

LR-E02-0404 SCH02-036 November 22, 2002

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
ARTICLE NO. 7099 3400 0003 6394 3761

New Jersey Department of Environmental Protection Division of Water Quality Bureau of Permit Management P.O. Box 029 Trenton, NJ 08625-0029

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 October 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 President Operations

**Attachments** 

NJPDES Report October 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 October 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

#### Monitoring Report Comments for DSN 487B

A discharge of approximately 100 gallons occurred from DSN 487B when power was temporarily interrupted to the transfer pumps. The required samples were collected in accordance with permit conditions. However, during sample preservation the sample labeled Total Suspended Solids (TSS) was preserved to a pH of less than 2 and the sample labeled Total Organic Carbon (TOC) was not preserved. The contract laboratory identified this error during sample analysis. This error resulted in the analysis of the actual TSS sample not being analyzed until after the expiration of the seven-day hold time.

#### 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 22 day of <u>vol</u> 2002

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

### Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT MONITORING PERIOD MONITORED LOCATION:												
Not DEST ERWIT	MONTOKING PERIOD	MONITORED LOCATION:										
NJ0005622	Month         Day         Year         Month         Day         Year           10         1         2002         To         10         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 08038-00	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 Report Comments Attached												
the certification or, in his absence the certification. Where the higher reponsibility or person designated another entity to operate the treatr I certify under penalty of law that that, based on my inquiry of thos	ranking official having day-to-day managerial and operational responsa person designated by that person. For a local agency, the highest rest ranking operator does not have the ability to authorize capital exponsions by that person shall also sign the second certification at the bottom enent works, the highest-ranking official of the contracted entity shall it I have personally examined and am familiar with the information in eindividuals immediately responsible for obtaining the information are significant penalties for submitting false information, including the	anking operator of the treatment works shall sign and tures and hire personnel, a person having that of this page. If the local agency has contracted with sign the certification.  submitted in this document and all attachments, and all believe that the information is true, accurate and										
to N.J.A.C. 7:14A-6.9(B). The No	ew Jersey Water Pollution Control Act provides for penalties up to \$	50,000 per violation.										
David F. Garchow \	lice President-Operations	N/A										
NAME AND TITLE OF PRINCIPAL E	XFCUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	GRADE AND REGISTRY NUMBER (IF APPLICABLE)  11/22/02 (856) 339-6000										
SIGNATURE OF PRINCIPAL EXECU	TIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER										
	st ranking operator does not have the ability to authorize capital expendity											
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	attached discharge monitoring reports.										

N/A

SIGNATURE

\_\_\_N/A \_\_\_\_

AREA CODE/PHONE NUMBER

DATE

N/A

ાનેડે 2MIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACA SW Outfall FACA

10/1/2002 TO 10/31/2002

**PSEG NUCLEAR LLC** 

PARAMETER	$\geq$	QUANTITY	OR LOADING	UNITS	QUAL	ITY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	19.2	24.6		0	Continuous	CONTIN
00010 G Raw Sew/influent	PERMIT PERMIT	Service Control		*****		REPORT 4.0	REPORT	DEG.C		Continuous	A GONTINE
Temperature,	MOL	Mark Mark 1979	CALL MANAGEMENT		Standing 3-128		10.85° (M. 17.85° 47.81				
oC	SAMPLE MEASUREMENT	*****	*****		*****	23.8	32.8		0	Continuous	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT			*****		REPORT 01MOAV	43.3 > 2 € 01DAMX	DEG.C		Continuous	. COLUMN I
Temperature,		<b>KANANS</b> ATION TO	With the second section of the second section of the second second section of the sectio		an with the total		Paragraphia (	<del></del> -			
oC	SAMPLE MEASUREMENT	*****	*****		*****	4.6	8.2		0	1/04	CALCTO
00010 2 Effluent Net Value	PERMIT ICA REQUIREMENT			*****		REPORT IT	6) (15.3 (15.3)	DEG.C	37)) <u> </u>	1/Day C	
Lab Certification #	SAMPLE		(Section 1997)		N. C. S. H. SWING . LAND.		at white a said				
•	MEASUREMENT	17327	06431		46405	77343					•
99999 99 _ab	PERMIT REQUIREMENT	REPORT:	REPORT *** Lab ##		REPORT ***	REPORT 2:	REPORT			Not Applica	NOTAP
	WOLAT (S)	のである。	以後對地對於市			444444	12/27/New-2011/0				

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".

# New Jersey Department of Environmental Protection Division of Water Quality

## Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:										
NJ0005622	Month         Day         Year         Month         Day         Year           10         1         2002         To         10         31         2002	FACB - SW Outfall FACB										
PERMITTEE:  PSEG NUCLEAR LLC  PO BOX 236/N21  LOWER ALLOWAYS CREEK, NJ 08038-0000  HANCOCKS BRIDGE, NJ 08038												
REGION / COUNTY: Southern / Salem County												
CHECK IF APPLICABLE:	No Discharge this Monitoring Period Monitoring	Report Comments Attached										
the certification or, in his absence the certification. Where the highest reponsibility or person designated another entity to operate the treatm. I certify under penalty of law that that, based on my inquiry of those complete. I am aware that there a	ranking official having day-to-day managerial and operational resp a person designated by that person. For a local agency, the highest at ranking operator does not have the ability to authorize capital exp by that person shall also sign the second certification at the bottom nent works, the highest-ranking official of the contracted entity shall. I have personally examined and am familiar with the information is individuals immediately responsible for obtaining the information are significant penalties for submitting false information, including the second certificant penalties for submitting false information, including the second certificant penalties of the control of t	ranking operator of the treatment works shall sign enditures and hire personnel, a person having that of this page. If the local agency has contracted with I sign the certification.  submitted in this document and all attachments, and I believe that the information is true, accurate and the possibility of fine and/or imprisonment, pursuant										
(David F. Garchow Vi	cenPresident-Operations	NIA										
SIGNATURE OF PRINCIPAL EXECU*For a local agency where the highest	David F. Garchow Vice President-Operations  NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR  SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR  *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 ac	ecordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed th	e attached discharge monitoring reports.										
N/A	N/A	N/AN/A										
NAME AND TITLE	SIGNATURE	DATE AREA CODE/PHONE NUMBER										

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

**FACB SW Outfall FACB** 

10/1/2002 TO 10/31/2002

**PSEG NUCLEAR LLC** 

PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		****	19.2	24.6		0	Continuous	CONTIN
00010 G Raw Sew/influent	PERMIT REQUIREMENT	******	******	*****		REPORT	REPORT 01DAMX	DEG.C		Continuous	CONTIN
	* MDL	HANGER STORY	SEX CONTRACTOR		ELANDOS STATUL	44474444	ACCOMPANIES		453		
Temperature, oC	SAMPLE MEASUREMENT	****	*****		***** .	27.8	33.2		0	Continuous	
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	annana	******	*****		REPORT 01MOAV	43.3 01DAMX	DEG C		Continuous	CONTIN
•	MDL**					THE WAY WIN	idente en				
Temperature, oC	SAMPLE MEASUREMENT	****	*****		*****	8.6	10.0		0	1/Day	CALCTO
00010 2 Effluent Net Value	PERMIT REQUIREMENT		******	*****	<b></b>	REPORT 01MOAV	15.3 7 01DAMX	DEG.C		1/Day	CALCTD
	MDL	tVariationess			MIRHWAND TO	#52457 FREE	\$\d\day\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT: Lab#		REPORT Lab#	REPORT Lab#	REPORT Leb#			Not Applic	NOT AP
	MDL ?	.XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	POTOTO POTOTO		#18#8*##X785##	274979477474849	## (\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				

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".

AREA CODE/PHONE NUMBER

\_\_\_\_N/A\_

DATE

# New Jersey Department of Environmental Protection Division of Water Quality

## Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITO	RED LOCATION:									
NJ0005622	Month         Day         Year           10         1         2002         To         Month         Day         Year           10         31         2002	FACC - S	W Outfall FACC									
PERMITTEE: PSEG NUCLEAR LLC 80 PARK PLZ NEWARK, NJ 07101	LOCATION OF ACTIVITY:  PSEG NUCLEAR LLC  ALLOWAY CREEK NECK RD  LOWER ALLOWAYS CREEK, NJ 08038-000	REPORT RE PSEG NUCLEA PO BOX 236/N2 HANCOCKS BE	R LLC									
REGION / COUNTY: Southern / Salem County												
CHECK IF APPLICABLE: No Discharge this Monitoring Period Monitoring Report Comments Attached												
the certification or, in his absence the certification. Where the highest reponsibility or person designated another entity to operate the treatm. I certify under penalty of law that that, based on my inquiry of those complete. I am aware that there a	ranking official having day-to-day managerial and operational responsa person designated by that person. For a local agency, the highest rast ranking operator does not have the ability to authorize capital expensive that person shall also sign the second certification at the bottom of ment works, the highest-ranking official of the contracted entity shall at I have personally examined and am familiar with the information see individuals immediately responsible for obtaining the information are significant penalties for submitting false information, including the leave Jersey Water Pollution Control Act provides for penalties up to \$35.	inking operator of the traditures and hire persor f this page. If the local sign the certification.  ubmitted in this documate in the information of the possibility of fine and the information in the information of the possibility of fine and the information in the information of the information in the information i	reatment works shall sign anel, a person having that agency has contracted with ment and all attachments, and									
David F. Garchow	Mice President-Operations		NIA									
NAME AND TIFLE OF PRINCIPAL P	XECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGIS	(856) 339-6000									
SIGNATURE OF PRINCIPAL EXECUT	TIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER									
	at ranking operator does not have the ability to authorize capital expenditu	es and hire personnel, a										
I certify under penalty of law and in ac	ecordance with N.J.S A. 58:10A-6F(5) that I have received and reviewed the	attached discharge monito	oring reports.									
N/A	N/A	N/A	N/A									

SIGNATURE

► PERMIT NUMBER: MONITORED LOCATION: MONITORING PERIOD: FACILITY NAME:

NJ0005622 FACC SW Outfall FACC 10/1/2002 TO 10/31/2002 PSEG NUCLEAR LLC

PARAMETER	$\times$	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	ATION	UNITS	NO. EX.	FREQ OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	1865	2819		*****	*****	*****		0	1/Day	CALCID
50050 G Raw Sew/influent	PERMIT, REQUIREMENT	3024 01MOAV	REPORT 01DAMX	MGD	2017 <b>*****</b>	**************************************	*****	*****		1/Day	CALCTD
Thermal Discharge Million BTUs per Hr	SAMPLE MEASUREMENT	9366	15118		*****	*****	*****		0	1/Day	CALCID
00015 2 Effluent Net Value	PERMIT REQUIREMENT	REPORT	30600 01DAMX	MBTU/HR	**************************************	******		*****		1/Day	CALCTD
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343	449,466,4500				
99999 99 Lab	PERMIT REQUIREMENT: MDL	· · · · · · · · · · · · · · · · · · ·	REPORT.		REPORT	REPORT	REPORT Lab#			Not Applic	NOT AP

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

### Surface Water Discharge Monitoring Report Submittal Form

NJ0005622    Month   Day   Year   10   10   31   2002   10   31   2002   10   31   2002										
PSEG NUCLEAR LLC  80 PARK PLZ  NEWARK, NJ 07101  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										
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										
WHO MUST SIGN The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign										
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 appearance of the treatment and the local agency.										
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.										
NAME AND TIFLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR GRADE AND REGISTRY NUMBER (IF APPLICABLE)  11/22/02 (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 operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility 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.										

DATE

AREA CODE/PHONE NUMBER

SIGNATURE

PERMIT NUMBER:

MONITORED LOCATION:

**MONITORING PERIOD:** 

FACILITY NAME:

NJ0005622

048C SW Outfall 48C

10/1/2002 TO 10/31/2002

**PSEG NUCLEAR LLC** 

		OVV Outlan 40	•	-, -,	10 10/3/12002	F3EG NOCI	LAIT LLO				
PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUALI	ITY OR CONCENTE	RATION	UNITS	NO. EX	FREQ OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.1862	0.4243		*****	*****	*****		0	1/Day	CALCID
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD				*****		* 1/Dây	CALCTD
	MDL STATE	Market Com			the state of the state of the state of	incessifications;	Applications		13		
Solids, Total Suspended	SAMPLE MEASUREMENT	****	*****		****	10	10		0	2/Month	COMPOS
00530 1 Effluent Gross Value	PERMIT STREET		******	****		30 01MOAV	100 01DAMX	MG/L		2/Month	COMPOS
	MOL MOL	8年間にから22年14	SATT CTONS		Stanking	400,000,000,000,000,000,000,000,000,000	My the colony is		200	and the confidence	
Nitrogen, Ammonia Total (as N)	SAMPLE MEASUREMENT	*****	*****		*****	22	27		0	2/Month	COMPOS
00610 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	*******	35 01MOAV	70 01DAMX	MG/L		2/Month	COMPOS
	MDL .	M. Salanda Alle Sala.	, (35%), (5.4%), (5.4%), (5.4%), (5.4%)		Contract of	50 P. F. B. TH. D.	marking.		44.40		
Petroleum Hydrocarbons	SAMPLE MEASUREMENT	****	*****		*****	<0.5	<0.5		0	2/Month	GRAB
00551 1 Effluent Gross Value	PERMIT REQUIREMENT		*****	*****		10 01MOAV	15 01DAMX	MG/L		2/Month	GRAB
	MOL .	7,264,574,566	資本的計學是如		在除生物的经验	事務と言うでは	<b>强烈的事件</b>		4 50		
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	****	****		*****	23	30		0	2/Month	COMPOS
00680 1 Effluent Gross Value	PERMIT REQUIREMENT		**************************************	*****	******	RÉPORT 01MOAV	50 01DAMX	MG/L		2/Month	COMPOS
	MOL	PARTER AND INC.			<b>有等标的对称</b> 可定	N. MINTHEAN	\$P 1000 1 1000 1000 1000 1000 1000 1000		Ex.		
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343	, , , , , , , , , , , , , , , , , , ,				
99999 99 Lab	PERMIT / REQUIREMENT	REPORT.	REPORT.		REPORT Lab#	REPORT	REPORT			Not Applic	NOT AP
	MDL	ARTALLAMENT!	Agricultur (Agricultur)		1987年8年7日本	·教德·特·特尔	the parect on si		1 1 1 1	, indicate of principal	图174 2011 2

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".

### Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITO	DED LOCUETON									
NOT DESTERVITT	MONITORING PERIOD	MONITO	RED LOCATION:									
NJ0005622	Month         Day         Year         Month         Day         Year           10         1         2002         To         10         31         2002	481A - S	W Outfall 481A									
PERMITTEE: PSEG NUCLEAR LLC 80 PARK PLZ NEWARK, NJ 07101	LOCATION OF ACTIVITY:  PSEG NUCLEAR LLC  ALLOWAY CREEK NECK RD  LOWER ALLOWAYS CREEK, NJ 08038-00	REPORT RE PSEG NUCLEAI PO BOX 236/N2 HANCOCKS BR	R LLC									
REGION / COUNTY: Southern / Salem County												
CHECK IF APPLICABLE: No Discharge this Monitoring Period Monitoring Report Comments Attached												
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complete. I am aware that there a	are significant penalties for submitting false information, including to sew Jersey Water Pollution Control Act provides for penalties up to \$	he possibility of fine and	d/or imprisonment, pursuant									
David F. Garchow Vi	ce President-Operations		NA									
NAME AND TITLE OF PRINCIPALE	XEOUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	R GRADE AND REGIS	TRY NUMBER (IF APPLICABLE)(856) 339-6000									
SIGNATURE OF PRINCIPAL EXECU	TIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER									
t.	st ranking operator does not have the ability to authorize capital expenditi	ires and hire personnel, a p										
I certify under penalty of law and in a	ecordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed the	attached discharge monito	ring reports.									
N/A	N/A	N/A	N/A									

DATE

AREA CODE/PHONE NUMBER

SIGNATURE

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

10/1/2002 TO 10/31/2002

**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	SAMPLE MEASUREMENT	212	526		*****	*****	****		0	1/Day	CALCTO
50050 1 Effluent Gross Value	PERMIT . S REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******			*****		1/Day	CALCTD
	A MOLY	demonited as	Sprank Miller		Conductions carried profits	NEW TONEST OF	Critical transfor		43.73		
pH	SAMPLE MEASUREMENT	*****	*****		7.1	****	7.7		0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	******	*****	*****	6.0 01DAMN		9.0 01DAMX	su		1/Week	GRAB
	MDL	Marker Street	地外流行物是研究		WAR STREET	A AMERICA	SUSSEAN LINE		Ş.C.		
pH	SAMPLE MEASUREMENT	*****	*****		7.6	*****	7.9		0	1/week	
00400 7 Intake From Stream	PERMIT REQUIREMENT	() ************************************		****	REPORT 01DAMN	<b></b>	REPORT 3	su		1/Week	GRAB
	MOL	STANTON TO THE	1888 (1884)		CARLEST SERVED	EERICA HOW	1997年中北州19				
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****		COPESN	****	*****		0	CODE = N	
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT		**************************************	*****	50 01DAMN	******	******	%EFFL		2/Year	COMPOS
	MDL	よどのなどので	·台湾(1997-1995)		MARKETTANA	MATATACA AN	ANTER CARREST				ALTERNATION OF THE SECOND
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	<0.1	<0.1		0	3/week	_
*CPOX 1	PERMIT. REQUIREMENT			*****		(* 0.3 ) L	0.5	MG/L	\$2.000 p	3/Week	GRAB
Effluent Gross Value	productive mail	Protocom AN	\$15 Land 1 1 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2		**************************************	01MOAV	01DAMX	MG/L			
Option 1	MDL	Welling Deletering	4355 453 (* 155.453		M. Markey Service.	Maring Mark	Entre Davission 1 15			THE WAY	
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		****	<0./	<0.1		0	3/west	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT		**************************************	*****		REPORT 01MOAV	0.2 01DAMX	MG/L	77.	3/Week	GRAB
Option 2	MDL MDL	PARTITION 'F	NG CHAPMENT		APPOLIZYVIN'S	distanta (a.	MANAGE STATE				

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.

PI 46814

- PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

10/1/2002 TO 10/31/2002

**PSEG NUCLEAR LLC** 

PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO EX	FREQ OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	25.6	35./		0	1/Day	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*******		*****	**************************************	REPORT 01MOAV	REPORT	DEG.C		1/Dáý	CONTIN
	// MDL					eastatile kari					
Lab Certification #	SAMPLE MEASUREMENT	17327	0643/		46405	77343					
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab#		REPORT	REPORT Lab#	REPORT Lab#			Not Applic	NOT AP
	MOL		14442219046		21.7637/km27/km2	THERMSTOR	SESSION STOP				

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

## Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITO	RED LOCATION:
NJ0005622	Month         Day         Year         Month         Day         Year           10         1         2002         To         10         31         2002	482A - S	W 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 08038-00	PSEG NUCLEA PO BOX 236/N: 00 HANCOCKS BI	R LLC
	REGION / COUNTY: Southern / Salem County		
CHECK IF APPLICABLE:	■ No Discharge this Monitoring Period ■ Monitoring	Report Comments Att	ached
the certification or, in his absence the certification. Where the highe reponsibility or person designated another entity to operate the treatr I certify under penalty of law tha	t ranking official having day-to-day managerial and operational response a person designated by that person. For a local agency, the highest rest ranking operator does not have the ability to authorize capital expell by that person shall also sign the second certification at the bottom ment works, the highest-ranking official of the contracted entity shall to I have personally examined and am familiar with the information	ranking operator of the tenditures and hire person of this page. If the local sign the certification.	reatment works shall sign nnel, a person having that I agency has contracted with
complete. I am aware that there a	te individuals immediately responsible for obtaining the information are significant penalties for submitting false information, including the ew Jersey Water Pollution Control Act provides for penalties up to \$	the possibility of fine a	ormation is true, accurate and nd/or imprisonment, pursuant
	ice President-Operations	•	NA
	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	R 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 expenditi Il sign the following certification:	ires and hire personnel, a	person having that responsibility or
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	e attached discharge monit	oring reports
N/A	N/A	N/A	N/A

DATE

AREA CODE/PHONE NUMBER

SIGNATURE

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

482A SW Outfall 482A

10/1/2002 TO 10/31/2002

**PSEG NUCLEAR LLC** 

PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUAL	ITY OR CONCENTE	RATION	UNITS	NO EX	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	2/2	490		*****	*****	*****		0	1/Day	CALCID
50050 1 Effluent Gross Value	PERMIT : REQUIREMENT	REPORT 01MOAV	REPORT //	MGD	******			*****		1/Day	CALCTD
	MOL.	de de la companyante	GREEN STANFORS		ANGER-PARTIES	WASHINGTON	HEEN-WEEDS		4.574		
рН	SAMPLE MEASUREMENT	*****	*****		7.6	*****	7.7		0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	6.0 01DAMN	******	9.0 01DAMX	su		1/Week	GRAB
	MDL F	BEARING STORY	MEZHAYIN TER		THE PROPERTY.	5464.75,745.45	artist ja var.				
рН	SAMPLE MEASUREMENT	*****	*****		7.6	****	7.9		O	Ihrack	
00400 7 Intake From Stream	PERMIT REQUIREMENT	******		*****	REPORT 01DAMN	******	REPORT 61DAMX	SU		1/Week	GRAB
	(A) MOLANT	TEACHER THE	(m; #34.30 g/d) e/d		attiferation at their	11 5-15 Mari 80 180	YOUR TANK				
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****		CODE = N	*****	*****		0	CODE=N	CODE = N
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	teneral Control	******	*****	50 01DAMN		**************************************	%EFFL		2/Year	COMPOS
	MOL	<b>用证的统计论</b> 介	CERMINANIM.		LANGERSON	Name Charle	Mistro William		A South		
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	*****		*****	⟨0./	<0./		0	3/week	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	******	*****	*****		0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	MDL.	\$\$\$\$\$\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	#25744454454		\$39~\$2554 HKK		ywystraughra.				
Chlorine Produced	SAMPLE				4 4004	10 X X X	- 2 00 100 12 1.4. p. 11	<del>-,</del>	\$ "x 50	C 13 More 279 GC ACT A	The same of the same of the same of
Oxidants	MEASUREMENT	****	A CONTRACTOR STORE		*****	40.1	<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	MOL		(22/02/2017)中		SERVING PARTY	成绩以此的一位有10	HAARAMATAA S				<b>表现数据</b> 数

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

PI 46814

JERMIT NUMBER:

MONITORED LOCATION:

**MONITORING PERIOD:** 

FACILITY NAME:

NJ0005622

482A SW Outfall 482A

10/1/2002 TO 10/31/2002

**PSEG NUCLEAR LLC** 

PARAMETER	X	QUANTITY (	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	24.6	35.3		0	1/Day	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****		REPORT:	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	MOL						indstitten til				
Lab Certification #	SAMPLE MEASUREMENT	17327	0643/		46405	77343					
99999 99 Lab	PERMIT REQUIREMENT	REPORT & Lab #	REPORT Lab#		REPORT.	REPORT.	REPORT Lab #			Not Applic	NOT AP
•	<b>₩DL</b> *	enterates.	STERNAL PROBLEM								

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. .

### Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITO	RED LOCATION:
NJ0005622	Month         Day         Year         Month         Day         Year           10         1         2002         To         10         31         2002	483A - S	W 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 08038-00	PSEG NUCLEA PO BOX 236/N2 HANCOCKS BE	RLLC
	REGION / COUNTY: Southern / Salem County		
CHECK IF APPLICABLE:	No Discharge this Monitoring Period Monitoring	Report Comments Atta	nched
the certification or, in his absence the certification. Where the highes reponsibility or person designated another entity to operate the treatm I certify under penalty of law that that, based on my inquiry of those complete. I am aware that there a to N.J.A.C. 3:14A-6.9(B). The No.	ranking official having day-to-day managerial and operational resp a person designated by that person. For a local agency, the highest at ranking operator does not have the ability to authorize capital exp by that person shall also sign the second certification at the bottom nent works, the highest-ranking official of the contracted entity shall at I have personally examined and am familiar with the information be individuals immediately responsible for obtaining the information are significant penalties for submitting false information, including the deviation of the control of the contracted entity shall be information.	ranking operator of the trenditures and hire persor of this page. If the local I sign the certification.  submitted in this documn, I believe that the infother possibility of fine and	reatment works shall sign anel, a person having that agency has contracted with ment and all attachments, and
(David) F. Garchow V	ice President-Operations		NIA
NAME AND TITLE OF PRINCIPALE	SECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	GRADE AND REGIS	(856) 339-6000
SIGNATURE OF PRINCIPAL EXECUT	TIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
	st ranking operator does not have the ability to authorize capital expendit	ures and hire personnel, a	
I certify under penalty of law and in ac	ecordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed th	e attached discharge monito	oring reports.
N/A	N/A	N/A	N/A

DATE

AREA CODE/PHONE NUMBER

SIGNATURE

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

483A SW Outfall 483A

10/1/2002 TO 10/31/2002

**PSEG NUCLEAR LLC** 

		Corr Catian 40	•	-, .,	10 10/31/2002	FOLG NOCI					
PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUALI	ITY OR CONCENTE	RATION	UNITS	NO EX	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	190	514		*****	*****	*****		o	1/Day	CALCTD
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD		**************************************		*****		1/Day	CALCTD
pH	SAMPLE MEASUREMENT	*****	*****		1887 2200				0		
00400 1	PERMIT			*****	7.5		7.6	su	75.0%	1/week	GRAB GRAB
Effluent Gross Value	MDL MA				O1DAMN ((C)		01DAMX				
pH	SAMPLE MEASUREMENT	*****	*****	1	7.6	*****	7.9		0	1/wock	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT		******	*****	REPORT 01DAMN		REPORT 01DAMX	ຮບ		1/Week	GRAB
	S MOL"S €		14685561648,4		<u> </u>	\$\$\$\$\$\\\$\$\$\\_\$\\\$\\\$\\\$\\				EMANGER!	
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	****		*****	<0.1	< 0. /		0	3/week	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT			*****		0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	MDL G		delakuan, eskip			The many					· · · · · · · · · · · · · · · · · · ·
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	****		*****	<0.1	40.1		0	3 Week	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	**************************************	******	*****		REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	MDL) - 1,	PENTER OF THE	是他并被国际的		TELESTINEDS:		Contract of				With Strike
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	23.9	35.2	}	0	1/Day	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT			*****		REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	SA NOT SEE	ASV 等数性理的 ib 15%	E-papearmout		Transfer to the state of the		TOWN SOUTH			THE PARTY	

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.

Surrace water Discharge Monitoring Report	iurtace	vvater	<b>Discharge</b>	Monitoring	Report
---	---------	--------	------------------	------------	--------

PERMIT REQUIREMENT

99999 99

Lab

REPORT Lab#

MOL

REPORT Lab# PI 46814

NOT AP

Not Applic

-	PERMIT NUMBER:	<u></u>	IITORED LOCA	TION:	MONITOR	ING PERIOD:	FACILITY N	AME:				
	NJ0005622	483A	SW Outfall 48	3A	10/1/2002	TO 10/31/2002	PSEG NUCI	LEAR LLC				
	PARAMETER	$\geq$	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
	Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					

REPORT

`Lab#

REPORT

Lab#

REPORT

≟\_Lab#

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

## Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITODING PERM	O.D.	1.6011.50	
NJFDES PERMIT	MONITORING PERI	JD	MONITO	RED LOCATION:
NJ0005622	Month         Day         Year         Month           10         1         2002         To         10	Day         Year           31         2002	484A - S	W Outfall 484A
PERMITTEE: PSEG NUCLEAR LLC 80 PARK PLZ NEWARK, NJ 07101	LOCATION OF AC PSEG NUCLEAR LLC ALLOWAY CREEK NE LOWER ALLOWAYS O	CK RD	REPORT RE PSEG NUCLEA PO BOX 236/N2 HANCOCKS BE	RLLC
	REGION / COUNTY: Southern / S	alem County		
CHECK IF APPLICABLE:	No Discharge this Monitoring Period	Monitoring	Report Comments Atta	ached
the certification or, in his absence the certification. Where the highes reponsibility or person designated another entity to operate the treatn I certify under penalty of law that that, based on my inquiry of those complete. I am aware that there a	ranking official having day-to-day managerial a person designated by that person. For a local at ranking operator does not have the ability to by that person shall also sign the second certificant works, the highest-ranking official of the all have personally examined and am familiar individuals immediately responsible for obtained significant penalties for submitting false in	agency, the highest is authorize capital experience at the bottom contracted entity shall with the information lining the information formation, including	ranking operator of the trenditures and hire person of this page. If the local sign the certification.  submitted in this documn, I believe that the inforthe possibility of fine are	reatment works shall sign nnel, a person having that agency has contracted with nent and all attachments, and
10 N.J.A.C. 7:14A-6.9(B). The Ne	w Jersey Water Pollution Control Act provide	s for penalties up to \$	550,000 per violation.	
David F. Garchow Vic	ce President-Operations			NA
NAME AND TITLE OF PRINCIPALE.	xedutive officer, authorized agent, or	LICENSED OPERATO	R GRADE AND REGIS	STRY NUMBER (IF APPLICABLE)(856) 339-6000
SIGNATURE OF PRINCIPAL EXECU	TIVE OFFICER, AUTHORIZED AGENT, OR *LICE	NSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
	t ranking operator does not have the ability to aut			
I certify under penalty of law and in ac	cordance with N.J.S.A. 58:10A-6F(5) that I have re	ceived and reviewed the	e attached discharge monito	oring reports.
N/A	N/A		N/A	N/A

DATE

AREA CODE/PHONE NUMBER

SIGNATURE

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

484A SW Outfall 484A

10/1/2002 TO 10/31/2002

**PSEG NUCLEAR LLC** 

PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUAL	ITY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ OF	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	476	497		****	*****	*****		0	1/Pay	CALETD
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	**************************************		*****		1/Day	CALCTD
рН	SAMPLE								*****		
	MEASUREMENT	****	*****		7.6	*****	7.7		0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	******	444444	****	6.0 01DAMN		9.0 01DAMX	su		1/Week	GRAB
	ADL TO	经的特殊的			HWYSTAWY	CHENNACE.					
pН	SAMPLE MEASUREMENT	*****	*****		7.6	*****	7.9		0	1/week	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	******	******	*****	REPORT.		REPORT 01DAMX	su		1/Week	GRAB
	MDL	69°-10°63/58°0371	##RHP###		[ANTANIK (2]](A	Partitions.	प्रकृष्ट्राक्ष्मपुरुष्ट्रा		13.1		
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****		CODE = N	****	*****		0	CO 0 E = N	CODE=N
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	******	•••••	*****	50 01DAMN	**************************************		%EFFL		2/Year	COMPOS
	MDL .	eration with	FR 14 (14) (14)		研究等的对方	Manalla wa	. P. 1977 - 14.14.		1 1 Cm 2		
Chlorine Produced Oxidants	SAMPLE MÉASUREMENT	*****	****		*****	CODE = N	CODE=N	<del></del>	0	CODEZN	COPETN
*CPOX 1 Effluent Gross Value	PERMIT PERMIT	*****	**************************************	*****	######################################	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	MDL	Mark de la company	AND MASSIBLY		And Market State	4-4-14-14-14-14-14-14-14-14-14-14-14-14-	2000年1000年1000年100日		12/1/10		
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	*****		*****	<0.1	<0.1			3 /week	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT.			****		REPORT 01MOAV	0.2 0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	* g MDL to fig	MANAGER IN THE	(\$ ( - \$ ( 1 ) \		137 1	*\$0%((#\$, * ),	Charles of the				

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

\* PERMIT NUMBER: MONITORED LOCATION: MONITORING PERIOD: FACILITY NAME:

NJ0005622 484A SW Outfall 484A 10/1/2002 TO 10/31/2002 PSEG NUCLEAR LLC

PARAMETER	$\rightarrow$	QUANTITY (	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		****	28.0	34.6		0	1/Day	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	******	<b></b>	*****		REPORT	REPORT	DEG.C		1/Day	CONTIN
1.1.0.000.00	MDL					\$5.500 F.F.F.F.F.F.	484447000000				
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
99999 99 Lab	PERMIT REQUIREMENT	REPORT	REPORT Lab#		REPORT.	REPORT //	REPORT Lab #			Not Applic	NOT AP
	MOL	(FRINGENALW)			\$2.00 PER 18 PER	135775-5-7537-1-3					

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.

### Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	Month         Day         Year         Month         Day         Year           10         1         2002         To         10         31         2002	485A - SW Outfall 485A
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 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 M.J.A.C. 7:14A-6.9(B). The New Jersey Water Pollution Control Act provides for penalties up to \$50,000 per violation. Davild F. Garchow Lice President-Operations NAME AND TIPE OF PRINC PALEXECUTIVE OFFICER, AUTHORIZED AGENT, OR \*LICENSED OPERATOR GRADE AND REGISTRY NUMBER (IF APPLICABLE) 11/22/02 (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 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 NAME AND TITLE SIGNATURE DATE AREA CODE/PHONE NUMBER

• PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

485A SW Outfall 485A

10/1/2002 TO 10/31/2002

**PSEG NUCLEAR LLC** 

DADAMETER					1			τ	NO.	FREQ OF	CAMPLE
PARAMETER		QUANTITY	OR LOADING	UNITS	QUAL	ITY OR CONCENT	RATION	UNITS	EX.	ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	424	455		*****	****	****		0	1/Day	CALCTD
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT.	REPORT 01DAMX	MGD	**************************************	**************************************		*****		1/Day	CALCTD
pH	MOL		SALL PARTY CONTROL	<b></b> _		Section space	Same to a different		S. S. S. S.		VPICE SHOW
ipn	SAMPLE MEASUREMENT	*****	*****		7.6	*****	7.7		0	Mucck	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****		*****	6.0 01DAMN	1	9.0 01DAMX	su		1/Week	GRAB
	S MDL S	图 性以为为的。	WE AND FROM		a Company	E对解的和新行	FARES ROPHIE				
рН	SAMPLE MEASUREMENT	****	*****		7.6	*****	7.9		0	1/week	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT			*****	REPORT OIDAMN	*******	REPORT 01DAMX	នប		1/Week	GRAB
	MOL <sup>12</sup>		<b>30</b> 0年5月24年5月2年(		744/M(\$3/A347)	PARTH THE	************				
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****		CODE=N	*****	*****		0	C008=N	COPEEN
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	*****		*****	50 01DAMN		******	%EFFL		2/Year	COMPOS
	MDL O	可有意为外面。	MANACH THE SE		STATES TO STATES	war taken san or a	Line is again again the Const				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	C00E = N	CODEIN				CODEZN
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	******	2 <b>*****</b>	*****		0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB.
Option 1	MDL *		Land Control of the C			in a state of the second	நடிக்கு கொள்ள முறையாக இரியி				
Chlorine Produced	SAMPLE	The an off on y and y	a may a man ge . The man of		A Bur Balance Brand Balance	<u>४ , १, १,१४४, १</u> स्ट <i>में में में दे</i> हें !	MESTIN INGAN		\$\$\tilde{	MECHICAN	WALL CALLS
Oxidants	MEASUREMENT	****	*****		*****	<0.1	<0.1	İ	0	3/work	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT,	******		*****	200 <b>*****</b>	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	CA MDL CO	into the property of	AR Witnes		moderate desired;	Berthalpen Colonia	ANK WILLIAM			Marchael Commence	

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.

<b>Surface Water Discharge Monitoring Report</b>
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PI 46814

NJ0005622 MONITORED LOCATION: MONITORING PERIOD: FACILITY NAME:

10/1/2002 TO 10/31/2002 PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	28.0	35./		0	1/Day	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	<b>,</b>	REPORT 01MOAV	REPORT 01DAMX	DEG C	7	1/Day	CONTIN
Lab Certification #					5148418181938		P. P. S.				
	SAMPLE MEASUREMENT	17327	06431		46405	77343					
99999 99 Lab	PERMIT . REQUIREMENT	REPORT :	REPORT Lab #		REPORT. Lab#	REPORT // Lab #	REPORT Lab#			Not Applic	NOT AP
	MDL		AMEN AND COME				WANTE BARY				

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.

## E. F.

NAME AND TITLE

#### New Jersey Department of Environmental Protection Division of Water Quality

## Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	Month         Day         Year         Month         Day         Year           10         1         2002         To         10         31         2002	486A - SW Outfall 486A
PERMITTEE: PSEG NUCLEAR LLC 80 PARK PLZ NEWARK, NJ 07101	LOCATION OF ACTIVITY:  PSEG NUCLEAR LLC  ALLOWAY CREEK NECK RD  LOWER ALLOWAYS CREEK, NJ 08038-0	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	g Report Comments Attached
the certification or, in his absence the certification. Where the higher reponsibility or person designated another entity to operate the treatr I certify under penalty of law that that, based on my inquiry of thos complete. I am aware that there a	ranking official having day-to-day managerial and operational responsible to a person designated by that person. For a local agency, the highest stranking operator does not have the ability to authorize capital exploy that person shall also sign the second certification at the bottom nent works, the highest-ranking official of the contracted entity shall I have personally examined and am familiar with the information in individuals immediately responsible for obtaining the information are significant penalties for submitting false information, including the least of the penalties of the control Act provides for penalties up to	ranking operator of the treatment works shall sign penditures and hire personnel, a person having that a of this page. If the local agency has contracted with all sign the certification.  In submitted in this document and all attachments, and on, I believe that the information is true, accurate and at the possibility of fine and/or imprisonment, pursuant
	ice President-Operations	NIA
NAME AND TITLE OF PRINCIPALE	ECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	OR GRADE AND REGISTRY NUMBER (IF APPLICABLE)
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 expendi I sign the following certification:	itures and hire personnel, a person having that responsibility or
I certify under penalty of law and in a	ecordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed t	he attached discharge monitoring reports.
N/A	N/A	N/AN/A

DATE

AREA CODE/PHONE NUMBER

SIGNATURE

RMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

486A SW Outfall 486A

10/1/2002 TO 10/31/2002

**PSEG NUCLEAR 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	425	433		****	*****	*****		0	1/Day	CALOTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT:	REPORT 01DAMX	MGD	***********		**************************************	*****		1/Day	CALCTD
	MDL	15.100 (13.60 (1680)			Walletter Control	identification	Bigging to Krist.		10.20	EANES!	
рH	SAMPLE MEASUREMENT	*****	*****		7.2	*****	7.7		0	Mock	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	6.0 01DAMN	*******	9.0 01DAMX	SU		1/Week	GRAB
	MDL MOL				CONTRACTOR	MY GRANT AT	经原外发生的		15.5	7017, 314, 1	
pH	SAMPLE MEASUREMENT	*****	*****		7.6	*****	7.9		0	1 week	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT		*****	*****	REPORT 01DAMN		REPORT 01DAMX	su		1/Week	GRAB
	MDL	SCHEEN WAS	种的外别类类		THE PROPERTY	CANAL CALL	SEPARET SE				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	****		****	CODEZN	CODE = N		0		CODE=N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****		14 → □ 0.3 ↑ 01MOÁV	0.5 01DAMX	MG/L		3/Week	∜ GRAB
Option 1	MOL	\$70,20°\$\$7.61.42°\$41.			*******************************	237/10/49/16/81599	PAREATA POR PE				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	*****		*****	40.1	40./		0	3/week	
*CPOX 1 Effluent Gross Value	PERMIT	*****	**************************************	*****	******	REPORT.	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	MOC		\$30,440,0,655;425		15.000000000000000000000000000000000000				7.0		
Temperature,	SAMPLE MEASUREMENT	<b>南京市</b> 青春	******		*************************************	27.4	35.9		0	1/0ay	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	******	*****	*****	******	REPORT, 01MOAV	REPORT 01DAMX	DEG C		1/Day	CONTIN"
	MOL	18845.785XXXXX	45h718436333		当的特殊的特殊	AM, NY, WAY	COPPERCYPORT		100	Attractive (b)	

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

Surtace	Water	Discharge	Monitoring	Report
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PI 46814

<u>✓ 'ERMIT NUMBER:</u> <u>MONITORED LOCATION:</u> <u>MONITORING PERIOD:</u> <u>FACILITY NAME:</u>
NJ0005622 486A SW Outfall 486A 10/1/2002 TO 10/31/2002 PSEG NUCLEAR

NJ0005622 486A SW Outfall 486A 10/1/2002 TO 10/31/2002 PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT	17327	0643/		46405	77343					
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT. Lab#		REPORT. Lab #	Lab#	REPORT Lab#			Not Applic	NOT AP

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

### Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	Month         Day         Year         Month         Day         Year           10         1         2002         To         10         31         2002	487B - SW Outfall 487B
PERMITTEE: PSEG NUCLEAR LLC 80 PARK PLZ NEWARK, NJ 07101	LOCATION OF ACTIVITY:  PSEG NUCLEAR LLC  ALLOWAY CREEK NECK RD  LOWER ALLOWAYS CREEK, NJ 08038-0	REPORT RECIPIENT:  PSEG NUCLEAR LLC PO BOX 236/N21 IIANCOCKS BRIDGE, NJ 08038
	REGION / COUNTY: Southern / Salem County	
CHECK IF APPLICABLE:	No Discharge this Monitoring Period Monitoring	g Report Comments Attached
the certification or, in his absence the certification. Where the higher reponsibility or person designated another entity to operate the treatr I certify under penalty of law that that, based on my inquiry of thos	ranking official having day-to-day managerial and operational resp a person designated by that person. For a local agency, the highest at ranking operator does not have the ability to authorize capital exp by that person shall also sign the second certification at the bottom nent works, the highest-ranking official of the contracted entity shall I have personally examined and am familiar with the information individuals immediately responsible for obtaining the information	t ranking operator of the treatment works shall sign penditures and hire personnel, a person having that n of this page. If the local agency has contracted with all sign the certification.  n submitted in this document and all attachments, and on, I believe that the information is true, accurate and
to N.J.A.C. 7:14A-6.9(B). The No	re significant penalties for submitting false information, including w Jersey Water Pollution Control Act provides for penalties up to	g the possibility of fine and/or imprisonment, pursuant 550,000 per violation.
	ce President-Operations	<i>N/A</i>
NAME AND TITLE OF PRINCIPALE	ECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	OR GRADE AND REGISTRY NUMBER (IF APPLICABLE)  11/22/02 (856) 339-6000
SIGNATURE OF PRINCIPAL EXECU	IVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER
*For a local agency where the higher person designated by that person shall	l, it ranking operator does not have the ability to authorize capital expendi I sign the following certification:	litures and hire personnel, a person having that responsibility or
I certify under penalty of law and in a	ecordance with N J S.A. 58:10A-6F(5) that I have received and reviewed the	the attached discharge monitoring reports.
N/A	N/A	N/A N/A

DATE

AREA CODE/PHONE NUMBER

SIGNATURE

PENAT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

487B SW Outfall 487B

10/1/2002 TO 10/31/2002

**PSEG NUCLEAR LLC** 

		T		·	,				,		
PARAMETER	$\times$	QUANTITY (	OR LOADING	UNITS	QUAL	ITY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.0000	0.0000		*****	*****	*****		0	1/Batch	CALCTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT.	REPORT 01MOAV	REPORT 01DAMX	MGD	**************************************			****		1/Batch	CALCTD
	MOL	MARKAN COLUMN	APPENDATE OF THE PERSON		715X857533	75.43.79.79			75.2		
pH	SAMPLE MEASUREMENT	*****	*****		7.4	****	7.4		0	1/Botch	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	******		*****	6.0 01DAMN		9.0 01DAMX	ຮບ		1/Batch	GRAB
	MDL - 1	White and	FLATSONYANIAN		aglasianinassi		\$ 1. 3. 4. 3. 1. 3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				
Solids, Total Suspended	SAMPLE MEASUREMENT	****	*****		****	4	4		0	1/Batch	GRAB
00530 1 Effluent Gross Value	PERMIT	*****		*****		REPORT 01MOAV	100 (100 (100 (100 (100 (100 (100 (100	MG/L		1/Batch	GRAB
	MDL	BERTHARY BY	Andrie Inde		Anni-Said (China	Chinal States	with a tribity		NAT.		Was Care
Temperature, oC	SAMPLE MEASUREMENT	****	*****		*****	17.7	17.7		0	1/Batch	GRAB
00010 1 Effluent Gross Value	PERMIT REQUIREMENT			*****		REPORT 01MOAV	43.3 01DAMX	DEG C		1/Batch	GRAB
	MOL (C)	the second	7887		Maria de Carlos de la Carlos de Carl	Station in Road	はない。		40	3. San San	
Petroleum Hydrocarbons	SAMPLE MEASUREMENT	****	*****		*****	0	0		0	1/Barch	GRAB
00551 1 Effluent Gross Value	PERMIT REQUIREMENT		*******	*****		REPORT	01DAMX	MG/L		1/Batch	GRAB
	MOLTEN A	while the second	明初和农种化		MINION TO	27796 - 60246	MATERIA VILLA				
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	****	****		*****	2.	2		0	1/Butch	CRAB
00680 1 Effluent Gross Value	PERMIT REQUIREMENT		110 Anna 120 A	*****	*****	REPORT 1	50 (50) 01DAMX	MG/L		1/Batch	GRAB
	MDL TO	的数数数数据	<b>在心态探告。</b>		APRIX MARK	RAMA CALL	(M)		S. Sugar	Million Hill	a particular and

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"

Surtace	Water	Discharge	Monitoring	Report
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PI 46814

PERMIT-NUMBER: MONITORED LOCATION:

**MONITORING PERIOD:** 

FACILITY NAME:

NJ0005622

487B SW Outfall 487B

10/1/2002 TO 10/31/2002

**PSEG NUCLEAR LLC** 

PARAMETER	$\searrow$	QUANTITY (	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT.		REPORT Lab#	REPORT.	REPORT. Lab#		11,500	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".

## Surface Water Discharge Monitoring Report Submittal Form

	MONITORING PERIOD		MONITO	RED LOCATION:
NJ0005622	Section 5 to 100	0ay Year 31 2002	489A - S	W Outfall 489A
PERMITTEE: PSEG NUCLEAR LLC 80 PARK PLZ NEWARK, NJ 07101	LOCATION OF ACTI PSEG NUCLEAR LLC ALLOWAY CREEK NECK LOWER ALLOWAYS CRE	RD	REPORT RE PSEG NUCLEA PO BOX 236/N2 HANCOCKS BI	R LLC
	REGION / COUNTY: Southern / Sales	n County		
CHECK IF APPLICABLE:	No Discharge this Monitoring Period	Monitoring Re	port Comments Att	ached
the certification. Where the higher reponsibility or person designated another entity to operate the treat I certify under penalty of law the	a person designated by that person. For a local agest ranking operator does not have the ability to author by that person shall also sign the second certification works, the highest-ranking official of the cont I have personally examined and am familiar with it individuals immediately responsible for obtaining significant penalties for submitting false inform	norize capital expendion at the bottom of the racted entity shall sign the information sulting the information, I	itures and hire person this page. If the loca gn the certification. omitted in this docum believe that the info	nnel, a person having that I agency has contracted with
complete. I am aware that there	ew Jersey Water Pollution Control Act provides fo	r penalties up to \$50	possibility of fine an ,000 per violation.	nd/or imprisonment, pursuant
complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The N	ew Jersey Water Pollution Control Act provides fo ce President-Operations	r penalties up to \$50	possibility of fine an ,000 per violation.	nd/or imprisonment, pursuant
complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The N  David F Garchow Vi	ew Jersey Water Pollution Control Act provides for	r penalties up to \$50	,000 per violation.	strue, accurate and advantage of the structural and advantage
complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The N David F Garchow Viname and Title of Principal I	ew Jersey Water Pollution Control Act provides for President-Operations  RECUTIVE OFFICER, AUTHORIZED AGENT, OR *LIC  AUTHORIZED AGENT, OR *LICENSE	r penalties up to \$50 EENSED OPERATOR ED OPERATOR	GRADE AND REGILED TO THE STATE OF THE STATE	od/or imprisonment, pursuant  N/A  STRY NUMBER (IF APPLICABLE)  (856) 339-6000  AREA CODE/PHONE NUMBER
complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The N David F Garchow Viname and Title of Principal I	EW Jersey Water Pollution Control Act provides for President-Operations  ECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICE  FIVE OFFICER, AUTHORIZED AGENT, OR *LICENSE transfer operator does not have the ability to authorical providence of the control	r penalties up to \$50 EENSED OPERATOR ED OPERATOR	GRADE AND REGILED TO THE STATE OF THE STATE	od/or imprisonment, pursuant  N//  STRY NUMBER (IF APPLICABLE)  (856) 339-6000  AREA CODE/PHONE NUMBER
complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The N David F Garchow Viname and Title of PRINCIPAL I	EW Jersey Water Pollution Control Act provides for President-Operations  ECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICE  FIVE OFFICER, AUTHORIZED AGENT, OR *LICENSE transfer operator does not have the ability to authorical providence of the control	r penalties up to \$50 EENSED OPERATOR ED OPERATOR Ee capital expenditures	GRADE AND REGIONATE  DATE  and hire personnel, a	od/or imprisonment, pursuant

DATE

AREA CODE/PHONE NUMBER

SIGNATURE

-- ERMIT NUMBER:

MONITORED LOCATION:

**MONITORING PERIOD:** 

FACILITY NAME:

NJ0005622

489A SW Outfall 489A

10/1/2002 TO 10/31/2002

**PSEG NUCLEAR LLC** 

PARAMETER	X	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO EX	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.0944	0.0944		*****	*****	*****		0	1/Month	CALCTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD				*****		1/Month	CALCTD
	MOL*	<b>等等物質的等級</b>	ravers, respons		TORSES FOR FROM	150% PREST, 1923-54	erratarikan.		100	Yes in the	
pH	SAMPLE MEASUREMENT	*****	*****		7. 7	****	7.7		0	1/Month	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	6.0 01DAMN	******	9.0 01DAMX	SU		1/Month	GRAB
	MDL* ; ; ;	FR-HJALIMACH	14(11,100 in 1812)		STAL FALLENCY.	ANCES IN THE	meioral ai		41.46		A STATE OF THE SECOND
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****		9	9	*****		0	1/Month	GRAB
00530 1 Effluent Gross Value	PERMIT REQUIREMENT	*******	**************************************	*****	100 01DAMX	30 01MOAV		MG/L		1/Month	GRAB
	MDL	HINELENSEE	独动可数据物数		376/400 P.Y. COMP.		STATE OF THE		49	2,435.00	
Petroleum Hydrocarbons	SAMPLE MEASUREMENT	*****	*****		*****	<0.5	40.5		0	1/Month	GRAB
00551 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	*****	10 01MOAV	15 01DAMX	MG/L		1/Month	GRAB
	MDL 7	HELANTHY WITH	cestavanomyjs.		PERMITTING.	规定的证据的特性	<b>扩冲机性型36</b> 7				
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	****	*****		*****	8	8		0	1/Month	GRAB
00680 1 Effluent Gross Value	PERMIT REQUIREMENT		•	*****		RÉPORT 01MOAV	50 01DAMX	MG/L	25.5	1/Month	GRAB
	MOL	<b>然可能的的人类似</b>	CLE-SON SERVICE		\$45000000000000000000000000000000000000	\$1103/4DE/13694.1	\$\\Z\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
Lab Certification #	SAMPLÉ MEASUREMENT	17327	06431		46405	77343				· · · · · · · · · · · · · · · · · · ·	
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT.		REPORT	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	W. WDC, A. V.	CONTRACTOR OF THE CONTRACTOR O	學的的學說如		SALAN SALAN SALAN	MATERIAL PROPERTY OF THE PARTY	<b>经验证证证</b>		Auti	\$24.00 K. M.	SECOND AND

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