

CONFIDENTIAL

LR-E01-0112

APRIL 23, 2001

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 5147

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 March 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.

David F. Garchov

Vice President Operations

Attachments

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NJPDES Report March 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

NJPDES Report Explanation of Deviations March 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 19 day of April 2001

SHERI L. HUSTON NOTARY PUBLIC OF NEW JERSEY My Commission Expires 12/08/2003

NJPDES PERMIT NUMBER: NJ0005622 MONITORING REPORT TYPE:Surface Water Discharge N MONITORING PERIOD: 3/1/2001 - 3/31/2001	MONITORED LOCATION: MONITORED LOCATION GRO REGION / COUNTY:	FACA SW Outfall FACA JUP: N/A Southern / Salem County
REPORT RECIPIENT: PSE&G PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038	LOCATION OF ACTIVITY: PUBLIC SERVICE ENERGY (ALLOWAY CREEK NECK RI LOWER ALLOWAYS CREEK)
CHECK IF APPLICABLE: No Discharge this Monitorin	ng Period	
MONITORING REPORT COMMENTS:		
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	n, I believe the submitted information	is true, accurate, and complete. I am aware that there are
(Penalties under these statutes may include fines up to \$10,000 at	nd or a maximum\imprisonment of bel	ween months and 5 years.)
David F. Garchow Vice President-Operation	Jan V. 7	uchou
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHO	RIZED AGENT SIGNATURE OF PR	NCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339–6000	4/19/01	
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DA	Y/YEAR)

Junace vvaler Discharge Monitoring Report

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACA SW Outfall FACA

3/1/2001 TO 3/31/2001

PUBLIC SERVICE ENERGY GROUP NUCLI

PARAMETER	\times	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTRA	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature,	SAMPLE MEASUREMENT	****	*****		*****	6.5	8.3		0	Continuous	CONTIN
00010 G Raw Sew/influent	PERMIT REQUIREMENT	*****	******	****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
Temperature, oC	SAMPLE MEASUREMENT	*****	****		*****	15.0	17.0		0	Continuous	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	*****	REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
Temperature, oC	SAMPLE MEASUREMENT	****	****		*****	8. 4	9.8		0	Continuous	CALETD
00010 2 Effluent Net Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C		Continuous	CALCTD
Lab Certification #	SAMPLE MEASUREMENT	/7327	06431		46405	77343					
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.in].us".

MONITORING REPORT TYPE:Surface Water Discharge N	MONITORED LOCATION: MONITORED LOCATION	FACE SW OUITAIL FACE GROUP: N/A
MONITORING PERIOD: 3/1/2001 - 3/31/2001	REGION / COUNTY:	Southern / Salem County
REPORT RECIPIENT:	LOCATION OF ACTIVITY:	
PSE&G		GY GROUP NUCLEAR LLC
PO BOX 236/N21	ALLOWAY CREEK NECH	
HANCOCKS BRIDGE, NJ 08038	LOWER ALLOWAYS CRI	LEK, NJ 08038-0000
CHECK IF APPLICABLE: No Discharge this Monitorin	g Period	
MONITORING REPORT COMMENTS:		· ·
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	n, I believe the submitted informa	tion is true, accurate, and complete. I am aware that there are
(Penalties under these statutes may include fines up to \$10,000 and	nd or a maximum imprisonment o	
David F. Garchow Vice President-Operation	(aux)	r. / fue how
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHO	RIZED AGENT SIGNATURE OF	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	4/19/0	1
AREA CODE / TELEPHONE NUMBER	DATE (MONTH)	DAY / YEAR)

January Tracer Propriative Monitoring Nepolt

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACB SW Outfall FACB

3/1/2001 TO 3/31/2001

PUBLIC SERVICE ENERGY GROUP NUCLI

PARAMETER	\times	QUANTITY (OR LOADING	UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	****	*****		*****	6.5	8.3	:	0	Continuous	CONTIN
00010 G Raw Sew/influent	PERMIT REQUIREMENT	*******	******	****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
Temperature,	SAMPLE MEASUREMENT	*****	*****		*****	15.4	18.1		0	Continuous	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
Temperature, oC	SAMPLE MEASUREMENT	****	****		****	8.9	10.3		0	Continuous	CALGID
00010 2 Effluent Net Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C		Continuous	CALCTD
Lab Certification #	SAMPLE MEASUREMENT	17327	0643/		46405	77343					
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.nlj.us".

MONITORING REPORT TYPE:Surface Water Discharge N	MONITORED LOCATION: FACC SW Outfall FACC MONITORED LOCATION GROUP: N/A
MONITORING PERIOD: 3/1/2001 - 3/31/2001	REGION / COUNTY: Southern / Salem County
REPORT RECIPIENT:	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 Monitorin	g Period
MONITORING REPORT COMMENTS:	
	and am familiar with the information submitted herein; and based on my inquiry of those in, I believe the submitted information is true, accurate, and complete. I am aware that there are e possibility of fine and imprisonment. See 18 U.S.C. § 1319.
(Penalties under these statutes may include fines up to \$10,000 ar	nd or a maximum imprisonment of between 6 months and 5 years.)
David F.Garchow Vice President-Operation	and Jankov
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHOR	RIZED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	4/19/01
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DAY / YEAR)

ourrace water Discharge Monitoring Report

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACC SW Outfall FACC

3/1/2001 TO 3/31/2001

PUBLIC SERVICE ENERGY GROUP NUCL

PARAMETER	\times	QUANTITY OR LOADING U		UNITS	UNITS QUALITY OR CONCENTRATION				NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	2817	2898		*****	*****	****		0	1/Day	CALCTD
50050 G Raw Sew/influent	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Day	CALCTD
Thermal Discharge Million BTUs per Hr	SAMPLE MEASUREMENT	15602	16658		*****	****	****		0	CONTINUOS	CALCID
00015 2 Effluent Net Value	PERMIT REQUIREMENT	REPORT 01MOAV	30600 * 01DAMX	MBTU/HR	******	attant .	******	*****		Continuous	CALCTD
Lab Certification #	SAMPLE MEASUREMENT	17327	06 431		46405	77343					
99999 99 Lab	PERMIT REQUIREMENT	REPORT & C	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:

NJPDES PERMIT NUMBER: NJ0005622

048C SW Outfall 48C

MONITORING REPORT TYPE:Surface Water Discharge MONITORING PERIOD: 3/1/2001 - 3/31/2001	MONITORED LOCATION REGION / COUNTY:	GROUP: N/A Southern / Salem County	
REPORT RECIPIENT:	LOCATION OF ACTIVITY	:	
PSE&G		GY GROUP NUCLEAR LLC	
PO BOX 236/N21	ALLOWAY CREEK NEC	K RD	
HANCOCKS BRIDGE, NJ 08038	LOWER ALLOWAYS CR	EEK, NJ 08038-0000	
CHECK IF APPLICABLE: No Discharge this Monito	oring Period		
MONITORING REPORT COMMENTS:			
I certify under penalty of law that I have personally examining individuals immediately responsible for obtaining the information significant penalties for submitting false information, including	tion, I believe the submitted inform	ation is true, accurate, and complete. I am aware that there	iose are
(Penalties under these statutes may include fines up to \$10,000	0 and or a maximum imprisonment		
David F. Garchow Vice President-Operation	on Our	L. Jackson	
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUT	HORIZED AGENT SIGNATURE O	F PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
(856) 339-6000	4/19/	<u>) </u>	
AREA CODE / TELEPHONE NUMBER	DATE (MONTH	/ DAY / YEAR)	

Jamade vvater Discharge Monitoring Report

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

048C SW Outfall 48C

3/1/2001 TO 3/31/2001

PUBLIC SERVICE ENERGY GROUP NUCLI

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 1	SAMPLE MEASUREMENT	0.1576	0.3549		****	****	*****		0	1/Day	CALCTD
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	******	*****	*****		1/Day	CALCTD
Solids, Total Suspended	SAMPLE MEASUREMENT	****	****		*****	16	17		0	2/Month	COMPOS
00530 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	****	*****	30 01MOAV	100 01DAMX	MG/L		2/Month	COMPOS
Nitrogen, Ammonia Total (as N) 00610 1	SAMPLE MEASUREMENT	*****	*****		****	7	14		0	2/Month	COMPOS
Effluent Gross Value	PERMIT. REQUIREMENT	*****		*****	******	35 01MOAV	70 01DAMX	MG/L		2/Month	COMPOS
Hydrocarbons,in H2O, IR, CCI4 Ext. Chrom. 00551 1	SAMPLE MEASUREMENT	*****	*****		****	۷٥.5	<0.5		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	*****	*****		*****	/3	16		0	2/Menth	COMPOS
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	50 01DAMX	MG/L		2/Month	COMPOS
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
99999 99 Lab	PERMIT REQUIREMENT	REPORT	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)292-4680 or via email at "srosenwi@dep.state.nj.us"

NJPDES PERMIT NUMBER: NJ0005622 MONITORING REPORT TYPE:Surface Water Discharge M	MONITORED LOCATION: MONITORED LOCATION GR	481A SW Outfall 481A
MONITORING PERIOD: 3/1/2001 - 3/31/2001	REGION / COUNTY:	Southern / Salem County
REPORT RECIPIENT:	LOCATION OF ACTIVITY:	
PSE&G	PUBLIC SERVICE ENERGY	GROUP NUCLEAR LLC
PO BOX 236/N21	ALLOWAY CREEK NECK R	RD
HANCOCKS BRIDGE, NJ 08038	LOWER ALLOWAYS CREE	K, NJ 08038-0000
CHECK IF APPLICABLE: No Discharge this Monito	oring Period	
hapet -	_	
MONITORING REPORT COMMENTS:		
I certify under penalty of law that I have personally examindividuals immediately responsible for obtaining the information, including the information, including the information of the contraction of the	ition, I believe the submitted information the possibility of fine and imprisonme	n is true, accurate, and complete. I am aware that there ar nt. See 18 U.S.C. § 1319.
(Penalties under these statutes may include fines up to \$10,000	0 and or a maximum imprisonme n of be	H V I
David F. Garchow Vice President-Operation	on aux t	· / aution
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUT	HORIZED AGENT SIGNATURE OF PR	INCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856)339-6000	4/19/01	(,
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DA	AY/YEAR)

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PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

3/1/2001 TO 3/31/2001

PUBLIC SERVICE ENERGY GROUP NUCLI

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PARAMETER	\times	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1	SAMPLE MEASUREMENT	5 43	551		****	*****	****		0	1/Day	CALCTD
Effluent Gross Value	PERMIT REQUIREMENT	REPORT) 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Day	CALCTD
pH 00400 1	SAMPLE MÉASUREMENT	****	*****		7.6	****	7.9		0	1/week	GRAB
Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	6.0 01DAMN	*****	9.0 01DAMX	su		1/Week	GRAB
рН 00400 7	SAMPLE MEASUREMENT	*****	****		7.5	****	7.9		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	CODEN	CODE=N
Effluent Gross Value	PERMIT REQUIREMENT	**************************************	*****	*****	50 01DAMN	*****	Africa	%EFFL		1/Quarter	COMPOS
Chlorine, Total Residual 50060 1	SAMPLE MEASUREMENT	****	*****		****	CODE = N	COOP=N		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	****	*****		****	<0.1	20./		O	3/wook	GRAB
Effluent Gross Value Option 2	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
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".

MONITORING REPORT SUBMITTAL FORM

MONITORED LOCATION:

482A SW Outfall 482A

NJPDES PERMIT NUMBER: NJ0005622

MONITORING REPORT TY MONITORING PERIOD:	(PE:Surface Water Discharge N 3/1/2001 - 3/31/2001	MONITORE REGION / C	ED LOCATION GR	OUP: N/A Southern / Salem County
REPORT RECIPIENT: PSE&G PO BOX 236/N21 HANCOCKS BRIDGE, NJ		LOCATION PUBLIC SE ALLOWAY	OF ACTIVITY: ERVICE ENERGY CREEK NECK I	GROUP NUCLEAR LLC
CHECK IF APPLICABLE:	☐ No Discharge this Monitorin	g Period		
MONITORING REPORT CO	OMMENTS:		4	
individuals immediately responsignificant penalties for subm	onsible for obtaining the information itting false information, including th	n, I believe the si e possibility of f	ubm itte d information ine and imprisonme	
(Penalties under these statute	s may include fines up to \$10,000 an	nd or a maximum	imprisonment of b	
David F. Garchow \	lice President-Operation		fact t	Touton
NAME AND TITLE OF PRINCIP	AL EXECUTIVE OFFICER OR AUTHOR	RIZED AGENT	SIGNATURE OF PR	RINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856)339-6000			A/19/0)
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PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

482A SW Outfall 482A

3/1/2001 TO 3/31/2001

PUBLIC SERVICE ENERGY GROUP NUCLI

PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTR	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1	SAMPLE MEASUREMENT	524	528		*****	*****	*****		0	1/Day	CALCTD
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Day	CALCTD
pH	SAMPLE MEASUREMENT	*****	*****		7.7	*****	8.0		0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	449444	*****	6.0 01DAMN	*****	9.0 01DAMX	SU		1/Week	GRAB
pH and a decision of the second of the secon	SAMPLE MEASUREMENT	****	****		7.5	****	7. 9		0	1/week	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01DAMN	******	REPORT 01DAMX	SÚ		1/Week	GRAB
LC50 Fthd Minnow Static Defn TA1CA 1	SAMPLE MEASUREMENT	*****	*****		CODE= N	*****	*****		0	CODE=N	CODE=N
Effluent Gross Value	PERMIT REQUIREMENT	******	*****	*****	50 01DAMN	******	*****	%EFFL		1/Quarter	COMPOS
Chlorine, Total Residual 50060 1	SAMPLE MEASUREMENT	*****	*****		*****	CODE= N	CODE=N		0	C00E=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	*****	*****		*****	40.1	<0./		0	3 hvock	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					
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".

NJPDES PERMIT NUMBER: NJ0005622 MONITORING REPORT TYPE:Surface Water Discharge N MONITORING PERIOD: 3/1/2001 - 3/31/2001	MONITORED LOCATION: MONITORED LOCATION GR REGION / COUNTY:	483A SW Outfall 483A OUP: N/A Southern / Salem County
REPORT RECIPIENT: PSE&G PO BOX 236/N21	LOCATION OF ACTIVITY: PUBLIC SERVICE ENERGY ALLOWAY CREEK NECK R	
HANCOCKS BRIDGE, NJ 08038	LOWER ALLOWAYS CREE	K, NJ 08038-0000
CHECK IF APPLICABLE: No Discharge this Monitorin	ng Period	
MONITORING REPORT COMMENTS:		
I certify under penalty of law that I have personally examined individuals immediately responsible for obtaining the informatio significant penalties for submitting false information, including the	n, I believe the submitted informatio	n is true, accurate, and complete. I am aware that there are
(Penalties under these statutes may include fines up to \$10,000 a.		THII
David F. Garchow Vice President-Operation		P. Jawior
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHO	RIZED AGENT SIGNATURE OF PR	INCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856)339-6000	4/19/	101
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DA	AY/VEAR)

Surface vvaler Discharge Monitoring Report

FERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

483A SW Outfall 483A

3/1/2001 TO 3/31/2001

PUBLIC SERVICE ENERGY GROUP NUCLI

PARAMETER		QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, in Conduit or Thru Treatment Plant 50050 1	SAMPLE MEASUREMENT	508	533		*****	*****	*****		0	1/Day	CALCTO
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Day	CALCTD
pH 00400 1	SAMPLE MEASUREMENT	****	*****		7. 4	*****	8.0		0	1/week	GRAB
Effluent Gross Value	PERMIT REQUIREMENT	ALLINA	*****	*****	6.0 01DAMN	******	9.0 01DAMX	su		1/Week	GRAB
pH 00400 7	SAMPLE MEASUREMENT	*****	****		7.5	****	7.9		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	******	*****	*****	50 01DAMN	*****	******	%EFFL		1/Quarter	COMPOS
Chlorine, Total Residual 50060 1	SAMPLE MEASUREMENT	****	****		****	CODE = N	CODE=N		0	CODESN	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	40.1		0	3/wook	GRAB
Effluent Gross Value Option 2	PERMIT REQUIREMENT	****	astata :	****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab #		REPORT Lab #	REPORT Lab#	REPORT Lab#		5 630°, 690° 3 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	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 TYPE:Surface Water Discharge N	MONITORED LOCATION: 484A SW Outfall 484A MONITORED LOCATION GROUP: N/A
MONITORING PERIOD: 3/1/2001 - 3/31/2001	REGION / COUNTY: Southern / Salem County
REPORT RECIPIENT:	LOCATION OF ACTIVITY:
PSE&G	PUBLIC SERVICE ENERGY GROUP NUCLEAR LLC
PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038	ALLOWAY CREEK NECK RD LOWER ALLOWAYS CREEK, NJ 08038-0000
HANCOCKS BRIDGE, NJ 08038	LOWER ALLOWAYS CREEK, NJ 00038-0000
CHECK IF APPLICABLE: No Discharge this Monitori	ng Period
MONITORING REPORT COMMENTS:	
	I and am familiar with the information submitted herein; and based on my inquiry of the n, I believe the submitted information is true, accurate, and complete. I am aware that there he possibility of fine and imprisonment. See 18 U.S.C. § 1319.
(Penalties under these statutes may include fines up to \$10,000 a	nd or a maximum imprisonment of between 6 months and 5 years.)
David F. Garchow Vice President-Operation	Jano F. Jan now
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHO	RIZED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339–6000	4/9/01
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DAY / YEAR)

Juniace water Discharge Monitoring Report

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

484A SW Outfall 484A

3/1/2001 TO 3/31/2001

PUBLIC SERVICE ENERGY GROUP NUCLI

PARAMETER		QUANTITY (QUANTITY OR LOADING		QUALI	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Flow, In Conduit or Thru Treatment Plant 50050 1	SAMPLE MEASUREMENT	445	454		*****	****	****		0	1/0ay	CALCID
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	*****	******	****		1/Day	CALCTD
pH	SAMPLE MEASUREMENT	****	*****		7.7	****	8.6		0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	******	*****	****	6.0 01DAMN	***	9.0 01DAMX	sυ		1/Week	GRAB
pH	SAMPLE MEASUREMENT	*****	*****		7.5	****	7.9		0	Ihrek	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	CODEIN	CODE-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	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	*****	*****		*****	40.1	0.2		0	3/week	GRAB
Effluent Gross Value Option 2	PERMIT REQUIREMENT	*****	******	*****	******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Lab Certification # 99999 99	SAMPLE MEASUREMENT	17327	06431		464405	77343					
Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab#		REPORT Lab#	REPORT Lab#	REPORT Lab#		999	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 TYPE:Surface Water Discharge N	MONITORED LOCATION: 485A SW Outfall 485A MONITORED LOCATION GROUP: N/A
MONITORING PERIOD: 3/1/2001 - 3/31/2001	REGION / COUNTY: Southern / Salem County
REPORT RECIPIENT:	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 Monitor	ng Period
MONITORING REPORT COMMENTS:	
I certify under penalty of law that I have personally examine individuals immediately responsible for obtaining the informati significant penalties for submitting false information, including	d and am familiar with the information submitted herein; and based on my inquiry of the on, I believe the submitted information is true, accurate, and complete. I am aware that there 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	and f. Jaulow
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTH	DRIZED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339–6000	4/19/01
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DAY / YEAR)

Juniace water Discharge Wollitoring Report

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

485A SW Outfall 485A

3/1/2001 TO 3/31/2001

PUBLIC SERVICE ENERGY GROUP NUCLI

<u></u>			.,		y						
PARAMETER	\times	QUANTITY (QUANTITY OR LOADING		UNITS QUALITY OR CONCENTRATION				NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1	SAMPLE MEASUREMENT	422	456		****	****	****		0	1/Day	CALCID
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	******	******	*****		1/Day	CALCTD
pH	SAMPLE MEASUREMENT	, *****	****		7.6	****	7.9		0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	****	*****	6.0 01DAMN	******	9.0 01DAMX	รบ		1/Week	GRAB .
PH 00400 7	SAMPLE MEASUREMENT	*****	*****		7.5	****	7.9		0	1/week	GAPB
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	CORESN	CODEIN
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	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	*****	****		*****	۲٥.١	40.1		0	3/week	GRAB
Effluent Gross Value Option 2	PERMIT REQUIREMENT	****	stricks	****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab #		REPORT,	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 TYPE:Surface Water		RED LOCATION: RED LOCATION GRO	486A SW Outiali 486A UP: N/A
MONITORING PERIOD: 3/1/2001 - 3/31/	/2001 REGION	/ COUNTY:	Southern / Salem County
REPORT RECIPIENT:	<u>LOCATI</u>	ON OF ACTIVITY:	
PSE&G	PUBLIC	SERVICE ENERGY G	ROUP NUCLEAR LLC
PO BOX 236/N21		AY CREEK NECK RD	
HANCOCKS BRIDGE, NJ 08038	LOWER	ALLOWAYS CREEK,	NJ 08038-0000
CHECK IF APPLICABLE: No Discharge	e this Monitoring Period		
	_		
MONITORING REPORT COMMENTS:			
I certify under penalty of law that I have perso individuals immediately responsible for obtaining significant penalties for submitting false informati	g the information, I believe the	e submitted information:	n submitted herein; and based on my inquiry of those strue, accurate, and complete. I am aware that there as See 18 U.S.C. § 1319.
(Penalties under these statutes may include fines t	up to \$10,000 and or a maxim	um imprisonment of bety	veen 6 months and 5 years.)
David F. Garchow Vice President	t-Operation	law !	- Mul
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFI	CER OR AUTHORIZED AGENT	SIGNATURE OF PRIN	CIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339–6000		4/19/0)	r
AREA CODE / TELEPHONE NUMBER		DATE (MONTH / DAY	/ YEAR)

Juliace water Discharge Monitoring Report

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

486A SW Outfall 486A

3/1/2001 TO 3/31/2001

PUBLIC SERVICE ENERGY GROUP NUCLI

	_										
PARAMETER		QUANTITY	QUANTITY OR LOADING U		QUALI	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Flow, In Conduit or Thru Treatment Plant 50050 1	SAMPLE MEASUREMENT	442	456		****	****	****		0	IlDay	CALCTO
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	******	*****		1/Day	CALCTD
pH 00400 1	SAMPLE MEASUREMENT	*****	****		7. 7	*****	7.9		0	1/week	GRAB
Effluent Gross Value	PERMIT. REQUIREMENT	******	411111	*****	6.0 01DAMN	******	9.0 01DAMX	su		1/Week	GRAB
pH 00400 7	SAMPLE MEASUREMENT	****	****		7.5	*****	7.9		O	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	****	****		C00E = N	****	*****		0	CODE=N	CODE = N
Effluent Gross Value	PERMIT REQUIREMENT	******	*****	*****	50 01DAMN	******	*****	%EFFL		1/Quarter	COMPOS
Chlorine, Total Residual 50060 1	SAMPLE MEASUREMENT	*****	*****		****	CODE = N	CODETN		0	CODETN	COPEXN
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	<0.1		0	3/work	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				The state of the s	
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab#		REPORT Lab#	REPORT Lab#	REPORT			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".

NJPDES PERMIT NUMBER: NJ0005622 MONITORING REPORT TYPE:Surface Water Discharge N MONITORING PERIOD: 3/1/2001 - 3/31/2001	MONITORED LOCATION: 489A SW Outfall 489A MONITORED LOCATION GROUP: N/A REGION / 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	g Period
MONITORING REPORT COMMENTS:	
	and am familiar with the information submitted herein; and based on my inquiry of those, I believe the submitted information is true, accurate, and complete. I am aware that there are possibility of fine and imprisonment. See 18 U.S.C. § 1319.
(Penalties under these statutes may include fines up to \$10,000 and	d or a maximum imprisonment of hetroeen 6 months and 5 years.)
David F. Garchow Vice President-Operation	Court - Jack -
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHOR	RIZED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	4/19/07
AREA CODE / TELEPHONE NUMBER	DATE (MONTH/DAY / YEAR)

Surface water Discharge Monitoring Report

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

489A SW Outfall 489A

3/1/2001 TO 3/31/2001

PUBLIC SERVICE ENERGY GROUP NUCL!

	K								,		
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	0.1161	0.1161		*****	*****	*****		0	1/Month	CALCYD
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	******	*****	*****		1/Month	CALCTD
pH 00400 1	SAMPLE MEASUREMENT	*****	*****		7.4	*****	7.4		0	1/Month	GRAD
Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	6.0 01DAMN	*****	9.0 01DAMX	su		1/Month	GRAB
Solids, Total Suspended 00530 1	SAMPLE MEASUREMENT	*****	****		4	4	4		0	1/Month	GRAB
Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	100 01DAMX	30 01MOAV	45 01WKAV	MG/L		1/Month	GRAB
Hydrocarbons, in H2O, IR, CCI4 Ext. Chrom. 00551 1	SAMPLE MEASUREMENT	****	****		****	۷0.5	40.5		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/Month	GRAB
Effluent Gross Value	PERMIT: REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	50 01DAMX	MG/L		1/Month	GRAB
Lab Certification #	SAMPLE MEASUREMENT	17327	0643/		46405	77343					
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab#		REPORT	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 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 Outfall 487B

NJPDES PERMIT NUMBER: NJ0005622

MONITORING REPORT TYPE:Surface Water Discharge N MONITORING PERIOD: 3/1/2001 - 3/31/2001	MONITORED LOCATION C REGION / COUNTY:	ROUP: N/A 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 Monitori	ng Period						
MONITORING REPORT COMMENTS:							
I certify under penalty of law that I have personally examine individuals immediately responsible for obtaining the informatic significant penalties for submitting false information, including t	on, I believe the submitted informat he possibility of fine and imprisonn	ion is true, accurate, and complete. I am aware that there are nent. See 18 U.S.C. § 1319.					
(Penalties under these statutes may include fines up to \$10,000 at David F. Garchow Vice President-Operation	X	hetween 6 months and/5 years.)					
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHO		PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					
(856) 339-6000	4/19	D					
AREA CODE / TELEPHONE NUMBER	DATE (MONTH /)	DAY / YEAR)					

Surface water Discharge Monitoring Report

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

487B SW Outfall 487B

3/1/2001 TO 3/31/2001

PUBLIC SERVICE ENERGY GROUP NUCLI

		Off Gatian 40			0 0/0 1/2001		IVAIOL LIVEIVO		.,,,		
PARAMETER	\times	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	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
pH 7 7 00400 1	SAMPLE MEASUREMENT	*****	*****			*****					
Effluent Gross Value	PERMIT REQUIREMENT	, ekkeeki ja ja ja		*****	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, IR, CCI4 Ext. Chrom. 00551 1	SAMPLE MEASUREMENT	****	****		*****						
Effluent Gross Value	PERMIT REQUIREMENT	**************************************	essper e	*****	******	REPORT 01MOAV	15 01DAMX	MG/L		1/Batch	GRAB
Carbon, Tot Organic (TOC) 00680 1	SAMPLE MEASUREMENT	****	****		*****						
Effluent Gross Value	PERMIT REQUIREMENT	******	e entre	*****	******	REPORT 01MOAV	50 01DAMX	MG/L	7	1/Batch	GRAB
Lab Certification #	SAMPLE MEASUREMENT										
99999 99 Lab	PERMIT. REQUIREMENT	REPORT Lab#	REPORT		REPORT	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".