

LR-E02-0225

June 25, 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 3945

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 May 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.

Timolify 1. O'connor

Vice President Nuclear Maintenance

& Plant/Support

Attachments

95-2168 REV 7/99

NJPDES Report May 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 May 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, Timothy J. O'Connor, of full age, being duly sworn according to law, upon my oath depose and say:
 - 1. I am the Vice President, Nuclear Maintenance & Plant Support 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.

Timothy J. O'Connor

Vice President

Nuclear/Maintenance &

Plant Support

Sworn and subscribed before me this Aff day of Vun 22002

DELORIS D. HADDEN

Notary Public of New Jersey

My Commission Expires 03-29-2005

ID # 2073649

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: NJ0005622

NJPDES PERMIT NUMBER: MONITORING REPORT TYPE MONITORING PERIOD:	NJ0005622 ::Surface Water Discharge N 5/1/2002 - 5/31/2002		ED LOCATION: ED LOCATION GROUP: COUNTY:	FACA SW Outfall FACA N/A Southern / Salem County
REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 080	38	PSEG NUC ALLOWAY	NOF ACTIVITY: CLEAR LLC Y CREEK NECK RD LLOWAYS CREEK, NJ	08038-0000
CHECK IF APPLICABLE:	No Discharge this Monitoring	Period		
MONITORING REPORT COM	MENTS:			
significant penalties for submitting	g false information, including the p	oossibility of f	ubmitted information is truine and imprisonment. See	bmitted herein; and based on my inquiry of those, accurate, and complete. I am aware that there are 18 U.S.C. § 1319.
(Penalties under these statutes ma	y include fines up to \$10,000 and o	or a maximum	imprisonment of between	months and 5 years.)
Timothy J. O'Connor VP-Nuc	lear Maintenance & Plan	t Support	4001/	
NAME AND TITLE OF PRINCIPAL E	XECUTIVE OFFICER OR AUTHORIZ	ZED AGENT	SIGNATURE OF PRINCIPA	LEXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000			06/24/02	
AREA CODE / TELEPHONE NUMBER	· ·		DATE (MONTH / DAY / YEA	(R)

Carrace tracer bisenarge monitoring nepolt

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

- NJ0905622

FACA SW Outfall FACA

5/1/2002 TO 5/31/2002

PSEG NUCLEAR LLC

PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 G	SAMPLE MEASUREMENT	****	****		*****	18.6	23.5		0	Continuous	CONTIN
Raw Sew/influent	PERMIT REQUIREMENT	,- *******	*****	*****	*****	REPORT 01MOAV	REPORT: 01DAMX	DEG.C		Continuous	CONTIN
Temperature, oC 00010 1	SAMPLE MEASUREMENT	****	****		*****	26.7	31.4		0	Continuous	CONTIN
Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	*****	REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
Temperature, oC 00010 2	SAMPLE MEASUREMENT	****	****		****	8.1	9.1		0	11Day	CALCTO
Effluent Net Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
99999 99 Lab	, PERMIT REQUIREMENT	REPORT Lab#	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".

NJPDES PERMIT NUMBER: MONITORING REPORT TYPI MONITORING PERIOD:	NJ0005622 E:Surface Water Discharge N 5/1/2002 - 5/31/2002	MONITORED LOCATION: MONITORED LOCATION GRO REGION / COUNTY:	FACB SW Outfall FACB DUP: N/A Southern / Salem County
REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08	038	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC ALLOWAY CREEK NECK RI LOWER ALLOWAYS CREEK	
CHECK IF APPLICABLE: [No Discharge this Monitoring	Period	
MONITORING REPORT COM	MENTS:		
individuals immediately responsi significant penalties for submittir	ble for obtaining the information, ig false information, including the	I believe the submitted information possibility of fine and imprisonment	
(Penalties under these statutes m	ay include fines up to \$10,000 and	or a maximum imprisonment of bety	ween & Ingaths and 5 years.)
Timothy J. O'Connor VP-Nuc NAME AND TITLE OF PRINCIPAL I	lear Maintenance & Plan Executive officer or authori	1/1/10 1/1	CIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000		06/24/02	
AREA CODE / TELEPHONE NUMBE	R	DATE (MONTH / DAY	/YEAR)

Surface Mater Discharge Monitoring Keport

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

~ NJ0005622

FACB SW Outfall FACB

5/1/2002 TO 5/31/2002

PSEG NUCLEAR LLC

PARAMETER		QUANTITY	OR LOADING	UNITS	QUAL	ITY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 G	SAMPLE MEASUREMENT	*****	*****		*****	18.6	23.5		0	Continuous	CONTIN
Raw Sew/influent	PERMIT REQUIREMENT	*****		*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
Temperature, oC 00010 1	SAMPLE MEASUREMENT	****	****		*****	22.0	31.1		0	Continuous	CONTIN
Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	*****	REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
Temperature, oC 00010 2	SAMPLE MEASUREMENT	****	****		*****	3.4	8.9		0	1/Day	CALCTO
Effluent Net Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C		,1/Day	CALCTD
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 BPSP - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us".

NJPDES PERMIT NUMBER: NJ0005622 MONITORING REPORT TYPE:Surface Water Discharge N MONITORING PERIOD: 5/1/2002 - 5/31/2002	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 1	Period
MONITORING REPORT COMMENTS:	
I certify under penalty of law that I have personally examined an individuals immediately responsible for obtaining the information, I significant penalties for submitting false information, including the p	d am familiar with the information submitted herein; and based on my inquiry of those believe the submitted information is true, accurate, and complete. I am aware that there are ossibility of fine and imprisonment. See 18.U.S.C. § 1319.
(Penalties under these statutes may include fines up to \$10,000 and a	
Timothy J. O'Connoe VP-Nuclear Maintenance & Plan	/ / / / / · · · / / / · · · · · · · · ·
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZ	ED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	06/24/02//
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DAY / YEAR)

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PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

✓ NJ00ปี5622

FACC SW Outfall FACC

5/1/2002 TO 5/31/2002

PSEG NUCLEAR LLC

		γ····································					LL/III LLO				
PARAMETER		QUANTITY	OR LOADING	UNITS	QUAL	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 G	SAMPLE MEASUREMENT	2674	2899		*****	****	*****		0	1/Day	CALCID
Raw Sew/influent	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX	MGD	*******	7	******	*****		1/Day	CALCID
Thermal Discharge Million BTUs per Hr 00015 2	SAMPLE MEASUREMENT	10653	15252		****	*****	****		0	1/00/	CALCTO
Effluent Net Value	PERMIT REQUIREMENT	REPORT: W	# 30600 01DAMX	MBTU/HR	7 (2.14) (2.14) 2.14 (************************************	*******	*****	*****	7	71/Day	Section Actions
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343				20.54f(4)	
Lab	PERMIT. REQUIREMENT	REPORT : V	REPORT Lab#		REPORT: Lab#	REPORT.	REPORT Lab#*			Not Applic	NOTAP

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

MONITORING REPORT SUBMITTAL FORM

MONITORED LOCATION:

048C SW Outfall 48C

NJPDES PERMIT NUMBER: NJ0005622

	NJPDES PERMIT NUMBER: NJ0005622	MONITOR	RED LOCATION:	048C SW Outfall 48C
	MONITORING REPORT TYPE:Surface Water Discharge N	MONITOR	RED LOCATION GROUP:	N/A
	MONITORING PERIOD: 5/1/2002 - 5/31/2002		COUNTY:	Southern / Salem County
	REPORT RECIPIENT:	LOCATIO	N OF ACTIVITY:	
	PSEG NUCLEAR LLC		CLEAR LLC	
	PO BOX 236/N21		Y CREEK NECK RD	
	HANCOCKS BRIDGE, NJ 08038		ALLOWAYS CREEK, NJ	08038-0000
	CHECK IF APPLICABLE: No Discharge this Monitoring	7 5 • 1		
	CHECK IF APPLICABLE: No Discharge this Monitoring	g Period		
	MONITORING REPORT COMMENTS:			
-				
**				
-				
1	certify under penalty of law that I have personally examined andividuals immediately responsible for obtaining the information, significant penalties for submitting false information, including the	I believe the	submitted information is tru	ie, accurate and complete. I am aware that there ar
	Penalties under these statutes may include fines up to \$10,000 and			
	thy J. O'Connor VP-Nuclear Maintenance & Plan			////~
N	NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORI	ZED AGENT	SIGNATURE OF PRINCIPA	L EXECUTIVE OFFICER OR AUTHORIZED AGENT
	(856) 339-6000		06/24/02///	
Α	REA CODE / TELEPHONE NUMBER		DATE (MONTH / DAY / YE	AR)

Surface water Discharge Monitoring Report

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

. NJ0095622

048C SW Outfall 48C

5/1/2002 TO 5/31/2002

PSEG NUCLEAR LLC

[1					·	γ	
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	0.1778	0,4489		****	*****	****		0	1/Day	CALCTO
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Day	CALCTD
Solids, Total Suspended 00530 1	SAMPLE MEASUREMENT	****	****		****	8	12		0	2/Month	COMPOS
Effluent Gross Value	PERMIT REQUIREMENT	******	*****	*****	******	30 01MOAV	100 01DAMX	MG/L		2/Month	COMPOS
Nitrogen, Ammonia Total (as N) 00610 1	SAMPLE MEASUREMENT	****	****		****	3	6		0	2/Month	COMPOS
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	35 01MOAV	70 01DAMX	MG/L		2/Month	COMPOS
Petroleum Hydrocarbons 00551 1	SAMPLE MEASUREMENT	****	****		****	< 0.5	<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	****	****		****	11	14		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					
Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab#		REPORT Lab#	REPORT Lab#	REPORT Lab#			Not Applic	NOT AP

Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4680 or via email at "srosenwi@dep.state.nj.us".

MONITORING PERIOD: NJ0005622 MONITORING REPORT TYPE:Surface Water Discharge N MONITORING PERIOD: 5/1/2002 - 5/31/2002	MONITORED LOCATION: 481A SW Outfall 481A MONITORED LOCATION GROUP: N/A REGION / COUNTY: Southern / Salem County
REPORT RECIPIENT:	LOCATION OF ACTIVITY:
PSEG NUCLEAR LLC	PSEG NUCLEAR LLC
PO BOX 236/N21	ALLOWAY CREEK NECK RD
HANCOCKS BRIDGE, NJ 08038	LOWER ALLOWAYS CREEK, NJ 08038-0000
CHECK IF APPLICABLE: No Discharge this Monitoring	Period
MONITORING REPORT COMMENTS:	
significant penalties for submitting false information, including the r	nd am familiar with the information submitted herein; and based on my inquiry of those believe the submitted information is true, accurate, and complete. I am aware that there are possibility of fine and imprisonment. See 18 U.S.C. § 1319.
(Penalties under these statutes may include fines up to \$10,000 and	or a maximum imprisonment of between programs and 5 years.)
Timothy J. O'Connor VP-Nuclear Maintenance & Plant	Support
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZ	LED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	06/24/02//
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DAY / YEAR)

ourrace water Discharge wormoring Report

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

- NJ0005622

481A SW Outfall 481A

5/1/2002 TO 5/31/2002

PSEG NUCLEAR LLC

PARAMETER		QUANTITY	OR LOADING	UNITS	QUAL	ITY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1	SAMPLE MEASUREMENT	509	526		*****	****	*****		0	1/Pay	CALCTO
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	*****	*****	*****		1/Day	CALCTD
pH	SAMPLE MEASUREMENT	****	*****		7.6	****	7. 7		0	1/weck	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	6.0 01DAMN	****	9.0 01DAMX	\$U	V Comment	1/Week	GRAB
pH	SAMPLE MEASUREMENT	****	****		7. 7	*****	7.8		0	1/week	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01DAMN	A	REPORT 01DAMX	SU	20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1/Week	GRAB
LC50 Statre 96hr Acu Cyprinodon TAN6A 1	SAMPLE MEASUREMENT	****	****		CODE = N	****	*****		0	COOFIN	CODE=N
Effluent Gross Value	PERMIT REQUIREMENT	******	*****	*****	50 01DAMN	*****	ASSANS	%EFFL		2/Year	COMPOS
Chlorine Produced Oxidants *CPOX 1	SAMPLE MEASUREMENT	****	****		****	CODEZN	CODE = N		0	000E=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	7(V 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3/Week	GRAB
Temperature, oC	SAMPLE MEASUREMENT	****	*****		****	26.7	32.3		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	06405		46405	77343			A TRUE STATE		
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.

NJPDES PERMIT NUMBER: MONITORING REPORT TYPE		ONITORED LOCATION: ONITORED LOCATION GROUP:	482A SW Outfall 482A
MONITORING PERIOD:		EGION / COUNTY:	Southern / Salem County
REPORT RECIPIENT:	Le	OCATION OF ACTIVITY:	·
PSEG NUCLEAR LLC		SEG NUCLEAR LLC	
PO BOX 236/N21	Α	LLOWAY CREEK NECK RD	
HANCOCKS BRIDGE, NJ 080		OWER ALLOWAYS CREEK, NJ	08038-0000
MONITORING REPORT COM	MENTS:		
significant penalties for submitting (Penalties under these statutes ma	ble for obtaining the information, I bely g false information, including the possing include fines up to \$10,000 and or a	ieve the submitted information is trubility of fine and imprisonment. See maximum imprisonment of between	
	lear Maintenance & Plant S	1/10/1/10	
	XECUTIVE OFFICER OR AUTHORIZED.	AGENT SIGNAPORÉ OF PRINCIPA	L EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000		06/24/0/2	
AREA CODE / TELEPHONE NUMBEI	R	DATE (MONTH / DAY / YE	AR)

Surface water Discharge Wonttoring Report

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

482A SW Outfall 482A

5/1/2002 TO 5/31/2002

PSEG NUCLEAR LLC

PARAMETER		QUANTITY	OR LOADING	UNITS	QUAL	ITY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1	SAMPLE MEASUREMENT	482	490		****	*****	****		0	11004	CALCID
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	******	*****	*****		1/Day	CALCTD
рН 00400 1	SAMPLE MEASUREMENT	****	****		7.6	****	7. 7		0	1/week	GRAB
Effluent Gross Value	PERMIT REQUIREMENT	*****	£****	*****	6.0 01DAMN	*****	9.0 01DAMX	su	77, 17, 17, 17, 17, 17, 17, 17, 17, 17,	1/Week	GRAB
рН 00400 7	SAMPLE MEASUREMENT	****	****		7. 7	****	7.8		0	1/wesk	GRAB
Intake From Stream	PERMIT REQUIREMENT	ARTHER	*****	*****	REPORT 01DAMN	******	REPORT 01DAMX	su	12.22.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	1/Week	GRAB.
LC50 Statre 96hr Acu Cyprinodon TAN6A 1	SAMPLE MEASUREMENT	****	****		CODE = N	*****	****		0	CODEIN	CODE=N
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	50 01DAMN	***************************************	******	%EFFL		2/Year	COMPOS
Chlorine Produced Oxidants *CPOX 1	SAMPLE MEASUREMENT	****	*****		****	CODETN	CODE = N		0	CODE = N	coDE=4
Effluent Gross Value Option 1	PERMIT REQUIREMENT	*****	******	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L	7.50	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	****	*****		*****	26.6	32.6		0	1/Day	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	######################################	REPORT 01MOAV	REPORT 01DAMX	DEG.¢	A System	1/Day	CONTIN
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					***
Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab#		REPORT Lab#	REPORT Lab #	REPORT Lab#			Not Applic	NOT AP

Comments: 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. .

MON	ES PERMIT NUMBER: ITORING REPORT TYPE ITORING PERIOD:	NJ0005622 :Surface Water Discharge N 5/1/2002 - 5/31/2002	MONITORED LOCATION MONITORED LOCATION REGION / COUNTY:		
PSEG PO BO	ORT RECIPIENT: S NUCLEAR LLC OX 236/N21 COCKS BRIDGE, NJ 080	38	LOCATION OF ACTIVIT PSEG NUCLEAR LLC ALLOWAY CREEK NEO LOWER ALLOWAYS CI	CK RD	
СНЕС	CK IF APPLICABLE:	No Discharge this Monitoring P	eriod		
MONI	ITORING REPORT COM	MENTS:			
^					
maivia	mais immediately responsit	at I have personally examined and ole for obtaining the information, I le g false information, including the po	elieve the submitted inform	rmation submitted herein; and based on my ation is true, accurate, and complete. I am awangent. See 18 U. See 18 1319.	inquiry of those are that there are
(Penalt	ties under these statutes ma	y include fines up to \$10,000 and or	a maximum imprisonment	of between mouths and 5 years.)	
		ear Maintenance & Plant			
NAME A	AND TITLE OF PRINCIPAL E	XECUTIVE OFFICER OR AUTHORIZE	D AGENT SIGNAPURE OF	PROYCIPAL EXECUTIVE OFFICER OR AUTHOR	IZED AGENT
(8	356) 339-6000		06/24/0	2//	
AREA C	CODE / TELEPHONE NUMBER	t .	DATE (MONTH	/DAY/YEAR)	Z-11

Surrace water Discharge Monitoring Report

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

483A SW Outfall 483A

5/1/2002 TO 5/31/2002

PSEG NUCLEAR LLC

PARAMETER		QUANTITY	OR LOADING	UNITS	QUAL	ITY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1	SAMPLE MEASUREMENT	487	514		*****	****	****		0	1/Day	CALCTO
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	****	ARRYWK	****	71.70 Million	1/Day	CALCTD
рН 00400 1	SAMPLE MEASUREMENT	****	****		7.5	****	7. 7		0	1/week	GRAB
Effluent Gross Value	PERMIT REQUIREMENT	*****	£23868	*****	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	****	*****		*****	CODE = N	CODE = N		0	CODE: N	CODE=N
Effluent Gross Value Option 1	PERMIT REQUIREMENT	******	****	*****	******	0.3 01MOAV	0.5 01DAMX	MG/L	20000	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	****	****		****	27.0	32.6		0	1/Pay	CONTIN
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
_ab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343			and the second		
99999 99 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.

MONITORING REPORT SUBMITTAL FORM

MONITORED LOCATION:

MONITORED LOCATION GROUP: N/A

484A SW Outfall 484A

NJPDES PERMIT NUMBER: NJ0005622

MONITORING REPORT TYPE:Surface Water Discharge N

MONITORING PERIOD: 5/1/		COUNTY:	Southern / Salem County
REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038	PSEG NU ALLOWA	N OF ACTIVITY: CLEAR LLC Y CREEK NECK RD ALLOWAYS CREEK,	
CHECK IF APPLICABLE: No	Discharge this Monitoring Period		
MONITORING REPORT COMMEN	TS:		
marriadas minodiatory responsibile to	have personally examined and am famili or obtaining the information, I believe the s se information, including the possibility of	Submitted information is	n submitted herein; and based on my inquiry of thos strue, accurate, and complete. I am aware that there ar Sec 18 U.A.C. § 1319.
(Penalties under these statutes may inc	lude fines up to \$10,000 and or a maximur	n imprisonment of betwe	een of months and 5 years.)
Timothy J. O'Connor VP-Nuclear	Maintenance & Plant Support	Thou	
NAME AND TITLE OF PRINCIPAL EXECU	JTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINC	PAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000		06/24/02/	
AREA CODE / TELEPHONE NUMBER		DATE (MONTH / DAY /	YEAR)

Surface vivaler discharge Monitoring Report

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0775622

484A SW Outfall 484A

5/1/2002 TO 5/31/2002

PSEG NUCLEAR LLC

PARAMETER		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	459	516		*****	***	*****		0	1/0ay	CALCID
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****	12.00	1/Day	CALCTD
pH 00400 1	SAMPLE MEASUREMENT	****	*****		7.6	****	7. 7		0	1/week	GRAB
Effluent Gross Value	PERMIT REQUIREMENT	******	****	*****	6.0 01DAMN		9.0 01DAMX	su	7.0.2	1/Week	GRAB
pH 00400 7	SAMPLE MEASUREMENT	****	****		7. 7	****	7.8		0	1/woek	GRAIS
Intake From Stream	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01DAMN	****	REPORT 01DAMX	su		1/Week	GRAB
LC50 Statre 96hr Acu Cyprinodon TAN6A 1	SAMPLE MEASUREMENT	*****	****		CODE = IN	****	****		0	CODE:N	CODE: N
Effluent Gross Value	PERMIT REQUIREMENT	******	***************************************	*****	50 01DAMN	2000 C	*****	%EFFL		2/Year	COMPOS
Chlorine Produced Oxidants *CPOX 1	SAMPLE MEASUREMENT	****	*****		****	CODETN	CODE = N		0	CODE:N	C001= 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	****	****		*****	<i><0.1</i>	<0.1		0	3/week	GRAB
Effluent Gross Value Option 2	PERMIT REQUIREMENT	******	613361	****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Temperature, oC 00010 1	SAMPLE MEASUREMENT	****	****		****	22.4	32.9		O	1/Day	CONTIN
Effluent Gross Value	PERMIT REQUIREMENT	*****	*******	*****	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46485	77 343					Andrews Comments Comments and Comments of the
Lab	PERMIT TEQUIREMENT	REPORT Lab#	REPORT Lab#		REPORT Lab#	REPORT Lab #	REPORT Lab#		The second secon	Not Applic	NOT AP

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

MONITORING REPORT SUBMITTAL FORM

MONITORED LOCATION:

485A SW Outfall 485A

NJPDES PERMIT NUMBER: NJ0005622

MONITORING REPORT TYPE:Surface Water Discharge N MONITORING PERIOD: 5/1/2002 - 5/31/2002	MONITORED LOCATION GR REGION / COUNTY:	OUP: N/A Southern / Salem County
REPORT RECIPIENT:	LOCATION OF ACTIVITY:	
PSEG NUCLEAR LLC	PSEG NUCLEAR LLC	
PO BOX 236/N21	ALLOWAY CREEK NECK F	RD
HANCOCKS BRIDGE, NJ 08038	LOWER ALLOWAYS CREE	K, 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	, I believe the submitted information possibility of fine and imprisonmen	vis true, accurate, and complete. I am aware that there are not. See 1870. \$ 1319.
(Penalties under these statutes may include fines up to \$10,000 and Timothy J. O'Connor VP-Nuclear Maintenance & Pla	d or a maximum imprisonment of be	tween by norths and 5 years.)
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHOR	IZED AGENT SIGNATURE OF VRI	NCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	06/24/02	
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DA	Y/YEAR)

Sames water procharge monitoring report

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJQ005622

485A SW Outfall 485A

5/1/2002 TO 5/31/2002

PSEG NUCLEAR LLC

PARAMETER		QUANTITY	OR LOADING	UNITS	QUAL	ITY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1	SAMPLE MEASUREMENT	404	451		****	****	****		0	1/Day	CALCID
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	1. 2. ******	*****	****		1/Day	∜⊹ CALCTD
pН	SAMPLE MEASUREMENT	****	****		7.5	***	7.7		0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	£##N£#	*****	6.0 01DAMN	***	9.0 01DAMX	su		1/Week	GRAB
На	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	****	AAAAAA		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	COOE=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	****	***		***	21.8	31./		0	1/Day	CONTIN
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	4 CONTIN
_ab Certification #	SAMPLE	172			The second section of the second second section of the second sec	A STAN STAN			36907		
99999 99 Lab	MEASUREMENT PERMIT	17327 REPORT	0643/		46405 REPORT	77343 REPORT	REPORT				
	REQUIREMENT	Lab#	Lab#		Lab#	Lab#	Lab#			Not Applic	NOT AP

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

MONITORING PERIOD: 5/1/2002 - 5/31/2002	MONITORED LOCATION: 486A SW Outfall 486A MONITORED LOCATION GROUP: N/A REGION / COUNTY: Southern / Salem County
REPORT RECIPIENT:	LOCATION OF ACTIVITY:
PSEG NUCLEAR LLC	PSEG NUCLEAR LLC
PO BOX 236/N21	ALLOWAY CREEK NECK RD
HANCOCKS BRIDGE, NJ 08038	LOWER ALLOWAYS CREEK, NJ 08038-0000
CHECK IF APPLICABLE: No Discharge this Monitorin	g Period
MONITORING REPORT COMMENTS:	
I 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 and the submitted information is true, accurate, and complete. I am aware that there are possibility of fine and impresonment. Sec. 18 U.S.C. § 1319.
(Penalties under these statutes may include fines up to \$10,000 an	d or a maximum imprisorment of betyeen/6 months and 5 years.)
Timothy J. O'Connor VP-Nuclear Maintenance & Pla	ant Support And I
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHOR	RIZED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	06/24/02
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DAY / YEAR)

Carrace tracer broomings monitoring resport

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

486A SW Outfall 486A

5/1/2002 TO 5/31/2002

PSEG NUCLEAR LLC

							LLAN ELO				
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	404	498		*****	*****	****		0	1/Day	CALCIL
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT -01DAMX	MGD			*****	*****	36	1/Day	CALCTD
рН 00400 1	SAMPLE MEASUREMENT	****	****		7.5	*****	7.7		0	1/week	GRAB
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	6.0 01DAMN	Akkakk	9.0 01DAMX	su		1/Week	GRAB
рН 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	****	*****		*****	COPE = N	CODE=N		0	3/weck	GRAB
Effluent Gross Value Option 1	PERMIT REQUIREMENT	*****	*****	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L	4.	3/Week	GRAB
Chlorine Produced Oxidants *CPOX 1	SAMPLE MEASUREMENT	****	****		*****	<0.1	<0.1		0	3/wook	GRAB
Effluent Gross Value Option 2	PERMIT REQUIREMENT	*****	*****	*****	****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Temperature, oC 00010 1	SAMPLE MEASUREMENT	****	****		****	22.3	32.4		0	1/Day	CONTIN
Effluent Gross Value	PERMIT REQUIREMENT	******	1 ******	****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab#		- REPORT	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.

	NJPDES PERMIT NUMBER: NJ0005622 MONITORING REPORT TYPE:Surface Water Discharge N MONITORING PERIOD: 5/1/2002 - 5/31/2002	MONITORED L MONITORED L REGION / COU	OCATION GROUP:	487B SW Outfall 487B N/A Southern / Salem County	
	REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038			08038-0000	
	CHECK IF APPLICABLE: No Discharge this Monitoring I	Period			
	MONITORING REPORT COMMENTS:				
	I certify under penalty of law that I have personally examined ar individuals immediately responsible for obtaining the information, I significant penalties for submitting false information, including the p	believe the submi possibility of fine a	ted information is tru nd imprisonment. Seg	ie, accurate, and complete. I am aware tha 8 U.S.C. § 1319.	y of those
Tir	(Penalties under these statutes may include fines up to \$10,000 and a nothy J. O'Connor VP-Nuclear Maintenance & Plan			6 months and 5 years.)	
	NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZ	ED AGENT SEC	NATURE OF PRINCIPA	L EXECUTIVE OFFICER OR AUTHORIZED A	GENT
	(856) 339-6000		6/24/02		
	AREA CODE / TELEPHONE NUMBER	DAT	/ E (MONTH / DAY / YEA	AR)	

Surface water Discharge Monitoring Report

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

487B SW Outfall 487B

5/1/2002 TO 5/31/2002

PSEG NUCLEAR LLC

		1					**************************************	,	,		Y
PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTI	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1	SAMPLE MEASUREMENT				*****	****	****				
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	****	*****	******	*****		1/Batch	CALCTD
pH	SAMPLE MEASUREMENT	****	****			*****					
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	6.0 01DAMN	****	9.0 01DAMX	su		1/Batch	GRAB
Solids, Total Suspended 00530 1	SAMPLE MEASUREMENT	****	****		****						
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	******	REPORT 01MOAV	100 01DAMX	MG/L	100 St. 200 y	1/Batch	GRAB
Temperature, oC 00010 1	SAMPLE MEASUREMENT	****	*****		*****						
Effluent Gross Value	PERMIT REQUIREMENT	*****	****	****	Attack	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	****	*****		*****	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	50 01DAMX	MG/L		1/Batch	GRAB
Lab Certification #	SAMPLE								11.95945		
99999 99	MEASUREMENT						V-10-10-10-10-10-10-10-10-10-10-10-10-10-				
Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab#		REPORT	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".

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: NJ0005622

NJPDES PERMIT NUMBER: NJ0005622 MONITORING REPORT TYPE:Surface Water Discharge N MONITORING PERIOD: 5/1/2002 - 5/31/2002	MONITORED LOCATION: 489A SW Outfall 489A MONITORED LOCATION GROUP: N/A REGION / COUNTY: Southern / Salem County
	,
REPORT RECIPIENT:	LOCATION OF ACTIVITY:
PSEG NUCLEAR LLC	PSEG NUCLEAR LLC
PO BOX 236/N21	ALLOWAY CREEK NECK RD
HANCOCKS BRIDGE, NJ 08038	LOWER ALLOWAYS CREEK, NJ 08038-0000
CHECK IF APPLICABLE: No Discharge this Monitoring MONITORING REPORT COMMENTS:	
I certify under penalty of law that I have personally examined a individuals immediately responsible for obtaining the information, significant penalties for submitting false information, including the	nd am familiar with the information submitted herein; and based on my inquiry of thos believe the submitted information is true, accurate, and complete. I am aware that there are possibility of fine and imprisonment, See 18 U.S.C. § 1319.
(Penalties under these statutes may include fines up to \$10,000 and	or a maximum imprisonment of between 6 months and 5 years.)
Timothy J. O'Connor VP-Nuclear Maintenance & Plan	
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORI	ZED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
(856) 339-6000	06/24/02
AREA CODE / TELEPHONE NUMBER	DATE (MONTH / DAY / YEAR)

Surface Water Discharge Monitoring Report

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

489A SW Outfall 489A

5/1/2002 TO 5/31/2002

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	0.0793	0.0793		****	*****	*****		0	1/Month	CALCID
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Month	CALCTD
pH 00400 1	SAMPLE MEASUREMENT	****	*****		7.8	****	7.8		0	1/Month	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	******	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	su		1/Month	GRAB
Solids, Total Suspended 00530 1	SAMPLE MEASUREMENT	****	****		8	8	****		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. S		0	IlMonTh	GRAB