

LR-E02-0320

September 23 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 3822

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 August 2002.

This report is required by and prepared specifically for the Environmental Protection Agency (EPA) and the New Jersey Department of Environmental Protection (NJDEP). It presents only the observed results of measurements and analyses required to be performed by the above agencies. The choice of the measurement devices and analytical methods is controlled by EPA and NJDEP, not by the company, and there are limitations on the accuracy of such measurement devices and analytical techniques even when used and maintained as required. Accordingly, this report is not intended as an assertion that any instrument has measured, or any reading or analytical result represents, the true value with absolute accuracy, nor is it an endorsement of the suitability of any analytical or measurement procedure.

Sincerely,

David F. Garchow

Vice Presidentloperations

1 1, 25

Attachments

NJPDES Report August 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 August 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 23 day of 5 2002

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

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	Month Day Year Month Day Year 8 1 2002 To 8 31 2002	FACA - SW Outfall FACA

PERMITTEE:
PSEG NUCLEAR LLC
80 PARK PLZ
NEWARK, NJ 07101

LOCATION OF ACTIVITY: PSEG NUCLEAR LLC

ALLOWAY CREEK NECK RD LOWER ALLOWAYS CREEK, NJ 08038-0000 REPORT RECIPIENT:
PSEG NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

REG	ION / COUNTY: Southern / Sal	em County		
CHECK IF APPLICABLE: No Disch	arge this Monitoring Period	Monitoring Rep	ort Comments Atta	ched
WHO MUST SIGN The highest ranking official the certification or, in his absence a person design the certification. Where the highest ranking operareponsibility or person designated by that person another entity to operate the treatment works, the	nated by that person. For a local a tor does not have the ability to au shall also sign the second certifica	gency, the highest ranki thorize capital expendit ation at the bottom of th	ng operator of the trouvers and hire person is page. If the local	eatment works shall sign nel, a person having that
I certify under penalty of law that I have personathat, based on my inquiry of those individuals in complete. I am aware that there are significant p to N.J.A.C. 7:14A-6.9(B). The New Jersey Water	nmediately responsible for obtain enalties for submitting false info	ing the information, I transition, including the p	pelieve that the infor possibility of fine an	mation is true, accurate and
David F. Garchow Vice Presiden	nt-Operations		N,	/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFI	CER, AUTHORIZED AGENT, OR *L	ICENSED OPERATOR	GRADE AND REGIS	TRY NUMBER (IF APPLICABLE) (856) 339-6000
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER,	AUTHORIZED AGENT, OR *LICENS	SED OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the highest ranking operations person designated by that person shall sign the following	or does not have the ability to authong certification	rize capital expenditures	and hire personnel, a	person having that responsibility or
I certify under penalty of law and in accordance with N	J.S.A. 58:10A-6F(5) that I have rece	ived and reviewed the atta	ched discharge monito	ring reports.
N/A	N/A	N/A		N/A
NAME AND TITLE	SIGNATURE		DATE	AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

, NJ0005622

FACA SW Outfall FACA

8/1/2002 TO 8/31/2002

PSEG NUCLEAR LLC

,				11/2002	10 6/3 1/2002	PSEG NUCI	LEAR LLC				
PARAMETER		QUANTITY	OR LOADING	UNITS	QUAL	ITY OR CONCENTE	RATION	UNITS	NO EX.	FREQ OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		****	28.5	29.7		0	Continuous	CONTIN
00010 G Raw Sew/influent	PERMIT REQUIREMENT			*****		REPORT REPORT	REPORT	DEG.C	133	2000020	(CONTIN)
Temperature,	SAMPLE MEASUREMENT		*****			36.5	39.0		200	CONTINUOUS	CONTIN
oC 00010 1 Effluent Gross Value	PERMIT			*****		REPORT	46.1 01DAMX	DEG.C		(Continuous	CONTIN
Temperature,		HEAVEN CHANG	Postantonstro	•	a postave imax		PARTICIPATE STATES				
oC 00010 2	MEASUREMENT		*****		Fileshalisted	8.0	9.4		0	1/Day	CALCTL
Effluent Net Value	REQUIREMENT:			*****		REPORT 01MOAV	01DAMX	DEG.C			CALCTD
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343	The state of the s		SACCORG.		
99999 99 Lab	PERMIT A	REPORTA Lab#	REPORT Lab # A			FREPORT# Na Lab##i±	REPORT			Not Applica	NOT/AP
	NE MOUSE	MENNAMED SERVICE	water strain		部分#######	Honey Constant	CAN'T WE SHAPE		茂略	"在内心 "	

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: 7/2/2002

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT		M	ONITO	RIN	G PERIO	OD	MONITORED LOCATION:	
NJ0005622	Month 8	Day 1	Year 2002]] To	Month 8	Day 31	Year 2002	FACB - SW Outfall FACB

PERMITTEE:
PSEG NUCLEAR LLC
80 PARK PLZ
NEWARK, NJ 07101

NAME AND TITLE

LOCATION OF ACTIVITY:

PSEG NUCLEAR LLC ALLOWAY CREEK NECK RD

LOWER ALLOWAYS CREEK, NJ 08038-0000

REPORT RECIPIENT:

DATE

AREA CODE/PHONE NUMBER

PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038

	REGION / COUNTY: Southern / Salem County		
CHECK IF APPLICABLE:	No Discharge this Monitoring Period Monitoring Rep	oort Comments Att	ached
the certification or, in his absence the certification. Where the higher reponsibility or person designated	ranking official having day-to-day managerial and operational responsi- a person designated by that person. For a local agency, the highest rank- st ranking operator does not have the ability to authorize capital expendi- by that person shall also sign the second certification at the bottom of the ment works, the highest-ranking official of the contracted entity shall sign	ing operator of the t tures and hire perso his page. If the loca	reatment works shall sign nnel, a person having that
that, based on my inquiry of thos complete. I am aware that there a	t I have personally examined and am familiar with the information sub- te individuals immediately responsible for obtaining the information, I have significant penalties for submitting false information, including the tew Jersey Water Pollution Control Act provides for penalties up to \$50,	believe that the info possibility of fine a	ormation is true, accurate and
David F. Garchow Vi	ce President-Operations		N/A
NAME AND TITLE OF PRINCIPAL E	XECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGI	STRY NUMBER (IF APPLICABLE) (856) 339-6000
SIGNATURE OF PRINCIPAL EXECU	TIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the highe person designated by that person shal	st ranking operator does not have the ability to authorize capital expenditures Il sign the following certification.	and hire personnel, a	person having that responsibility of
I certify under penalty of law and in a	ccordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed the att	ached discharge moni	toring reports
N/A	N/A	N/A	N/A

SIGNATURE

SAMPLE MEASUREMENT

PERMIT REQUIREMENT

MDL

SAMPLE MEASUREMENT

REQUIREMENT

MOL

SAMPLE MEASUREMENT

PERMIT REQUIREMENT

MDL *

17327

REPORT

Lab#

Karana a

for 50 State of the

06431

REPORT

Lab#

CONTIN

CONTIN

CALCTD

CALCTD

NOT AP

PERMIT NUMBER: MONITORED LOCATION: MONITORING PERIOD: FACILITY NAME: NJ0005622 **FACB SW Outfall FACB** 8/1/2002 TO 8/31/2002 **PSEG NUCLEAR LLC** FREQ OF SAMPLE **PARAMETER** QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS **ANALYSIS TYPE** Temperature, SAMPLE MEASUREMENT 28.5 29.7 CONTIN ***** Continuous REPORT PERMIT ... REQUIREMENT CONTIN 00010 G REPORT Continuous DEG.C 01DAMX 01MOAV. Raw Sew/influent kinganan (1984). MDL Marka Salatan Day Service Mark de la company

.....

A SUNDANA

46405

REPORT

38.3

46.1 01DAMX

facilities nas

9.7

15.3

01DAMX

REPORT

.Lab#

0

0

DEG.C

DEG.C

CONTINUOU

Continuous

1/044

1/Day

Not Applic

36.6

01MOAV

8.1

01MOAV 🛬

77343

REPORT,

REPORT

REPORT

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: 7/2/2002

Temperature,

Temperature,

Effluent Net Value

Lab Certification #

Effluent Gross Value

oC

οС

00010 2

99999 99

Lab

00010 1

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT		M	ONITO	RIN	G PERIC)D	MONITORED LOCATION:	
NJ0005622	Month 8	Day 1	Year 2002	То	Month 8	Day 31	Year 2002	FACC - SW Outfall FACC

PERMITTEE:
PSEG NUCLEAR LLC
80 PARK PLZ
NEWARK, NJ 07101

NAME AND TITLE

LOCATION OF ACTIVITY:
PSEG NUCLEAR LLC
ALLOWAY CREEK NECK RD

REPORT RECIPIENT:

PSEG NUCLEAR LLC

PO BOX 236/N21

HANCOCKS BRIDGE, NJ 08038

DATE

AREA CODE/PHONE NUMBER

NEWARK, NJ 07101 LOWER ALLOWAYS CREEK, NJ 08038-0000

REGION / COUNTY: Southern / Salem County CHECK IF APPLICABLE: No Discharge this Monitoring Period Monitoring Report Comments Attached WHO MUST SIGN The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that reponsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification. 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 immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment, pursuant to N.J.A.C. 7:14A-6.9(B). The New Jersey Water Pollution Control Act provides for penalties up to \$50,000 per violation. David f. Garchow Vice President-Operations N/A NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR GRADE AND REGISTRY NUMBER (IF APPLICABLE) 09/23/02 <u>(856)</u> 339-6000 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR AREA CODE/PHONE NUMBER DATE *For a local agency where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall sign the following certification: I certify under penalty of law and in accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed the attached discharge monitoring reports. N/A N/A N/A N/A

SIGNATURE

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

· NJ0005622

FAC	C SW Outfall F	ACC 8	/1/2002 7	FO 8/31/2002	PSEG NUCI	EAR LLC				
X	QUANTITY (OR LOADING	UNITS	QUALITY OR CONCENTRATION				NO EX	FREQ OF ANALYSIS	SAMPLE TYPE
SAMPLE MEASUREMENT	2782	2819		****	****	****		0	1/Day	CALCTO
	01MOAV	01DAMX	MGD		•		*****		1/Day a	CALCTD
SAMPLE MEASUREMENT	14621	15021		*****	*****	*****		0	1/0.	CALCTO
REQUIREMENT	REPORT 01MOAV	30600 01DAMX	MBTU/HR	154 (B. 1922 - 17.5)		**************************************	*****		1/Day	CALCTD
SAMPLE MEASUREMENT	17327	06431		46405	77343					
PERMIT + REQUIREMENT MOL	# REPORT / Lab #	REPORT Lab#		REPORT Lab#	REPORT.	REPORT Lab #			Not Applic	NOT AP
	SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT MOL SAMPLE MEASUREMENT MOL SAMPLE MEASUREMENT REQUIREMENT REQUIREMENT REQUIREMENT	SAMPLE MEASUREMENT 2782 PERMIT REQUIREMENT 01MOAV SAMPLE MEASUREMENT /462/ PERMIT REQUIREMENT 01MOAV MOL REPORT REQUIREMENT /7327 TEPERMIT REPORT REQUIREMENT /7327	QUANTITY OR LOADING SAMPLE MEASUREMENT 2782 2819 PERMIT REQUIREMENT 01MOAV 01DAMX MDL SAMPLE MEASUREMENT /4621 /5021 PERMIT REQUIREMENT 01MOAV 01DAMX MDL SAMPLE MEASUREMENT /7327 0643/ PERMIT REQUIREMENT /7327 0643/ PERMIT REQUIREMENT /7327 0643/ REPORT REQUIREMENT /7327 Lab #	QUANTITY OR LOADING UNITS SAMPLE MEASUREMENT 2782 2819 PERMIT REQUIREMENT 01MOAV 01DAMX MGD SAMPLE MEASUREMENT /4621 /5021 PERMIT REQUIREMENT 01MOAV 01DAMX MBTU/HR MDL MDL MDL MDL MBTU/HR SAMPLE MEASUREMENT /7327 0643/ PERMIT REQUIREMENT /7327 0643/ PERMIT REQUIREMENT /7327 0643/ REPORT REQUIREMENT Lab #	QUANTITY OR LOADING UNITS QUALITY OR LOADING U	QUANTITY OR LOADING UNITS QUALITY OR CONCENTS SAMPLE MEASUREMENT 2782 2819 PERMIT REQUIREMENT 01MOAV 01DAMX MGD SAMPLE MEASUREMENT /4621 /5021 PERMIT REQUIREMENT 01MOAV 01DAMX MBTU/HR SAMPLE MEASUREMENT /7327 0643/ SAMPLE MEASUREMENT /7327 0643/ SAMPLE MEASUREMENT /7327 0643/ REPORT REQUIREMENT REQUIREMENT /7327 0643/ REPORT REQUIREMENT REPORT REPORT REPORT Lab # Lab #	QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION SAMPLE MEASUREMENT 2782 2819 PERMIT REQUIREMENT POIMOAV 01DAMX MGD SAMPLE MEASUREMENT /4621 /5021 PERMIT REQUIREMENT 01DAMX 01DAMX MBTU/HR SAMPLE MEASUREMENT /4621 /5021 MBTU/HR SAMPLE MEASUREMENT 230600 MBTU/HR MBTU/HR SAMPLE MEASUREMENT /7327 0643/ PERMIT REPORT REPORT REPORT REPORT REPORT REPORT Lab# Lab# Lab#	QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS SAMPLE MEASUREMENT 2782 2819 PERMIT REQUIREMENT / 462 / /502 / MGD SAMPLE MEASUREMENT / 462 / /502 / MBTU/HR PERMIT REQUIREMENT / 462 / /502 / MBTU/HR SAMPLE MEASUREMENT / 732 7 0643 / MBTU/HR PERMIT REQUIREMENT / 732 7 0643 / MBTU/HR PERMIT REPORT REPORT REPORT REPORT Lab# Lab# Lab#	QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS NO EX SAMPLE MEASUREMENT 2782 2819	QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS NO FREQ OF ANALYSIS SAMPLE 2782 2819

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: 7/2/2002

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	N N	10NITORI	NG PERI		MONITORED LOCATION:	
NJ0005622	Month Day	Year	Month	Day	Year	048C - SW Outfall 48C
1100003022	8 1	2002 T	o 8	31	2002	046C - 5 W Outlan 46C

PERMITTEE:
PSEG NUCLEAR LLC
80 PARK PLZ
NEWARK, NJ 07101

LOCATION OF ACTIVITY:

PSEG NUCLEAR LLC ALLOWAY CREEK NECK RD LOWER ALLOWAYS CREEK, NJ 08038-0000 **REPORT RECIPIENT:**

PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038

	REGION / COUNTY: Southern / Salem County		
CHECK IF APPLICABLE:	No Discharge this Monitoring Period Monitoring Rep	ort Comments Atta	ched
the certification or, in his absence a part the certification. Where the highest reponsibility or person designated by	nking official having day-to-day managerial and operational responsi- person designated by that person. For a local agency, the highest rank- anking operator does not have the ability to authorize capital expendi- that person shall also sign the second certification at the bottom of that works, the highest-ranking official of the contracted entity shall sign	ing operator of the tr tures and hire person his page. If the local	eatment works shall sign nel, a person having that
that, based on my inquiry of those in complete. I am aware that there are	have personally examined and am familiar with the information sub- ndividuals immediately responsible for obtaining the information, I is significant penalties for submitting false information, including the parties with the provides for penalties up to \$50,000.	believe that the infor	mation is true accurate and
David F. Garchow Vice	President-Operations		N/A
	CUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGIS	TRY NUMBER (IF APPLICABLE) (856) 339-6000
V - 7 1	E OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
	anking operator does not have the ability to authorize capital expenditures	and hire personnel, a	
I certify under penalty of law and in acco	rdance with N J.S A. 58.10A-6F(5) that I have received and reviewed the atta	ached discharge monito	ring reports
N/A	N/A	N/A	N/A
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

048C SW Outfall 48C

8/1/2002 TO 8/31/2002

PSEG NUCLEAR LLC

NJ0005622	0460	Sw Outfall 48	0	1112002	10 8/31/2002	PSEG NUCI	LEAR LLC				
PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO EX.	FREQ OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.//23	0.4315		****	***	****		0	1/Day	CALCID
50050 1 Effluent Gross Value	PERMIT : REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD		Karaty,		*****		1/Day	CALCTD
	- MDL	生物代数上在数据	就如"专业"写代		month liberaria	多种文"的学校"****	ELFER WILLIAMS				escription of
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****		*****	10	/1		0	2/Month	COMPOS
00530 1 Effluent Gross Value	PERMIT REQUIREMENT	••••••••••••••••••••••••••••••••••••••		*****		30 01MOAV	100 01DAMX	MG/L		2/Month	COMPOS
	MOL CON	被結構的學術的	USE PARENTE		KANAN KANAN KA	\$48\$	Notice Western	· · · · · ·	16.0		
Nitrogen, Ammonia Total (as N)	SAMPLE MEASUREMENT	****	****		****	3	6		0	2/Month	COMPOS
00610 1 Effluent Gross Value	PERMIT REQUIREMENT			*****		35 01MOAV	70 01DAMX	MG/L	N. C.	2/Month	COMPOS
	ST MOL SE	ないことなった。	ALAKKARAKAK		W. Hubit Cohispini	ないないである。	singly were		37		建筑的建筑
Petroleum Hydrocarbons	SAMPLE MEASUREMENT	*****	****	!	*****	1	3		0	2/Month	GRAB
00551 1 Effluent Gross Value	PERMIT REQUIREMENT			*****		10 01MOAV	15 01DAMX	MG/L		2/Month	GRAB
	AND WOL IN	的对外的一种	E. L. SEF IN SERVE		ASSESSION OF THE PARTY OF THE P	APAGG WALLEY	Parthether.			A RANG	10 0 X 7 1
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	***	***		*****	25	29		0	2/Month	COMPOS
00680 1 Effluent Gross Value	PERMIT REQUIREMENT		**********	*****		REPORT 01MOAV	50 01DAMX	MG/L		2/Month	COMPOS
	MOL	ASSISTANCINA (ASSIS	Marietries.		ANTENNESSE PROFESSES	网内计划形成的	政治化成分的分		3, 360	位的特别的	
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT		REPORT	REPORT	REPORT			Not Applic	NOTAP
	MDL	The state of the s			mindre mark to a " is what properties a	A A ARREST BATTER WITH BOTH BOTH AND	SURFIGURE TO PROJECT TO THE THEORY TO THE		W 4 % W	Mr. M. Sad AN PROST	MITTER LA GALLETON PROPERTY OF THE PARTY OF

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 7/2/2002

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT		M	ONITO	RIN	G PERIO	MONITORED LOCATION:		
NJ0005622	Month	Day	Year] _{To}	Month	Day	Year	481A - SW Outfall 481A
	الــــــــــــــــــــــــــــــــــــ	<u> </u>	2002	То	8	31	2002	

PERMITTEE: PSEG NUCLEAR LLC 80 PARK PLZ NEWARK, NJ 07101 **LOCATION OF ACTIVITY:**

PSEG NUCLEAR LLC ALLOWAY CREEK NECK RD LOWER ALLOWAYS CREEK, NJ 08038-0000 **REPORT RECIPIENT:**

PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038

REGION	COUNTY: Southern / Sale	em County		
CHECK IF APPLICABLE: No Discharge	this Monitoring Period	Monitoring Repo	rt Comments Attac	ched
WHO MUST SIGN The highest ranking official have the certification or, in his absence a person designated the certification. Where the highest ranking operator designated by that person shall another entity to operate the treatment works, the highest ranking official have the certification.	by that person. For a local ag nes not have the ability to aut also sign the second certifica	ency, the highest rankir horize capital expenditution at the	ng operator of the tre tres and hire personn s page. If the local a	atment works shall sign lel, a person having that
I certify under penalty of law that I have personally e that, based on my inquiry of those individuals immed complete. I am aware that there are significant penalt to N.J.A.C. 7:14A-6.9(B). The New Jersey Water Poll	iately responsible for obtainities for submitting false infor	ng the information, I be mation, including the pe	elieve that the informossibility of fine and	nation is true, accurate and
David F. Garchow Vice President-0	perations			N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER,	AUTHORIZED AGENT, OR *LI	CENSED OPERATOR	GRADE AND REGIST	TRY NUMBER (IF APPLICABLE) (856) 339-6000
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTI	IORIZED AGENT, OR *LICENS	ED OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the highest ranking operator do person designated by that person shall sign the following cer	es not have the ability to author tification:	ize capital expenditures a	nd hire personnel, a p	erson having that responsibility or
I certify under penalty of law and in accordance with N.J.S.A	. 58:10A-6F(5) that I have recei	ved and reviewed the attac	hed discharge monitor	ing reports.
N/A	N/A		N/A	N/A
NAME AND TITLE SIG	GNATURE		DATE	AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622 481A SW Outfall 481A 8/1/2002 TO 8/31/2002 PSEG NUCLEAR LLC

NJ0005622	4814	SW Outfall 48	1A 8	/1/2002	ГО 8/31/2002	PSEG NUCI	EAR LLC				
PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO EX	FREQ OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	519	534		***	****	*****		0	1/Day	CALCID
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD		•••••		*****		1/Day	CALCTD
-	TO MOL STATE	BUTTON WE'T	6年,中国中国中国		地形。随着的特殊	说农物和特别。	Z 15705747.为完全				
рН	SAMPLE MEASUREMENT	*****	*****		7. 3	*****	7.6		0	1/work	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*******	******	*****	6.0 01DAMN	******	9.0 01DAMX	su		1/Week	GRAB
	MDL	STATE PROPERTY.	ASSESSED FOR FOR		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	CHARGEST TO SEAL SHOW	\$44,720°412°414		N.		
pН	SAMPLE MEASUREMENT	*****	*****		7.6	****	7.8		0	1/week	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT			*****	REPORT 01DAMN	**************************************	REPORT 01DAMX	su		1/Week	GRAB
	MDL 💥 🤻	3.43.83.64.83.64.83	edericyrein		MADE ROBE	Strick Whiteholder	FAMILIAN PARTIES				
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	****		CODE = N	*****	*****		0	CODETN	CODE=N
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT		*****	*****	50 01DAMN			%EFFL		2/Year	COMPOS
	MDL N	intoly/rates also	中海特别对种的效		をはいるない。それは多く	21-28-314-63	BANGO PARK				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	****		*****	CODE= N	CODE: N		0	CODE=N	CODE=N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****		*****		0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	MOL *	社会的经验的经济主义	Grand Markett		ANSSEN; 1,865,500;	可以在16.16.16.16.16.16.16.16.16.16.16.16.16.1	大学を発生されています。				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	*****		*****	<0.1	<0.1		0	3/Week	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT			*****		REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	MDL TO	sh:Viteshilese41	SEAL CONTROL		\$-/86886\$Chr89888	A CONTRACTOR	* TAME LOND				WWW.

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: 7/2/2002

·	10/-4	D:		-	
Surrace	vvater	Discharge	Monitoring	Report	

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD: FACILITY NAME:

NJ0005622	622 481A SW Outfall 481A			8/1/2002	ΓΟ 8/31/2002	PSEG NUC	LEAR LLC				
PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUAL	ITY OR CONCENT	RATION	UNITS	NO. EX	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	3 6.5	41.6		0	11 Day	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	<u> </u>	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Lab Certification #	MOLT										
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
99999 99 Lab	PERMIT REQUIREMENT	REPORT.	REPORT Lab#		REPORT	REPORT	REPORT.			Not Applic	NOT AP
	MDL	\$174.6800000000	\$25-27-02/19-20	द		1942-1943 -1 842-1	\$37766484750756				

comments:	The permittee	is required to p	errorm acute toxicit	y testing on	a minimum of	one representativ	e CWS out	fall while DSN	48C is be	eing routed	to that outfall

Surface Water Discharge Monitoring Report Submittal Form

NJPDES I	PERMIT		MONITORING PERIOD						MONITORED LOCATION:
NJ000	5622	Month 8	Day 1	Year 2002	То	Month 8	Day 31	Year 2002	482A - SW Outfall 482A

PERMITTEE: PSEG NUCLEAR LLC 80 PARK PLZ NEWARK, NJ 07101 LOCATION OF ACTIVITY: PSEG NUCLEAR LLC

ALLOWAY CREEK NECK RD LOWER ALLOWAYS CREEK, NJ 08038-0000 REPORT RECIPIENT:
PSEG NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

	REGION / COUNTY: Southern / Salem County		
CHECK IF APPLICABLE:	No Discharge this Monitoring Period Monitoring Rep	ort Comments Att	ached
the certification or, in his absence the certification. Where the higher reponsibility or person designated	st ranking official having day-to-day managerial and operational responsi- e a person designated by that person. For a local agency, the highest rank- est ranking operator does not have the ability to authorize capital expendi- d by that person shall also sign the second certification at the bottom of the ment works, the highest-ranking official of the contracted entity shall sign	ing operator of the t tures and hire person his page. If the loca	reatment works shall sign nnel, a person having that
that, based on my inquiry of those complete. I am aware that there	at I have personally examined and am familiar with the information sub se individuals immediately responsible for obtaining the information, I are significant penalties for submitting false information, including the New Jersey Water Pollution Control Act provides for penalties up to \$50,	believe that the info possibility of fine a	ormation is true, accurate and
David F. Garchow Li	ce President-Operations	N	/A
NAME AND FITTLE OF PRINCIPAL I	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGI 09/23/02	STRY NUMBER (IF APPLICABLE) (856) 339-6000
SIGNATURE OF PRINCIPAL EXECU	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the high person designated by that person sha	est ranking operator does not have the ability to authorize capıtal expenditures ıll sign the following certification	and hire personnel, a	person having that responsibility of
I certify under penalty of law and in	accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed the att	ached discharge monit	toring reports.
N/A	N/A	N/A	N/A
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

为。因然然中心发展

NJ0005622 482A SW Outfall 482A **PSEG NUCLEAR LLC** 8/1/2002 TO 8/31/2002 NO FREQ OF SAMPLE **PARAMETER** QUANTITY OR LOADING UNITS **QUALITY OR CONCENTRATION** UNITS **ANALYSIS** EΧ TYPE Flow, In Conduit or 11Day 490 492 ***** ***** CALCID 0 Thru Treatment Plant 50050 1 PERMIT REQUIREMENT REPORT REPORT. CALCTD : 1/Day MGD 01MOAV **Effluent Gross Value** MDL A Service to the service of the servic 据347年7月3 AND COME OF SERVICE **经统加格**约42条例 pН SAMPLE MEASUREMENT 1/week 7.4 7.6 0 GRAB PERMIT REQUIREMENT 00400 1 ******* 9.0 6.0 1/Week GRAB SU 01DAMN Effluent Gross Value 🕵 🔆 01DAMX 🤧 MDL 👯 的特殊的 BARAGERA BAR Verbelder der State der St 独独的现代形 and a state of рΗ SAMPLE MEASUREMENT ***** 7.6 0 7.8 GRAB ***** 是张台外的点 00400 7 REPORT REPORT 1/Week GRAB 01DAMN รบ REQUIREMENT 01DAMX Intake From Stream ANGER PERSONAL MDL Allery Version 对中国的"大学",在1500年的 W. Called गर्म अवस्थात ORANI TALL YES LC50 Statre 96hr Acu SAMPLE CODE = N CODE=N MEASUREMEN ***** CODE = N 0 Cyprinodon 50 01DAMN TAN6A 1 PERMIT COMPOS 2/Year %EFFL Effluent Gross Value REQUIREMENT OR SECULAR YOR MOLT W ARREST STREET, FEB. 2015 Pitaleseteet 此的强。出地智的 二、铁铁矿工作 **Chlorine Produced** SAMPLE ***** CODE= N CODEIN 0 CODETN CODE=N **Oxidants** *CPOX 1 erani per 0.3 01MOAV 0.5 01DAMX 0.5 3/Week PERMIT A GRAB MG/L **Effluent Gross Value** HALL AND THE STATE OF THE STATE wind the state of Option 1 MOL FERTHER PLANSFOR であるようによることをはは BRICH MINES **Chlorine Produced** SAMPLE MEASUREMENT 0 3/Work <0.1 <0.1 GRAB **Oxidants** 0.2 *CPOX 1 PERMIT REPORT GRAB 3/Week MG/L REQUIREMENT 01MOAV **Effluent Gross Value** 01DAMX

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: 7/2/2002

Option 2

MOL O

7 (At Alberta Halle)

MONITORED LOCATION:

MONITORING PERIOD: FACILITY NAME:

NJ0005622	482A	SW Outfall 48	2A 8	3/1/2002	ГО 8/31/2002	PSEG NUCI	LEAR LLC				
PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		****	36.4	45.0		0	11Day	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	******	*****	*****	•••••	REPORT: 01MOAV	REPORT 01DAMX	DEG C		1/Day	CONTIN
Lab Certification #	MDL 776		158915555	** **	(中国的2004年)。 				TO T		
	SAMPLE MEASUREMENT	17327	06431	_	46405	77343					
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT		REPORT Lab#	REPORT,	REPORT Lab#			Not Applic	NOT.AP
<u> </u>	MDL TO		416:33		87769484509	等的"新"的"	部為地區經濟學				

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

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	Month Day Year Month Day Year 8 1 2002 To 8 31 2002	483A - SW Outfall 483A

PERMITTEE:
PSEG NUCLEAR LLC
80 PARK PLZ
NEWARK, NJ 07101

LOCATION OF ACTIVITY:

PSEG NUCLEAR LLC ALLOWAY CREEK NECK RD LOWER ALLOWAYS CREEK, NJ 08038-0000 **REPORT RECIPIENT:**

PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038

REC	GION / COUNTY: Southern / Salem County			
CHECK IF APPLICABLE: No Disc	harge this Monitoring Period	port Comments Atta	ached	
the certification or, in his absence a person design the certification. Where the highest ranking oper reponsibility or person designated by that person	ial having day-to-day managerial and operational respons gnated by that person. For a local agency, the highest rank rator does not have the ability to authorize capital expend a shall also sign the second certification at the bottom of the highest-ranking official of the contracted entity shall sign.	king operator of the to itures and hire person his page. If the local	reatment works shall sign nnel, a person having that	
that, based on my inquiry of those individuals is complete. I am aware that there are significant	nally examined and am familiar with the information sub immediately responsible for obtaining the information, I penalties for submitting false information, including the er Pollution Control Act provides for penalties up to \$50,	believe that the info possibility of fine ar	rmation is true, accurate and	
David F. Garchow Vice Presider	nt-Operations	N/A		
NAME AND TITLE OF PRINCIPAL EXECUTIVE OF	FICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE) 09/23/02 (856) 339-6000		
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER	, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER	
*For a local agency where the highest ranking open person designated by that person shall sign the follow	ator does not have the ability to authorize capital expenditures ving certification:	s and hire personnel, a	person having that responsibility or	
I certify under penalty of law and in accordance with	N.J.S.A. 58.10A-6F(5) that I have received and reviewed the at	tached discharge monit	oring reports.	
N/A	N/A	N/A	N/A	
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER	

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622 483A SW Outfall 483A **PSEG NUCLEAR LLC** 8/1/2002 TO 8/31/2002 FREQ OF SAMPLE NO **PARAMETER** QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS ΕX **ANALYSIS** TYPE Flow, In Conduit or 509 0 520 1/Day CALCID Thru Treatment Plant REPORT PERMIT REQUIREMENT • 50050 1 REPORT 1/Day CALCTD MGD 01MOAV 01DAMX 🐇 Effluent Gross Value 建饱的40万元 MOL **外的加州地域** 类和环语性经验的 医形形形成 细胞样 Walder and pН SAMPLE MEASUREMEN 1/week GRAB 7. 4 7.6 0 PERMIT REQUIREMENT ٠٠٠ (9.0 الأراث (e 00400 1 6.0 1/Week GRAB SU 01DAMN Effluent Gross Value 01DAMX では、小されがあっか MDL * Chickle (1967) 的的影響。但是他們 Month and Asset Market pН SAMPLE MEASUREMENT ***** ***** 7.6 0 1/week GRAB 7.8 REPORT REPORT 00400 7 PERMIT REQUIREMENT 1/Week GRAB รบ 01DAMN 01DAMX Intake From Stream MDL ... # \$4547453.6Ferd More than NA WASHIN Minda Tolk **Chlorine Produced** SAMPLE MEASUREMENT ***** ***** ***** CODE = N CODE = N CODEIN CODE = N 0 **Oxidants** ****** *CPOX 1 0.5 01DAMX 0.3 3/Week GRAB MG/L 01MOAV. **Effluent Gross Value** Option 1 MOL 🦠 性學學 Kapped B **苏格里对侧侧** Mental Mills wint 类的原始的态法 hain manusta **Chlorine Produced** SAMPLE MEASUREMEN ***** ***** ***** 0 <0.1 3/week GRAB 40.1 **Oxidants** PERMIT REPORT 01MOAV *CPOX 13/Week.∛ GRAB 01MOAV MG/L **Effluent Gross Value** REQUIREMENT 01DAMX Option 2 MOL HY TAKES IN FIGURE TO WENT REPORT OF THE PARTY OF THE Altroid Physic Physical astronyces Temperature, SAMPLE MEASUREMENT ***** 36.5 41.1 0 1/Pay CONTIN οС 00010 1 PERMIT REPORT REPORT 1/Day CONTIN ***** DEG C REQUIREMENT 01MOAV 01DAMX **Effluent Gross Value** MDL 學有為主義不知 HEARL GARRIST

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

Pre-Print Creation Date: 7/2/2002

Surface	Water	Discharge	Monitoring	Panart	
Surface	vvaler	Discharge	Monitoring	Report	

PI 46814

- PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

483A SW Outfall 483A 8/1/2002 TO 8/31/2002 **PSEG NUCLEAR LLC**

			.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1 020 1100					
PARAMETER	X	QUANTITY OR LOADING		UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO EX	FREQ OF ANALYSIS	SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46 405	77343					
99999 99 Lab	PERMIT	REPORT	REPORT Lab #		REPORT.	/ REPORT	REPORT			Not Applic	NOT AP
	MDL .		B_0V9747257853		Respectively:	and the training	\$2.45.65 (cd.).cd.				

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: 7/2/2002

Page 2 of 2

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT		M	ONITO	RIN	G PERIC	OD		MONITORED LOCATION:
NJ0005622	Month	Day	Year	1	Month	Day	Year	484A - SW Outfall 484A
1130003022	8	1	2002] То	8	31	2002	404A - 5 W Outlan 404A

PERMITTEE: PSEG NUCLEAR LLC 80 PARK PLZ NEWARK, NJ 07101 **LOCATION OF ACTIVITY:**

PSEG NUCLEAR LLC ALLOWAY CREEK NECK RD LOWER ALLOWAYS CREEK, NJ 08038-0000 **REPORT RECIPIENT:**

PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038

REGIO	ON / COUNTY: Southern / Salem County		
CHECK IF APPLICABLE: No Discha	rge this Monitoring Period Monitoring Re	port Comments Att	ached
the certification or, in his absence a person designathe certification. Where the highest ranking operatoreponsibility or person designated by that person signated by the person signature.	having day-to-day managerial and operational responsited by that person. For a local agency, the highest ran or does not have the ability to authorize capital expendiball also sign the second certification at the bottom of highest-ranking official of the contracted entity shall signest-ranking.	king operator of the t litures and hire person this page. If the loca	reatment works shall sign nnel, a person having that
that, based on my inquiry of those individuals im- complete. I am aware that there are significant pe	ly examined and am familiar with the information sumediately responsible for obtaining the information, I nalties for submitting false information, including the Pollution Control Act provides for penalties up to \$50	believe that the info possibility of fine ar	rmation is true, accurate and
David F. Garchow View Presiden	t-Operations	N/	' A
NAME AND FITLE OF PRINCIPAL EXECUTIVE OFFICE	CER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGIS	STRY NUMBER (IF APPLICABLE) (856) 339-6000
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, A	AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the highest ranking operato person designated by that person shall sign the following	r does not have the ability to authorize capital expenditure g certification	s and hire personnel, a	person having that responsibility or
I certify under penalty of law and in accordance with N.J	J.S A. 58:10A-6F(5) that I have received and reviewed the at	tached discharge monit	oring reports.
N/A	N/A	N/A	N/A
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

MONITORED LOCATION:

HOUSE CONTRACTOR

MDL

MONITORING PERIOD:

FACILITY NAME:

8/1/2002 TO 8/31/2002 NJ0005622 484A SW Outfall 484A **PSEG NUCLEAR LLC** FREQ. OF SAMPLE NO **PARAMETER** QUANTITY OR LOADING **UNITS** QUALITY OR CONCENTRATION UNITS ΕX **ANALYSIS** TYPE Flow, In Conduit or SAMPLE MEASUREMEN 494 505 CALCID 0 1/Day Thru Treatment Plant PERMIT ... REQUIREMENT REPORT 01DAMX REPORT 50050 1 CALCTD 1/Day MGD ***** 01MOAV Effluent Gross Value MOL SAME TANK LENGE EASTED TO 4 於于1600年以下的1500年,在1840年的1600年的1500年的1500年的1500年的1500年的1500年的1500年的1600年的1500年的1500年的1500年的1500年的1500年的1500年的150 рΗ SAMPLE MEASUREMEN 7.6 1/week GRAB 7.4 0 6.0 01DAMN 00400 1 PERMIT 9.0 1/Week GRAB su REQUIREMENT **Effluent Gross Value** 01DAMX GR. THERAMONIA 在海绵人的有限的工作的原始的特殊。 TO LATER TO MDL M 对公司的强制的证明 рΗ ***** ***** 7.6 7.8 0 Ilweek GRAB ***** REPORT) 00400 7 REPORT GRAB :: 1/Week SU REQUIREMENT 01DAMX 01DAMN Intake From Stream MAGNY) 的被控制的被控制 alegillian AN WESTERN .. MDL Kn problem LC50 Statre 96hr Acu SAMPLE MEASUREMENT CODE = N CODE = N ***** ***** 0 CODE = N Cyprinodon PERMIT / REQUIREMENT TAN6A 1 , 50 ··· 2/Year COMPOS %EFFL 01DAMN **Effluent Gross Value** 机的引擎行动地位 MDL WILLIAM SERVICE STATES AND ARTHUR TREBUILD TO THE MARCH FARM **Chlorine Produced** SAMPLE MEASUREMENT CODE = N CODE = N ***** ***** ***** CODE=N 0 CODE=N Oxidants PERMIT REQUIREMENT CONTRACTOR *CPOX 1 0.5 %\\$£\.o.3\\$\.√ GRAB 3/Week MG/L Effluent Gross Value 01MOAV 01DAMX Option 1 MOL HALLO PARIONAN REXAUSE EVAL 医科特特氏征性 经的过去式和过去分词 Far Mochaela a A **Chlorine Produced** SAMPLE MEASUREMENT <0.1 3/Week GRAB 40.1 0 Oxidants New York PERMIT REQUIREMENT *CPOX 1 REPORT 0.2 3/Week GRAB ... MG/L 01DAMX 01MOAV Effluent Gross Value

SHALL SHALL

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

HER MALERE POR

Pre-Print Creation Date: 7/2/2002

Option 2

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622 484A SW Outfall 484A 8/1/2002 TO 8/31/2002 **PSEG NUCLEAR LLC** FREQ OF SAMPLE **PARAMETER** QUANTITY OR LOADING UNITS **QUALITY OR CONCENTRATION** UNITS ANALYSIS ΕX TYPE Temperature, SAMPLE MEASUREMENT 11 Day 0 ***** ***** 40.2 CONTIN 36.5 οС PERMIT REQUIREMENT ****** 00010 1 REPORT 01MOAV REPORT 01DAMX 1/Day CONTINE DEG.C Effluent Gross Value MOL Section 2 MASSIFIED OF **IS** STATE OF Lab Certification # SAMPLE MEASUREMENT 17327 06431 46405 77343 REPORT PERMIT REQUIREMENT REPORT Lab# REPORT Lab# 99999 99 REPORT REPORT Lab# Not Applic NOT AP Lab# Lab#、 Lab# 🔥 Lab Figures as the MDL ... 90450555555 MONAGER STATES STATES STATES

Comments: The permittee is	required to perform acute toxic	ity testing on a minimum	of one representative CWS	S outfall while DSN 48C	is being routed to that out	fall

Pre-Print Creation Date: 7/2/2002

Page 2 of 2

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT		MONITORING PERIOD						MONITORED LOCATION:		
NJ0005622	Month	Day	Year]	Month	Day	Year	485A - SW Outfall 485A		
1430003022	8	1	2002	То	8	31	2002	403A - 5 W Outlan 403A		

PERMITTEE:
PSEG NUCLEAR LLC
80 PARK PLZ
NEWARK, NJ 07101

NAME AND TITLE

LOCATION OF ACTIVITY:

PSEG NUCLEAR LLC ALLOWAY CREEK NECK RD LOWER ALLOWAYS CREEK, NJ 08038-0000 **REPORT RECIPIENT:**

DATE

AREA CODE/PHONE NUMBER

PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038

REGION	/ COUNTY: Southern / S	alem County		
CHECK IF APPLICABLE: No Discharge	this Monitoring Period	Monitoring Rep	ort Comments Att	ached
WHO MUST SIGN The highest ranking official have the certification or, in his absence a person designated the certification. Where the highest ranking operator of reponsibility or person designated by that person shall another entity to operate the treatment works, the high	by that person. For a local loes not have the ability to a also sign the second certifi	agency, the highest ranki authorize capital expendit cation at the bottom of th	ng operator of the to ures and hire person is page. If the local	reatment works shall sign nnel, a person having that
I certify under penalty of law that I have personally of that, based on my inquiry of those individuals immed complete. I am aware that there are significant penalto N.J.A.C. 7:14A-6.9(B). The New Jersey Water Pol	liately responsible for obta ties for submitting false inf	ining the information, I b ormation, including the p	pelieve that the info possibility of fine ar	rmation is true, accurate and
)perations		N/	Α
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER	, AUTHORIZED AGENT, OR *	LICENSED OPERATOR		STRY NUMBER (IF APPLICABLE)(856)_339=6000
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUT	HORIZED AGENT, OR *LICE	NSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the highest ranking operator do person designated by that person shall sign the following ce		horize capital expenditures	and hire personnel, a	person having that responsibility o
I certify under penalty of law and in accordance with N.J.S.A	A. 58.10A-6F(5) that I have re	ceived and reviewed the atta	ched discharge monit	oring reports.
N/A	N/A		N/A	N/A

SIGNATURE

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622 485A SW Outfall 485A 8/1/2002 TO 8/31/2002 PSEG NUCLEAR LLC

NJ0005622	485A	SW Outfall 48	5A 8	1112002	TO 8/31/2002	PSEG NUCI	LEAR LLC				
PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO EX	FREQ OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	450	456		***	****	****		0	11Day	CALCID
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD		**************************************		*****		1/Day	CALCTD
	MDL **	101401495 (236)S	State of the state		um'in and b	SECTION OF	\$75条·451 (条46)		然是		
pH	SAMPLE MEASUREMENT	*****	*****		7.5	*****	7.5		o	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	******	*****	*****	6.0 01DAMN	******	9.0 01DAMX	ຣບ		1/Week	GRAB
	MDL*	E 1800 CONSTITUT	PANGER PERMIT		REPRESENTAN	PROSERVE AND THE	KENNELLY VINNER!				
pH	SAMPLE MEASUREMENT	*****	****		7. 6	****	7.8		0	1/week	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT			*****	REPORT 01DAMN		REPORT 01DAMX	su	43. Vici	1/Week	GRAB
	MDL Say	XEASON CELL	8%840%4%-532019-is-		APPROPRIETEY.	HEROTOPINE THE THE	131/1278/11/11/20				
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****		C00E=N	*****	*****		0	CODE=N	CODE = N
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT			*****	50 01DAMN			%EFFL		2/Year	COMPOS
-	MOL	SHARRAGER	till per le trad		物化类流流线	対象を表現	Marine Co.		45		
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	****		****	CODE = N	CODE = N		0	CODE=N	CODE = N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT			***		0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	MDL J	のはなる。自然のは、	MUNICIPAL SECTION AND AND AND AND AND AND AND AND AND AN		"ASSECTATOR, "TIMESTY."	245-477 in 438436	Market Cal.				
Chlorine Produced	SAMPLE									_ /	- 4
Oxidants	MEASUREMENT	****	*****		*****	<0.1	< 0.1		0	3/work	GRAB
*CPOX 1 Effluent Gross Value	PERMIT A			*****		REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	MDL	LANGUE BENGH	SAMAGEMANA!		STANKAR PROPERTY.	物交通过超级	MARKETHER.		Sec.	74.74 X	

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: 7/2/2002

MOL

PERMIT NUMBER:

MONITORED LOCATION:

10.45520157.533

MONITORING PERIOD:

FACILITY NAME:

物學的數學

NJ0005622 485A SW Outfall 485A 8/1/2002 TO 8/31/2002 **PSEG NUCLEAR LLC** SAMPLE FREQ OF PARAMETER QUANTITY OR LOADING **QUALITY OR CONCENTRATION** UNITS UNITS ANALYSIS TYPE EX. Temperature, SAMPLE MEASUREMEN 1/Day 0 ***** 37.0 41.1 CONTIN ***** ٥C 1/Day PERMIT **
REQUIREMENT REPORT 01DAMX 74. REPORT: 00010 1 CONTIN DEG.C Effluent Gross Value MDL) 41/14/2014/2 Media Princip Lab Certification # SAMPLE MEASUREMENT 17327 46405 06431 77343 REPORT A RÈPORT. Lab# REPORT Lab # 99999 99 REPORT REPORT NOT AP Not Applic Lab# Lab# Lab

248.8924169111

Comments	: The permitted	e is required to	o perform acute	toxicity testing	g on a minimum	of one repres	sentative CWS	Soutfall while Da	SN 48C is bein	g routed to tha	it outfall

Pre-Print Creation Date: 7/2/2002

Page 2 of 2

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT		MO	OTINO	RIN	G PERIC)D		MONITORED LOCATION:
NJ0005622	Month 1	Day	Year		Month	Day	Year	486A - SW Outfall 486A
1130003022	8	1	2002	То	8	31	2002	400A - 5 W Outlan 400A

PERMITTEE: PSEG NUCLEAR LLC 80 PARK PLZ NEWARK, NJ 07101 **LOCATION OF ACTIVITY:**

PSEG NUCLEAR LLC ALLOWAY CREEK NECK RD LOWER ALLOWAYS CREEK, NJ 08038-0000 **REPORT RECIPIENT:**

PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038

I	REGION / COUNTY: Southern / Sale	m County		
CHECK IF APPLICABLE: No I	Discharge this Monitoring Period	Monitoring Repo	ort Comments Atta	ched
WHO MUST SIGN The highest ranking of the certification or, in his absence a person of the certification. Where the highest ranking of reponsibility or person designated by that person the treatment works another entity to operate the treatment works.	esignated by that person. For a local ago operator does not have the ability to authors and certificates.	ency, the highest rankir horize capital expenditu ion at the bottom of thi	ng operator of the tro ares and hire person s page. If the local	eatment works shall sign nel, a person having that
I certify under penalty of law that I have perthat, based on my inquiry of those individual complete. I am aware that there are significate N.J.A.C. 7:14A-6.9(B). The New Jersey	als immediately responsible for obtaining ant penalties for submitting false inforr	ng the information, I be nation, including the pe	elieve that the infor ossibility of fine and	mation is true, accurate and
David F. Garchow Vice Pres	ident-Operations			N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE	OFFICER, AUTHORIZED AGENT, OR *LIC	CENSED OPERATOR	GRADE AND REGIST	(856) 339-6000
SIGNATURE OF PRINCIPAL EXECUTIVE OFFIC	CER, AUTHORIZED AGENT, OR *LICENSI	ED OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the highest anking coperson designated by that person shall sign the fo	perator does not have the ability to authord llowing certification:	ize capital expenditures a	nd hire personnel, a p	person having that responsibility or
certify under penalty of law and in accordance v	vith N.J.S.A. 58·10A-6F(5) that I have receiv	ved and reviewed the attac	ched discharge monito	ring reports.
N/A	N/A		N/A	N/A
NAME AND TITLE	SIGNATURE		DATE	AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD: FACILITY NAME:

NJ0005622 486A SW Outfall 486A

8/1/2002 TO 8/31/2002

PSEG NUCLEAR LLC

486A	SW Outfall 48	6A 8/	/1/2002 7	TO 8/31/2002	PSEG NUCL	EAR LLC				
X	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO EX	FREQ OF ANALYSIS	SAMPLE TYPE
SAMPLE MEASUREMENT	439	439		****	****	*****		0	11Day	CALOTO
PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD		**************************************	*****	*****		1/Day	CALCTD
MDL	例為認識的政治學的	STATES LANGE CO. TANK		\$F4\$78.25#1884\$	4/24/4/6/4/6/4/	化的特殊系统不安徽				
SAMPLE MEASUREMENT	****	*****		7.4	****	7.6		0	1/week	GRAB
PERMIT REQUIREMENT			*****	6.0 01DAMN		9.0 01DAMX	ຣບ		1/Week	GRAB
MDL	34.74° 545° 4411.154	第25年的第二十分。		. 地震影響/表記	KANG CHANGE	出现ALCOME		W.	[X][A][[][[][A][[]	Tan Parish
SAMPLE MEASUREMENT	*****	*****		7.6	*****	7.8		0	Ihreck	GRAB
PERMIT REQUIREMENT			*****	REPORT 01DAMN		REPORT 01DAMX	su	GAL A	1/Week	GRAB
MDL TO	新克斯斯特(1988)	HE STATE OF THE		Markethery	*:从.斯特特尔**	引擎於例第四次7年		and the		PSKY SKA
SAMPLE MEASUREMENT	****	****		*****	CODE=N	CODE=N		0	CODE=N	CODEZN
PERMIT	******	*****	****	1	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
MDL 3		JANE PER VARIABLE		5.121.4894/4014/5Q;	Right Sept Sept Sept Sept Sept Sept Sept Sep	Willes Strategy	1			PAY WE
SAMPLE										
MEASUREMENT	****	****		*****	<0.1	<0.1	İ	0	3/week	GRAB
PERMIT	45/ANE-CENERAL	SESSION STEELS	*****	BEHRETTER	REPORT	0.2	MCII		3/Week	GRAB
	第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	要と我はなかかられていまして		CARE FOR MERCEN	40 XX.1	11,1,2,2,3,4,74	MG/L	1,200		
MDL TO	HERENTES IN	FEBERAS (N		NEXT SERVICE	FILL MARCHINE	至少是我们经验。		Frest &		Programme and the second
SAMPLE MEASUREMENT	****	*****		*****	36.5	3 2 9		0	1/12 1	CONTIN
				from a Alema a a series and			İ	3. 6.4	177	
80 mill 4 min 14 min 150 m										
PERMIT			*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG C		1/Day	CONTIN
	SAMPLE MEASUREMENT REQUIREMENT	SAMPLE MEASUREMENT 4/3 9 PERMIT REQUIREMENT 01MOAV MOL SAMPLE MEASUREMENT ****** PERMIT REQUIREMENT ****** MOL SAMPLE MEASUREMENT ***** MOL SAMPLE MEASUREMENT ***** PERMIT REQUIREMENT ***** PERMIT REQUIREMENT ***** MOL SAMPLE MEASUREMENT ***** PERMIT REQUIREMENT ***** MOL SAMPLE MEASUREMENT ***** MOL SAMPLE MEASUREMENT *****	QUANTITY OR LOADING SAMPLE MEASUREMENT 4/3 9 PERMIT REQUIREMENT 01MOAV 01DAMX MOL SAMPLE MEASUREMENT ****** PERMIT REQUIREMENT ****** PERMIT REQUIREMENT ****** ****** ****** ****** ****** ****	QUANTITY OR LOADING UNITS SAMPLE MEASUREMENT 4/3 9 PERMIT REQUIREMENT COLOANY SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE SAMPLE SAMPLE	QUANTITY OR LOADING UNITS QUALITY SAMPLE MEASUREMENT 439 439 PERMIT REQUIREMENT 01MOAV 01DAMX MOL	QUANTITY OR LOADING UNITS QUALITY OR CONCENTR SAMPLE MEASUREMENT	QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION SAMPLE MEASUREMENT 4/3 9 4/3 9	QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS SAMPLE MEASUREMENT 439 439	QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS EXAMPLE MEASUREMENT TO THE PROPRIATE OF THE PROPRIA	QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS NO FREQ OF ANALYSIS SAMPLE MEASUREMENT 4/3 9 4/3 9

	Com	ments	Any question	ns in regards	to the monitoring re	port form can	be directed to S	Rosenwinkel of the BP	SP - Region 2	at (609)292-48
--	-----	-------	--------------	---------------	----------------------	---------------	------------------	-----------------------	---------------	----------------

Pre-Print Creation Date 7/2/2002

Surface Wa	ater Discharge	Monitorina	Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD: FACILITY NAME:

NJ0005622

486A SW Outfall 486A

8/1/2002 TO 8/31/2002

PSEG NUCLEAR LLC

11000000022	4007	400A STV Outlan 400A			10 6/3 1/2002 PSEG NUCLEAR LLC							
PARAMETER	X	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION				NO. EX.	FREQ OF ANALYSIS	SAMPLE TYPE	
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343						
99999 99	PERMIT	REPORT	REPORT -		REPORT	REPORT	REPORT			Not Applic"	NOT AP	
Lab	REQUIREMENT	200000000000000000000000000000000000000	Lab#		Lab#	Lab # //	Lab#				1.4	
<u> </u>	₩OL ?	Mark Control	Maria de la constanta de la co		The second second		\$25,755.00 ±150,		17.5		200	

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. 7/2/2002

Page 2 of 2

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT		M	ONITO	RIN	G PERIO	MONITORED LOCATION:		
NJ0005622	Month	Day	Year]	Month	Day	Year	487B - SW Outfall 487B
	8	1	2002] To	8	31	2002	40/B-5W Outlan 40/B

PERMITTEE:
PSEG NUCLEAR LLC
80 PARK PLZ
NEWARK, NJ 07101

£ --

LOCATION OF ACTIVITY:

PSEG NUCLEAR LLC ALLOWAY CREEK NECK RD LOWER ALLOWAYS CREEK, NJ 08038-0000 **REPORT RECIPIENT:**

PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038

1	REGION / COUNTY: Southern / Salem County		
CHECK IF APPLICABLE: No I	Discharge this Monitoring Period Monitoring Rep	oort Comments Atta	ached
the certification or, in his absence a person of the certification. Where the highest ranking reponsibility or person designated by that per	fficial having day-to-day managerial and operational responsites lesignated by that person. For a local agency, the highest rank operator does not have the ability to authorize capital expending reson shall also sign the second certification at the bottom of the highest-ranking official of the contracted entity shall signs.	ing operator of the to itures and hire person his page. If the local	reatment works shall sign nnel, a person having that
that, based on my inquiry of those individu complete. I am aware that there are signific	ersonally examined and am familiar with the information sub als immediately responsible for obtaining the information, I cant penalties for submitting false information, including the Water Pollution Control Act provides for penalties up to \$50,	believe that the info possibility of fine ar	rmation is true, accurate and
David F. Garchow Vice Pras	ident-Operations	N	/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE	OFF/CER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGIS 09/23/02	(856) 339-6000
SIGNATURE OF PRINCIPAL EXECUTIVE OFFI	CER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the highest ranking of person designated by that person shall sign the fo	operator does not have the ability to authorize capital expenditures ollowing certification:	and hire personnel, a	person having that responsibility or
I certify under penalty of law and in accordance v	with N.J.S A. 58:10A-6F(5) that I have received and reviewed the att	tached discharge monit	oring reports
N/A	N/A	N/A	N/A
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	I	M	ONITO	RIN	G PERIO	MONITORED LOCATION:		
NJ0005622	Month	Day	Year]	Month	Day	Year	489A - SW Outfall 489A
1430005022	8	1	2002] To	8	31	2002	407A - 5 W Outlan 407A

PERMITTEE: PSEG NUCLEAR LLC 80 PARK PLZ NEWARK, NJ 07101

NAME AND TITLE

LOCATION OF ACTIVITY:

PSEG NUCLEAR LLC ALLOWAY CREEK NECK RD LOWER ALLOWAYS CREEK, NJ 08038-0000 REPORT RECIPIENT:
PSEG NUCLEAR LLC

DATE

AREA CODE/PHONE NUMBER

PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY	: Southern / Salem County		
CHECK IF APPLICABLE: No Discharge this Monitor	oring Period Monitoring F	Report Comments Atta	iched
WHO MUST SIGN The highest ranking official having day-to-one the certification or, in his absence a person designated by that persone the certification. Where the highest ranking operator does not have reponsibility or person designated by that person shall also sign the another entity to operate the treatment works, the highest-ranking	son. For a local agency, the highest rate the ability to authorize capital expense second certification at the bottom of	nking operator of the tr nditures and hire persor f this page. If the local	eatment works shall sign nnel, a person having that
I certify under penalty of law that I have personally examined and that, based on my inquiry of those individuals immediately responsible. I am aware that there are significant penalties for submodules to N.J.A.C. 7:14A-6.9(B). The New Jersey Water Pollution Control	ensible for obtaining the information, initing false information, including the old Act provides for penalties up to \$5	I believe that the infone possibility of fine an	rmation is true, accurate and
Bavid F. Garchow Vice President-Operation	IS	N/	A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZE	ED AGENT, OR *LICENSED OPERATOR	GRADE AND REGIS	(856) 339-6000
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AC	GENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the highest ranking operator does not have to person designated by that person shall sign the following certification:	he ability to authorize capital expenditu	res and hire personnel, a	person having that responsibility or
I certify under penalty of law and in accordance with N.J.S.A. 58:10A-6F	(5) that I have received and reviewed the	attached discharge monite	oring reports
N/A	N/A	N/A	N/A

SIGNATURE

MONITORED LOCATION:

MDL

MONITORING PERIOD:

FACILITY NAME:

NJ0005622 489A SW Outfall 489A 8/1/2002 TO 8/31/2002

PSEG NUCLEAR LLC

NJUUU5622		A SVV Outrail 48	JA 0	112002	10 8/31/2002	PSEG NUCI	LEAR LLG				
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	SAMPLE MEASUREMENT	0.0669	0.0669		****	*****	*****		0	1/Month	CALCID
50050 1 Effluent Gross Value	PERMIT	REPORT 01MOAV	REPORT 01DAMX	MGD				****		1/Month	CALCTD
	MDL	LEAST COLOR TROUB	ASSAMO D		TELEVISION SERVES	Geriskon-Gerisk	ESTRESSIES				
pH	SAMPLE MEASUREMENT	*****	****		8.0	****	8.0		0	Ilworth	GRAB
00400 1 Effluent Gross Value	PERMIT	() () () () () () () () () ()		****	6.0 01DAMN		9.0 01DAMX	su		1/Month	GRAB
	₩DL	4-02-12-5-12-18	1.580.703645		本智能ATVL/10060	WAR STOPPICAS	National Contract		100		
Solids, Total Suspended	SAMPLE MEASUREMENT	****	****		11	11	****		0	1/Month	GRAB
00530 1 Effluent Gross Value	PERMIT REQUIREMENT	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		****	100 01DAMX	30 01MOAV	- The state of the	MG/L		1/Month	GRAB
	## MDL ##	在这种人公司对对公司。	Bridge de de des		种类似于中国共享的	研解的符合行	中的解决的。对于		युक्षे		
Petroleum Hydrocarbons	SAMPLE MEASUREMENT	*****	****		*****	3	.3		0	1/month	GRAB
00551 1 Effluent Gross Value	PERMIT REQUIREMENT		ER CENTRAL	*****		10 01MOAV	15 01DAMX	MG/L		1/Month	GRAB
	MDL 4	经不同的证据	waters.		radar, Ballick	THE MANAGER	されなったから			的现象结果的	
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	*****		*****	30	30		0	1/Munth	GRAB
00680 1 Effluent Gross Value	PERMIT REQUIREMENT			*****		REPORT	50 01DAMX	MG/L		1/Month	GRAB
	TO MOL TEST	Qr45/5 ² 44/45/85524	13/7/2003/A/276		#YPAPZELET/KIMERUSP	\$484-1-15.694943	PANTA PORTANTA				
Lab Certification #	SAMPLE MEASUREMENT	17327	0 643/		46405	77343					
99999 99 Lab	PERMIT REQUIREMENT,	REPORT	REPORT Lab #		REPORT	REPORT.	REPORT			Not Applic	NOT AP

State Transaction of the

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 7/2/2002