

LR-E01-0413

December 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 4126

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 November 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,

Ɗavid F. **G**archow

Vice President Operations

**Attachments** 

JE25

NJPDES Report November 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 November 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 DLC 2001

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

#### MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: NJ0005622

MONITORED LOCATION:

**FACA SW Outfall FACA** 

MONITORING REPORT TYPE Surface Water Discharge N	MONITORED LOCATION G	ROUP: N/A
MONITORING PERIOD: 11/1/2001 - 11/30/2001	REGION / COUNTY:	Southern / Salem County
REPORT RECIPIENT:	LOCATION OF ACTIVITY:	
PSEG NUCLEAR LLC	PSEG NUCLEAR LLC	
PO BOX 236/N21	ALLOWAY CREEK NECK	<del></del>
HANCOCKS BRIDGE, NJ 08038	LOWER ALLOWAYS CRE	EK, NJ 08038-0000
CHECK IF APPLICABLE: No Discharge this Monitorin	ng Period	
MONITORING REPORT COMMENTS:		
individuals immediately responsible for obtaining the information significant penalties for submitting false information, including the		
(Penalties under these statutes may include fines up to \$10,000 at	1 10 17	
David F, Garchow, Vice President-Operation	LAW F.	Techon
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHO	PRIZED AGENT SIGNATURE OF P	RINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	12/20/2	ob1
A DEA CODE / TEL EDUONE NUMBER	DATE (MANEU / I	AAV/VITAD)

PERMIT NUMBER:MONITORED LOCATION:MONITORING PERIOD:FACILITY NAME:NJ0005622FACA SW Outfall FACA11/1/2001 TO 11/30/2001PSEG NUCLEAR LLC

PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 G	SAMPLE MEASUREMENT	***	<b>煮</b> 煮煮煮煮		***	13.4	16.4		0	centinuous	Contin
Raw Sew/influent	PERMIT REQUIREMENT	926124	\$ an approximation (1)	*****	,	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
Temperature, oC	SAMPLE MEASUREMENT	****	****		*****	27.6	<b>76.</b> 8		0	Continuous	Contin
00010 1   Effluent Gross Value	PERMIT REQUIREMENT	(1) (A) *******	*****	*****	******	REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
Temperature,	SAMPLE MEASUREMENT	***	*****		****	9.2	11.5		0	1/Day	Calctd
00010 2 Effluent Net Value	PERMIT REQUIREMENT	erteer .	iankia j	*****	******	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343				:	
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	A REPORT		REPORT	REPORT Lab #	REPORT Lab #			Not Applie.	NOTAP

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

MONITORED LOCATION:

FACB SW Outfall FACB

MONITORING PERIOD: 11/1/2001 - 11/30/2001	REGION / COU	OCATION GROUP NTY:	: N/A Southern / Salem County
REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038			J 08038-0000
CHECK IF APPLICABLE: No Discharge this Monitor	ing Period		
MONITORING REPORT COMMENTS:			
		T-7-7-7-7-18-04-46	
individuals immediately responsible for obtaining the informati significant penalties for submitting false information, including	on, I believe the submi	tted information is tr	rue, accurate, and complete. I am aware that there are e 18 U.S.C. § 1319.
(Penalties under these statutes may include fines up to \$10,000	and or a maximum inf	risonment of between	no phynths and 5 years.)
David F. Garchow, Vice President-Operation		Caux P. The	whon
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTH	ORIZED AGENT SIG	NATURE OF PRINCIP	AL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000		12/20/2001	
AREA CODE / TELEPHONE NUMBER	DA	TE (MONTH / DAY / YI	EAR)

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ<del>บ0</del>05622

**FACB SW Outfall FACB** 

11/1/2001 TO 11/30/2001

**PSEG NUCLEAR LLC** 

PARAMETER		QUANTITY	OR LOADING .	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 G	SAMPLE MEASUREMENT	*****	*****		****	13.4	16.4		0	Continuous	CONTIN
Raw Sew/influent	PERMIT REQUIREMENT	A section	******	*****	*******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
Temperature, oC 00010 1	SAMPLE MEASUREMENT	****	****		****	21.6	24.6		0	Continuous	CONTIN
Effluent Gross Value	PERMIT REQUIREMENT	******	33 4444 <del>44</del>	*****	*****	REPORT 01MOAV	43.3 01DAMX	.DEG.C		Continuous	CONTIN
Temperature, oC 00010 2	SAMPLE MEASUREMENT	****	****		查查查查查	8.2	9.7		0	YDay	(ALCTD
Effluent Net Value		******	*****	******	REPORT -01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD "	
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431	,	46465	77343					
	PERMIT RECUIREMENT	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:

NJPDES PERMIT NUMBER: NJ0005622

**FACC SW Outfall FACC** 

MONITORING REPORT TYPE:Surface Water Discharge N MONITORING PERIOD: 11/1/2001 - 11/30/2001	MONITORED LOC REGION / COUNT	ATION GROUP: N/A Y: Southern / Salem County							
REPORT RECIPIENT:	LOCATION OF AC	TIVITY:							
PSEG NUCLEAR LLC	PSEG NUCLEAR	LLC							
PO BOX 236/N21		LLOWAY CREEK NECK RD							
HANCOCKS BRIDGE, NJ 08038	LOWER ALLOW	AYS 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		Ninformation is true, accurate, and complete. I am aware that there are imprisonment. See 18 U.S.C. § 1319.							
(Penalties under these statutes may include fines up to \$10,000 and	nd or a maximum impris	onment of between boundis and 5 years.)							
David F. Garchow, Vice President-Operation	1	dust- Truckon							
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHOR	RIZED AGENT SIGNA	TURE OF PRINCHAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							
(856) 339-6000	12/2	20/2001							
AREA CODE / TELEPHONE NUMBER	DATE	(MONTH / DAY / YEAR)							

PERMIT NUMBER:

**MONITORED LOCATION:** 

**MONITORING PERIOD:** 

FACILITY NAME:

NJ0005622

**FACC SW Outfall FACC** 

11/1/2001 TO 11/30/2001

**PSEG NUCLEAR LLC** 

PARAMETER		QUANTITY OR LOADING		UNITS	NITS QUALITY OR CONCENTRATION				NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	2653	2867		*****	*****	****		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 00015 2	SAMPLE MEASUREMENT	14780	15582		**************************************	*****	*****		0	1/Day	CALCTD
Effluent Net Value	PERMIT: REQUIREMENT	REPORT 01MOAV	-30600 01DAMX	MBTU/HR	*****	*****	******	*****	4	1/Day	- CALCTD
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		46405	77343					
	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:

048C SW Outfall 48C

NJPDES PERMIT NUMBER: NJ0005622

MONITORING REPORT TYPE Surface Water Discharge N MONITORING PERIOD: 11/1/2001 - 11/30/2001	MONITORED LOC REGION / COUNT	ATION GROUP: N/A Y: Southern / Salem County
REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038	LOCATION OF AC PSEG NUCLEAR I ALLOWAY CREE	TIVITY: LLC
CHECK IF APPLICABLE: No Discharge this Monitoring P	Period	
MONITORING REPORT COMMENTS:		
,		
significant penalties for submitting false information, including the p	ossibility of fine and	\'.
(Penalties under these statutes may include fines up to \$10,000 and of David F. Garchow, Vice President-Operations	or a maximum inspriso	omment of between kmohth; and 5 years.)
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZ	ZED AGENT SIGNA	TURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	12	/ <u>20/2001</u>
AREA CODE / TELEPHONE NUMBER		MONTH / DAY / YEAR)

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ9905622

048C SW Outfall 48C

11/1/2001 TO 11/30/2001

**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	0.1342	0.3667		****	****	****		٥	YDay	CALCTD
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	676+64	*****	******	*****		1/Day≔	CALCTD
Solids, Total Suspended 00530 1	SAMPLE MEASUREMENT	****	*****		****	17	18		0	2/Month	Compos
Effluent Gross Value	PERMIT REQUIREMENT	***************************************	*****	****	******	30 01MOAV	100 01DAMX	MG/L		2/Month	COMPOS
Nitrogen, Ammonia Total (as N) 00610 1	SAMPLE MEASUREMENT	****	*****		****	0	0		٥	2/Month	Compos
Effluent Gross Value	PERMIT REQUIREMENT		******	*****	*****	35 01MOAV	70 01DAMX	MG/L		2/Month	COMPOS
Petroleum Hydrocarbons 00551 1	SAMPLE MEASUREMENT	****	*****		****	40.5	40.5		0	5/Worth	GRAB
Effluent Gross Value	PERMIT REQUIREMENT		12 p. 2000-0	*****	A	10 01MOAV	15 01DAMX	MG/L		2/Month	GRAB
Carbon, Tot Organic (TOC) 00680 1	SAMPLE MEASUREMENT	****	****		****	18	22		0	z/Month	Compos
Effluent Gross Value	PERMIT REQUIREMENT		estreet.	*****		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	MONITORED LOCATION G	ROUP: N/A
MONITORING PERIOD: 11/1/2001 - 11/30/2001	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 CRE	EK, NJ 08038-0000
CHECK IF APPLICABLE: No Discharge this Monitorin	- D d	
CHECK IF APPLICABLE: [100 Discharge this Monitorin	g Ferioa	
MONITORING REPORT COMMENTS:		
	_	
individuals immediately responsible for obtaining the information significant penalties for submitting false information, including the	, I believe the submitted informati e possibility of fine and imprisonm	on is true, accurate, and complete. I am aware that there are 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	beliveen 6 months and 5 years.)
David F. Garchow, Vice President-Operation	s land 1-	/ bucker
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHOR	RIZED AGENT SIGNATURE OF P	RINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339–6000	12/20/2001	
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / D	AY/YEAR)

PI MIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

11/1/2001 TO 11/30/2001

**PSEG NUCLEAR LLC** 

				1	г				, .		T
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	457	518		****	****	*****		0	1/Day	CALCTD
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	*****	*****	*****		1/Day	CALCTD
pH 00400 1	SAMPLE MEASUREMENT	****	****		7.6	****	٦٠8		0	1/Weck	GRAB
Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	6.0 01DAMN	*****	9.0 01DAMX	SU		1/Week	GRAB
pH 00400 7	SAMPLE MEASUREMENT	*****	*****		7.8	****	7.9		0	Yweck	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 *CPOX 1	SAMPLE MEASUREMENT	*****	****		****	CODE=N	CODE=N		٥	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	*****	****		****	40.1	40.1		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	****	****		****	23.1	29.2	N.	0	1/Day	ματινο
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		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

NJPDES PERMIT NUMBER: NJ0005622

MONITORED LOCATION:

482A SW Outfall 482A

MONITORING REPORT TYPE Surface Water Discharge M MONITORING PERIOD: 11/1/2001 - 11/30/2001	MONITORED LOCATION O REGION / COUNTY:	GROUP: 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 RD LOWER ALLOWAYS CREEK, NJ 08038-0000					
CHECK IF APPLICABLE: No Discharge this Monitor	ing Period					
MONITORING REPORT COMMENTS:	7.3.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.					
individuals immediately responsible for obtaining the informati significant penalties for submitting false information, including	the possibility of fine and imprisonn	nent. See 18 U.S.C. § 1319.				
(Penalties under these statutes may include fines up to \$10,000	and or a maximum\imprisonment bf	perween of months and 5 years.)				
David F. Garchow, Vice President-Operation	ons dust.7	Jackon				
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTH	ORIZED AGENT SIGNATURE OF I	RINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				
(856) 339-6000	12/20/200	01				
AREA CODE / TELEPHONE NUMBER	DATE (MONTH /					

PEPMIT NUMBER:

MONITORED LOCATION:

**MONITORING PERIOD:** 

FACILITY NAME:

NJ0005622

482A SW Outfall 482A

11/1/2001 TO 11/30/2001

**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	SAMPLE MEASUREMENT	485	489		*****	****	****		٥	1/Day	CALCTD
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	•••••	*****		1/Day	CALCTD
рН	SAMPLE MEASUREMENT	****	*****		7.5	****	7.8		٥	1/Weck	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	scapes	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	su		1/Week	GRAB
рН	SAMPLE MEASUREMENT	*****	****		7.8	****	7.9		0	1/weck	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	******	*****	*****	REPORT 01DAMN	******	REPORT 01DAMX	ຮຸບ	200	1/Week	GRAB
LC50 Statre 96hr Acu Cyprinodon TAN6A 1	SAMPLE MEASUREMENT	****	****		CODE:N	****	****		٥	CODE=N	(oDE:N
Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	50 01DAMN	******	4****	%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	****	****		*****	20.1	40.1		٥	3/weck	GRAB
Effluent Gross Value Option 2	PERMIT REQUIREMENT	*****	******	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Temperature, oC	SAMPLE MEASUREMENT	****	****		*****	22.3	28.1		0	1/ Day	CONTIN
00010 1 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 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

NJPDES PERMIT NUMBER: NJ0005622	MONITORED LOCATION: 483A SW Outfall 483A
MONITORING REPORT TYPE Surface Water Discharge N MONITORING PERIOD: 11/1/2001 - 11/30/2001	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 Monitorin	g Period
MONITORING REPORT COMMENTS:	
	I I I'm the Charles I information in two accounts and complete I am aware that there are
significant penalties for submitting false information, including th	
(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	is hus fuched
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHO	RIZED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856)339=6000	12/20/2001
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DAY / YEAR)

"":RMIT NUMBER:

**MONITORED LOCATION:** 

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

483A SW Outfall 483A

11/1/2001 TO 11/30/2001

**PSEG NUCLEAR LLC** 

PARAMETER	X	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	451	508		***	****	*****		0	1/Day	CALCTD
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	******	******	****		1/Day	CALCTD
pH	SAMPLE MEASUREMENT	****	*****		7.6	****	7.7		٥	Nweck	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	Andrew	dinings	*****	6.0 01DAMN	453044	9.0 01DAMX	su		1/Week	GRAB
pH	SAMPLE MEASUREMENT	, *****	*****		7.8	****	7.9		0	1/weck	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	**************************************	******	*****	REPORT 01DAMN	access	REPORT 01DAMX	su		1/Week	GRAB
Chlorine Produced Oxidants *CPOX 1	SAMPLE MEASUREMENT	****	****		****	CODE=N	CODE = N		٥	CODE=H	CODE=N
Effluent Gross Value Option 1	PERMIT REQUIREMENT	*****	******	*****	******	0.3 D1MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Chlorine Produced Oxidants *CPOX 1	SAMPLE MEASUREMENT	*****	****		*****	40.1	۷٥.١		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	*****	*****		*****	23.3	31.6		0	1/Day	CONTIN
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46A05	77343					
Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #	·	REPORT Lab #	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

NJPDES PERMIT NUMBER: NJ0005622

MONITORED LOCATION:

484A SW Outfall 484A

MONITORING REPORT TYPE Surface Water Discharge M MONITORING PERIOD: 11/1/2001 - 11/30/2001	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 Monitor	ing Period	
MONITORING REPORT COMMENTS:		
individuals immediately responsible for obtaining the informati significant penalties for submitting false information, including		
(Penalties under these statutes may include fines up to \$10,000	and or a maximum imprisonment of be	tween amonths and 5 years.)
David F. Garchow, Vice President-Operation	ons aux	Marchon
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTH	ORIZED AGENT SIGNATURE OF PRI	INCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	12/20/2001	
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DA	Y/YFAR)

PERMIT NUMBER:

MONITORED LOCATION:

**MONITORING PERIOD:** 

FACILITY NAME:

NJ0005622

484A SW Outfall 484A

11/1/2001 TO 11/30/2001

**PSEG NUCLEAR LLC** 

FREQ. OF SAMPLE NO. UNITS QUALITY OR CONCENTRATION PARAMETER QUANTITY OR LOADING UNITS **ANALYSIS** TYPE EX Flow, In Conduit or CALCTD SAMPLE 1/Day 449 452 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 0 MEASUREMENT Thru Treatment Plant 50050 1 REPORT REPORT \*\*\*\*\* CALCTD 1/Day Effluent Gross Value PERMIT REQUIREMENT MGD \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 01MOAV 01DAMX На GRAB SAMPLE Weck 7.8 \*\*\*\*\* \*\*\*\*\* 7.7..... 0 MEASUREMENT 00400 1 9.0 6.0 GRAB PERMIT REQUIREMENT \*\*\*\*\* SU 1/Week **Effluent Gross Value** \*\*\*\*\* 01DAMX \*\*\*\*\* 01DAMN Ηд GRAB 7.9 SAMPLE 1/weck 7.8 \*\*\*\*\* 0 \*\*\*\*\* MEASUREMENT 00400 7 REPORT REPORT GRAB ..... SU 1/Week Intake From Stream PERMIT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 01DAMN 01DAMX REQUIREMENT LC50 Statre 96hr Acu SAMPLE \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* CODE=N CODE=N CODE=N Cyprinodon MEASUREMENT TAN6A 1 50 %EFFL 2/Year COMPOS **Effluent Gross Value** PERMIT REQUIREMENT \*\*\*\* \*\*\*\*\* \*\*\*\*\* 01DAMN **Chlorine Produced** SAMPLE (6DE= N CODE=N \*\*\*\*\* CODE=IN \*\*\*\*\* \*\*\*\*\* CODE=N **Oxidants** MEASUREMENT \*CPOX 1 0.3 0.5 MG/L 3/Week GRAB **Effluent Gross Value** PERMIT \*\*\*\*\* \*\*\*\* \*\*\*\*\* 01MOAV 01DAMX REQUIREMENT Option 1 **Chlorine Produced** SAMPLE MEASUREMENT 3/weck GRAB \*\*\*\*\* \*\*\*\*\* 60.1 40.1 0 **Oxidants** \*CPOX 1 REPORT 0.2 MG/L 3/Week GRAB **Effluent Gross Value** PERMIT REQUIREMENT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 01MOAV 01DAMX Option 2 Temperature, SAMPLE MEASUREMENT CONTIN 25.3 \*\*\*\*\* \*\*\*\*\* \*\*\*\* 0 1/Day 71.7 οС 00010 1 REPORT REPORT CONTIN PERMIT REQUIREMENT \*\*\*\*\* DEG.C 1/Day **Effluent Gross Value** \*\*\*\*\* \*\*\*\*\* \*\*\*\* 01MOAV 01DAMX Lab Certification # SAMPLE 46405 77343 17327 06431 MEASUREMENT 99999 99 REPORT REPORT REPORT REPORT REPORT NOT AP Lab PERMIT **Not Applic** Lab # Lab # Lab # Lab # Lab # REQUIREMENT

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  MONITORING REPORT TYPE Surface Water Discharge N	MONITORED L	OCATION: OCATION GROUP	485A SW Outfall 485A : N/A
MONITORING REPORT 1 TESUITACE WATER DISCHARGE IT MONITORING PERIOD: 11/1/2001 - 11/30/2001	REGION / COU		Southern / Salem County
REPORT RECIPIENT:	LOCATION OF		
PSEG NUCLEAR LLC	PSEG NUCLEA	AR LLC REEK NECK RD	
PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038		WAYS CREEK, N	J 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	n, I believe the submee possibility of fine	itted information is and imprisonment. S	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 im	prisonment of betwee	n 6 months and 5 years.)
David F. Garchow, Vice President-Operations		Caux 1-7	Tulfon
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHO	ORIZED AGENT SIG	GNATURE OF PRINCI	PAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339–6000		12/20/2001	V

AREA CODE / TELEPHONE NUMBER

DATE (MONTH / DAY / YEAR)

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

485A SW Outfall 485A

11/1/2001 TO 11/30/2001

**PSEG NUCLEAR LLC** 

1400000022											r
PARAMETER	X	QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION				TS QUALITY OR CONCENTRATION					SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	392	416		*****	*****	****		0	1/Day	CALCTD
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	******	*****	*****		1/Day	CALCTD
рН	SAMPLE MEASUREMENT	****	*****		7.6	*****	7.8		0	1/weck	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	******	*****	*****	6.0 01DAMN		9.0 01DAMX	SU		1/Week	GRAB
рН	SAMPLE MEASUREMENT	****	****		7.8	***	7.9		0	Yweck	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	*****	******	*****	REPORT 01DAMN	******	REPORT 01DAMX	su		1/Week	GRAB
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	****	****		CODE=N	****	****		0	CODE=N	(ODE=H
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	50 01DAMN	*****	e de de de de	%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	SAMPLE MEASUREMENT	*****	****		****	۷٥.١	40.1		0	3/weck	GRAB
*CPOX 1 Effluent Gross Value Option 2	PERMIT REQUIREMENT	******	4,8464.	****	**************************************	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Temperature, oC	SAMPLE MEASUREMENT	****	***		***	- 21.0	24.8		0	1/Day	COHTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	****	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C	Apple Comment	1/Day	CONTIN
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT		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

NJPDES PERMIT NUMBER: NJ0005622

MONITORED LOCATION:

486A SW Outfall 486A

MONITORING REPORT TYPE Surface Water Discharge M MONITORING PERIOD: 11/1/2001 - 11/30/2001	MONITORED LOCATION G REGION / COUNTY:	ROUP: N/A Southern / Salem County
REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC 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	e possibility of fine and imprisonn	nent. See 18 U.S.C. § 1319.
(Penalties under these statutes may include fines up to \$10,000 ar	nd or a maximum impresonment of	between 6 months and 5 years.)
David F. Garchow, Vice President-Operations		Thurson
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHO	RIZED AGENT SIGNATURE OF F	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	12/20/2001	
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / I	DAY / YEAR)

Surface water discharge wonttoning neport

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

486A SW Outfall 486A

11/1/2001 TO 11/30/2001

**PSEG NUCLEAR LLC** 

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	494	495		****	****	*****		٥	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/weck	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT		*******	*****	6.0 01DAMN	******	9.0 01DAMX	su		1/Week	GRAB
рН	SAMPLE MEASUREMENT	****	*****		7.8	****	7.9		0	1/weck	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	******	, ******	*****	REPORT 01DAMN	******	REPORT 01DAMX	şu		1/Week	GRAB
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	****		*****	CODE:N	CODE= N		0	CODEIN	CODE=N
*CPOX 1 Effluent Gross Value Option 1	PERMIT REQUIREMENT		******	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	ĞRAB
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	*****		*****	۷٥.١	40.1		0	3/weck	GRAB
*CPOX 1 Effluent Gross Value Option 2	PERMIT REQUIREMENT	******	******	****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L	1.5	3/Week.	GRAB.
Temperature,	SAMPLE MEASUREMENT	****	****		****	27.2	29.1		0	May	CONTIN
00010 1 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 Lab #	REPORT	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

NJPDES PERMIT NUMBER: NJ0005622

MONITORING REPORT TYPE Surface Water Discharge N

MONITORING REPORT TYPE Surface Water Discharge M MONITORING PERIOD: 11/1/2001 - 11/30/2001	MONITORED LOCATION REGION / COUNTY:	GROUP: N/A Southern / Salem County
REPORT RECIPIENT:	LOCATION OF ACTIVITY	<u>7.</u>
PSEG NUCLEAR LLC	PSEG NUCLEAR LLC	
PO BOX 236/N21	ALLOWAY CREEK NEC	<del></del>
HANCOCKS BRIDGE, NJ 08038	LOWER ALLOWAYS CF	REEK, 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 inform e possibility of fine and imprison	ation is true, accurate, and complete. I am aware that there are nment. Sep 8 U.S.C. § 1319.
(Penalties under these statutes may include fines up to \$10,000 ar	nd or a maximum imprisonment	
David F. Garchow, Vice President-Operation	s July	· Thelor
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHO	RIZED AGENT SIGNATURE OF	FPRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856)339=6000	12/20/200	)1
AREA CODE / TELEPHONE NUMBER	DATE (MONTH	/DAV/VEAD)

PERMIT NUMBER:

MONITORED LOCATION:

**MONITORING PERIOD:** 

FACILITY NAME:

~ NJUU05622

487B SW Outfall 487B

11/1/2001 TO 11/30/2001

**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				*****	*****	****				
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	######	*****	*******	*****		1/Batch	CALCTD
pH	SAMPLE MEASUREMENT	****	****			****					
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	su	āķā.	1/Batch	GRAB
Solids, Total Suspended 00530 1	SAMPLE MEASUREMENT	*****	****		*****						The second secon
Effluent Gross Value	PERMIT REQUIREMENT	*****	*******	*****	**************************************	REPORT 01MOAV	100 01DAMX	MG/L		1/Batch	GRAB
Temperature, oC	SAMPLE MEASUREMENT	****	*****		****	Incompanion :					<u>                                    </u>
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	<b>Andrei</b>		****	*****	REPORT 01MOAV	43.3 01DAMX	DEG.C	1.7	1/Batch	GRAB
Petroleum Hydrocarbons	SAMPLE MEASUREMENT	***	****		****						
00551 1 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	*****	RANGES.	*****	****	REPORT 01MOAV	50 01DAMX	MG/L		1/Batch	GRAB
Lab Certification #	SAMPLE MEASUREMENT										THE RESERVE OF THE STREET
99999 99 Lab	PERMIT REQUIREMENT	REPORT	REPORT Lab #		REPORT Lab #	REPORT	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

489A SW Outfall 489A

NJPDES PERMIT NUMBER: NJ0005622	MONITORED LOCATION:	489A SW Outfall 489A
MONITORING REPORT TYPE:Surface Water Discharge N MONITORING PERIOD: 11/1/2001 - 11/30/2001	MONITORED LOCATION GR REGION / COUNTY:	Southern / Salem County
REPORT RECIPIENT:	LOCATION OF ACTIVITY:	
PSEG NUCLEAR LLC	PSEG NUCLEAR LLC	
PO BOX 236/N21	ALLOWAY CREEK NECK I	
HANCOCKS BRIDGE, NJ 08038	LOWER ALLOWAYS CREE	K, NJ 08038-0000
CHECK IF APPLICABLE: No Discharge this Monitorin  MONITORING REPORT COMMENTS:		
individuals immediately responsible for obtaining the information	a. I believe the submitted information	on is true, accurate, and complete. I am aware that there ar
significant penalties for submitting false information, including th	e possibility of fine and imprisonme	ent. See 18 U.S.C. § 1319.
(Penalties under these statutes may include fines up to \$10,000 ar	Y / \	
David F. Garchow, Vice President-Operation		r-/ fuchor
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHO		RINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	12/20/2001	
A DEAL CODE / TEL EDITONE NUMBED	DATE (MONTH / D	AV/VEAR)

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

489A SW Outfall 489A

11/1/2001 TO 11/30/2001

PSEG NUCLEAR LLC

		Outian 40	Jan I	1/1/2001	10 11/30/2001	PSEG NUCI	LEAN 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	0.0600	0.0660		****	****	****		0	Month	CALCED
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	613464	******	arrast.	*****		1/Month	CALCID
pH 00400 1	SAMPLE MEASUREMENT	****	安全有由		7.2	****	7.2		0	1   Month	GRAB
Effluent Gross Value	PERMIT: REQUIREMENT		- F10" - 11"	****	6.0 01DAMN	A comment	9.0 01DAMX	SU		1/Month	GRAB
Solids, Total Suspended 00530 1	SAMPLE MEASUREMENT	****	****		l	l	*****		0	1/Month	GRAB
Effluent Gross Value	PERMIT REQUIREMENT	*******	2007 111111	*****	100 01DAMX	30 01MOAV	******	MG/L		1/Month	GRAB
Petroleum Hydrocarbons 00551 1	SAMPLE MEASUREMENT	****	*****		***	40.5	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	****	*****		****	l	L		0	1/month	GRAB
Effluent Gross Value	PERMIT REQUIREMENT	1929 ······	736 mm	****	erener .	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 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".