Hydrocarbons,in H2O, IR, CCl4 Ext. Chrom. 00551 1	SAMPLE MEASUREMENT	****	*****		****	2	4		0	2/Month	GRAB
Effluent Gross Value	PERMIT REQUIREMENT	••••••••				10 01MOAV	15 01DAMX	MG/L		2/Month	GRAB.
Carbon, Tot Organic (TOC) 00680 1	SAMPLE MEASUREMENT	*****	*****		*****	21	24		0	2/Month	COMPOS
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	50 01DAMX	MG/L		2/Month	COMPOS
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					<u> </u>
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	ΝΟΤΑΡ

Comments, Your monitoring report forms have been converted to the Department's new NJ Environmental Management System (NJEMS). If there are any questions in regards to the monitoring report form please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4680 or via email at srosenwi@dep.state.nj.us, and a strong to the monitoring report forms have been converted to the monitoring report form please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4680 or via email at srosenwi@dep.state.nj.us, and a strong to the monitoring report forms have been converted to the monitoring report forms have been converted to the Department's new NJ Environmental Management System (NJEMS). If there are any questions in regards to the monitoring report form please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4680 or via email at srosenwi@dep.state.nj.us, and a strong please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4680 or via email at srosenwi@dep.state.nj.us, and a strong please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4680 or via email at srosenwi@dep.state.nj.us, and a strong please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4680 or via email at strosenwi@dep.state.nj.us, and a strong please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4680 or via email at strosenwi@dep.state.nj.us, and a strong please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4680 or via email at strosenwi@dep.state.nj.us, and a strosenwiment strosenw

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER:	NJ0005622	MONITORED LOCATION:	481A SW Outfall 481A
MONITORING REPORT TY	PE:Surface Water Discharge N	MONITORED LOCATION GROUP:	N/A
MONITORING PERIOD:	2/1/2001 - 2/28/2001	REGION / COUNTY:	Southern / Salem County
REPORT RECIPIENT:		LOCATION OF ACTIVITY:	
PSE&G		PUBLIC SERVICE ENERGY GRO	DUP NUCLEAR LLC
PO BOX 236/N21		ALLOWAY CREEK NECK RD	
HANCOCKS BRIDGE, NJ (8038	LOWER ALLOWAYS CREEK, N.	J 08038-0000
CHECK IE ADDI ICADI E.	No Discharge this Monitoria	a Dariad	

CHECK IF APPLICABLE: **No Discharge this Monitoring Period**

MONITORING REPORT COMMENTS:

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and hyprisonment. See 18 U.S.C. § 1319.

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David F. Garchow Vice President-Operation

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

(856) 339-6000

AREA CODE / TELEPHONE NUMBER

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

12/0 DATE (MONTH / DAY / YEAR)

PERMIT NUMBER:

NJ0005622

MONITORED LOCATION:

MONITORING PERIOD: 481A SW Outfall 481A 2/1/2001 TO 2/28/2001

FACILITY NAME:

PUBLIC SERVICE ENERGY GROUP NUCLI

PARAMETER	\searrow	QUANTITY	OR LOADING	UNITS	QUAL	ITY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1	SAMPLE MEASUREMENT	547	551		*****	****	*****		0	I/Day	CALCTD
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	****	*****	n na	*****		1/Day	CALCTD
рН	SAMPLE MEASUREMENT	*****	*****	-	6.8	****	7.4		0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	• • • • • • • • • • • • • • • • • • •	•••••	6.0 01DAMN	*****	9.0 01DAMX	su		1/Week	GRAB
pH	SAMPLE MEASUREMENT	*****	*****		7.2	*****	7.8		0	1/week	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	*****		•••••	REPORT 01DAMN	*****	REPORT 01DAMX	su		1/Week	GRAB
LC50 Fthd Minnow Static Defn TA1CA 1	SAMPLE MEASUREMENT	*****	****		CODE = N	*****	+++++		0	CODE=N	CODE=N
Effluent Gross Value	PERMIT			•••••	50 01DAMN			%EFFL		1/Quarter	COMPOS
Chlorine, Total Residual 50060 1	SAMPLE MEASUREMENT	***	****		*****	CODE = N	CODE=N		0	CODE=N	
Effluent Gross Value Option 1	PERMIT REQUIREMENT	*****	*****	******	****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Chlorine, Total Residual 50060 1	SAMPLE MEASUREMENT	*****	***		****	<0.1	20.1		0	3, week	GRAB
Effluent Gross Value Option 2	PERMIT REQUIREMENT	*****	****	******	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Lab Certification #	SAMPLE MEASUREMENT	17327	0643		46405	77343					
99999 99 Lab	PERMIT	REPORT Lab #	REPORT Lab #		REPORT	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP

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MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: NJ0005622 MONITORING REPORT TYPE:Surface Water Discharge N MONITORING PERIOD: 2/1/2001 - 2/28/2001 MONITORED LOCATION:482A SW Outfall 482AMONITORED LOCATION GROUP:N/AREGION / COUNTY:Southern / Salem County

REPORT RECIPIENT: PSE&G PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038 LOCATION OF ACTIVITY: PUBLIC SERVICE ENERGY GROUP NUCLEAR LLC ALLOWAY CREEK NECK RD LOWER ALLOWAYS CREEK, NJ 08038-0000

CHECK IF APPLICABLE:

No Discharge this Monitoring Period

MONITORING REPORT COMMENTS:

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(856) 339-6000

AREA CODE / TELEPHONE NUMBER

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE (MONTH DAY / YEAR)

PERMIT NUMBER:		IITORED LOCA		MONITORING PERIOL		FACILITY N	IAME:				
NJ0005622	482A	SW Outfall 48	2A	2/1/2001	TO 2/28/2001	PUBLIC SE	RVICE ENERG	Y GROUI	P NU	CLI	
PARAMETER	\searrow	QUANTITY	OR LOADING	UNITS	QUAL	ITY OR CONCENTI	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1	SAMPLE MEASUREMENT	526	528		*****	*****	*****		0	1/Day	CALCTD
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	******	*****		-	1/Day	CALCTD
pH	SAMPLE MEASUREMENT	*****	*****		7./	*****	7.4		0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	****		6.0 01DAMN	*****	9.0 01DAMX	su		1/Week	GRAB
pH	SAMPLE MEASUREMENT	*****	*****		7.2		7.8		0	1/week	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	*****	****		REPORT 01DAMN	*****	REPORT 01DAMX	su		1/Week	GRAB
LC50 Fthd Minnow Static Defn	SAMPLE MEASUREMENT	****	*****		CODE = N	•••••	*****		0	CODE=N	CODE=N
TA1CA 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	An a 12		50 01DAMN	*****	*****	%EFFL		1/Quarter	COMPOS
Chlorine, Total Residual 50060 1	SAMPLE MEASUREMENT	****	****		****	CODE: N	CODE=N		0	CODE = N	CODE=N
Effluent Gross Value Option 1	PERMIT REQUIREMENT	*****	******		****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
<mark>Chlorine, Total</mark> Residual 50060 1	SAMPLE MEASUREMENT	****	*****		***	20.1	<0.1		0	3/week	GRHB
Effluent Gross Value Option 2	PERMIT REQUIREMENT	*****	******	•••••	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Lab Certification #	SAMPLE						1				
99999 99	MEASUREMENT	17327	06431		46405	77343		-			
Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP

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NJPDES PERMIT NUMBER: NJ0005622 MONITORING REPORT TYPE:Surface Water Discharge N MONITORING PERIOD: 2/1/2001 - 2/28/2001	MONITORED LOCATION: MONITORED LOCATION GROUP: REGION / COUNTY:	483A SW Outfall 483A N/A Southern / Salem County
REPORT RECIPIENT: PSE&G PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038	LOCATION OF ACTIVITY: PUBLIC SERVICE ENERGY GRC ALLOWAY CREEK NECK RD LOWER ALLOWAYS CREEK, NJ	
CHECK IF APPLICABLE: No Discharge this Monitoring	Period	
MONITORING REPORT COMMENTS:		
	· -	
· · · · · · · · · · · · · · · · · · ·		
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(Penalties under these statutes may include fines up to \$10,000 and	l or a maximum imprixonment of betweer	(mpp) of 5 years.)
David F. Garchow Vice President-Operation	Vaire F	- Hand on
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORI	IZED AGENT SIGNATURE OF PRINCIP.	AL EXECUTIVE OFFICER OR AUTHORIZED AGENT

(856) 339-6000

3/12/0)

AREA CODE / TELEPHONE NUMBER

DATE (MONTH / DAY / YEAR)

NJ0005622

MONITORED LOCATION: 483A SW Outfall 483A

MONITORING PERIOD: 2/1/2001 TO 2/28/2001 FACILITY NAME:

PUBLIC SERVICE ENERGY GROUP NUCLI

PARAMETER	\triangleright	QUANTITY	OR LOADING	UNITS	QUAL	ITY OR CONCENT	RATION	UNITS	NO EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1	SAMPLE MEASUREMENT	507	533		*****	****	*****		0	1. Day	CALTTD
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****			1/Day	CALCTD
рН	SAMPLE MEASUREMENT	*****	*****		6.8	*****	7.6		G	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	su		1/Week	GRAB
рН 00400 7	SAMPLE MEASUREMENT	****	****		7.2	*****	7.8		0	1. week	GRAB
Intake From Stream	PERMIT REQUIREMENT	*****	*****	•••••	REPORT 01DAMN	*****	REPORT 01DAMX	su		1/Week	GRAB
LC50 Fthd Minnow Static Defn TA1CA 1	SAMPLE MEASUREMENT	•••••	*****		CODE = N	*****	*****		0	CODE=N	CODE=N
Effluent Gross Value	PERMIT REQUIREMENT	*****	1	*****	50 01DAMN	**************************************	*****	%EFFL		1/Quarter	COMPOS
Chlorine, Total Residual 50060 1	SAMPLE MEASUREMENT	*****	*****		****	CUDE = N	CODEEN		0	CODE=N	CODEEN
Effluent Gross Value Option 1	PERMIT REQUIREMENT	*****	*****	******	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Chlorine, Total Residual 50060 1	SAMPLE MEASUREMENT	****	****		*****	<0.1	0.2		0	3/week	GR413
Effluent Gross Value Option 2	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX	MG/L	1. 1	3/Week	GRAB
Lab Certification #	SAMPLE MEASUREMENT	17327	0643!		46405	77343					······································
19999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP

Comments: Your monitoring report forms have been converted to the Department's new NJ Environmental Management System (NJEMS). If there are any questions in regards to the monitoring report form; please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us".

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: NJ0005622 MONITORING REPORT TYPE:Surface Water Discharge N MONITORING PERIOD: 2/1/2001 - 2/28/2001	MONITORED LOCATION: MONITORED LOCATION GROUP: REGION / COUNTY:	484A SW Outfall 484A : N/A Southern / Salem County
<u>REPORT RECIPIENT:</u>	LOCATION OF ACTIVITY:	
PSE&G	PUBLIC SERVICE ENERGY GRO	DUP NUCLEAR LLC
PO BOX 236/N21	ALLOWAY CREEK NECK RD	
HANCOCKS BRIDGE, NJ 08038	LOWER ALLOWAYS CREEK, N.	J 08038-0000
CHECK IF APPLICABLE: Ino Discharge this Monitorin MONITORING REPORT COMMENTS:	g renou	
	· · · · ·	

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1319.

(Penalties under these statutes may include fines up to \$10,000 and or a maximum imprisonment of between 6) months and 5 years.)

David F. Garchow Vice President-Operation

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

(856) 339-6000

AREA CODE / TELEPHONE NUMBER

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Juchor

DATE (MONTH / DAY / YEAR)

ournee mater Discharge monitoring Report

PERIMIT NUMBER:

NJ0005622

MONITORED LOCATION:

484A SW Outfall 484A

MONITORING PERIOD: 2/1/2001 TO 2/28/2001 FACILITY NAME:

PUBLIC SERVICE ENERGY GROUP NUCLI

PARAMETER	\geq	QUANTITY	OR LOADING	UNITS	QUAL	ITY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, in Conduit or Thru Treatment Plant 50050 1	SAMPLE MEASUREMENT	432	448		*****	*****	****		0	1,Davi	CALCTO
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****			1/Day	CALCTD
pH starting and starting and starting at the starting of the starting at the starting starting at the starting	SAMPLE MEASUREMENT	****	*****		7.4	*****	7.7		0	1, week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	******	*****		6.0 01DAMN	*****	9.0 01DAMX	ຣບ		1/Week	GRAB
pH	SAMPLE MEASUREMENT	****	*****		7.2	*****	7.8		0	1/Weer's	GRAB
Intake From Stream	PERMIT REQUIREMENT	*****	*****	******	REPORT 01DAMN	*****	REPORT 01DAMX	รบ		1/Week	GRAB
LC50 Fthd Minnow Static Defn TA1CA 1	SAMPLE MEASUREMENT	****	*****		CODE = N	*****	*****		0	CODE= N	
Effluent Gross Value	PERMIT REQUIREMENT	•		******	50 01DAMN	******	1	%EFFL		1/Quarter	COMPOS -
Chlorine, Total Residual 50060 1	SAMPLE MEASUREMENT	****	****		****	CODE= N	CODE=N		0	CODE=N	CODESN
Effluent Gross Value Option 1	PERMIT REQUIREMENT	*****	*****	******	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Chlorine, Total Residual 50060 1	SAMPLE MEASUREMENT	****	*****		*****	<0.1	20.1		0	3, week	GRAB
Effluent Gross Value Option 2	PERMIT REQUIREMENT	*****	*****		****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Lab Certification #	SAMPLE										
99999 99	MEASUREMENT	:7327	0643!		46405	77343					
Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP

Comments: Your monitoring report forms have been converted to the Department's new NJ Environmental Management System (NJEMS). If there are any questions in regards to the monitoring report so form, please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nl.us"

Pre-Print Creation Date: 1/1/2001

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MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: NJ0005622 MONITORING REPORT TYPE:Surface Water Discharge N MONITORING PERIOD: 2/1/2001 - 2/28/2001	MONITORED LOCATION:485A SW Outfall 485AMONITORED LOCATION GROUP:N/AREGION / COUNTY:Southern / Salem County	
<u>REPORT RECIPIENT:</u> PSE&G PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038	LOCATION OF ACTIVITY: PUBLIC SERVICE ENERGY GROUP NUCLEAR LLC ALLOWAY CREEK NECK RD LOWER ALLOWAYS CREEK, NJ 08038-0000	
CHECK IF APPLICABLE: No Discharge this Monitoring	Period	
MONITORING REPORT COMMENTS:		
· · · · · · · · · · · · · · · · · · ·		· .
Leastify under penalty of law that I have percendly evening a	ad one fourillier with the information when it d have in a d have it is in	
	nd am familiar with the information submitted herein; and based on my inquir I believe the submitted information is true, accurate, and complete. I am aware tha possibility of fine and imprisonment. See 18 U.S.C. § 1319.	
(Penalties under these statutes may include fines up to \$10,000 and	or a maximum imprisonment of between of months and 5 years.)	
David F. Garchow Vice President-Operation	Jacker F. Thickory	
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORI	ZED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED A	AGENT
(856) 339-6000	3/12/01	
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DAY / YEAR)	

PERMIT NUMBER	

NJ0005622

MONITORED LOCATION:

485A SW Outfall 485A

2/1/2001 TO 2/28/2001

MONITORING PERIOD:

FACILITY NAME:

PUBLIC SERVICE ENERGY GROUP NUCLI

PARAMETER	\triangleright	QUANTITY (OR LOADING	UNITS	QUAL	ITY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1	SAMPLE MEASUREMENT	451	455		*****	*****	*****		0	1/Dav	CALCTD
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	*****	*****	*****		1/Day	CALCTD
pH et al. et al. et al. et al.	SAMPLE MEASUREMENT	****	****		7.0	*****	7.6		0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	**************************************		6.0 01DAMN	*****	9.0 01DAMX	su		1/Week	GRAB
pH	SAMPLE MEASUREMENT	****	*****		7.2	*****	7.8		0	1/week	GRAB
Intake From Stream	PERMIT REQUIREMENT	******	*****		REPORT 01DAMN	****	REPORT 01DAMX	su		1/Week	GRAB
LC50 Fthd Minnow Static Defn TA1CA 1	SAMPLE MEASUREMENT	*****	****		CODE= N	*****	*****		0	CODEEN	2 ODE=N
Effluent Gross Value	PERMIT REQUIREMENT			*****	50 01DAMN		******	%EFFL		1/Quarter	COMPOS
Chlorine, Total Residual 50060 1	SAMPLE MEASUREMENT	*****	****		****	CODE=N	CODE=N		0	CODE=N	
Effluent Gross Value Option 1	PERMIT REQUIREMENT	*****	*****		****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Chlorine, Total Residual 50060 1	SAMPLE MEASUREMENT	*****	*****		•••••	<0.1	20.1		Ø	3, week	GRAB
Effluent Gross Value Option 2	PERMIT REQUIREMENT	****	******	•••••	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Lab Certification #	SAMPLE MEASUREMENT	!7327	06431		46435	7,7343					
Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT. Lab #	REPORT Lab #		n artes Service Service	Not Applic	NOT AP

Comments Your monitoring report forms have been converted to the Department's new NJ Environmental Management System (NJEMS). If there are any questions in regards to the monitoring report - form please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us"

New Jersey Department of Environmental Protection Division of Water Quality MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: NJ0005622 MONITORING REPORT TYPE:Surface Water Discharge N MONITORING PERIOD: 2/1/2001 - 2/28/2001	MONITORED LOCATION:486A SW Outfall 486AMONITORED LOCATION GROUP:N/AREGION / COUNTY:Southern / Salem County
<u>REPORT RECIPIENT:</u>	LOCATION OF ACTIVITY:
PSE&G	PUBLIC SERVICE ENERGY GROUP NUCLEAR LLC
PO BOX 236/N21	ALLOWAY CREEK NECK RD
HANCOCKS BRIDGE, NJ 08038	LOWER ALLOWAYS CREEK, NJ 08038-0000

CHECK IF APPLICABLE: **No Discharge this Monitoring Period**

MONITORING REPORT COMMENTS:

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1319.

(Penalties under these statutes may include fines up to \$10,000 and or a maximum imprisonment of between 6 months and 5 years.)

David F. Garchow Vice President-Operation

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

(856) 339-6000

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE (MONTH / DAY / YEAR)

AREA CODE / TELEPHONE NUMBER

......

PERMIT NUMBER:	MON	IITORED LOCA	TION:	MONITO	RING PERIOD:	FACILITY N	AME:				
NJ0005622	486A	SW Outfall 48	δA	2/1/2001 TO 2/28/2001		PUBLIC SERVICE ENERGY GROUP NUCL					
PARAMETER	\mathbf{k}	QUANTITY C	OR LOADING	UNITS	QUAL	ITY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	418	451		*****	*****	*****	-	0	1/Day	CALCTD
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	4+***			1/Day	CALCTD
pH	SAMPLE MEASUREMENT	*****	*****		7.2	*****	7.7		0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	******	6.0 01DAMN	*****	9.0 01DAMX	su		1/Week	GRAB
рН 00400 7	SAMPLE MEASUREMENT	*****	*****		7.2	*****	7.8		0	1/week	GRAB
Intake From Stream	PERMIT REQUIREMENT	****	*****		REPORT 01DAMN	*****	REPORT 01DAMX	su		1/Week	GRAB
LC50 Fthd Minnow Static Defn	SAMPLE MEASUREMENT	*****	*****		CODE = N	*****	*****		0	CODESN	CODE=N
TA1CA 1 Effluent Gross Value	PERMIT REQUIREMENT		*****		50 01DAMN	1	*****	%EFFL		1/Quarter	COMPOS
Chlorine, Total Residual 50060 1	SAMPLE MEASUREMENT	*****	****		•••••	CODE = N	CODEIN		0	CODE=N	CODE=N
Effluent Gross Value Option 1	PERMIT REQUIREMENT	***	****	****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Chlorine, Total Residual 50060 1	SAMPLE MEASUREMENT	*****	*****		*****	20.1	LU.		0	3/work	GRAB
Effluent Gross Value Option 2	PERMIT REQUIREMENT	*****	4****	****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
Lap	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP

Comments: Your monitoring report forms have been converted to the Department's new NJ Environmental Management System (NJEMS). If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us".

MONITORING REPORT SUBMITTAL FORM

MONITORED LOCATION: 487B SW Outfail 487B
MONITORED LOCATION GROUP: N/A
REGION / COUNTY: Southern / Salem County
LOCATION OF ACTIVITY:
PUBLIC SERVICE ENERGY GROUP NUCLEAR LLC
ALLOWAY CREEK NECK RD
LOWER ALLOWAYS CREEK, NJ 08038-0000

CHECK IF APPLICABLE: X No Discharge this Monitoring Period

MONITORING REPORT COMMENTS:

	 	· - · · · · ·	· · · · · · ·		
	 		· · · ·		
-	 				

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1319.

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AREA CODE / TELEPHONE NUMBER

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE (MONTH / DAY / YEAR)

PERMIT	NUMBER:	M
FERIVITI	NUNDER.	IVI

NJ0005622

IONITORED LOCATION:

MONITORING PERIOD: 487B SW Outfall 487B 2/1/2001 TO 2/28/2001

FACILITY NAME:

PUBLIC SERVICE ENERGY GROUP NUCLI

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1	SAMPLE MEASUREMENT				****	****	****				
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	****	*****	*****			1/Batch	CALCTD
рН	SAMPLE MEASUREMENT	****	*****			*****					
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	••••	6.0 01DAMN	*****	9.0 01DAMX	su		1/Batch	GRAB
Solids, Total Suspended 00530 1	SAMPLE MEASUREMENT	*****	****		*****						
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	100 01DAMX	MG/L		1/Batch	GRAB
Temperature, oC 00010 1	SAMPLE MEASUREMENT	***	*****		****						
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****		******	REPORT 01MOAV	43.3 01DAMX	DEG.C		1/Batch	GRAB
Hydrocarbons,in H2O, R, CCl4 Ext. Chrom. 00551 1	SAMPLE MEASUREMENT	***	*****		****						
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	15 01DAMX	MG/L		1/Batch	GRAB
Carbon, Tot Organic TOC))0680_1	SAMPLE MFASUREMENT	****	*****		*****		· · · ·				
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	50 01DAMX	MG/L		1/Batch	GRAB
_ab Certification #	SAMPLE MEASUREMENT										
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP

Comments: Your monitoring report forms have been converted to the Department's new NJ Environmental Management System (NJEMS). If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us". 4-1

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: NJ0005622 MONITORING REPORT TYPE:Surface Water Discharge N MONITORING PERIOD: 2/1/2001 - 2/28/2001	MONITORED LOCATION: MONITORED LOCATION GROUP: REGION / COUNTY:	489A SW Outfall 489A N/A Southern / Salem County
<u>REPORT RECIPIENT:</u> PSE&G PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038	LOCATION OF ACTIVITY: PUBLIC SERVICE ENERGY GRO ALLOWAY CREEK NECK RD LOWER ALLOWAYS CREEK, NJ	
CHECK IF APPLICABLE: No Discharge this Monitoring	Period	
MONITORING REPORT COMMENTS:		
I certify under penalty of law that I have personally examined a individuals immediately responsible for obtaining the information, significant penalties for submitting false information, including the <i>(Penalties under these statutes may include fines up to \$10,000 and</i> David F. Garchow Vice President-Operation	I believe the submitted information is tr possibility of t ine and imprisonment. Se	rue, accurate, and complete. I am aware that there are e 18 U.S.C. § 1319.
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORE	ZED AGENT SIGNATURE OF PRINCIP	AL EXECUTIVE OFFICER OR AUTHORIZED AGENT

(856) 339-6000

AREA CODE / TELEPHONE NUMBER

3/12/6/date (month/day/year)

3

PERMIT NUMBER: NJ0005622		ITORED LOCA			RING PERIOD: FO 2/28/2001	FACILITY N	AME: RVICE ENERG	Y GROUI	P NU	CLI	
PARAMETER	QUANTITY OR LOADING		UNITS	QUAL	ITY OR CONCENTRATION		UNITS	NO. EX.	FREQ. OF	SAMPLE TYPE	
Flow, In Conduit or Thru Treatment Plant 50050 1	SAMPLE MEASUREMENT	0.0923	0.0923		*****	*****	*****			1/Month	CALCTD
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	•••••		1/Month	CALCTD
pH., 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	SAMPLE MEASUREMENT	****	****		7.6	*****	7.6		0	11 Munth	GRAIS
Effluent Gross Value	PERMIT	*****	4*****		6.0 01DAMN	*****	9.0 01DAMX	su		1/Month	GRAB
Solids, Total Suspended 00530 1	SAMPLE MEASUREMENT	****	****		5	5	5		0	1/Month	GRAB
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	1	100 01DAMX	30 01MOAV	45 01WKAV	MG/L		1/Month	GRAB
Hydrocarbons,in H2O, IR, CCl4 Ext. Chrom. 00551 1	SAMPLE MEASUREMENT	****	****		*****	<0.5	<0.5		0	1/Month	GRAB
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	****	10 01MOAV	15 01DAMX	MG/L		1/Month	GRAB
Carbon, Tot Organic (TOC) 00680 1	SAMPLE MEASUREMENT	****	****		****	7	7		0	1/Munth	GRAB
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	50 01DAMX	MG/L		1/Month	GRAB
Lab Certification #	SAMPLE MEASUREMENT	17327	04431		46405	77343					
59999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	ΝΟΤΑΡ

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