

LR-E01-0352

50.272/311

October 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 4935

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 September 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 Öperations

Attachments

JE 25

NJPDES Report September 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 September 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 23 day of OCT 2001

DELORIS D. HADDEN Notary Public of New Jersey My Commission Expires 03-29-2005

Andden

ID # 2073649



TO:

Dave Hurka

Sr. Engineer - Nuclear

PSEG

October 5, 2001 Report No.TP01060-A

SUBJECT:

RECORD OF RHODAMINE WT DYE INJECTION FOR CIRCULATING WATER FLOW TEST AT

SALEM GENERATING STATION - UNIT NO. 1

CONDUCTED BY: Victor Simpson

Sr. Test Engineer, Maplewood Testing Services

PURPOSE

To report the date, time, amount and concentration of Rhodamine WT dye released to the river while testing at Salem Generating Station - Unit No. 1.

SUMMARY

Listed in the table below are the data pertinent to the injection of Rhodamine WT dye at Salem Generating Station -Unit No. 1. Testing is complete at this station.

RECORD OF RHODAMINE WT INJECTION

Tark Day	-			W.OD/WINTE	AL HASECHOIA	<u> </u>	
Test Date	Pump No. Injection Time		Pure Dye Injected	No. of Pumps In Service	Total System Flow	Effluent Concentration	
· · · · · · · · · · · · · · · · · · ·		(start)	(stop)	(ml)	55. 7.55	(1000 gpm)	
9/25/01	11B	1035	1055	7.12	9	1665.0	(ppb) 0.06
9/25/01	12B	1258	1303	1.75	11	2035.0	0.05
9/25/01	12B	1314	1331	5.98	9	1665.0	0.06
9/25/01	13B	1410	1415	1.76	11	2035.0	0.05
9/25/01	13B	1431	1447	5.61	9	1665.0	0.05
9/26/01	11A	1012	1030	6.30	11	2035.0	0.05
9/26/01	12A	1051	1108	5.94	11	2035.0	0.05
9/26/01	13A	1126	1143	5.87	11	2035.0	0.03

Senior Supervising Test Engineer

Mechanical Division

J. Eggers

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TO:

James Eggers

Engineering Supervisor - Nuclear Licensing

PSEG

October 5, 2001 Report No.TP01060

SUBJECT:

DETERMINATION OF CIRCULATING WATER FLOW AT SALEM GENERATING

STATION - UNIT NO. 1

CONDUCTED BY:

Victor Simpson

Sr. Test Engineer, Maplewood Testing Services

PURPOSE

To determine the flow capacities of the Unit No. 1 circulating water pumps.

SUMMARY

On September 25 and 26, 2001 the Mechanical Division of Maplewood Testing Services conducted a series of test runs at Salem Unit No. 1 to determine the capacities of the 11A, 11B, 12A, 12B, 13A and 13B (CMS designations M, H, K, F, B and A respectively) circulating water pumps.

Work was performed under SAP work orders 30032550, 30032551, 30032820, 30032552, 30032821 and 30032822.

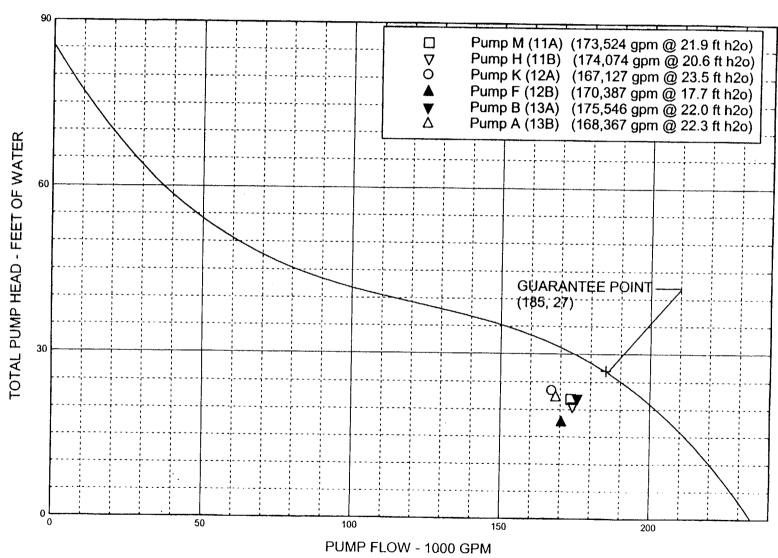
Final test results are shown in the table below and the following figure.

SUMMARY OF TEST RESULTS

Pump No.	CMS Pump Designation	Test Date	Measured Pump Capacity (gpm)	Pump Suction Head (ft h2o)	Pump Discharge Head (ft h2o)	Total Dynamic Head (ft h2o)
11A	М	9/26/01	173,524	-10.4	11.5	21.9
11B	Н	9/25/01	174,074	-11.6	9.0	20.6
12A	K	9/26/01	167,127	-11.0	12.5	23.5
12B	F	9/25/01	170,387	-11.2	6.5	17.7
13A	В	9/26/01	175,546	-11.5	10.5	22.0
13B	Α	9/25/01	168,367	-9.8	12.5	22.3

Note: Pump suction heads and discharge heads corrected to elevation 100'.

SALEM GENERATING STATION - UNIT NO.1 TOTAL PUMP HEAD VS. CIRCULATING WATER PUMP FLOW



PSEG
Maplewood Testing Services
Rpt No. TP01060 September 2001

James Eggers
Supervising Engineer – Nuclear Licensing
PSEG

October 5, 2001 Report No.TP01060

DISCUSSION

As compared to the results from testing conducted in October 2000 (reference MTS report TP00055), the test points shown on the above figure are further depressed from the manufacturer's curve. There was a significant grassing problem reported by the station and observed by MTS during the September 25, 2001 tests. This may have impacted pump performance.

TEST METHOD

The circulating water flow rate was determined by fluorometry using MTS Mechanical Division Work Instruction TPG-19 "Water Flow Using The Turner Fluorometer". Rhodamine WT dye was injected into the bell mouth of each pump using ½ inch PVC pipe with a carrier flow of screen wash water at 3 gallons per minute.

The dye was injected at a known rate using a peristaltic pump and a class A burette to measure rate. The diluted sample was retrieved and monitored by taking a sample from the inlet water box piping. The ratio of the injected concentration to the sampled concentration multiplied by the injection flow rate yielded the circulator flow rate.

The total dynamic head was obtained by measuring the pump suction head in feet from elevation 100 and the pump discharge head in feet of water at the water box inlet. After correcting for elevation the total dynamic head was calculated as the pump discharge head minus the pump suction head.

Senior Supervising Test Engineer Mechanical Division

c D. Hurka

F. Todd

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MONITORING REPORT SUBMITTAL FORM

MONITORED LOCATION:

FACA SW Outfall FACA

NJPDES PERMIT NUMBER: NJ0005622

MONITORING REPORT 1 YPE Surface Water Discharge N MONITORING PERIOD: 9/1/2001 - 9/30/2001	MONITORED LOCATION GROUP: N/A 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	eriod
MONITORING REPORT COMMENTS:	
significant penalties for submitting false information, including the p	
(Penalties under these statutes may include fines up to \$10,000 and	r a maximum imprisonment of betweep 6 months and 5 years.)
David F. Garchow, Vice President-Operations	Leve F. Starthon
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZ	ED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	10/23/01
AREA CODE / TELEPHONE NUMBER	DATE (MONTH/DAY/YEAR)

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

NJ0005622 FACA SW Outfall FACA 9/1/2001 TO 9/30/2001 PSEG NUCLEAR LLC

					•	102411002					
PARAMETER	\sim	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE '
Temperature, oC 00010 G	SAMPLE MEASUREMENT	*****	*****		*****	24.8	28.0		0	Continuous	CONTIN
Raw Sew/influent	PERMIT REQUIREMENT	·	141914	*****		REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	(MINNES)
Temperature, oC 00010 1	SAMPLE MEASUREMENT	*****	*****		*****	31.0	35.8		0	Continuous	CONTIN
Effluent Gross Value	PERMIT REQUIREMENT	44		*****	*****	REPORT 01MOAV	46.1 01DAMX	DEG.C		Continuous	<u>কেস্ট্রার্</u> টি
Temperature, oC 00010 2	SAMPLE MEASUREMENT	****	*****		****	6.2	8.2		0	1/Day	CALCTO
Effluent Net Value	PERMIT REQUIREMENT	Corner Trans		*****	e miles	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	(MESTI)
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		46405	77343					
	PERMIT! REQUIREMENT	REPORT Lab #1	REPORT Lab # - #-		REPORT Lab.#	REPORT.	REPORT			Not Applica	I\(0)17 (4)2-11

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

NJPDES PERMIT NUMBER: NJ0005622

MONITORING REPORT TYPE Surface Water Discharge N MONITORING PERIOD: 9/1/2001 - 9/30/2001	MONITORED LOCATION GROUP: N/A 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:	
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	or a maximum imprisonment of between 6 months and 5 years.)
David F. Garchow, Vice President-Operations	Law F. Farchon
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORI	ZED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	10/23/01
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DAY / YEAR)

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

 NJ0005622
 FACB SW Outfall FACB
 9/1/2001 TO 9/30/2001
 PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE '
Temperature, oC 00010 G	SAMPLE MEASUREMENT	*****	****		****	24.8	28.0		0	Continuous	CONTIN
Raw Sew/influent	PERMITA REQUIREMENT	*****	**************************************	****	ereses	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	् ७० ४म्।४
Temperature, oC 00010 1	SAMPLE MEASUREMENT	*****	****		****	32.2	36.3		0	Continuous	CONTIN
Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	******	REPORT 100	46.1 01DAMX	DEG.C		Continuous	ः (लंब)रेशम् र्
Temperature, oC 00010 2	SAMPLE MEASUREMENT	****	*****		****	7.4	9.5		0	1/Day	CALCTO
Effluent Net Value	PERMIT. " REQUIREMENT		*****	*****	antinia.	REPORT	15.3 01DAMX	DEG.C		1/Day	
Lab Certification # 99999 99	SAMPLE MEASUREMENT	17327	06431		46405	77343			14 A		
9999 99 ab	PERMIT REQUIREMENT	REPORT.	REPORT Lab #		REPORT Lab #	REPORT Lab#	REPORT			Not Applic	KIOTEME

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:

FACC SW Outfall FACC

NJPDES PERMIT NUMBER: NJ0005622

MONITORING REPORT TYPE Surface Water Discharge N

MONITORING REPORT TYPE Surface Water Discharge N MONITORING PERIOD: 9/1/2001 - 9/30/2001	MONITORED LOCATION GR REGION / COUNTY:	OUP: N/A 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 R LOWER ALLOWAYS CREE	
CHECK IF APPLICABLE: No Discharge this Monitorin		
MONITORING REPORT COMMENTS:		
	,	
individuals immediately responsible for obtaining the information significant penalties for submitting false information, including the	e possibility of fine and imprisonmen	nt. See 18 U.S.C. § 1319,
(Penalties under these statutes may include fines up to \$10,000 ar	1 / 0	tweep 6 months and 5 years.)
David F. Garchow, Vice-President-Operation	is taen t.	Harris
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHO	RIZED AGENT SIGNATURE OF PRI	NCPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339–6000	10	0/23/01
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DA	Y/YEAR)

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACC SW Outfall FACC

9/1/2001 TO 9/30/2001

PSEG NUCLEAR LLC

						1 024 1100					
PARAMETER		QUANTITY (OR LOADING	UNITS	UNITS QUALITY OR CONCENTRATION					FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 G	SAMPLE MEASUREMENT	2768	2904		****	****	*****		0	1/Pay	CALCTO
Raw Sew/influent	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX	MGD		The second	******	****		1/Day	(e/Alcento
Thermal Discharge Million BTUs per Hr 00015 2	SAMPLE MEASUREMENT	12195	15088		****	****	****		0	1/Day	CALOTO
Effluent Net Value	PERMIT REQUIREMENT	REPORT # 01MOAV	30600 01DAMX	MBTU/HR	second .	******	******	*****		1/Day	CALCID
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
Lab	PERMIT REQUIREMENT	HEPORT (2.4) Lab #	REPORT Lab # ***		REPORT	REPORT Lab #	REPORT			Not Applic	NOTAR

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 MONITORING PERIOD: 9/1/2001 - 9/30/2001	MONITORED LOCATION: 048C SW Outfall 48C MONITORED LOCATION GROUP: N/A REGION / COUNTY: Southern / Salem County
REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC
HANCOCKS BRIDGE, NJ 08038	ALLOWAY CREEK NECK RD LOWER ALLOWAYS CREEK, NJ 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 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	or a maximum (mprisonment of between 6) months and 5 years.)
David F. Garchow, Vice President-Operations	Cow F. Huchon
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORI	ZED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	10/23/01
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DAY / YEAR)

PER NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

048C SW Outfall 48C

9/1/2001 TO 9/30/2001

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	0.1286	0.3928		*****	*****	*****		0	1/Day	CALCTO
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	******	*****	*****		1/Day	CALCID
Solids, Total Suspended 00530 1	SAMPLE MEASUREMENT	****	****		*****	10	//	1	0	2/Month	COMPOS
Effluent Gross Value	PERMIT REQUIREMENT	fame.	******	*****	******	30 01MOAV	100 01DAMX	MG/L		2/Month	COMPOS
Nitrogen, Ammonia Total (as N) 00610 1	SAMPLE MEASUREMENT	****	****		*****	0	0		0	2/Month	COMPOS
Effluent Gross Value	PERMIT REQUIREMENT	inen Te	1111	*****	******	35 01MOAV	70 01DAMX	MG/L		2/Month	GOMPOS
Petroleum Hydrocarbons 00551 1	SAMPLE MEASUREMENT	****	****		*****	1	2		O	2/Month	GRAB
Effluent Gross Value	PERMIT REQUIREMENT	******	# 14 # 14	*****	Apr	10 2 01MOAV	15 01DAMX	MG/L		2/Month's	GRAB
Carbon, Tot Organic (TOC) 00680 1	SAMPLE MEASUREMENT	****	*****		*****	17	33		0	2/Month	COMPOS
Effluent Gross Value	PERMIT F		efection .	*****	errett.	REPORT 01MOAV	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.	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)292-4680 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: 9/1/2001 - 9/30/2001	MONITORED LOCATION: 481A SW Outfall 481A MONITORED LOCATION GROUP: N/A 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
MONITORING REPORT COMMENTS:	
significant penalties for submitting false information, including the p	
(Penalties under these statutes may include fines up to \$10,000 and	
David F. Garchow, Vice President-Operations	
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZ	ZED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	10/23/01
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DAY / YEAR)

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

9/1/2001 TO 9/30/2001

PSEG NUCLEAR LLC

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PARAMETER	\sim	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	526	559		****	****	*****		0	1/Day	CAKCTO
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGĐ	******	******		*****		1/Day	CALCTD
pH	SAMPLE MEASUREMENT	****	****		7.5	*****	7.6		0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	6.0 01DAMN	******	9.0 01DAMX	ຣບ		1/Week	GRAB
pH 00400 7	SAMPLE MEASUREMENT	****	****		7. 7	*****	7.8		o	1/weak	GRAD
Intake From Stream	PERMIT REQUIREMENT	******	*****	*****	REPORT 01DAMN	, parant	REPORT 01DAMX	ຮບ	77	1/Week	GRAB,
LC50 Statre 96hr Acu Cyprinodon TAN6A 1	SAMPLE MEASUREMENT	*****	*****		CODE=N	****	****		0	CODETN	CODE=N
Effluent Gross Value	PERMIT REQUIREMENT	******	*****	*****	50 01DAMN	*****	*****	%EFFL		2/Year	COMPOS
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 01DAMX	MG/L		3/Week	GRAB.
Chlorine Produced Oxidants *CPOX 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
Temperature, oC 00010 1	SAMPLE MEASUREMENT	****	****		****	37.3	37.9		0	1/Day	CONTIN
Effluent Gross Value	PERMIT REQUIREMENT	******	*****	****	**************************************	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	COÑTIN
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
Lab	PERMIT REQUIREMENT	REPORT (**) Lab #	REPORT Lab #		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

NJPDES PERMIT NUMBER: NJ0005622

NJPDES PERMIT NUMBER: NJ0005622	MONITORED LOCATION: 482A SW Outfall 482A
MONITORING REPORT TYPE Surface Water Discharge N	MONITORED LOCATION GROUP: N/A
MONITORING PERIOD: 9/1/2001 - 9/30/2001	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:	
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 are 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-Operations	Land F. Thicken
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORI	ZED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	10/23/01
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DAY / YEAR)

our lace water pischarge monitoring Report

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

482A SW Outfall 482A

9/1/2001 TO 9/30/2001

PSEG NUCLEAR LLC

		1		·							
PARAMETER	\sim	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	495	529		*****	*****	*****		0	1/Day	CALCTO
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Day	CALCTD
pH	SAMPLE	,					262			22.54	
00400 1	MEASUREMENT	*****	*****		7.5	*****	7.6		0	1/week	GRAD
Effluent Gross Value	PERMIT REQUIREMENT	444444	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	su		1/Week	GRAB
pH 00400 7	SAMPLE MEASUREMENT	****	****		7. 7	*****	7.8		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	*****	*****		CODE = N	****	*****		0	CODE=N	CODE=N
Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	50 01DAMN	******		%EFFL		2/Year	COMPOS
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	CODE= N	CODE = N		0	CODE=N	CODE=N
*CPOX 1 Effluent Gross Value							S. S. C.				- COZ = N
Option 1	PERMIT REQUIREMENT	*****	*****	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB:
Chlorine Produced Oxidants *CPOX_1	SAMPLE MEASUREMENT	****	****		*****	40.1	<0.1		0	3 prook	GRAD
Effluent Gross Value Option 2	PERMIT REQUIREMENT	*****	****	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Temperature, oC 00010 1	SAMPLE MEASUREMENT	****	****		****	3/,3	39./		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			***		
Lab	PERMIT :	REPORT & Fa 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:

483A SW Outfall 483A

NJPDES PERMIT NUMBER: NJ0005622

MONITORING REPORT TYPE Surface Water Discharge N MONITORING PERIOD: 9/1/2001 - 9/30/2001	MONITORED LOCATI REGION / COUNTY:	ON GROUP: N/A Southern / Salem County
REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038	LOCATION OF ACTIV PSEG NUCLEAR LLO ALLOWAY CREEK N LOWER ALLOWAYS	
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 info	ormation is true, accurate, and complete. I am aware that there are isonment. See 18 U.S.C. § 1319.
(Penalties under these statutes may include fines up to \$10,000 and	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ent of between 6 months and 5 years.)
David F. Garchow, Vice Presidnet-Operation	· - •	Jr- Harchon
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHOR	ZIZED AGENT SIGNATURI	E OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	10/2	3/01
AREA CODE / TELEPHONE NUMBER	DATE (MON	TH/DAY/YEAR)

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

483A SW Outfall 483A

9/1/2001 TO 9/30/2001

PSEG NUCLEAR LLC

							LLAN LLU				
PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUAL	TY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1	SAMPLE MEASUREMENT	523	538		****	****	****		0	1/Pay	CALCTO
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	******		*****		1/Day	CALCTD
pH 00400 1	SAMPLE MEASUREMENT	****	****		7.6	****	7. 7		0	1/week	GRAB
Effluent Gross Value	PERMIT REQUIREMENT		*****	*****	6.0 01DAMN	******	9.0 01DAMX	SU		1/Week	GRAB:
pH 00400 7	SAMPLE MEASUREMENT	****	*****		7. 7	****	7.8		0	1/week	GRAB
Intake From Stream	PERMIT REQUIREMENT	· · · · · · · · · · · · · · · · · · ·	44444	****	REPORT 01DAMN	******	REPORT 01DAMX	sv		1/Week	GRAB
Chlorine Produced Oxidants *CPOX 1	SAMPLE MEASUREMENT	****	***		****	CODE=N	COPE=N		0	CODESN	CODEEN
Effluent Gross Value Option 1	PERMIT REQUIREMENT	****** <u> </u>	******	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Chlorine Produced Oxidants *CPOX 1	SAMPLE MEASUREMENT	****	****		****	<0.1	<0.1		0	3/wook	GRAB
Effluent Gross Value Option 2	PERMIT REQUIREMENT	******	2, 24,000	*****	******	REPORT 01MOAV	0.2 01DAMX	MG/L	2.0	3/Week	GRAB
Temperature, oC 00010 1	SAMPLE MEASUREMENT	****	***		****	31.0	40.0		0	1/Day	CONTIN
Effluent Gross Value	PERMIT REQUIREMENT	•••••	*****	*****	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Lab Certification #	SAMPLE MEASUREMENT	17317	06431		46405	77343				eredans, es assessing	
99999 99 Lab	7 PERMIT	REPORT Lab #	REPORT Lab #		REPORT Lab#.	REPORT Lab #	REPORT			Not Applic	NOTAP

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

REGION / COUNTY:

MONITORED LOCATION:

MONITORED LOCATION GROUP: N/A

484A SW Outfall 484A

Southern / Salem County

NJPDES PERMIT NUMBER: NJ0005622

MONITORING PERIOD:

MONITORING REPORT TYPE Surface Water Discharge N

9/1/2001 - 9/30/2001

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 MONITORING REPORT COMMENTS:	
individuals immediately responsible for obtaining the information significant penalties for submitting false information, including th	n, I believe the submitted information is true, accurate, and complete. I am aware that there are ne possibility of fine and imprisonment. See 18 U.S.C. § 1319.
(Penalties under these statutes may include fines up to \$10,000 ar David F. Garchow, Vice President-Operation	nd or a maximum imprisonment of between months and 5 years.)
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHO	RIZED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	10/23/01
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DAY / YEAR)

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

484A SW Outfall 484A

9/1/2001 TO 9/30/2001

PSEG NUCLEAR LLC

SAMPLE NO. FREQ. OF **PARAMETER** QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS TYPE EX. **ANALYSIS** Flow. In Conduit or SAMPLE 4/2 465 ***** ***** ***** 1/Day Thru Treatment Plant CALCTA MEASUREMENT 0 50050 1 REPORT REPORT Effluent Gross Value PERMIT REQUIREMENT MGD CALCTD 1/Day 01MOAV 01DAMX ***** ***** Ηα SAMPLE MEASUREMEN ***** ***** ***** 1/Work 7.5 GRAB 7.6 00400 1 6.0 9.0 **Effluent Gross Value** PERMIT REQUIREMENT ***** GRAB sυ 1/Week ***** ***** ***** 01DAMN 01DAMX Ηα SAMPLE MEASUREMENT ***** ***** ***** 7. 7 7.8 GRAB 1/weck 0 00400 7 REPORT REPORT Intake From Stream PERMIT ***** SU GRAB: ***** 1/Week ***** REQUIREMENT 01DAMN 01DAMX LC50 Statre 96hr Acu SAMPLE CODE=N CODETN ***** ***** ***** ***** Cyprinodon MEASUREMENT COPEZN TAN6A 1 PERMIT REQUIREMENT retail of the 50 Effluent Gross Value ***** %EFFL 2/Year COMPOS **** ***** **** 01DAMN Chlorine Produced SAMPLE MEASUREMEN ***** ***** ***** CODE = N CODEON Oxidants CODEIN CODEIN *CPOX 1 **Effluent Gross Value** 0.3 0.5 PERMIT REQUIREMENT GRAB ***** MG/L 3/Week ***** ***** ***** 01MOAV 01DAMX Option 1 **Chlorine Produced** SAMPLE MEASUREMENT ***** ***** 0 GRAB Oxidants <0.1 3/week 40.1 *CPOX 1 REPORT 0.2 **Effluent Gross Value** PERMIT REQUIREMENT ***** MG/L 3/Week GRAB. ***** 444444 ***** 01MOAV 01DAMX Option 2 Temperature, SAMPLE ***** ***** ***** οС MEASUREMENT 0 1/04 CONTIN 32.8 39.6 00010 1 REPORT REPORT Effluent Gross Value PERMIT ***** DEG.C 1/Day ***** ***** CONTIN REQUIREMENT O1MOAV. 01DAMX Lab Certification # SAMPLE 17327 46405 MEASUREMENT 06431 77343 99999 99 PERMIT REPORT REPORT REPORT REPORT REPORT NOT AP Not Applic Lab Lab# REQUIREMENT Lab # Lab # Lab# Lab #

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:

MONITORED LOCATION GROUP: N/A

485A SW Outfall 485A

NJPDES PERMIT NUMBER: NJ0005622

MONITORING PERIOD:

MONITORING REPORT TYPE:Surface Water Discharge N

9/1/2001 - 9/30/2001

MONITORING PERIOD: 9/1/2001 - 9/30/2001	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 F LOWER ALLOWAYS CREE	
CHECK IF APPLICABLE: No Discharge this Monito	ring Period	
MONITORING REPORT COMMENTS:		
individuals immediately responsible for obtaining the informat significant penalties for submitting false information, including	tion, I believe the submitted information the possibility of fine and imprisonme	n is true, accurate, and complete. I am aware that there are nt. See 18 U.S.C. § 1319.
(Penalties under these statutes may include fines up to \$10,000	and or a maximum imprisorment of be	rtween 6 fnonths and 5 years.)
David F. Garchow, Vice President-Operat	ions Lauh	r. Manchow
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTI	HORIZED AGENT SIGNATURE OF PR	INCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	10/23/01	
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DA	Y/YEAR)

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

485A SW Outfall 485A

9/1/2001 TO 9/30/2001

PSEG NUCLEAR LLC

								<u> </u>	LNO	FREQ. OF	SAMPLE
PARAMETER		QUANTITY	OR LOADING	UNITS	QUAL	TY OR CONCENTE	RATION	UNITS	NO.	ANALYSIS	TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1	SAMPLE MEASUREMENT	407	419		****	****	****		0	1/Day	CALCTIO
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	******	*****	*****		1/Day	CALCTD
рН	SAMPLE MEASUREMENT	****	****		مے ر-	****	7 /		***********	11	C D A D
00400 1	MEASUREMENT				7,5		7.6		0	1/week	GRAB
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	6.0 01DAMN	******	9.0 01DAMX	su		1/Week	GRAB
рН	SAMPLE MEASUREMENT	*****	****		7.7	****	7.8		0	1/week	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	*******	*****	*****	REPORT 01DAMN	411111	REPORT 01DAMX	su		1/Week	GRAB
LC50 Statre 96hr Acu Cyprinodon TAN6A 1	SAMPLE MEASUREMENT	****	****		CODE= N	****	****		0	COPEIN	CODE=N
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	50 01DAMN	*****	*****	%EFFL		2/Year	COMPOS
Chlorine Produced Oxidants *CPOX 1	SAMPLE MEASUREMENT	****	****		****	CODE = N	CODE= N		O	CODE = N	CODE=N
Effluent Gross Value Option 1	PERMIT REQUIREMENT	******	PRESIA	*****	*****	0.3 01MOAV	0.5 01DAMX	.MG/L		3/Week;	GRAB***
Chlorine Produced Oxidants *CPOX 1	SAMPLE MEASUREMENT	****	****		****	<0.1	0,1		0	3/Weck	GRAB
Effluent Gross Value Option 2	PERMIT REQUIREMENT	*****	*****	****	******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Temperature, oC 00010 1	SAMPLE MEASUREMENT	****	*****		****	31,2	37.2		O	1/Day	CONTIN
Effluent Gross Value	PERMÍT REQUIREMENT	*****	******	****		REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day.	CONTIN
_ab Certification #	SAMPLE MEASUREMENT	17327	0643/		46405	77343					
99999 99 Lab	. PERMIT REQUIREMENT	REPORT ∰ Lab #	REPORT		REPORT	REPORT	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:

486A SW Outfall 486A

NJPDES PERMIT NUMBER: NJ0005622

MONITORING REPORT TYPE Surface Water Discharge N MONITORING PERIOD: 9/1/2001 - 9/30/2001	MONITORED LOCATION GI REGION / COUNTY:	ROUP: N/A 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 I LOWER ALLOWAYS CREE	RD
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	e possibility of fine and imprisonme	ent. See 18 U.S.C. § 1319.
(Penalties under these statutes may include fines up to \$10,000 and	d or a maximum imprisonment of b	etween 6)months and 5 years.)
David F. Garchow, Vice President-Operation	ns bull F	- Hauhow
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHOR	RIZED AGENT SIGNATURE OF PR	RINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	10/23/01	
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DA	AY/YEAR)

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

486A SW Outfall 486A

9/1/2001 TO 9/30/2001

PSEG NUCLEAR LLC

			J.	7 172.00 1	10 9/30/2001	F3EG NOCI	LLAIT LLO				
PARAMETER		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	499	505		****	****	*****		0	1/Day	CALCTD
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	He seener	******	******	*****		1/Day	CALCTD
pH	SAMPLE MEASUREMENT	****	*****		7.5	****	7. 7		0	1/Weak	GRAXI
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	v	ažanka .	*****	6.0 01DAMN	1 (44) 144 (44) 144	9.0 01DAMX	su		1/Week	GRAB
pH	SAMPLE MEASUREMENT	*****	****		7. 7	*****	7.8		0	1/Wack	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	*******	essers.	*****	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	******	Market	****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Chlorine Produced Oxidants *CPOX 1	SAMPLE MEASUREMENT	****	*****		*****	<0.1	<0.1		0	3/week	GRAS
Effluent Gross Value Option 2	PERMIT REQUIREMENT	******		****	T.,	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Temperature, oC 00010 1	SAMPLE MEASUREMENT	****	. *****		*****	32.3	39.0		0	1/Day	CONTIN
Effluent Gross Value	PERMIT REQUIREMENT			****	S. Seesse	REPORT 01MOAV	REPORT 01DAMX	DEG.C	- 4	1/Day	CONTINE
Lab Certification #	SAMPLE MEASUREMENT	/7327	06431		46405	77343					
Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab #		REPORT Lab#	REPORT Lab#	REPORT Lab #			Pot Applio	NOTAP :

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

REGION / COUNTY:

MONITORED LOCATION:

LOCATION OF ACTIVITY:

MONITORED LOCATION GROUP: N/A

487B SW Outfall 487B

Southern / Salem County

NJPDES PERMIT NUMBER: NJ0005622

MONITORING PERIOD:

REPORT RECIPIENT:

MONITORING REPORT TYPE:Surface Water Discharge N

9/1/2001 - 9/30/2001

	EEG NUCLEAR LLC LLOWAY CREEK NECK RD
HANCOCKS BRIDGE, NJ 08038	OWER ALLOWAYS CREEK, NJ 08038-0000
CHECK IF APPLICABLE: No Discharge this Monitoring Period	od
MONITORING REPORT COMMENTS:	
·	
individuals immediately responsible for obtaining the information, I beli significant penalties for submitting false information, including the possi	ieve the submitted information is true, accurate, and complete. I am aware that there are ibility of fine and imprisonment. See 18 U.S.C. § 1319.
(Penalties under these statutes may include fines up to \$10,000 and or a	
David F. Garchow, Vice President-Operations	burd r. 7 Janxion
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	10/23/01
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DAY / YEAR)

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

487B SW Outfall 487B

9/1/2001 TO 9/30/2001

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	,			*****	****	*****				
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	******	******	*****		1/Batch	CALCTD
рН	SAMPLE MEASUREMENT	****	*****			****					
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	ALL PARTS		****	6:0 01DAMN	******	9.0 01DAMX	su		1/Batch	GRAB
Solids, Total Suspended 00530 1	SAMPLE MEASUREMENT	****	*****		*****						
Effluent Gross Value	PERMIT REQUIREMENT	******	**************************************	****	244414 2 144414	REPORT 01MOAV	.100 01 DAMX	MG/L		1/Batch	GRAB
Temperature, oC 00010 1	SAMPLE MEASUREMENT	****	****		****						
Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	aistás a	REPORT 01MOAV	43.3 01DAMX	DEG.C		1/Batch	GRAB
Petroleum Hydrocarbons 00551 1	SAMPLE MEASUREMENT	****	北 次南南南 		****						
Effluent Gross Value	PERMIT REQUIREMENT	100000	patrox	*****	******	REPORT 01MOAV	15 01DAMX	MG/L		1/Batch	GRAB
Carbon, Tot Organic (TOC) 00680 1	SAMPLE MEASUREMENT	****	*****		****						
Effluent Gross Value	PERMIT REQUIREMENT		**************************************	*****		REPORT 01MOAV	50 01DAMX	MG/L		1/Batch	GRAB.
Lab Certification #	SAMPLE MEASUREMENT										
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT		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

MONITORING REPORT TYPE: Surface Water Discharge N MONITORING PERIOD: 9/1/2001 - 9/30/2001	MONITORED LOCATION: 489A SW Outfall 489A 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	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:	
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 see 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	ons faul t- Thurson
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHO	RIZED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	10/23/01
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DAY / YEAR)

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

489A SW Outfall 489A

9/1/2001 TO 9/30/2001

PSEG NUCLEAR LLC

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	0.0848	0.0848		*****	****	*****		0	1/Month	CALCTD
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD		******		*****	45	1/Month	(9/4)-(cata)
рН	SAMPLE MEASUREMENT	****	*****		7.8	*****	7.8		0	Month	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	75 / 200 	******	*****	6.0 01DAMN	******	9.0 01DAMX	SU.		i/Month	GRAE
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	****	****		8	8	*****		O	1/Month	GRAB
	PERMIT REQUIREMENT	en e	essere.	*****	100 01DAMX	30 01MOAV		MG/L		1/Month	CIRATE
Petroleum Hydrocarbons 00551 1 Effluent Gross Value	SAMPLE MEASUREMENT	****	****		*****	1	1		0	1/Month	GRAB
	PERMIT. REQUIREMENT.		To the second of	*****		10 01MOAV	15 01DAMX	MG/L		1/Month	(GIEŸAYE)
Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value	SAMPLE MEASUREMENT	****	*****		****	17	17		0	1/Month	GRAB
	PERMIT REQUIREMENT	Me inin	agenae .	*****	e de la companya de l	REPORT 01MOAV	50 01DAMX	MG/L		1/Month	Cline
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		46405	77343					
	PERMIT REQUIREMENT	REPORT *	REPORT		REPORT	REPORT.	RÉPORT Lab#			Not Applic	(ch/11(o))

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".