

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.

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Sincerely.

David F. Garchow

Vice President Operations

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 NOTARY PUBLIC OF NEW JERSEY My Commission Expires July 25, 2005

MAPLEWOOD TESTING SERVICES REPORT



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.	Injectio	n Time	Pure Dye	No. of Pumps	Total System	Effluent
	1			Injected	In Service	Flow	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

Senior Supervising Test Engineer Mechanical Division

c M. Welker

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MAPLEWOOD TESTING SERVICES REPORT



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

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	С	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

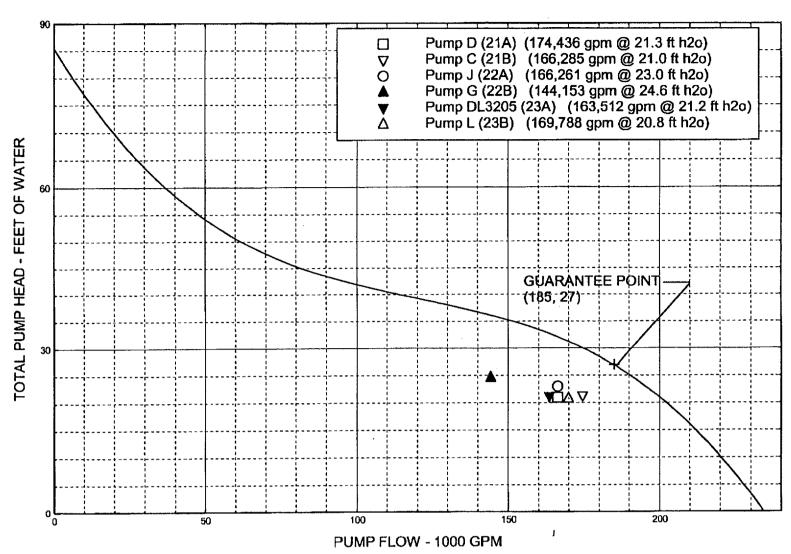
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eport No.TP02015

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



PSEG
Maplewood Testing Services
Rpt No. TP02015 January 2002

-3-

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.

Senior Supervising Test Engineer

Peul Scheiba/d

Mechanical Division

af

C D. Hurka

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MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: NJ0005622

MONITORING REPORT TYPE: Surface Water Discharge ${\bf N}$

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

CHECK IF APPLICABLE: No Discharge this Monitoring Period	
MONITORING REPORT COMMENTS:	
I certify under penalty of law that I have personally examined and am faindividuals immediately responsible for obtaining the information, I believe significant penalties for submitting false information, including the possibility	amiliar with the information submitted herein; and based on my inquiry of those the submitted information is true, accurate, and complete. I am aware that there are y of fine and imprisonment. See 18 U.S.C. § 1319.
(Penalties under these statutes may include fines up to \$10,000 and or a max David F, Garchow, Vice President-Operation	imum imprisonment of between 6 months and 5 years.)
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGE	NT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	02/21/02
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DAY / YEAR)

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACA SW Outfall FACA

1/1/2002 TO 1/31/2002

PSEG NUCLEAR LLC

					0 1/01/2002	I OLO NOCE	LAILLO				
PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 G	SAMPLE MEASUREMENT	*****	****		*****	4.6	7. [0	Continuous	CONTIN
Raw Sew/influent	PERMIT REQUIREMENT	*****	C. L. Marrie	****	******	REPORT 01MOAV	REPORT.	DEG.C		Continuous	CONTIN
Temperature, oC 00010 1	SAMPLE MEASUREMENT	*****	****		****	13.4	16.0		0	Continuous	CONTIN
Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	****	REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
Temperature, oC 00010 2	SAMPLE MEASUREMENT	*****	****		*****	8.8	10.1		0	1/Day	CALCTO
Effluent Net Value	PERMIT REQUIREMENT	******	******	*****	tintés	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
.ab	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

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: NJ0005622

MONITORING REPORT TYPE:Surface Water Discharge N MONITORING PERIOD:

1/1/2002 - 1/31/2002

REPORT RECIPIENT: PSEG NUCLEAR LLC

PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038 MONITORED LOCATION:

FACB SW Outfall FACB

MONITORED LOCATION GROUP: N/A

REGION / COUNTY:

Southern / Salem County

LOCATION OF ACTIVITY:

PSEG NUCLEAR LLC

ALLOWAY CREEK NECK RD

LOWER ALLOWAYS CREEK, NJ 08038-0000

CHECK IF APPLICABLE: No Discharge this Monitoring Period

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PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622 **FACB SW Outfall FACB** 1/1/2002 TO 1/31/2002 PSEG NUCLEAR LLC

NJ0005622	FAC	B SW Outfall F	ACB 1	1/1/2002 1	O 1/31/2002	PSEG NUCI	LEAR LLC			•	
PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 G	SAMPLE MEASUREMENT	*****	*****		*****	4.6	7./		0	Continuous	CONTIN
Raw Sew/influent	PERMIT : REQUIREMENT	******	******	*****	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
Temperature, oC 00010 1	SAMPLE MEASUREMENT	*****	****		****	//. 3	16.5		0	Continuous	CONTIN
Effluent Gross Value	PERMIT REQUIREMENT			*****	*****	REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	сонтій
Temperature, oC 00010 2	SAMPLE MEASUREMENT	*****	****		****	6.8	10.1		0	1/Day	CALCTD
Effluent Net Value	PERMIT REQUIREMENT		******	*****	******	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab#		REPORT Lab#	REPORT Lab#	REPORT Lab#			Not Applic	NOT AP

Pre-Print Creation Date: 1/1/2002

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: NJ0005622

MONITORING REPORT TYPE:Surface Water Discharge N

1/1/2002 - 1/31/2002

MONITORING PERIOD:

REPORT RECIPIENT:

PSEG NUCLEAR LLC PO BOX 236/N21

HANCOCKS BRIDGE, NJ 08038

MONITORED LOCATION:

FACC SW Outfall FACC

MONITORED LOCATION GROUP: N/A

REGION / COUNTY:

Southern / Salem County

LOCATION OF ACTIVITY:

PSEG NUCLEAR LLC

ALLOWAY CREEK NECK RD

CHECK IF APPLICABLE: No Discharge this Monitoring Period	
MONITORING REPORT COMMENTS:	
I certify under penalty of law that I have personally examined and am family individuals immediately responsible for obtaining the information, I believe the significant penalties for submitting false information, including the possibility of (Penalties under these statutes may include fines up to \$10,000 and or a maximum David F. Garchow, Vice President-Operation	submitted information is true, accurate, and complete. I am aware that there are fine and imprisonment. See 18 U.S.C. § 1319.
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	02/21/02
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DAY / YEAR)

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

1/1/2002 TO 1/31/2002

NJ0005622	FACC	SW Outfall F	ACC	1/1/2002 T	O 1/31/2002	PSEG NUC	LEAR LLC				
PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	ITY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 G	SAMPLE MEASUREMENT	2699	2807		*****	****	****		0	1/Day	CALCTO
Raw Sew/influent	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX	MGD	******	******	*****	*****		1/Day	CALCTD
Thermal Discharge Million BTUs per Hr 00015 2	SAMPLE MEASUREMENT	13565	15568		****	****	****		0	1/Day	CALOTO
Effluent Net Value	PERMIT REQUIREMENT	REPORT A	30600 01DAMX	MBTU/HR	electric.	9/37 *******		*****		1/Day	CALCTO
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab#		REPORT Lab#	REPORT Lab #	REPORT Lab#			Not Applic	NOT AP

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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

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: MONITORED LOCATION GROUP: N/A

048C SW Outfall 48C

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

CHECK IF APPLICABLE: No Discharge this Monitoring Period	
MONITORING REPORT COMMENTS:	
I certify under penalty of law that I have personally examined and am famili individuals immediately responsible for obtaining the information, I believe the significant penalties for submitting false information, including the possibility of	submitted information is true, accurate, and complete. I am aware that there are
(Penalties under these statutes may include fines up to \$10,000 and or a maximum	m imprisonment of between opports and 5 years.)
David F. Garchow, Vice President-Operation	heir V. Janeton
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339–6000	02/21/02
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DAY / VEAD)

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

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NJ0005622

048C SW Outfall 48C

1/1/2002 TO 1/31/2002

PSEG NUCLEAR LLC

		Outlan 40		1112002	10 1/31/2002	PSEG NUCI	LEAR LLC				
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	0.1372	0,3017		****	*****	*****		0	1/Day	CALCTO
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	******	****		1/Day	CALCTD
Solids, Total Suspended 00530 1	SAMPLE MEASUREMENT	*****	****		****	10	14		0	2/Month	COMPAS
Effluent Gross Value	PERMIT REQUIREMENT	******	4179CE	*****	******	30 01MOAV	100 01DAMX	MG/L		2/Month	COMPOS
Nitrogen, Ammonia Total (as N) 00610 1	SAMPLE MEASUREMENT	*****	****		****	4	9		0	2/Month	COMPOS
Effluent Gross Value	PERMIT REQUIREMENT	antine .	******	*****	******	35 01MOAV	70 01DAMX	MG/L		2/Month	COMPOS
Petroleum Hydrocarbons 00551 1	SAMPLE MEASUREMENT	****	****		*****	20.5	<0.5		0	2/Month	GRAB
Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	*****	10 01MOAV	15 01DAMX	MG/L		2/Month	GRAB /
Carbon, Tot Organic (TOC) 00680 1	SAMPLE MEASUREMENT	****	****		*****	/3	16		0	2/Month	COMPOS
Effluent Gross Value	PERMIT REQUIREMENT	******	(ric ******	****	*****	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		1	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

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:

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

CHECK IF APPLICABLE: No Discharge this Monitoring Period	
MONITORING REPORT COMMENTS:	
I certify under penalty of law that I have personally examined and am famil individuals immediately responsible for obtaining the information, I believe the significant penalties for submitting false information, including the possibility of	submitted information is true, accurate, and complete. I am aware that there are
(Penalties under these statutes may include fines up to \$10,000 and or a maximu	m imprisonment of beiveen 6 months lank (years.)
David F. Garchow, Vice Persident-Operation	Joux F. Hantow
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	02/21/02
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DAY / YEAR)

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

1/1/2002 TO 1/31/2002

PSEG NUCLEAR LLC

			•		10 1/31/2002	. 02000	LLAN LLC				
PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUAL	ITY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1	SAMPLE MEASUREMENT	5 / 7	522		****	****	*****		0	1/Day	CALCTO
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		-1/Day	CALCTD
pH	SAMPLE MEASUREMENT	****	*****		7. 6	****	7.8		0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	6.0 01DAMN	******	9.0 01DAMX	SU		1/Week	GRAB
pH 00400 7	SAMPLE MEASUREMENT	*****	****		7.4	*****	8.0		0	1/week	GRAB
Intake From Stream	PERMIT REQUIREMENT	ing a second second	******	*****	REPORT 01DAMN	******	REPORT 01DAMX	ຮບ		1/Week	GRAB
LC50 Statre 96hr Acu Cyprinodon TAN6A 1	SAMPLE MEASUREMENT	****	****		CODESN	****	****		0	COOF=N	CODE=D
Effluent Gross Value	PERMIT REQUIREMENT			*****	50 01DAMN	*****		%EFFL		2/Year	COMPOS
Chlorine Produced Oxidants *CPOX 1	SAMPLE MEASUREMENT	****	*****	· · · · · · · · · · · · · · · · · · ·	****	CODE = N	CODE= N		0	CODESN	CODE=N
Effluent Gross Value Option 1	PERMIT REQUIREMENT	i da sa Galaria.	******	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L	(3) (3) (4)	3/Week	GRAB
Chlorine Produced Oxidants *CPOX 1	SAMPLE MEASUREMENT	****	****		*****	<0./	KO./		0	3/week	GRAB
Effluent Gross Value Option 2	PERMIT REQUIREMENT	******		*****	•	REPORT 01MOAV	0.2 01DAMX	MG/L	Way I	3/Week	GRAB
Temperature, oC 00010 1	SAMPLE MEASUREMENT	****	****		****	12.7	19.9		υ	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	e en en meral i son mer perok et 2 m de 10 144		LI I S MACISTICO I	Substitute of Facilities and Sept.	The section of the se
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.

Pre-Print Creation Date: 1/1/2002

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: NJ0005622

MONITORING REPORT TYPE: Surface Water Discharge ${\bf N}$

MONITORING PERIOD: 1/1/2002 - 1/31/2002

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

MONITORED LOCATION:

LOWER ALLOWAYS CREEK, NJ 08038-0000

CHECK IF APPLICABLE: No Discharge this Monitoring Period	
MONITORING REPORT COMMENTS:	
	Familiar with the information submitted herein; and based on my inquiry of those the submitted information is true, accurate, and complete. I am aware that there are ty of fine and imprisonment. See 18 U.S.C. § 1319.
(Penalties under these statutes may include fines up to \$10,000 and or a max 	ximum imprisonment of between of poorths and 5 years.)
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGE	NT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	02/21/02

AREA CODE / TELEPHONE NUMBER

DATE (MONTH / DAY / YEAR)

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

482A SW Outfall 482A

1/1/2002 TO 1/31/2002

PSEG NUCLEAR LLC

NJU005622	482	A SW Outfall 48	32A 1	1/1/2002 TO 1/31/2002		PSEG NUCLEAR LLC					
PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUAL	ITY OR CONCENTI	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1	SAMPLE MEASUREMENT	465	490		****	****	****		0	1/Day	CALCTD
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	******	*****	*****	100	1/Day	CALCTD
рН	SAMPLE MEASUREMENT	****	****		7.5	*****	7. 9		0	1/week	GRAD
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	- XKEPAK	******	*****	6.0 01DAMN	******	9.0 01DAMX	SU		1/Week	GRAB
pH 00400 7	SAMPLE MEASUREMENT	****	****		.7, 4	****	8.0		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 *CPOX 1	SAMPLE MEASUREMENT	****	****		****	CODE=N	CEDE=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. I	0.2		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	****	*****		****	/3.5	17.2		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	773 43					
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab#		# REPORT Lab #	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.

Pre-Print Creation Date: 1/1/2002

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:

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

CHECK IF APPLICABLE: No Discharge this Monitoring Period	
MONITORING REPORT COMMENTS:	
I certify under penalty of law that I have personally examined and am faindividuals immediately responsible for obtaining the information, I believe significant penalties for submitting false information, including the possibility	amiliar with the information submitted herein; and based on my inquiry of those the submitted information is true, accurate, and complete. I am aware that there are y of fine and imprisonment. See 18 U.S.C. § 1319.
(Penalties under these statutes may include fines up to \$10,000 and or a max	cimum imprisonment of between 6 months and 5 years.)
David F. Garchow, Vice Persident-Operation	Law F. Jawan
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGE	NT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	02/21/02
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DAY / YEAR)

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

483A SW Outfall 483A

1/1/2002 TO 1/31/2002

PSEG NUCLEAR LLC

					10 1/01/2002	1 020 1100	LLAN LLO				
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	488	511		****	****	****		0	1/Day	CALCTL
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT	MGD	*****	*****	*****	*****		1/Day	CALCTD
оН 00400 1	SAMPLE MEASUREMENT	****	*****		7.0	****	7.8		0	1/work	GRAB
Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	6.0 01DAMN	******	9.0 01DAMX	su		1/Week	GRAB
oH 00400 7	SAMPLE MEASUREMENT	****	*****		7.4	****	8.0		0	1/week	GRAB
ntake From Stream	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01DAMN	*****	REPORT 01DAMX	su		1/Week	GRAB
Chlorine Produced Oxidants CPOX 1	SAMPLE MEASUREMENT	****	*****		****	CODE : N	CODE=N		0	CODE=N	COPESN
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	<0./		0	3/week	GRAB
Effluent Gross Value Option 2	PERMIT REQUIREMENT	*****	*****	****	******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
emperature, C 0010 1	SAMPLE MEASUREMENT	****	*****		****	14.3	20.7		0	1/Day	CONTIN
Effluent Gross Value	PERMIT REQUIREMENT	*******	******	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
ab Certification #	SAMPLE MEASUREMENT	17327	06431		464 05	77343					
_ab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab #		REPORT	REPORT	REPORT		1	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

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:

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: 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 18/0.3.C. §\1319. (Penalties under these statutes may include fines up to \$10,000 and or a maximum imprisonment of between 6 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 02/21/02

AREA CODE / TELEPHONE NUMBER

DATE (MONTH / DAY / YEAR)

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

484A SW Outfall 484A

1/1/2002 TO 1/31/2002

PSEG NUCLEAR LLC

	7077	A SW Outlan 40) 4 A	1/1/2002	10 1/31/2002	PSEG NUC	LEAR LLU				
PARAMETER		QUANTITY	OR LOADING	UNITS	QUAL	ITY OR CONCENT	RATION	UNITS	NO.	FREQ. OF	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1	SAMPLE MEASUREMENT	427	452		****	*****	****		0	1/Day	CALCID
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	******	*****		1/Day	CALCTD
pH	. SAMPLE MEASUREMENT	****	****		7.8	****	7,9		0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	6.0 01DAMN	******	9.0 01DAMX	su		1/Week	GRAB
рН 00400 7	SAMPLE MEASUREMENT	****	****		7. 4	****	8-0		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	****	****		O	CODE=N	CODE=N
Effluent Gross Value	PERMIT REQUIREMENT	**************************************	******	*****	50 01DAMN	******	*****	%EFFL		2/Year	COMPOS
Chlorine Produced Oxidants *CPOX 1	SAMPLE MEASUREMENT	****	****		*****	CODE=N	CONEZN		0	CODE=N	CODEIN
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	<0./	· ***	0	3/Work	GRAB
Effluent Gross Value Option 2	PERMIT REQUIREMENT		**************************************	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Temperature, oC 00010 1	SAMPLE MEASUREMENT	****	****		****	11.2	17.4		0	1/Day	CONTIN
0010 1 ffluent Gross Value	PERMIT REQUIREMENT	******	******	*****	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN.
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343	N. 1884 (1888) 14 TOT 5 MEN 1		Costant pa	아마르아마리 아마리 사고, 자꾸 등 하다.	一番のよいな、加速的を計算を支援している。
Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab#		REPORT Lab #	REPORT Lab#j	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

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:

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

CHECK IF APPLICABLE: No Discharge this Monitoring Period	
MONITORING REPORT COMMENTS:	
I certify under penalty of law that I have personally examined and am famindividuals immediately responsible for obtaining the information, I believe the significant penalties for submitting false information, including the possibility of the significant penalties.	iliar with the information submitted herein; and based on my inquiry of those e submitted information is true, accurate, and complete. I am aware that there are of fine and imprisonment. See 18 U.S.C. § 1319.
(Penalties under these statutes may include fines up to \$10,000 and or a maxin	num imprisonment of between 6 months and 5 years.)
David F. Garchow, Vice Persident-Operation	_ low r. /all/ou
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	02/21/02
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DAY / YEAR)

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

485A SW Outfall 485A

1/1/2002 TO 1/31/2002

PSEG NUCLEAR LLC

	_	Con Outlan 40		, ,,,	10 1/31/2002	PSEG NUC	LLAN LLC				
PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUAL	ITY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1	SAMPLE MEASUREMENT	416	416		*****	****	*****		0	11Day	CALCID
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	*****	*****	*****		1/Day	GALCTD
pH 00400 1	SAMPLE MEASUREMENT	****	****		7. 7	****	7-8		0	1/week	GRAB
Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	6.0 01DAMN	*****	9.0 01DAMX	su		1/Week	GRAB
pH 00400 7	SAMPLE MEASUREMENT	*****	****		7.4	*****	8.0		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 *CPOX 1	SAMPLE MEASUREMENT	****	****		****	CODE = N	CODE=N		0	CODEIN	CODE=N
Effluent Gross Value Option 1	PERMIT REQUIREMENT	*****	******	*****	**************************************	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Chlorine Produced Oxidants *CPOX 1	SAMPLE MEASUREMENT	****	****	W	****	<0.1	<0.1		0	3/week	GRAB
Effluent Gross Value Option 2	PERMIT REQUIREMENT	**************************************	**************************************	****	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Temperature, oC 00010 1	SAMPLE MEASUREMENT	****	****		****	10.9	16.1		0	1/Pay	CONTIN
Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343	THE RESERVE OF THE SOURCE STATES OF THE SECOND		INDEREST.		CHANGE THE PROPERTY OF THE PARTY OF THE PART
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.

Pre-Print Creation Date: 1/1/2002

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: NJ0005622

MONITORING REPORT TYPE: Surface Water Discharge ${\tt N}$

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

CHECK IF APPLICABLE: No Discharge this Monitoring Period	
MONITORING REPORT COMMENTS:	
	niliar with the information submitted herein; and based on my inquiry of those ne submitted information is true, accurate, and complete. I am aware that there are of fine and imprisonment. See 18 O.S.C. § 1319.
(Penalties under these statutes may include fines up to \$10,000 and or a maxim	num imprisonment of between dimonths and 5 years.)
David F. Garchow, Vice Persident-Operation	Loux P. Janvier
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	02/21/02
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DAY / YEAR)

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622 48

486A SW Outfall 486A

1/1/2002 TO 1/31/2002

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	450	495		*****	*****	*****		0	1/Day	CALCID
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Day	CALCTD
рН	SAMPLE MEASUREMENT	****	****		7.8	****	7.9	, , , , , , , , , , , , , , , , , , , ,	0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	skiikk	******	****	6.0 01DAMN	******	9.0 01DAMX	SU		1/Week	GRAB
pH	SAMPLE										
00400 7	MEASUREMENT	*****	*****		7.4	*****	8.0		0	Ilweek	GRAB
Intake From Stream	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01DAMN	******	REPORT 01DAMX	su		1/Week	GRAB
Chlorine Produced Oxidants *CPOX 1	SAMPLE MEASUREMENT	****	*****		*****	CODE=N	CODE=N		0	CODE=N	CODE=N
Effluent Gross Value Option 1	PERMIT REQUIREMENT	******	*****	*****	******	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Chlorine Produced Oxidants *CPOX 1	SAMPLE MEASUREMENT	****	*****		****	<0.1	<0.1		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	****	****		*****	12./	20.3		0	1/Day	CONTIN
Effluent Gross Value	PERMIT REQUIREMENT	Nessee	thints	***	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Lab Certification #	SAMPLE	. —	_								
99999 99	MEASUREMENT	17327	06431		46405	77343				1000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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.

Pre-Print Creation Date: 1/1/2002

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:

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	g Period
MONITORING REPORT COMMENTS:	
I certify under penalty of law that I have personally examined individuals immediately responsible for obtaining the information significant penalties for submitting false information, including the	and am familiar with the information submitted herein; and based on my inquiry of those a, I believe the submitted information is true, accurate, and complete. I am aware that there are e possibility of fine and imprisonment. See 18 U.S.C. § 1319.
(Penalties under these statutes may include fines up to \$10,000 an David F. Garchow, Vice President-Operation	
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHOR	RIZED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856)339-6000	02/21/02
ADEA CODE /TELEBRIONE MIMDED	

DATE (MONTH / DAY / YEAR)

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

487B SW Outfall 487B

1/1/2002 TO 1/31/2002

PSEG NUCLEAR LLC

							-LAIL ELO				
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	******	******	*****	6.0 01DAMN	******	9.0 01DAMX	su		1/Batch	GRAB
Solids, Total Suspended 00530 1	SAMPLE MEASUREMENT	****	*****		****						
Effluent Gross Value	PERMIT REQUIREMENT	*******	******	*****	*****	REPORT 01MOAV	100 01DAMX	MG/L		1/Batch	GRAB
Temperature, oC 00010 1	SAMPLE MEASUREMENT	*****	*****		****						
Effluent Gross Value	PERMIT REQUIREMENT	*****		*****	*****	REPORT 01MOAV	43.3 01DAMX	DEG.C		1/Batch	GRAB :
Petroleum Hydrocarbons 00551 1	SAMPLE MEASUREMENT	****	*****		****						
Effluent Gross Value	PERMIT REQUIREMENT	******	*****	*****	*****	REPORT 01MOAV	15 01DAMX	MG/L		1/Batch	GRAB
Carbon, Tot Organic (TOC) 00680 1	SAMPLE MEASUREMENT	****	****		****		ordenias autorias, etratigos				
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 Lab#		REPORT	REPORT Lab#	REPORT Lab#			Not Applic	NOT AP

Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us".

Pre-Print Creation Date: 1/1/2002

MONITORING REPORT SUBMITTAL FORM

REGION / COUNTY:

NJPDES PERMIT NUMBER: NJ0005622

MONITORING REPORT TYPE:Surface Water Discharge N

MONITORING PERIOD:

1/1/2002 - 1/31/2002

MONITORED LOCATION:

489A SW Outfall 489A

MONITORED LOCATION 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

CHECK IF APPLICABLE: No Discharge this Monitoring Period	
MONITORING REPORT COMMENTS:	
I certify under penalty of law that I have personally examined and am individuals immediately responsible for obtaining the information, I believ significant penalties for submitting false information, including the possibility	familiar with the information submitted herein; and based on my inquiry of those we the submitted information is true, accurate, and complete. I am aware that there are lity of fine and imprisonment. See 18 U.S.C. § 1819.
(Penalties under these statutes may include fines up to \$10,000 and or a mo	aximum imprisonment of between 6 marchs and 5 years.)
David F. Garchow, Vice President-Operation	Mous P. Jawson
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AG	ENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339–6000	02/21/02
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DAY / YEAR)

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

489A SW Outfall 489A

1/1/2002 TO 1/31/2002

PSEG NUCLEAR LLC

		Corr Outlan 40	JA I	1112002	10 1/31/2002	FSEG NUCI	LEAR LLC				
PARAMETER	QUANTITY OR LOADING			UNITS	QUAL	ITY OR CONCENTE	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Flow, In Conduit or Thru Treatment Plant 50050 1	SAMPLE MEASUREMENT	0.0560	0.0560		****	****	****		0	1/Month	CALCTD
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD		*****	*****	*****		1/Month	CALCTD
рН 00400 1	SAMPLE MEASUREMENT	*****	****		7.8	****	7.8		0	1/Month	GRAB
Effluent Gross Value	PERMIT REQUIREMENT	******	ctivets.	*****	6.0 01DAMN	******	9.0 01DAMX	SU		1/Month	GRAB
Solids, Total Suspended 00530 1	SAMPLE MEASUREMENT	*****	*****		7	7	****		0	1 Month	GRAB
Effluent Gross Value	PERMIT REQUIREMENT		, min	*****	100 01DAMX	30 01MOAV	*****	MG/L		1/Month	GRAB
Petroleum Hydrocarbons 00551 1	SAMPLE MEASUREMENT	*****	****		****	40.5	<0.5		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	*****	****		****	a 2	2 .		0	1/Month	GRAB
Effluent Gross Value	PERMIT REQUIREMENT	*******	*****	*****	*****	REPORT 01MOAV	50 01DAMX	MG/L		1/Month	GRAB
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
Lab	PERMIT REQUIREMENT	REPORT	REPORT		REPORT Lab#	REPORT.	REPORT		1.	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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