PSEG Nuclear LLC
P.O. Box 236, Hancocks Bridge, New Jersey 08038-0236

PSEG
Nuclear LLC

LR-E02-0058

February 21, 2002

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 3976

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 January 2002.

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

David F. Garchow
Vice President Operations

IE25

Attachments

NJPDES Report
January 2002

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
January 2002

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 25th day of Feb. 2002

Jennifer M. Turner

JENNIFER M. TURNER
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires July 25, 2005

MAPLEWOOD TESTING SERVICES REPORT

PSEG
Power LLC

TO: Dave Hurka
Sr. Engineer - Nuclear
PSEG

February 11, 2002
Report No.TP02015-A

SUBJECT: **RECORD OF RHODAMINE WT DYE INJECTION FOR CIRCULATING WATER FLOW TEST AT SALEM GENERATING STATION - UNIT NO. 2**

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. 2.

SUMMARY
Listed in the table below are the data pertinent to the injection of Rhodamine WT dye at Salem Generating Station - Unit No. 2. Testing is complete at this station.

RECORD OF RHODAMINE WT INJECTION

Test Date	Pump No.	Injection Time		Pure Dye Injected	No. of Pumps In Service	Total System Flow	Effluent Concentration
		(start)	(stop)	(ml)		(1000 gpm)	(ppb)
1/29/02	21A	0935	0955	26.52	2	370.0	0.95
1/29/02	21B	1024	1046	29.48	2	370.0	0.96
1/29/02	22A	1257	1317	26.80	2	370.0	0.96
1/29/02	22B	1349	1410	28.31	2	370.0	0.96
1/31/02	23A	1315	1337	29.13	2	370.0	0.95
1/29/02	23B	1421	1441	26.96	2	370.0	0.96
1/29/02	22B	1329	1337	10.80	2	370.0	0.96

Paul Scherba /

Senior Supervising Test Engineer
Mechanical Division

c M. Welker

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MAPLEWOOD TESTING SERVICES REPORT

PSEG
Power LLC

TO: Michael Welker
Staff Engineer - Nuclear
PSEG

February 11, 2002
Report No.TP02015

SUBJECT: **DETERMINATION OF CIRCULATING WATER FLOW AT SALEM GENERATING STATION - UNIT NO. 2**

CONDUCTED BY: Victor Simpson
Sr. Test Engineer, Maplewood Testing Services

PURPOSE
To determine the flow capacities of the Unit No. 2 circulating water pumps.

SUMMARY
On January 29 and 31, 2002 the Mechanical Division of Maplewood Testing Services conducted a series of test runs at Salem Unit No. 2 to determine the capacities of the 21A, 21B, 22A, 22B, 23A and 23B (CMS designations D, C, J, G, DL3205 and L respectively) circulating water pumps.

Work was performed under SAP work orders 30043273, 30043492, 30043560, 30043514, 30043541 and 30043513.

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

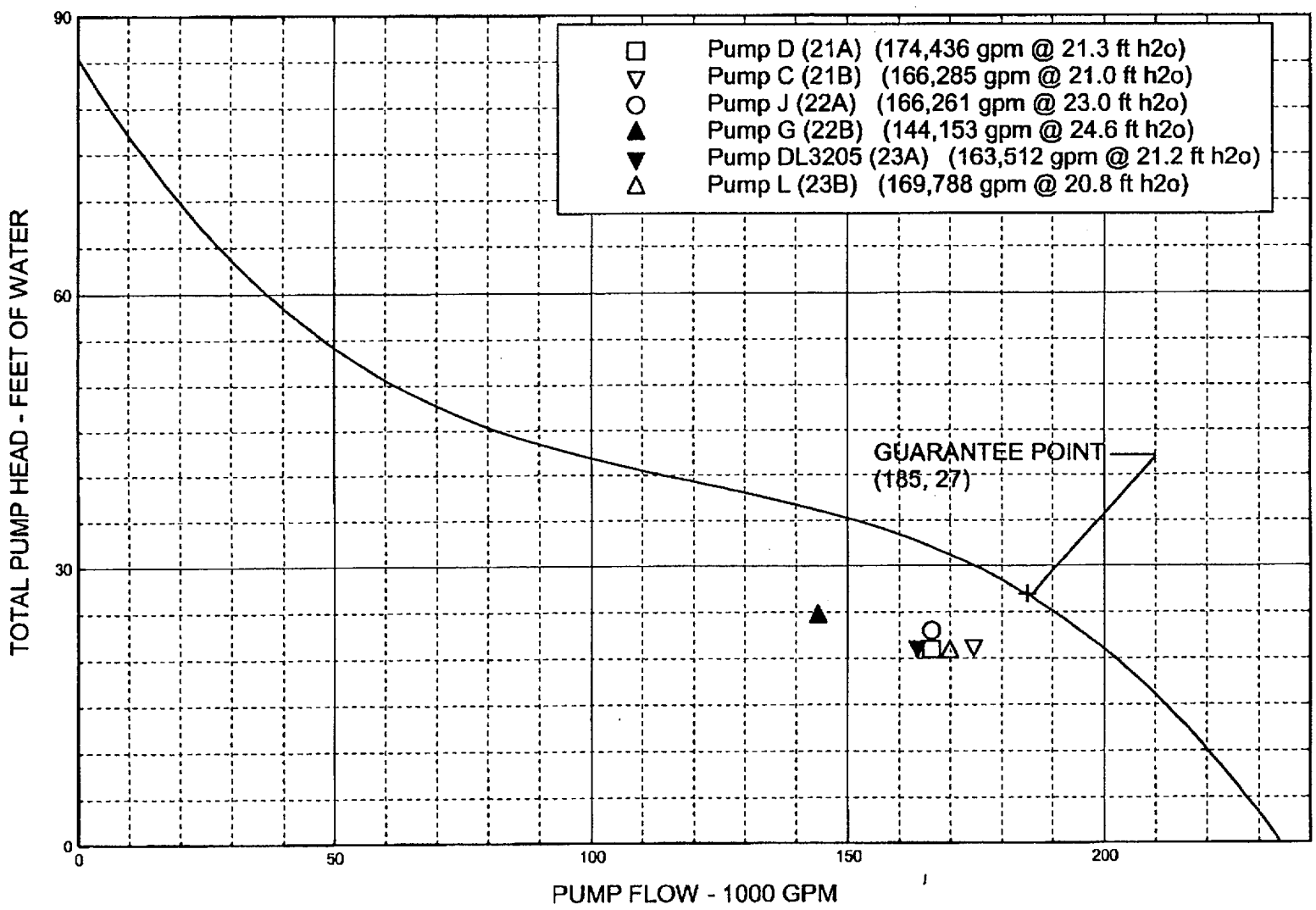
SUMMARY OF TEST RESULTS

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)
21A	D	1/29/02	166,285	-6.7	21.3	21.0
21B	C	1/29/02	174,436	-6.2	22.1	21.3
22A	J	1/29/02	166,261	-8.2	21.8	23.0
22B	G	1/29/02	144,153	-9.3	22.3	24.6
23A	DL3205	1/31/02	163,512	-6.1	22.1	21.2
23B	L	1/29/02	169,788	-10.0	17.8	20.8

ichael Welker
laff Engineer – Nuclear
SEG

February 11, 20021
Report No.TP02015

SALEM GENERATING STATION - UNIT NO.2
TOTAL PUMP HEAD VS. CIRCULATING WATER PUMP FLOW



PSEG
Maplewood Testing Services
Rpt No. TP02015 January 2002

Michael Welker
Staff Engineer - Nuclear
PSEG

February 11, 2002
Report No.TP02015

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.

Paul Scheuba / af

Senior Supervising Test Engineer
Mechanical Division

af

c D. Hurka

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New Jersey Department of Environmental Protection
Division of Water Quality

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: **NJ0005622**
MONITORING REPORT TYPE: **Surface Water Discharge M**
MONITORING PERIOD: **1/1/2002 - 1/31/2002**

MONITORED LOCATION: **FACA SW Outfall FACA**
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: _____

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

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

David F,Garchow, Vice President-Operation

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

David F. Garchow

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

(856) 339-6000

AREA CODE / TELEPHONE NUMBER

02/21/02

DATE (MONTH / DAY / YEAR)

Surface Water Discharge Monitoring Report

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	FACA SW Outfall FACA	1/1/2002 TO 1/31/2002	PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 G Raw Sew/influent	SAMPLE MEASUREMENT	******	******		******	4.6	7.1		0	Continuous	CONTIN
	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		******	13.4	16.0		0	Continuous	CONTIN
	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
Temperature, oC 00010 2 Effluent Net Value	SAMPLE MEASUREMENT	******	******		******	8.8	10.1		0	1/Day	CALCTD
	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	15.3 01DAMX	DEG.C		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".

Pre-Print Creation Date: 1/1/2002

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

NJPDES PERMIT NUMBER: **NJ0005622**
MONITORING REPORT TYPE: **Surface Water Discharge M**
MONITORING PERIOD: **1/1/2002 - 1/31/2002**

MONITORED LOCATION: **FACB SW Outfall FACB**
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**

Surface Water Discharge Monitoring Report

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	FACB SW Outfall FACB	1/1/2002 TO 1/31/2002	PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 G Raw Sew/influent	SAMPLE MEASUREMENT	******	******		******	4.6	7.1		0	Continuous	CONTIN
	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		******	11.3	16.5		0	Continuous	CONTIN
	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
Temperature, oC 00010 2 Effluent Net Value	SAMPLE MEASUREMENT	******	******		******	6.8	10.1		0	1/Day	CALCTD
	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	15.3 01DAMX	DEG.C		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

New Jersey Department of Environmental Protection
Division of Water Quality

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: **NJ0005622**
MONITORING REPORT TYPE: **Surface Water Discharge N**
MONITORING PERIOD: **1/1/2002 - 1/31/2002**

MONITORED LOCATION: **FACC SW Outfall FACC**
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: _____

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

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

David F. Garchow, Vice President-Operation

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

David F. Garchow

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

(856) 339-6000

AREA CODE / TELEPHONE NUMBER

02/21/02

DATE (MONTH / DAY / YEAR)

Surface Water Discharge Monitoring Report

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	FACC SW Outfall FACC	1/1/2002 TO 1/31/2002	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 G Raw Sew/influent	SAMPLE MEASUREMENT	2699	2807	MGD	******	******	******	******	0	1/Day	CALCTD
	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX		******	******	******			1/Day	CALCTD
Thermal Discharge Million BTUs per Hr 00015 2 Effluent Net Value	SAMPLE MEASUREMENT	13565	15568	MBTU/HR	******	******	******	******	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	30600 01DAMX		******	******	******			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".

Pre-Print Creation Date: 1/1/2002

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

NJPDES PERMIT NUMBER: **NJ0005622**
MONITORING REPORT TYPE: **Surface Water Discharge M**
MONITORING PERIOD: **1/1/2002 - 1/31/2002**

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
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: _____

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

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

David F. Garchow, Vice President-Operation
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

David F. Garchow
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

(856) 339-6000
AREA CODE / TELEPHONE NUMBER

02/21/02
DATE (MONTH / DAY / YEAR)

Surface Water Discharge Monitoring Report

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	048C SW Outfall 48C	1/1/2002 TO 1/31/2002	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 Effluent Gross Value	SAMPLE MEASUREMENT	0.1372	0.3017		******	******	******		0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	******	******	******		1/Day	CALCTD
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		******	10	14		0	2/Month	COMPOS
	PERMIT REQUIREMENT	******	******	******	******	30 01MOAV	100 01DAMX	MG/L		2/Month	COMPOS
Nitrogen, Ammonia Total (as N) 00610 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		******	4	9		0	2/Month	COMPOS
	PERMIT REQUIREMENT	******	******	******	******	35 01MOAV	70 01DAMX	MG/L		2/Month	COMPOS
Petroleum Hydrocarbons 00551 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		******	<0.5	<0.5		0	2/Month	GRAB
	PERMIT REQUIREMENT	******	******	******	******	10 01MOAV	15 01DAMX	MG/L		2/Month	GRAB
Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		******	13	16		0	2/Month	COMPOS
	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	50 01DAMX	MG/L		2/Month	COMPOS
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)292-4680 or via email at "srosenwi@dep.state.nj.us".

Pre-Print Creation Date: 1/1/2002

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

NJPDES PERMIT NUMBER: **NJ0005622**
MONITORING REPORT TYPE: **Surface Water Discharge M**
MONITORING PERIOD: **1/1/2002 - 1/31/2002**

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: _____

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David F. Garchow, Vice Persident-Operation
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

David F. Garchow
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

(856) 339-6000
AREA CODE / TELEPHONE NUMBER

02/21/02
DATE (MONTH / DAY / YEAR)

Surface Water Discharge Monitoring Report

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	481A SW Outfall 481A	1/1/2002 TO 1/31/2002	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 Effluent Gross Value	SAMPLE MEASUREMENT	517	522		******	******	******		0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	******	******	******		1/Day	CALCTD
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		7.6	******	7.8		0	1/week	GRAB
	PERMIT REQUIREMENT	******	******	******	6.0 01DAMN	******	9.0 01DAMX	SU		1/Week	GRAB
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	******	******		7.4	******	8.0		0	1/week	GRAB
	PERMIT REQUIREMENT	******	******	******	REPORT 01DAMN	******	REPORT 01DAMX	SU		1/Week	GRAB
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		CODE=N	******	******		0	CODE=N	CODE=N
	PERMIT REQUIREMENT	******	******	******	50 01DAMN	******	******	%EFFL		2/Year	COMPOS
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	******	******		******	CODE=N	CODE=N		0	CODE=N	CODE=N
	PERMIT REQUIREMENT	******	******	******	******	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	******	******		******	<0.1	<0.1		0	3/week	GRAB
	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		******	12.7	19.9		0	1/Day	CONTIN
	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
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: 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.

Pre-Print Creation Date: 1/1/2002

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

NJPDES PERMIT NUMBER: **NJ0005622**
MONITORING REPORT TYPE: **Surface Water Discharge M**
MONITORING PERIOD: **1/1/2002 - 1/31/2002**

MONITORED LOCATION: **482A SW Outfall 482A**
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: _____

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

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David F. Garchow, Vice Persident-Operation
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

(856) 339-6000
AREA CODE / TELEPHONE NUMBER

02/21/02
DATE (MONTH / DAY / YEAR)

Surface Water Discharge Monitoring Report

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	482A SW Outfall 482A	1/1/2002 TO 1/31/2002	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 Effluent Gross Value	SAMPLE MEASUREMENT	465	490		******	******	******		0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	******	******	******		1/Day	CALCTD
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		7.5	******	7.9		0	1/Week	GRAB
	PERMIT REQUIREMENT	******	******	******	6.0 01DAMN	******	9.0 01DAMX	SU		1/Week	GRAB
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	******	******		7.4	******	8.0		0	1/Week	GRAB
	PERMIT REQUIREMENT	******	******	******	REPORT 01DAMN	******	REPORT 01DAMX	SU		1/Week	GRAB
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		CODE=N	******	******		0	CODE=N	CODE=N
	PERMIT REQUIREMENT	******	******	******	50 01DAMN	******	******	%EFFL		2/Year	COMPOS
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	******	******		******	CODE=N	CODE=N		0	CODE=N	CODE=N
	PERMIT REQUIREMENT	******	******	******	******	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	******	******		******	<0.1	0.2		0	3/Week	GRAB
	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		******	13.5	17.2		0	1/Day	CONTIN
	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
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: 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. .

Pre-Print Creation Date: 1/1/2002

New Jersey Department of Environmental Protection
Division of Water Quality

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: **NJ0005622**
MONITORING REPORT TYPE: **Surface Water Discharge M**
MONITORING PERIOD: **1/1/2002 - 1/31/2002**

MONITORED LOCATION: **483A SW Outfall 483A**
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: _____

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

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

David F. Garchow, Vice Persident-Operation
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

David F. Garchow
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

(856) 339-6000
AREA CODE / TELEPHONE NUMBER

02/21/02
DATE (MONTH / DAY / YEAR)

Surface Water Discharge Monitoring Report

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	483A SW Outfall 483A	1/1/2002 TO 1/31/2002	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 Effluent Gross Value	SAMPLE MEASUREMENT	488	511		******	******	******		0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	******	******	******		1/Day	CALCTD
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		7.0	******	7.8		0	1/Week	GRAB
	PERMIT REQUIREMENT	******	******	******	6.0 01DAMN	******	9.0 01DAMX	SU		1/Week	GRAB
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	******	******		7.4	******	8.0		0	1/Week	GRAB
	PERMIT REQUIREMENT	******	******	******	REPORT 01DAMN	******	REPORT 01DAMX	SU		1/Week	GRAB
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	******	******		******	CODE=N	CODE=N		0	CODE=N	CODE=N
	PERMIT REQUIREMENT	******	******	******	******	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	******	******		******	<0.1	<0.1		0	3/Week	GRAB
	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		******	14.3	20.7		0	1/Day	CONTIN
	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
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: Any questions in regards to the monitoring report form can be directed to S. Rosenwinkel of the BPSP - Region 2 at (609)292-4860.

Pre-Print Creation Date: 1/1/2002

New Jersey Department of Environmental Protection
Division of Water Quality

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: **NJ0005622**
MONITORING REPORT TYPE: **Surface Water Discharge M**
MONITORING PERIOD: **1/1/2002 - 1/31/2002**

MONITORED LOCATION: **484A SW Outfall 484A**
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: _____

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(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 Persident-Operation
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

(856) 339-6000
AREA CODE / TELEPHONE NUMBER

02/21/02
DATE (MONTH / DAY / YEAR)

Surface Water Discharge Monitoring Report

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	484A SW Outfall 484A	1/1/2002 TO 1/31/2002	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 Effluent Gross Value	SAMPLE MEASUREMENT	427	452		******	******	******		0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	******	******	******		1/Day	CALCTD
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		7.8	******	7.9		0	1/Week	GRAB
	PERMIT REQUIREMENT	******	******	******	6.0 01DAMN	******	9.0 01DAMX	SU		1/Week	GRAB
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	******	******		7.4	******	8.0		0	1/Week	GRAB
	PERMIT REQUIREMENT	******	******	******	REPORT 01DAMN	******	REPORT 01DAMX	SU		1/Week	GRAB
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		CODE=N	******	******		0	CODE=N	CODE=N
	PERMIT REQUIREMENT	******	******	******	50 01DAMN	******	******	%EFFL		2/Year	COMPOS
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	******	******		******	CODE=N	CODE=N		0	CODE=N	CODE=N
	PERMIT REQUIREMENT	******	******	******	******	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	******	******		******	<0.1	<0.1		0	3/Week	GRAB
	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		******	11.2	17.4		0	1/Day	CONTIN
	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
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: 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.

Pre-Print Creation Date: 1/1/2002

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

NJPDES PERMIT NUMBER: **NJ0005622**
MONITORING REPORT TYPE: **Surface Water Discharge M**
MONITORING PERIOD: **1/1/2002 - 1/31/2002**

MONITORED LOCATION: **485A SW Outfall 485A**
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: _____

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(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 Persident-Operation
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

(856) 339-6000
AREA CODE / TELEPHONE NUMBER

02/21/02
DATE (MONTH / DAY / YEAR)

Surface Water Discharge Monitoring Report

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	485A SW Outfall 485A	1/1/2002 TO 1/31/2002	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 Effluent Gross Value	SAMPLE MEASUREMENT	4/6	4/6		******	******	******		0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	******	******	******		1/Day	CALCTD
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		7.7	******	7.8		0	1/week	GRAB
	PERMIT REQUIREMENT	******	******	******	6.0 01DAMN	******	9.0 01DAMX	SU		1/Week	GRAB
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	******	******		7.4	******	8.0		0	1/week	GRAB
	PERMIT REQUIREMENT	******	******	******	REPORT 01DAMN	******	REPORT 01DAMX	SU		1/Week	GRAB
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		CODE=N	******	******		0	CODE=N	CODE=N
	PERMIT REQUIREMENT	******	******	******	50 01DAMN	******	******	%EFFL		2/Year	COMPOS
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	******	******		******	CODE=N	CODE=N		0	CODE=N	CODE=N
	PERMIT REQUIREMENT	******	******	******	******	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	******	******		******	<0.1	<0.1		0	3/week	GRAB
	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		******	10.9	16.1		0	1/Day	CONTIN
	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
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: 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.

Pre-Print Creation Date: 1/1/2002

New Jersey Department of Environmental Protection
Division of Water Quality

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: **NJ0005622**
MONITORING REPORT TYPE: **Surface Water Discharge M**
MONITORING PERIOD: **1/1/2002 - 1/31/2002**

MONITORED LOCATION: **486A SW Outfall 486A**
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: _____

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David F. Garchow, Vice Persident-Operation
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

(856) 339-6000
AREA CODE / TELEPHONE NUMBER

02/21/02
DATE (MONTH / DAY / YEAR)

Surface Water Discharge Monitoring Report

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	486A SW Outfall 486A	1/1/2002 TO 1/31/2002	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 Effluent Gross Value	SAMPLE MEASUREMENT	450	495		******	******	******		0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	******	******	******		1/Day	CALCTD
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		7.8	******	7.9		0	1/Week	GRAB
	PERMIT REQUIREMENT	******	******	******	6.0 01DAMN	******	9.0 01DAMX	SU		1/Week	GRAB
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	******	******		7.4	******	8.0		0	1/Week	GRAB
	PERMIT REQUIREMENT	******	******	******	REPORT 01DAMN	******	REPORT 01DAMX	SU		1/Week	GRAB
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	******	******		******	CODE=N	CODE=N		0	CODE=N	CODE=N
	PERMIT REQUIREMENT	******	******	******	******	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	******	******		******	<0.1	<0.1		0	3/Week	GRAB
	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		******	12.1	20.3		0	1/Day	CONTIN
	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
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: Any questions in regards to the monitoring report form can be directed to S. Rosenwinkel of the BPSP - Region 2 at (609)292-4860.

Pre-Print Creation Date: 1/1/2002

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

NJPDES PERMIT NUMBER: **NJ0005622**
MONITORING REPORT TYPE: **Surface Water Discharge M**
MONITORING PERIOD: **1/1/2002 - 1/31/2002**

MONITORED LOCATION: **487B SW Outfall 487B**
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: _____

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

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

David F. Garchow, Vice President-Operation
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

(856)339-6000
AREA CODE / TELEPHONE NUMBER

02/21/02
DATE (MONTH / DAY / YEAR)

Surface Water Discharge Monitoring Report

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	487B SW Outfall 487B	1/1/2002 TO 1/31/2002	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 Effluent Gross Value	SAMPLE MEASUREMENT				******	******	******				
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	******	******	******		1/Batch	CALCTD
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******			******					
	PERMIT REQUIREMENT	******	******	******	6.0 01DAMN	******	9.0 01DAMX	SU		1/Batch	GRAB
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		******						
	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	100 01DAMX	MG/L		1/Batch	GRAB
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		******						
	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	43.3 01DAMX	DEG.C		1/Batch	GRAB
Petroleum Hydrocarbons 00551 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		******						
	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	15 01DAMX	MG/L		1/Batch	GRAB
Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		******						
	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	50 01DAMX	MG/L		1/Batch	GRAB
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT										
	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".

Pre-Print Creation Date: 1/1/2002

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

NJPDES PERMIT NUMBER: **NJ0005622**
MONITORING REPORT TYPE: **Surface Water Discharge M**
MONITORING PERIOD: **1/1/2002 - 1/31/2002**

MONITORED LOCATION: **489A SW Outfall 489A**
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: _____

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

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David F. Garchow, Vice President-Operation
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

(856) 339-6000
AREA CODE / TELEPHONE NUMBER

02/21/02
DATE (MONTH / DAY / YEAR)

Surface Water Discharge Monitoring Report

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	489A SW Outfall 489A	1/1/2002 TO 1/31/2002	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 Effluent Gross Value	SAMPLE MEASUREMENT	0.0560	0.0560		******	******	******		0	1/Month	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	******	******	******		1/Month	CALCTD
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		7.8	******	7.8		0	1/Month	GRAB
	PERMIT REQUIREMENT	******	******	******	6.0 01DAMN	******	9.0 01DAMX	SU		1/Month	GRAB
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		7	7	******		0	1/Month	GRAB
	PERMIT REQUIREMENT	******	******	******	100 01DAMX	30 01MOAV	******	MG/L		1/Month	GRAB
Petroleum Hydrocarbons 00551 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		******	<0.5	<0.5		0	1/Month	GRAB
	PERMIT REQUIREMENT	******	******	******	******	10 01MOAV	15 01DAMX	MG/L		1/Month	GRAB
Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		******	2	2		0	1/Month	GRAB
	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	50 01DAMX	MG/L		1/Month	GRAB
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 the BPSP - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us".

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