

LR-E02-0088

March 22, 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 7001 2510 0003 6742 5335

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 February 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. Gårchow

Vice President Operations

1825

NJPDES Report February 2002

E. Keating

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

NJPDES Report Explanation of Deviations February 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 25 day of May \$\lambda_{\text{ay}} \lambda_{\text{2002}}

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

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: NJ0005622

MONITORING REPORT TYPE:Surface Water Discharge N

MONITORING PERIOD:

2/1/2002 - 2/28/2002

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 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 maximum David F. Garchow Vice President-Operation	m imprisonment of between 6 months and 5 years.)
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	03/22/02
ADEA CODE / TEL EDHONE NUMBED	DATE (MONTH / DAY / VEAD)

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACA SW Outfall FACA

2/1/2002 TO 2/28/2002

PSEG NUCLEAR LLC

	.,	A OW Outland	7,07		0 2/20/2002	FOLG NUCL	LAN LLO				
PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	ITY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 G	SAMPLE MEASUREMENT	*****	*****		****	6.2	8.0		0	Continuous	CONTIN
Raw Sew/influent	PERMIT REQUIREMENT	******	All Contacts	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
Temperature, oC 00010 1	SAMPLE MEASUREMENT	*****	. *****		****	15.4	18.1		0	Continuous	CONTIN
Effluent Gross Value	PERMIT REQUIREMENT	******	*****	*****	*****	REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
Temperature, oC 00010 2	SAMPLE MEASUREMENT	*****	*****		*****	9-2	10.7		0	1/Day	CALCTD
Effluent Net Value	PERMIT REQUIREMENT	*****	**************************************	*****	******	REPORT 7	15.3 01DAMX	DEG.C		1/Day	CALCTD
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT		REPORT Lab#	REPORT Lab #	REPORT Lab#		-	Not Applic	NOT AP

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

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:

2/1/2002 - 2/28/2002

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

CHECK IF APPLICABLE: No Discharge this Monitoring Period	
MONITORING REPORT COMMENTS:	
I certify under penalty of law that I have personally examined and am fam individuals immediately responsible for obtaining the information, I believe th significant penalties for submitting false information, including the possibility of	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 maximum David F. Garchow Vice President-Operation	VIO E HILL
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
(856) 339-6000	03/22/02
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DAY / VEAD)

carrage mater procharge monitoring report

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACB SW Outfall FACB

2/1/2002 TO 2/28/2002

PSEG NUCLEAR LLC

											
PARAMETER		QUANTITY	OR LOADING	UNITS	QUAL	ITY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 G	SAMPLE MEASUREMENT	*****	*****		****	6.2	8.0		0	Continuous	CONTIN
Raw Sew/influent	PERMIT REQUIREMENT	*******	*****	*****		REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
Temperature, oC 00010 1	SAMPLE MEASUREMENT	*****	****		*****	14.4	17.3		0	CONTINUOUS	CONTIN
Effluent Gross Value	PERMIT REQUIREMENT	i) *****	******	*****	*****	REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
Temperature, oC 00010 2	SAMPLE MEASUREMENT	****	****		****	8. 2	9.4		0	1/Day	CALCTI
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	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:

2/1/2002 - 2/28/2002

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

CHECK IF APPLICABLE: No Discharge this Monitoring Per	iod
MONITORING REPORT COMMENTS:	
	·
individuals immediately responsible for obtaining the information, I be significant penalties for submitting false information, including the post	am familiar with the information submitted herein; and based on my inquiry of those lieve the submitted information is true, accurate, and complete. I am aware that there are sibility of fine and imprisonment. See J-8 U.S.C. § 1319.
(Penalties under these statutes may include fines up to \$10,000 and or a	n maximum imprisorment of between 6 months and 5 years.)
David F. Garchow Vice President-Operation	Com t. / preto
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	03/22/02
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DAY / YEAR)

/フョュフ

PERMIT REQUIREMENT

REPORT

Lab#/

06431

REPORT

Lab#

PERMIT NUMBER: MONITORED LOCATION: MONITORING PERIOD: FACILITY NAME: NJ0005622 **FACC SW Outfall FACC** 2/1/2002 TO 2/28/2002 **PSEG NUCLEAR LLC** FREQ. OF SAMPLE NO. PARAMETER QUANTITY OR LOADING UNITS UNITS QUALITY OR CONCENTRATION **ANALYSIS** EX. TYPE Flow, In Conduit or **Thru Treatment Plant** 2737 ***** ***** 2899 1/Day 0 CALCID 50050 G 3024 01MOAV PERMIT REQUIREMENT REPORT Raw Sew/influent CALCTD 1/Day MGD 01DAMX Thermal Discharge Million BTUs per Hr 1/Day CALCTD 15160 1.6983 0 00015 2 PERMIT REQUIREMENT REPORT 30600 Effluent Net Value CALCTD 1/Day MBTU/HR ***** 01MOAV 01DAMX Lab Certification # SAMPLE MEASUREMEN

46405

REPORT

77343

REPORT

REPORT

Lab#

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

Pre-Print Creation Date: 1/1/2002

99999 99

Lab

NOT AP

Not Applic

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: NJ0005622

MONITORING REPORT TYPE:Surface Water Discharge N

MONITORING PERIOD:

2/1/2002 - 2/28/2002

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

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	n imprisonment of ferween 6 months and 5 years.)
David F. Garchow Vice President-Operation	Law F. Tanhow
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	_03/22/02
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DAY / YEAR)

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

048C SW Outfall 48C

2/1/2002 TO 2/28/2002

PSEG NUCLEAR LLC

1100003022	0400	JOVY Outlan 40		1112002	10 2/28/2002	PSEG NUCI	LEAR LLC				
PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1	SAMPLE MEASUREMENT	0.1192	0.3436		****	****	*****		0	1/Day	CALCID
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Day	CALCTD
Solids, Total Suspended 00530 1	SAMPLE MEASUREMENT	****	, *****		****	//	15		o	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	****	****		*****	5	6		0	2/Month	COMPUS
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	35 01MOAV	70 01DAMX	MG/L		2/Month	COMPOS
Petroleum Hydrocarbons 00551 1	SAMPLE MEASUREMENT	*****	*****		****	1	2		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	*****	****		*****	22	28		0	2/Month	COMPOS
Effluent Gross Value	PERMIT REQUIREMENT	*****	******	****	******	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".

Pre-Print Creation Date: 1/1/2002

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: NJ0005622

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

MONITORED LOCATION: MONITORED LOCATION GROUP: N/A

481A SW Outfall 481A

Southern / Salem County

MONITORING PERIOD: 2/1/2002 - 2/28/2002

REPORT RECIPIENT: PSEG NUCLEAR LLC

PO BOX 236/N21

HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY:

LOCATION OF ACTIVITY: PSEG NUCLEAR LLC

ALLOWAY CREEK NECK RD

, 25 11 21	The stable in th
CHECK IF APPLICABLE: No Discharge this Monitoring Period	
MONITORING REPORT COMMENTS:	
I certify under penalty of law that I have personally examined and am far individuals immediately responsible for obtaining the information, I believe to significant penalties for submitting false information, including the possibility	niliar with the information submitted herein; and based on my inquiry of those he submitted information is true, accurate, and complete. I am aware that there are of fine and imprison equal Sec 18 U.S.C. § 1319.
(Penalties under these statutes may include fines up to \$10,000 and or a maximum David F. Garchow Vice President-Operation	mun imprisorment of between 6 months and 5 years.)
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGEN	T SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	03/22/02
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DAY / YEAR)

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

2/1/2002 TO 2/28/2002

PSEG NUCLEAR LLC

PARAMETER		QUANTITY (OR LOADING	UNITS	QUALI	ITY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1	SAMPLE MEASUREMENT	514	520		****	****	*****		0	May	CALCTD
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Day	CALCTD
рН	SAMPLE MEASUREMENT	*****	. ****		7, 3	****	7.6		0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	******	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	su	The second secon	1/Week	GRAB
pH	SAMPLE MEASUREMENT	*****	*****		7. 7	****	7.8		0	1/week	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	CODE=N
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT		*****	*****	50 01DAMN	******	*****	%EFFL		2/Year	COMPOS
Chlorine Produced Oxidants *CPOX 1	SAMPLE MEASUREMENT	****	*****		****	CODE=N	CODE = N		0	CODE=N	CODE=N
Effluent Gross Value Option 1	PERMIT REQUIREMENT	******	*****	*****	. (1919) (1919) *******	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Chlorine Produced Oxidants *CPOX 1	SAMPLE MEASUREMENT	****	*****		*****	<0.1	<0.1		0	3/work	GRAB
Effluent Gross Value Option 2	PERMIT REQUIREMENT	*****	*****	****	******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Temperature, oC 00010 1	SAMPLE MEASUREMENT	****	*****		****	14.5	20.8		0	1/Day	CONTIN
Effluent Gross Value	PERMIT REQUIREMENT	******		****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343			100000000000000000000000000000000000000	Lavilla Allanda Base Barbarrer	11.00
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab #		REPORT	REPORT	REPORT			Not Applic	NOT AP

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

Pre-Print Creation Date: 1/1/2002

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: NJ0005622

MONITORING REPORT TYPE:Surface Water Discharge N

2/1/2002 - 2/28/2002 MONITORING PERIOD:

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

CHECK IF APPLICABLE: No Discharge this Monitoring Period	
MONITORING REPORT COMMENTS:	
	umiliar 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 180 S.C. § 1319.
(Penalties under these statutes may include fines up to \$10,000 and or a max	imum impresopment of between 6 months and 5 years.)
David F. Garchow Vice President-Operation	Vaise 1. Tarrior
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGEN	
(856) 339-6000	03/22/02
AREA CODE / TEL EPHONE NUMBER	DATE (MONTH / DAV / VEAD)

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

482A SW Outfall 482A

2/1/2002 TO 2/28/2002

PSEG NUCLEAR LLC

					0 2/20/2002						
PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUAL	ITY OR CONCENTR	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1	SAMPLE MEASUREMENT	482	489		****	****	****		0	1/Day	CALCTD
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	******	******	*****		1/Day	CALCTD
pH	SAMPLE MEASUREMENT	****	*****		7. 2	****	7.6		0	1/weck	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	******	4*****	****	6.0 01DAMN	*****	9.0 01DAMX	su	3	1/Week	GRAB
pH	SAMPLE MEASUREMENT	****	*****		7.7	*****	7.8		0	1/week	GRAB
00400 7 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	CODEZN
Effluent Gross Value	PERMIT REQUIREMENT	4. ************************************	••••	*****	50 	*****	*****	%EFFL		2/Year	COMPOS
Chlorine Produced Oxidants *CPOX 1	SAMPLE MEASUREMENT	****	****		****	CODE = N	CODE=N		0	CODEZN	CODETN
Effluent Gross Value Option 1	PERMIT REQUIREMENT	*****	******	****	******	0.3 01MOAV	0.5 01DAMX	MG/L	0.00	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 01MOAY	0.2 01DAMX	MG/L		3/Week	GRAB
Temperature, oC 00010 1	SAMPLE MEASUREMENT	*****	****	-	****	15.2	21.5		0	1/Day	CONTIN
Effluent Gross Value	PERMIT REQUIREMENT			*****		REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Lab Certification #	SAMPLE MEASUREMENT	/7327	06431		46405	77343			102.0071#G.111	TO COMPANY OF THE PROPERTY OF	CALABORETIC TION FOR THE CASE OF THE CASE
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

REPORT RECIPIENT:

PSEG NUCLEAR LLC

PO BOX 236/N21

MONITORED LOCATION:

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

MONITORED LOCATION GROUP: N/A REGION / COUNTY:

483A SW Outfall 483A

Southern / Salem County

MONITORING PERIOD: 2/1/2002 - 2/28/2002

LOCATION OF ACTIVITY: PSEG NUCLEAR LLC

ALLOWAY CREEK NECK RD

HANCOCKS BRIDGE, NJ 08038	LOWER ALLOWAYS CREEK, NJ 08038-0000
CHECK IF APPLICABLE: No Discharge this Mon	nitoring Period
MONITORING REPORT COMMENTS:	
individuals immediately responsible for obtaining the information, including significant penalties for submitting false information, including	mined and am familiar with the information submitted herein; and based on my inquiry of thos mation, I believe the submitted information is true, accurate, and complete. I am aware that there are ding the possibility of fine and imprisonment. See 18 U.S.C. § 1319.
(Penalties under these statutes may include fines up to \$10,0 David F. Garchow Vice President-Open	ond or a maximum imprisonment of between 6 months and 5 years.)
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR A	V
(856) 339-6000	03/22/02
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DAY / YEAR)

Carrage mater bisonarge monitoring report

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622 483A SW Outfall 483A 2/1/2002 TO 2/28/2002

PSEG NUCLEAR LLC

		1		7 772002	10 2/28/2002	PSEG NUC	LEAR 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	387	508		*****	*****	****		0	1/Day	CALCID
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	**************************************	*****	*****		1/Day	CALCTD
•	SAMPLE MEASUREMENT	****	****		7.4	****	7.5		0	1/week	GRAB
50050 1 Effluent Gross Value pH 00400 1 Effluent Gross Value pH 00400 7 Intake From Stream Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1 Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1 Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	6.0 01DAMN	*****	9.0 01DAMX	su		1/Week	GRAB
pH 00400 7	SAMPLE MEASUREMENT	****	****		7.7	****	7.8		0	1/week	GRAB
Intake From Stream	PERMIT REQUIREMENT		******	*****	REPORT 01DAMN	*****	REPORT 01DAMX	su		1/Week	GRAB
Chlorine Produced Oxidants *CPOX 1	SAMPLE MEASUREMENT	****	*****		****	<0.1	<0./		0	3/Week	GRAB
Effluent Gross Value Option 1	PERMIT SEQUIREMENT	(100000 - 100000) 100000 - 1000000	*****	*****		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	****	****		****	17. 2	25.6		0	1/Day	CONTIN
Effluent Gross Value	PERMIT REQUIREMENT	**************************************	*******	*****	**************************************	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343	11.7		1 - C ₁ - Sec.		
_ab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab#		REPORT Lab#	REPORT Lab #	REPORT			Not Applic	NOT AP

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

Pre-Print Creation Date: 1/1/2002

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: NJ0005622

MONITORED LOCATION:

484A SW Outfall 484A

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

MONITORED LOCATION GROUP: N/A

MONITORING PERIOD: 2/1/2002 - 2/28/2002

Southern / Salem County

REPORT RECIPIENT: PSEG NUCLEAR LLC

PO BOX 236/N21

LOCATION OF ACTIVITY: PSEG NUCLEAR LLC

REGION / COUNTY:

ALLOWAY CREEK NECK RD

HANCOCKS BRIDGE, NJ 08038 LOWER ALLOWAYS CREEK, NJ 08038-0000

CHECK IF APPLICABLE: No Discharge this Monitoring Period	
MONITORING REPORT COMMENTS:	
I certify under penalty of law that I have personally examined and am fami individuals immediately responsible for obtaining the information, I believe the significant penalties for submitting false information, including the possibility of	liar with the information submitted herein; and based on my inquiry of those submitted information is true, accurate, and complete. I am aware that there are f fine and imprisonment. See 18 U.Ş.C. § 1319.
(Penalties under these statutes may include fines up to \$10,000 and or a maximum David F. Garchow Vice President-Operation	um imprisonment of between 6 months and 5 years.)
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	_03/22/02
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DAY / YEAR)

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622 484

484A SW Outfall 484A

2/1/2002 TO 2/28/2002

PSEG NUCLEAR LLC

PARAMETER	X	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	508	510		****	****	****		0	1/Day	CALOTD
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	•••••	****		1/Day	CALCTD
рН	SAMPLE MEASUREMENT	****	. *****		7.4	****	7.6		0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	******	*****	****	6.0 01DAMN	****	9.0 01DAMX	ຮບ		1/Week	GRAB
рН	SAMPLE MEASUREMENT	*****	*****		7. 7	211 214 115 115 27 27 27 27 27 27 27 2	7.8		0	1/week	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	******	*****	*****	REPORT 01DAMN	******	REPORT 01DAMX	su		1/Week	GRAB.
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****		COPE=N	****	*****		0	CODE=N	CODE=N
TAN6A 1 Effluent Gross Value	PERMIT: REQUIREMENT	*****	*****	****	50 01DAMN	******	*******	%EFFL		2/Ÿear	COMPOS
Chlorine Produced Oxidants *CPOX 1	SAMPLE MEASUREMENT	****	****		****	CODE = N	CODE=N	,,	0	CODE=N	CODETN
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	0.1		0	3/Weck	GRAB
Effluent Gross Value Option 2	PERMIT REQUIREMENT	******	*****	****	******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Temperature, oC	SAMPLE MEASUREMENT	****	****		****	14.8	18.3		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	IN DEPOCHMENT OF THE WORLD TO BE A CHILD A		(29(6)99(91))		
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT		REPORT	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 N

MONITORING PERIOD:

2/1/2002 - 2/28/2002

MONITORED LOCATION: MONITORED LOCATION GROUP: N/A

485A SW Outfall 485A

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:	
individuals immediately responsible for obtaining the information, I believe the significant penalties for submitting false information, including the possibility	
(Penalties under these statutes may include fines up to \$10,000 and or a maxim	num imprisonment of between (months) and 5 years.)
David F. Garchow Vice President-Operation	aux V. Hankow
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGEN	F V
(856) 339-6000	03/22/02
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DAY / YEAR)

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622 485A SW Outfall 485A

2/1/2002 TO 2/28/2002

PSEG NUCLEAR LLC

PARAMETER		QUANTITY	OR LOADING	UNITS	QUAL	ITY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1	SAMPLE MEASUREMENT	424	450		****	****	****		0	1/Day	CALCID
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	*****	******	*****		1/Day	CALCTD
pH 00400 1	SAMPLE MEASUREMENT	****	****		7. 3	****	7. 6		0	1/week	GRAD
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	6.0 01DAMN	******	9.0 01DAMX	su		1/Week	GRAB *
pH	SAMPLE MEASUREMENT	*****	****		7. 7	****	7.8		0	1/weck	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	******	******	*****	REPORT 01DAMN	*****	REPORT 01DAMX	su		1/Week	GRAB
LC50 Statre 96hr Acu Cyprinodon TAN6A 1	SAMPLE MEASUREMENT	****	****		>100	*****	*****		0	2/year	COMPOS
Effluent Gross Value	PERMIT REQUIREMENT	•••••	*****	*****	50 01DAMN	******	******	%EFFL		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	78	3/Week	GRAB
Chlorine Produced Oxidants *CPOX 1	SAMPLE MEASUREMENT	****	*****		****	<0.1	40.1	**	0	3/weok	GRAB
Effluent Gross Value Option 2	PERMIT REQUIREMENT		*****	*****		REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Temperature, oC 00010 1	SAMPLE MEASUREMENT	****	*****		****	14-0	19.3		0	1/Day	CONTIN
Effluent Gross Value	PERMIT REQUIREMENT	******	1922 	****	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Lab Certification #	SAMPLE MEASUREMENT	17327	0643/		46405	77343	1200000 1988 CANTHER ELLINO (1) 1 年 5 日 月 6 年 5 日	-	-3410g-1		- AND CONTRACT THE SECTION OF
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:

2/1/2002 - 2/28/2002

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: _ 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 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 _03/22/02_ AREA CODE / TELEPHONE NUMBER DATE (MONTH / DAY / YEAR)

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

486A SW Outfall 486A

2/1/2002 TO 2/28/2002

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	487	494		*****	****	****		0	1/Day	CAKCTD
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	411111	******	*****	*****		1/Day	CALCTD
рН	SAMPLE MEASUREMENT	*****	. ****		7.5	*****	7.7		0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	****	******	****	6.0 01DAMN	Messae	9.0 01DAMX	ຣບ		1/Week	GRAB
pH	SAMPLE MEASUREMENT	****	****		7. 7	*****	7.8		0	1/week	GRAB
00400 7 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	****	*****		*****	14.5	20./		0	1/1204	CONTIN
Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343			200 120		
Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab#	REPORT			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 ${\bf N}$

MONITORING PERIOD:

2/1/2002 - 2/28/2002

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

CHECK IF APPLICABLE: No Discharge this Monitoring Per	iod
MONITORING REPORT COMMENTS:	
I certify under penalty of law that I have personally examined and a individuals immediately responsible for obtaining the information, I be significant penalties for submitting false information, including the poss	am familiar with the information submitted herein; and based on my inquiry of those lieve the submitted information is true, accurate, and complete. I am aware that there are ibility of fine and imprisonment. See 18 1/3.C. § 1319.
(Penalties under these statutes may include fines up to \$10,000 and or a	maximum imprisonmen of petween 6 ponths and 5 years.)
David F. Garchow Vice President-Operation	bus V- / kew on
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	03/22/02
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DAY / YEAR)

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

487B SW Outfall 487B

2/1/2002 TO 2/28/2002

PSEG NUCLEAR LLC

1430003022	4012	Outrail 40	70 2	1112002	0 2/20/2002	F3EG NOCI	LANELO				
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				****	*****	*****				
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Batch	CALCTO
рН	SAMPLE MEASUREMENT	*****	*****			*****					
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	6.0 01DAMN	467748	9.0 01DAMX	ຮບ		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	*****	*****		*****						
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 Lab#	REPORT Lab#	REPORT Lab#		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)292-4860 or via email at "srosenwi@dep.state.nj.us".

Pre-Print Creation Date: 1/1/2002

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: NJ0005622

MONITORED LOCATION:

489A SW Outfall 489A

MONITORING REPORT TYPE:Surface Water Discharge N

MONITORING PERIOD: 2/1/2002 - 2/28/2002

MONITORED LOCATION GROUP: N/A REGION / COUNTY:

Southern / Salem County

REPORT RECIPIENT: PSEG NUCLEAR LLC

PO BOX 236/N21

LOCATION OF ACTIVITY: PSEG NUCLEAR LLC

ALLOWAY CREEK NECK RD

HANCOCKS BRIDGE, NJ 08038	LOWER ALLOWAYS CREEK, NJ 08038-0000
CHECK IF APPLICABLE: No Discharge this	Monitoring Period
MONITORING REPORT COMMENTS:	
individuals immediately responsible for obtaining the i	examined and am familiar with the information submitted herein; and based on my inquiry of those information, I believe the submitted information is true, accurate, and complete. I am aware that there are neluding the possibility of fine and imprisonment. See 18 LLS. § 1379.
(Penalties under these statutes may include fines up to	\$10,000 and or a maximum imprisonment of between 8 months and 5 years.)
David F. Garchow: Vice President-0	peration (aut) - Jauly
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OF	OR AUTHORIZED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	03/22/02
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DAY / YEAR)

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

489A SW Outfall 489A

2/1/2002 TO 2/28/2002

PSEG NUCLEAR LLC

1450005022	4037	C SVV Outlan 40	JA Z	/ 1/2002 1	10 2/20/2002	PSEG NUCI	LEAR LLC				
PARAMETER		QUANTITY	OR LOADING	ÜNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, in Conduit or Thru Treatment Plant 50050 1	SAMPLE MEASUREMENT	0.0430	0.0430		****	****	*****		0	1/Month	CALCTD
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	******	****		1/Month	CALCTD
pH 00400 1	SAMPLE MEASUREMENT	*****	*****		7.6	*****	7.6		0	1/Month	GRAB
Effluent Gross Value	PERMIT REQUIREMENT	******	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	su		1/Month	GRAB
Solids, Total Suspended 00530 1	SAMPLE MEASUREMENT	****	*****		4	4	*****		0	1/Month	GRAB
Effluent Gross Value	PERMIT. REQUIREMENT	*******	*****	*****	100 01DAMX	30 01MOAV	*****	MG/L		1/Month	GRAB
Petroleum Hydrocarbons 00551 1	SAMPLE MEASUREMENT	****	*****		*****	<0.5	<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	*****	*****		*****	/	1		0	1/Month	GRAB
Effluent Gross Value	PERMIT REQUIREMENT	*******	******	*****	*****	REPORT 01MOAV	50 :: 01DAMX	MG/L		1/Month:	GRAB
Lab Certification #	SAMPLE MEASUREMENT	17327	0643/		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 the BPSP - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us".

Pre-Print Creation Date: 1/1/2002