

LR-E01-0390

November 19, 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 4966

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 October 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

95-2168 REV 7/99

NJPDES Report October 2001

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

NJPDES Report Explanation of Deviations October 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 A day of No. 2001

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

#### MONITORING REPORT SUBMITTAL FORM

MONITORED LOCATION:

**FACA SW Outfall FACA** 

MONITORING REPORT TYPE Surface Water Discharge M MONITORING PERIOD: 10/1/2001 - 10/31/2001	MONITORED LOCATION C REGION / COUNTY:	ROUP: N/A Southern / Salem County
REPORT RECIPIENT:	LOCATION OF ACTIVITY:	
PSEG NUCLEAR LLC	PSEG NUCLEAR LLC	
PO BOX 236/N21	ALLOWAY CREEK NECK	
HANCOCKS BRIDGE, NJ 08038	LOWER ALLOWAYS CRE	EK, NJ 08038-0000
CHECK IF APPLICABLE: No Discharge this Monitorin	g Period	
MONITORING REPORT COMMENTS:		
individuals immediately responsible for obtaining the information significant penalties for submitting false information, including the	n, I believe the submitted information of fine and imprisonment	on 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 ar	nd or a maximum imprisonment of	betweet 6 months and 9 years.)
David F. Garchow, Vice President-Operation	had to	Thurson I
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHO	RIZED AGENT SIGNATURE OF P	RINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	_11/19/01	
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / I	MAY / VEAD)

PERMIT NUMBER:

**MONITORED LOCATION:** 

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

**FACA SW Outfall FACA** 

10/1/2001 TO 10/31/2001

**PSEG NUCLEAR LLC** 

PARAMETER		QUANTITY	OR LOADING	UNITS	QŲALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 G	SAMPLE MEASUREMENT	****	****		****	17.7	20.4		0	Continuous	CONTIN
Raw Sew/influent	PERMIT REQUIREMENT	energen		*****		REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
Temperature, oC 00010 1	SAMPLE MEASUREMENT	****	卖方式卖卖卖		****	21.9	27.2		0	Continuous	CONTIN
Effluent Gross Value	PERMIT : REQUIREMENT	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	**************************************	*****	• • • • • • • • • • • • • • • • • • •	REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
Temperature, oC 00010 2	SAMPLE MEASUREMENT	*****	****		****	4. 2	9.8		0	1/Day	CALCID
Effluent Net Value	PERMIT REQUIREMENT	Acres 1	*****	*****	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #		,	Not Applic	NOT AP

Comments: 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:

**FACB SW Outfall FACB** 

MONITORING REPORT TYPE Surface Water Discharge N MONITORING PERIOD: 10/1/2001 - 10/31/2001	MONITORED LOCAT REGION / COUNTY:	TION GROUP: N/A Southern / Salem County
REPORT RECIPIENT:	LOCATION OF ACTI	VITV.
PSEG NUCLEAR LLC	PSEG NUCLEAR LI	
PO BOX 236/N21	ALLOWAY CREEK	
HANCOCKS BRIDGE, NJ 08038		S CREEK, NJ 08038-0000
CHECK IF APPLICABLE: No Discharge this Monitorin	ng Period	
_		
MONITORING REPORT COMMENTS:		
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individuals immediately responsible for obtaining the information significant penalties for submitting false information, including th	n, I believe the submitted in the possibility of fine and im	formation is true, accurate, and complete. I am aware that there are prisonment. See 18 U.S.C. § 1319.
(Penalties under these statutes may include fines up to \$10,000 ar	nd or a maximum imprison	nent of between Emonths and 5 years.)
David F. Garchow, Vice President-Operation	(Con	S. F. Thurbow
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHO	RIZED AGENT SIGNATU	RE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	11/	19/01
AREA CODE / TELEPHONE NUMBER	DATE (MC	ONTH / DAY / YEAR)

P\_RMIT NUMBER:

**MONITORED LOCATION:** 

**MONITORING PERIOD:** 

**FACILITY NAME:** 

NJ0005622

**FACB SW Outfall FACB** 

10/1/2001 TO 10/31/2001

PSEG NUCLEAR LLC

NO. FREQ. OF SAMPLE **PARAMETER** QUANTITY OR LOADING UNITS UNITS QUALITY OR CONCENTRATION **ANALYSIS** EX. **TYPE** Temperature, SAMPLE MEASUREMENT \*\*\*\*\* \*\*\*\*\* οС O Continuous CONTIN 17.7 20.4 00010 G REPORT 01MOAV REPORT 01DAMX \*\*\*\*\* Raw Sew/influent PERMIT REQUIREMENT Continuous \*\*\*\* CONTIN DEG.C \*\*\*\* Temperature. SAMPLE \*\*\*\*\* Continuous oC MEASUREMENT 26.1 28.4 CONTIN 00010 1 43.3 01DAMX REPORT Effluent Gross Value PERMIT REQUIREMENT DEG.C Continuous CONTIN 01MOAV Temperature, SAMPLE \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 9.3 8,3 MEASUREMENT 0 1/Day CALCID 00010 2 15.3 01DAMX REPORT **Effluent Net Value** PERMIT ... REQUIREMENT \*\*\*\*\* CALCTD DEG.C 1/Day \*\*\*\*\* O1MOAV Lab Certification # SAMPLE MEASUREMENT 17327 46405 77343 06431 99999 99 REPORT PERMIT REQUIREMENT REPORT REPORT REPORT REPORT Lab NOT AP **Not Applic** Lab# Lab# Lab# Lab# Lab#

Comments: 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		LOCATION GROU	
MONITORING PERIOD: 10/1/2001 - 10/31/2001	REGION / CO	JNTY:	Southern / Salem County
REPORT RECIPIENT:	LOCATION O	F ACTIVITY:	
PSEG NUCLEAR LLC	PSEG NUCLE		
PO BOX 236/N21		REEK NECK RD	
HANCOCKS BRIDGE, NJ 08038	LOWER ALL	OWAYS CREEK, I	NJ 08038-0000
		•	
CHECK IF APPLICABLE: No Discharge this Monitoring	g Period		
MONITORING REPORT COMMENTS:			
individuals immediately responsible for obtaining the information significant penalties for submitting false information, including the	a, I believe the subnee possibility of fine	nitted information is and imprisonment. S	true, accurate, and complete. I am aware that there are See 18 U.S.C. § 1319.
(Penalties under these statutes may include fines up to \$10,000 an	nd or a maximum in	prisonment of betwe	en (vnomhs/and 5 years.)
David F. Garchow, Vice President-Operation		(aux V.	Harlow
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHOR	RIZED AGENT SI	GNATURE OF PRINC	IPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000		11/19/01	
AREA CODE / TELEPHONE NUMBER	D	ATE (MONTH / DAY /	

PERMIT NUMBER: MONITORED LOCATION: MONITORING PERIOD: FACILITY NAME:

ຼ NJປຣວງ5622 FACC SW Outfall FACC 10/1/2001 TO 10/31/2001 PSEG NUCLEAR LLC

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 G	SAMPLE MEASUREMENT	2359	2807		****	*****	*****		0	1/Day	CALCTO
Raw Sew/influent	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX	MGD	******	ne en e		*****	18.5	1/Day	CALCTD
Thermal Discharge Million BTUs per Hr 00015 2	SAMPLE MEASUREMENT	10375	15023		****	*****	****		0	1/Day	CALCTD
Effluent Net Value	PERMIT REQUIREMENT	REPORT 01MOAV	30600 01DAMX	MBTU/HR	******	422744	******	*****		1/Day	CALCTO
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP

Comments: 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	MONITORED LOCATION: 048C SW Outfall 48C MONITORED LOCATION GROUP: N/A
MONITORING PERIOD: 10/1/2001 - 10/31/2001	REGION / COUNTY: Southern / Salem County
REPORT RECIPIENT:	LOCATION OF ACTIVITY:
PSEG NUCLEAR LLC	PSEG 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 I	Period
MONITORING REPORT COMMENTS:	
i	
individuals immediately responsible for obtaining the information, I significant penalties for submitting false information, including the p	believe the submitted information is true, accurate, and complete. I am aware that there are ossibility of fine and imprisonment. See 18 U.S.C. § 1319.
(Penalties under these statutes may include fines up to \$10,000 and a	or a maximum imprisonment)of between 6 months and Hyears.)
David F. Garchow, Vice President-Operation	Coult Yauler
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZ	LED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	11/19/01
AREA CODE/TELEPHONE NUMBER	DATE (MONTH / DAY / YEAR)

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

\_NJ0005622

048C SW Outfall 48C

10/1/2001 TO 10/31/2001

**PSEG NUCLEAR LLC** 

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	0.1386	0.4062		*****	****	****		0	1/Day	CALCID
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	* ******	eserve.	*****	*****		1/Day	CALCTD
Solids, Total Suspended 00530 1	SAMPLE MEASUREMENT	****	****		*****	10	14		0	2/Month	compos
Effluent Gross Value	PERMIT REQUIREMENT-	******	331 *****	*****	******	30 01MOAV	100 01DAMX	MG/L		2/Month	COMPOS
Nitrogen, Ammonia Total (as N) 00610 1	SAMPLE MEASUREMENT	****	****		****	6	12		0	2/Month	COMPOS
Effluent Gross Value	PERMIT REQUIREMENT	All School St.	·····	` ****	******	35 01MOAV	70 01DAMX	MG/L		2/Month	COMPOS
Petroleum Hydrocarbons 00551 1	SAMPLE MEASUREMENT	****	****		*****	3	6		0	2/Month	GRAB
Effluent Gross Value	PERMIT REQUIREMENT	******	******	****	Antonia	10 01MOAV	15 01DAMX	MG/L		2/Month	GRAB
Carbon, Tot Organic (TOC) 00680 1	SAMPLE MEASUREMENT	****	*****		****	/8	24		0	2/Month	сомраз
Effluent Gross Value	PERMIT REQUIREMENT	*****	411344	*****	******	REPORT 01MOAV	50 01DAMX	MG/L		2/Month	COMPOS
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: 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".

#### MONITORING REPORT SUBMITTAL FORM

MONITORED LOCATION:

481A SW Outfall 481A

NJPDES PERMIT NUMBER: NJ0005622

MONITORING REPORT TYPE Surface Water Discharge N

MONITORING REPORT TYPE Surface Water Discharge N MONITORING PERIOD: 10/1/2001 - 10/31/2001	MONITORED LOCATION GRO REGION / COUNTY:	OUP: N/A Southern / Salem County
REPORT RECIPIENT:	LOCATION OF ACTIVITY:	
PSEG NUCLEAR LLC	PSEG NUCLEAR LLC	
PO BOX 236/N21	ALLOWAY CREEK NECK R	
HANCOCKS BRIDGE, NJ 08038	LOWER ALLOWAYS CREEI	K, NJ 08038-0000
CHECK IF APPLICABLE: No Discharge this Monitoring	g Period	
MONITORING REPORT COMMENTS:		
individuals immediately responsible for obtaining the information significant penalties for submitting false information, including the	, I believe the submitted information possibility of fine and imprisonment	is true, accurate, and complete. I am aware that there are at. See 18 U.S.C. § 1319.
(Penalties under these statutes may include fines up to \$10,000 and	d or a maximum imprisonment of be	preen 6 months and 5 years.)
David F. Garchow, Vice President-Operation	Court	F. Huelow
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHOR	RIZED AGENT SIGNATURE OF PRI	NCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	11/19/01	
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DA	Y/YEAR)

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0u05622

481A SW Outfall 481A

10/1/2001 TO 10/31/2001

**PSEG NUCLEAR LLC** 

PARAMETER	X	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	399	519		****	*****	****		0	1/Pay	CALGTO
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	*****	*****	*****		1/Day	CALCTD
рН	SAMPLE MEASUREMENT	*****	*****		7. 7	****	7.9		0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	6.0 01DAMN	647744	9.0 01DAMX	su		1/Week	GRAB
рН	SAMPLE MEASUREMENT	*****	****		7. 7	****	7.9		0	1/week	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	8177.01	*****	*****	REPORT 01DAMN	****	REPORT 01DAMX	SU		1/Week	GRAB
LC50 Statre 96hr Acu Cyprinodon TAN6A 1	SAMPLE MEASUREMENT	****	****		CODE = N	****	****		0	CODE=N	CODE=N
Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	50 01DAMN	****	*****	%EFFL		2/Year	COMPOS
Chlorine Produced Oxidants *CPOX 1	SAMPLE MEASUREMENT	*****	****		*****	CODE= N	COPE= N		0	CODE=N	CODE=N
Effluent Gross Value Option 1	PERMIT REQUIREMENT	******	*****	*****	******	0.3 - 01MQAV	0.5 01DAMX	MG/L		3/Week	GRAB
Chlorine Produced Oxidants *CPOX 1	SAMPLE MEASUREMENT	****	****		*****	<0.1	<0./		0	3/week	GRAB
Effluent Gross Value Option 2	PERMIT REQUIREMENT	******	thacks	****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Temperature, oC 00010 1	SAMPLE MEASUREMENT	****	****		*****	22.0	30.6	7,654,740	0	1/00/	CONTIN
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	fáttas	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT.	REPORT			Not Applic	NOT AP

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

# MONITORING REPORT SUBMITTAL FORM

MONITORED LOCATION:

482A SW Outfall 482A

MONITORING REPORT TYPE Surface Water Discharge N MONITORING PERIOD: 10/1/2001 - 10/31/2001	MONITORED LOCATIO REGION / COUNTY:	N GROUP: N/A Southern / Salem County
REPORT RECIPIENT:	LOCATION OF ACTIVIT	v.
PSEG NUCLEAR LLC	PSEG NUCLEAR LLC	<u></u>
PO BOX 236/N21	ALLOWAY CREEK NE	CK DD
HANCOCKS BRIDGE, NJ 08038	LOWER ALLOWAYS C	T CIM
CHECK IF APPLICABLE: No Discharge this Monitoring	g Period	
MONITORING REPORT COMMENTS:	. 44	
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individuals immediately responsible for obtaining the information significant penalties for submitting false information, including the	i, I believe the submitted inform e possibility of fine and imprise	nation is true, accurate, and complete. I am aware that there are proment. See 18 U.S.C. § 1319.
(Penalties under these statutes may include fines up to \$10,000 an	d or a maximum imprisonment	of beryegn to rudniths and 5 years.)
David F. Garchow, Vice President-Operation	Caux	1. Thishow
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHOR	RIZED AGENT SIGNATURE (	OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	11/19	/01
AREA CODE / TELEPHONE NUMBER	DATE (MONT	H/DAY/VEAR)

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

€ NJ0005622

482A SW Outfall 482A

10/1/2001 TO 10/31/2001

**PSEG NUCLEAR LLC** 

PARAMETER	X	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	396	489		****	****	****		0	1/Day	CALCTO
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT: 01DAMX	MGD	*****	*****	******	*****		1/Day	CALCTD
pH ·	SAMPLE MEASUREMENT	****	****		7. 7	****	7.9		0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	440444	******	****	6.0 01DAMN	******	9.0 01DAMX	su		1/Week	GRAB
pH	SAMPLE MEASUREMENT	*****	*****		7. 7	****	7.9		0	1/week	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	agents.	********	*****	REPORT 01DAMN	*****	REPORT 01DAMX	su <sup>*</sup>	-4-127 -4-127	1/Week	GRAB
LC50 Statre 96hr Acu Cyprinodon TAN6A 1	SAMPLE MEASUREMENT	*****	*****		CODE = N	****	****		0	CODE: N	CODE=N
Effluent Gross Value	PERMIT REQUIREMENT	374688	atitat	*****	50 01DAMN	*****	*****	%EFFL	ra de la	2/Year	COMPOS
Chlorine Produced Oxidants *CPOX_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	12	3/Week	GRAB
Chlorine Produced Oxidants *CPOX 1	SAMPLE MEASUREMENT	****	*****		****	<0.1	<0./		0	3/wee/	GRAB
Effluent Gross Value Option 2	PERMIT REQUIREMENT		Annes	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Temperature, oC 00010 1	SAMPLE MEASUREMENT	****	****		****	2/.9	28.4		0	1/Duy	CONTIN
Effluent Gross Value	PERMIT REQUIREMENT		*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343			7.6.8		
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT		REPORT Lab #	REPORT Lab #	REPORT			Not Applic	NOT AP

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall. .

### MONITORING REPORT SUBMITTAL FORM

MONITORED LOCATION:

483A SW Outfall 483A

MONITORING REPORT 1 PESURIACE Water Discharge N MONITORING PERIOD: 10/1/2001 - 10/31/2001	REGION / COUNTY: Southern / Salem County
REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC ALLOWAY CREEK NECK RD LOWER ALLOWAYS CREEK, NJ 08038-0000
CHECK IF APPLICABLE: No Discharge this Monitoring	Period Period
MONITORING REPORT COMMENTS:	
1	
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significant penalties for submitting false information, including the	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 imprisenment of between 6 months and 5 years.)
David F. Garchow, Vice President-Operations	1. / / / // / //
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHOR	
(856) 339-6000	11/19/01
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DAY / YEAR)

**PERMIT NUMBER:** 

MONITORED LOCATION:

MONITORING PERIOD:

**FACILITY NAME:** 

‴NJ0<del>บ</del>05622

483A SW Outfall 483A

10/1/2001 TO 10/31/2001

**PSEG NUCLEAR LLC** 

NO. FREQ. OF SAMPLE PARAMETER QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS **ANALYSIS TYPE** Flow, in Conduit or SAMPLE MEASUREMENT 509 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 3 80 Thru Treatment Plant CALCID 1/Day 0 50050 1 REPORT REPORT Effluent Gross Value PERMIT REQUIREMENT MGD \*\*\*\*\* CALCTD 1/Day 01MOAV 01DAMX \*\*\*\*\* \*\*\*\*\* рΗ SAMPLE MEASUREMENT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 7.9 1/week 7.7 GRAB 00400 1 6.0 9.0 **Effluent Gross Value** PERMIT REQUIREMENT \*\*\*\*\* SU \*\*\*\*\* 1/Week GRAB \*\*\*\*\* 01DAMN \*\*\*\*\* 01DAMX pН SAMPLE \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* MEASUREMENT 7. 7 1/week 7.9 GRAB 00400 7 REPORT Intake From Stream REPORT PERMIT REQUIREMENT \*\*\*\*\* SU 1/Week GRAB \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 01DAMN 01DAMX **Chlorine Produced** SAMPLE MEASUREMENT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* **Oxidants** CODE: N CODE=N CODE=N CODEIN \*CPOX 1 0.5 **Effluent Gross Value** PERMIT REQUIREMENT \*\*\*\*\* MG/L 3/Week \*\*\*\* \*\*\*\* GRAB \*\*\*\*\* 01MOAV 01DAMX Option 1 Chlorine Produced SAMPLE MEASUREMENT \*\*\*\*\* \*\*\*\* \*\*\*\*\* **Oxidants** GRAB <0.1 <0.1 3/week \*CPOX 1 REPORT **Effluent Gross Value** 0.2 \*\*\*\*\* MG/L 3/Week GRAB \*\*\*\*\* \*\*\*\*\* REQUIREMENT 01MOAV 01DAMX Option 2 Temperature, SAMPLE MEASUREMENT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* oC 0 CONTIN 30.8 22.2 1/Day 00010 1 REPORT REPORT **Effluent Gross Value** PERMIT REQUIREMENT \*\*\*\*\* DEG.C 1/Day CONTIN \*\*\*\*\* 01MOAV 01DAMX Lab Certification # SAMPLE MEASUREMENT 17327 06431 46405 77343 99999 99 REPORT REPORT REPORT REPORT Lab REPORT PERMIT **Not Applic** NOT AP REQUIREMENT Lab# Lab# Lab# Lab# Lab#

Comments: Any questions in regards to the monitoring report form can be directed to S. Rosenwinkel of the BPSP - Region 2 at (609)292-4860.

#### MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: NJ0005622  MONITORING REPORT TYPE Surface Water Discharge N	MONITORED LOCATION: MONITORED LOCATION GROU	484A SW Outfall 484A P: N/A
MONITORING PERIOD: 10/1/2001 - 10/31/2001	REGION / COUNTY:	Southern / Salem County
REPORT RECIPIENT:	LOCATION OF ACTIVITY:	
PSEG NUCLEAR LLC	PSEG NUCLEAR LLC	
PO BOX 236/N21	ALLOWAY CREEK NECK RD	
HANCOCKS BRIDGE, NJ 08038	LOWER ALLOWAYS CREEK, M	N.I 08038-0000
	,	
CHECK IF APPLICABLE: No Discharge this Monitoring	Period	•
MONITORING REPORT COMMENTS:		
	·	
individuals immediately responsible for obtaining the information, significant penalties for submitting false information, including the	I believe the submitted information is possibility of fine and imprisonment. S	true, accurate, and complete. I am aware that there are see 18 U.S.C. § 1319.
(Penalties under these statutes may include fines up to \$10,000 and	or a maximum imprisonment of betwe	
David F. Garchow, Vice President-Operations	Court	teichow
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORI	ZED AGENT SIGNATURE OF PRINCI	PAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856)339=6000	11/19/01	
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DAY / Y	

PE 'MIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

484A SW Outfall 484A

10/1/2001 TO 10/31/2001

**PSEG NUCLEAR LLC** 

					<del></del>	•			<b></b>		
PARAMETER		QUANTITY	OR LOADING	UNITS	QŲAL	ITY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1	SAMPLE MEASUREMENT	444	457		****	****	*****		0	1/Day	CALCTD
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	****		1/Day	CALCTD
pH	SAMPLE MEASUREMENT	*****	*****		7.6	****	7. 9		0	1/weck	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	******	*****	****	6.0 01DAMN	*****	9.0 01DAMX	su		1/Week	GRAB
pH	SAMPLE MEASUREMENT	****	*****		7.7	****	7. 9		0	1/week	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	2	******	*****	REPORT 01DAMN	******	REPORT 01DAMX	su		1/Week	GRAB
LC50 Statre 96hr Acu Cyprinodon TAN6A 1	SAMPLE MEASUREMENT	****	****		CODE=N	*****	****		0	CODE=N	CODE=N
Effluent Gross Value	PERMIT REQUIREMENT	******	*****	*****	50 01DAMN	*****	******	%EFFL	- 124	2/Year	COMPOS
Chlorine Produced Oxidants *CPOX 1	SAMPLE MEASUREMENT	****	*****		****	CODE=N	COPE = 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 Produced Oxidants *CPOX 1	SAMPLE MEASUREMENT	****	****		****	<0.1	LO.1		0	3/week	GRAB
Effluent Gross Value Option 2	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Temperature, oC 00010 1	SAMPLE MEASUREMENT	****	*****		****	26.1	29.9		0	1/Day	CONTIN
Effluent Gross Value	PERMIT REQUIREMENT	*****	******	****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Lab Certification #	SAMPLE MEASUREMENT	17327	0643/		46405	71343			3		
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

#### MONITORING REPORT SUBMITTAL FORM

MONITORED LOCATION:

485A SW Outfall 485A

MONITORING REPORT TYPE Surface Water Discharge N MONITORING PERIOD: 10/1/2001 - 10/31/2001	MONITORED LOCATION GROUP: N/A REGION / COUNTY: Southern / Salem County
REPORT RECIPIENT: PSEG NUCLEAR LLC	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC
PO-BOX 236/N21 HANCOCKS BRIDGE, NJ 08038	ALLOWAY CREEK NECK RD LOWER ALLOWAYS CREEK, NJ 08038-0000
CHECK IF APPLICABLE: No Discharge this Monitoring	g Period
MONITORING REPORT COMMENTS:	
individuals immediately responsible for obtaining the information significant penalties for submitting false information, including the	, 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 an	
David F. Garchow, Vice President-Operations	Viere 1 - protect
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHOR	RIZED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	11/19/01
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DAY / YEAR)

Salitado Water Disorial ge monitoring rieport

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

485A SW Outfall 485A

10/1/2001 TO 10/31/2001

**PSEG NUCLEAR LLC** 

PARAMETER		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	.409	417		****	*****	****		0	1/Day	CALCTD
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	PARAMA	****		1/Day	CALCTD
pH 00400 1	SAMPLE MEASUREMENT	*****	*****		7.5	****	7.8		0	1/week	GRAB
Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	6.0 01DAMN	entines	9.0 01DAMX	su	,	1/Week	GRAB
pH 00400 7	SAMPLE MEASUREMENT	*****	*****		7. 7	*****	7-9		0	1/week	GRAB
Intake From Stream	PERMIT REQUIREMENT	*****	******	*****	REPORT 01DAMN	**************************************	REPORT 01DAMX	su		1/Week	GRAB
LC50 Statre 96hr Acu Cyprinodon TAN6A 1	SAMPLE MEASUREMENT	*****	*****		> 100	****	****		0	2/year	COMPOS
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	50 01DAMN	*****	*****	%EFFL	7) (3)	2/Year	COMPOS
Chlorine Produced Oxidants *CPOX 1	SAMPLE MEASUREMENT	****	****		*****	CODE: N	CODE=N		0	CODEIN	CODE=N
Effluent Gross Value Option 1	PERMIT REQUIREMENT	******		*****	******	0.3 01MOAV	0.5 01DAMX	MG/L	Vari Viini	3/Week	GRAB
Chlorine Produced Oxidants *CPOX 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	7. %.7	3/Week	GRAB
Temperature, oC 00010 1	SAMPLE MEASUREMENT	***	****		****	25.2	28.2		0	1/Day	CONTIN
Effluent Gross Value	PERMIT REQUIREMENT	******	And the second s	*****	7	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Lab Certification #	SAMPLE MEASUREMENT	17327	0643/		46405	77343			ala (Albert		
Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab #	:	REPORT Lab #	REPORT	REPORT			Not Applic	NOT AP

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

#### MONITORING REPORT SUBMITTAL FORM

MONITORED LOCATION:

486A SW Outfall 486A

MONITORING REPORT TYPE:Surface Water Discharge N	MONITORED LOCATION	N GROUP: N/A
MONITORING PERIOD: 10/1/2001 - 10/31/2001	REGION / COUNTY:	Southern / Salem County
REPORT RECIPIENT:	LOCATION OF ACTIVIT	Y:
PSEG NUCLEAR LLC	PSEG NUCLEAR LLC	<del></del>
PO BOX 236/N21	ALLOWAY CREEK NE	CK RD
HANCOCKS BRIDGE, NJ 08038	LOWER ALLOWAYS C	,
CHECK IF APPLICABLE: No Discharge this Monitoring P	'eriod	
MONITORING REPORT COMMENTS:		
individuals immediately responsible for obtaining the information, I significant penalties for submitting false information, including the pe	believe the submitted inforrossibility of fine and impriso	nation is true, accurate, and complete. I am aware that there are onment. See 18 U.S.C. § 1319.
(Penalties under these statutes may include fines up to \$10,000 and o	er a maximum imprikonment	of between 6 months and 5 years.)
David F. Garchow, Vice President-Operations	- Van	DF. Thurbon
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZ	ED AGENT SIGNATURE O	of principal executive officer or authorized agent
(856) 339–6000	11/19/0	1
AREA CODE / TELEPHONE NUMBER	DATE (MONT)	H/DAY/YEAR)

PERMIT NUMBER:

**MONITORED LOCATION:** 

**MONITORING PERIOD:** 

FACILITY NAME:

NJ0005622

486A SW Outfall 486A

10/1/2001 TO 10/31/2001

**PSEG NUCLEAR LLC** 

PARAMETER	$\times$	QUANTITY	QUANTITY OR LOADING		UNITS QUALITY OR CONCENTRATION					FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1	SAMPLE MEASUREMENT	397	49.5		****	****	*****		0	1/Day	CALCTD
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	******	*****	*****		1/Day	CALCTD
рН	SAMPLE MEASUREMENT	*****	*****		7.6	****	7.8		0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	****	6.0 01DAMN	*****	9.0 01DAMX	su		1/Week	GRAB
pH 00400 7	SAMPLE MEASUREMENT	****	****		7. 1	*****	7.9		0	1/week	GRAB
Intake From Stream	PERMIT REQUIREMENT	STRAFF	******	*****	REPORT 01DAMN	******	REPORT 01DAMX	su		1/Week	GRAB
Chlorine Produced Oxidants *CPOX 1	SAMPLE MEASUREMENT	***	*****		****	CODE=N	CODE=N		0	CODE=N	CODE=N
Effluent Gross Value Option 1	PERMIT REQUIREMENT	******	******	*****	*****	0.3 01MOAV	0.5 	MG/L		3/Week	GRAB
Chlorine Produced Oxidants *CPOX 1	SAMPLE MEASUREMENT	****	****		****	<0.1	20./		0	3/week	GRAB
Effluent Gross Value Option 2	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Temperature, oC 00010 1	SAMPLE MEASUREMENT	****	****		****	27.6	31.8		0	1/Day	CONTIN
Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab #		REPORT	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP

Comments: Any questions in regards to the monitoring report form can be directed to S. Rosenwinkel of the BPSP - Region 2 at (609)292-4860.

#### MONITORING REPORT SUBMITTAL FORM

MONITORED LOCATION:

487B SW Outfall 487B

MONITORING REPORT TYPE Surface Water Discharge M MONITORING PERIOD: 10/1/2001 - 10/31/2001	MONITORED LOCATION (	
MONTORING FERIOD. 10/1/2001 - 10/51/2001	REGION / COUNTY:	Southern / Salem County
REPORT RECIPIENT:	LOCATION OF ACTIVITY:	
PSEG NUCLEAR LLC	PSEG NUCLEAR LLC	* D.D.
PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038	ALLOWAY CREEK NECH LOWER ALLOWAYS CRI	
I WOOD DAID OL, NJ 00050	LOWER ALLOWA 15 CKI	LEA, NJ 00030-0000
CHECK IF APPLICABLE: No Discharge this Monitoring	g Period	
MONITORING REPORT COMMENTS:		
	*	<del></del>
individuals immediately responsible for obtaining the information significant penalties for submitting false information, including the	I believe the submitted information possibility of fine and imprison	tion is true, accurate, and complete. I am aware that there are ment. See 18 U.S.C. § 1319.
(Penalties under these statutes may include fines up to \$10,000 and	d or a maximum imprisonment of	between 6 manshs and 5 years.)
David F. Garchow, Vice President-Operations	( lows	1. Tenfor
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHOR	RIZED AGENT SIGNATURE OF	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	11/19/0	1
AREA CODE / TELEPHONE NUMBER	DATE (MONTH /	DAY / YEAR)

buriage water bisorial ge monitoring report

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

487B SW Outfall 487B

10/1/2001 TO 10/31/2001

**PSEG NUCLEAR LLC** 

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	CALCTO
рН	SAMPLE MEASUREMENT	有卖卖卖卖	****			*****					
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	6.0 01DAMN	egants	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	1/Batch	GRAB
Temperature, oC 00010 1	SAMPLE MEASUREMENT	****	*****		*****		•				
Effluent Gross Value	PERMIT REQUIREMENT	argari.	*******	*****	******	REPORT 01MOAV	43,3 01DAMX	DEG.C		1/Batch	GRAB
Petroleum Hydrocarbons 00551 1	SAMPLE MEASUREMENT	****	*****		*****						
Effluent Gross Value	PERMIT REQUIREMENT	******	*****	*****	******	REPORT 01MOAV	15 01DAMX	MG/L,		1/Batch	GRAB
Carbon, Tot Organic (TOC) 00680 1	SAMPLE MEASUREMENT	****	****		*****						
Effluent Gross Value	PERMIT REQUIREMENT	derest.	*****	****	*****	REPORT 01MOAV	50 01DAMX	MG/L		1/Batch	GRAB
Lab Certification #	SAMPLE MEASUREMENT								200 COM/00 A/A		
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab#	REPORT Lab #	REPORT			Not Applic	NOT AP

Comments: 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:

489A SW Outfall 489A

MONITORING REPORT TYPE Surface Water Discharge N	MONITORED LOCATION GROUP: N/A
MONITORING PERIOD: 10/1/2001 - 10/31/2001	REGION / COUNTY: Southern / Salem County
REPORT RECIPIENT:	LOCATION OF ACTIVITY:
PSEG NUCLEAR LLC	PSEG 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:	
1	
individuals immediately responsible for obtaining the information, significant penalties for submitting false information, including the	believe the submitted information is true, accurate, and complete. I am aware that there 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 fomonths and 5, years.)
David F. Garchow, Vice President-Operations	Can P. Thuchov
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORI	ZED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339–6000	11/19/01
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DAY / VEAR)

PF RMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

\*\*\* NJ0005622

489A SW Outfall 489A

10/1/2001 TO 10/31/2001

**PSEG NUCLEAR LLC** 

		,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
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	0.051	0.051		*****	*****	*****		0	1/Month	CALCTD
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	4.000 C	50 assess	*****		1/Month	CALCTD
pH 00400 1	SAMPLE MEASUREMENT	***	****		7. 9	****	7.9		0	1/Month	GRAB
Effluent Gross Value	PERMIT REQUIREMENT	And the second	******	*****	6.0 01DAMN	*****	9.0 01DAMX	su		1/Month	GRAB
Solids, Total Suspended 00530 1	SAMPLE MEASUREMENT	****	****		5	5	****		0	1/Month	GRAB
Effluent Gross Value	PERMIT REQUIREMENT	******	**************************************	*****	100 01DAMX	30 01MOAV	227716	MG/L		1/Month	GRAB
Petroleum Hydrocarbons 00551 1	SAMPLE MEASUREMENT	****	****		*****	5	5		O	1/Month	GRAB
Effluent Gross Value	PERMIT REQUIREMENT	Anton Services	*****	*****	400 - 100 - 150 -	10 01MOAV	15 × 01 DAMX	MG/L		1/Month	GRAB
Carbon, Tot Organic (TOC) 00680 1	SAMPLE MEASUREMENT	*****	*****		****	7	7		0	1/Month	GRAB
60680 1   Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	****	******	REPORT 01MOAV	50 01DAMX	MG/L		1/Month	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: 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".