

LR-E02-0422

December 18, 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 4904

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 November 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.

4 8/11/1

Timoti₩ ø. O'Connor Vice Fresident Operations

Attachments

IE25

NJPDES Report November 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

NJPDES Report Explanation of Deviations November 2002

The following excursions are included in the attached report and are explained below. Excursions have not endangered nor significantly impacted public health or the environment.

DSN NO.

EXPLANATION

None

COUNTY OF SALEM STATE OF NEW JERSEY

- I, Timothy J. O'Connor, of full age, being duly sworn according to law, upon my oath depose and say:
 - 1. I Timothy J. O'Connor, Vice President of 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.

Timothy/J. O'Connor

Vice Préside Opérations

Sworn and subscribed before me this /6/day of DFC, 2002

DELORIS D. HADDEN Notary Public of New Jersey My Commission Expires 03-29-2005 ID # 2073649

MAPLEWOOD TESTING SERVICES REPORT



TO:

Dave Hurka

Sr. Engineer - Nuclear

PSEG

December 10, 2002 Report No.TP02079-A

SUBJECT:

RECORD OF RHODAMINE WT DYE INJECTION FOR CIRCULATING WATER FLOW TEST AT

SALEM GENERATING STATION - UNIT NO. 1

CONDUCTED BY: Victor Simpson

Sr. Test Engineer, Maplewood Testing Services

PURPOSE

To report the date, time, amount and concentration of Rhodamine WT dye released to the river while testing at Salem Generating Station - Unit No. 1.

SUMMARY

Listed in the table below are the data pertinent to the injection of Rhodamine WT dye at Salem Generating Station - Unit No. 1. Testing is complete at this station.

RECORD OF RHODAMINE WT INJECTION

Test Date Pump No.		Injectio	n Time	Pure Dye Injected	No. of Pumps In Service	Total System Flow	Effluent Concentration
	1	(start)	(stop)	(ml)		(1000 gpm)	(ppb)
11/19/02	11A	0928	0945	22.70	12	2220.0	0.16
11/19/02	11B	1007	1024	23.67	12	2220.0	0.17
11/19/02	12A	1103	1119	22.24	12	2220.0	0.17
11/19/02	12B	1330	1342	19.50	12	2220.0	0.17
11/19/02	12B	1352	1406	6.39	12	2220.0	0.08
11/19/02	13A	1432	1450	25.07	12	2220.0	0.17
11/19/02	13B	1515	1535	27.72	12	2220.0	0.16

Senior Supervising Test Engineer

Mechanical Division

C J. Eggers

S:\mech\mag\tpg reports 2002\tp02079\report.doc

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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	FACA - SW Outfall FACA
1430003022	11	1	2002	To	11	30	2002	FACA - SW Outlan 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

CHECK IF APPLICABLE:	No Discharge this Monitoring Period Monitor	ing Report Comments Att	ached
the certification or, in his absence the certification. Where the higher reponsibility or person designated	t ranking official having day-to-day managerial and operational reaperson designated by that person. For a local agency, the high st ranking operator does not have the ability to authorize capital by that person shall also sign the second certification at the bott ment works, the highest-ranking official of the contracted entity second certification.	est ranking operator of the texpenditures and hire personom of this page. If the local	reatment works shall sign nnel, a person having that
that, based on my inquiry of thos complete. I am aware that there	t I have personally examined and am familiar with the information individuals immediately responsible for obtaining the information are significant penalties for submitting false information, including Jersey Water Pollution Control Act provides for penalties up	ation, I believe that the info ling the possibility of fine a	rmation is true, accurate and
Timothy J. O'Copnor	Vice President-Operations	N/A	
NAME AND TITLE OF PRINCIPAL E	RECEIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPER	ATOR GRADE AND REGI	STRY NUMBER (IF APPLICABLE) (856) 339-6000
SIGNATURE OF PRINCIPAL EXECT	TIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the higher person designated by that person shall	est ranking operator does not have the ability to authorize capital expe Il sign the following certification:	enditures and hire personnel, a	person having that responsibility or
I certify under penalty of law and in a	accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewe	ed the attached discharge monit	oring reports.
N/A	N/A	N/A	N/A
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

FERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACA SW Outfall FACA

11/1/2002 TO 11/30/2002

PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTRA	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature,	SAMPLE MEASUREMENT	*****	*****		*****	10.8	12.4		0	Continuous	CONTIN
00010 G Raw Sew/influent	PERMIT REQUIREMENT	a divin		*****	1 2	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
	MOL	AND STREET	2.00		***		1553,573,573		13.7		
Temperature, oC	SAMPLE MEASUREMENT	****	*****		*****	17.0	20.2		0	Continuous	
00010 1 Effluent Gross Value	VECHOSERENI SABARAL	juju	10000	*****		REPORT.	43.3 01DAMX	DEG.C		Continuous	CONTIN
	ALC N	-OPPOPRIATES			*0 *	F6.34.635	2003年6月10日				
Temperature,	SAMPLE MEASUREMENT	*****	*****		******	6.2	9. /		0	1/Day	CALCTU
00010 2 Effluent Net Value	A PERSONAL PROPERTY.	. Apptur	77-110	*****		REPORT :	15.3 01DAMX	DEG.C		1/Day	CALCTD
- Lindon tare	18 mg 19 18		3.4		Nation Co.				2353		
Lab Certification #	SAMPLE MEASUREMENT	17327	06131		46405	77343	·				
99999 99 Lab	NE PERMIT ES REQUIREMENT	REPORT Labra	REPORTS Lab //		REPORT Lab.C	REPORT.	REPORT.			Not Applic	NOT AP
	BY LIOL WAY		0.5000000000000000000000000000000000000		SPECIAL STREET	15000000000000000000000000000000000000	Establish				

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: 10/1/2002

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT		M	ONITO	RIN	G PERIO)D	MONITORED LOCATION:	
NJ0005622	Month 11	Day 1	Year 2002	To	Month 11	Day 30	Year 2002	FACB - SW Outfall FACB

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

CHECK IF APPLICABLE:	No Discharge this Monitoring Period Monitoring Rep	oort Comments Atta	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 to tures and hire persor his page. If the local	reatment works shall sign unel, 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 e individuals immediately responsible for obtaining the information, I are significant penalties for submitting false information, including the ew Jersey Water Pollution Control Act provides for penalties up to \$50,	believe that the info possibility of fine an	rmation is true, accurate and
Timothy J. O'Connor	Vice/President-Operations		N/A
NAME AND TITLE OF PRINCIPAL E	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGIS	STRY NUMBER (IF APPLICABLE) (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 expenditures	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 att	ached discharge monito	oring reports.
N/A	N/A	N/A	N/A
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACE SW Outfall FACE

11/1/2002 TO 11/30/2002

2002 PSEG NUCLEAR LLC

NJ0005622	FAC	B SW Outfall F	ACB 1	1/1/2002	TO 11/30/2002	PSEG NUC	LEAR LLC				
PARAMETER,	∇	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature,	SAMPLE MEASUREMENT	******	*****		*****	10.8	12.4		0	Continuori	CONTIN
00010 G Raw Sew/influent	PERMIT REQUIREMENT	17160	1977	*****	(1) ,	REPORT. 01MOAY	REPORT 01DAMX	DEG.C		Continuous	CONTIN
Temperature,	SAMPLE MEASUREMENT	*****	*****		*****	/9.	20.7		0	Continuous	CONTIN
00010 1 Effluent Gross Value	PERCET PROPERTY	12 (1997)	or (Carlo	******		- REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
Temperature,	\$AMPLE BIEASUREMENT	*****	*****		••••	8.3	8. 7		0	1/04	CALGTU
00010 2 Effluent Net Value	PERMITING SEQUIREMENT BENEZIE	etgine -	tima 4	*****		REPORT! 01MOAV.	15.3 01DAMX	DEG.C		1/Day	CALCTD
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
99999 9 3 Lab	REGUERAENT PERMIT	REPORT Lab	<u> </u>		REPORT Lab#	REPORT Lab #	REPORT Lab#			Not Applic	NOT AP
•	MOL.		SHIPS IN THE		SAMPLE A		35 A W (7)				

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: 10/1/2002

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	N	IONITORIN	NG PERIOD	MONITORED LOCATION:
NJ0005622	Month Day	Year 2002 To	Month Day Year 11 30 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 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 Monitoring Period Monitoring Re	eport Comments Atta	ched
the certification or, in his absence the certification. Where the higher reponsibility or person designated	ranking official having day-to-day managerial and operational response a person designated by that person. For a local agency, the highest ranking operator does not have the ability to authorize capital expense by that person shall also sign the second certification at the bottom of ment works, the highest-ranking official of the contracted entity shall significant to the contracted entities the contracted entitles the contracted entities the contracted entitles the contracted entities the contracted entitles the contracted entities the contr	king operator of the tr ditures and hire person this page. If the local	eatment works shall sign nel, a person having that
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Timothy J! O'Connor	, Vice President-Operations	N/A	A Comment of the Comm
NAME AND TITLE OF PRINCIPAL	XYCOVIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	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
· · · · · · · · · · · · · · · · · · ·	st ranking operator does not have the ability to authorize capital expenditure	es and hire personnel, a	person having that responsibility o
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 a	attached discharge monito	pring reports.
N/A	N/A	N/A	N/A

SIGNATURE

PI 46814

♪?ERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACC SW Outfall FACC

11/1/2002 TO 11/30/2002

PSEG NUCLEAR LLC

PARAMETER	\sim	QUANTITY (QUANTITY OR LOADING L		QUALITY OR CONCENTRATION			UNITS	NO. EX.		SAMPLE TYPE
Flow, in Conduit or Thru Treatment Plant	Sample Measurement	2645	2819		*****	*****	*****		0	1/Day	CALOTO
50050 G Raw Sew/influent	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX	MGD		••••	****	*****		1/Day	CALCTD
Thermal Discharge Million BTUs per Hr	SAMPLE MEASUREMENT	12 797	15132		*****	*****	*****	<u></u>	0	1/0ay	CALCTD
00015 2 Effluent Net Value	PERMIT REQUIREMENT	A REPORT 01MOAY	30800 001DAMX	MBTU/HR			pripri	******		1/Day	CALCTD
Lab Certification #	SAMPLE SEASUREMENT	17327	06431		41405	77343					
99999 99 Lab	# PERPOT SE REQUIREMENT MOU	REPORT.	REPORT 型 (ED)	li	REPORT Lab#	REPORT Lab#	REPORT Lab#			Not Applic	A TOW

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Pre-Print Creation Date: 10/1/2002

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT MONITORING PERIOD					MONITORED LOCATION:			
NJ0005622	Month 11	Day 1	Year 2002	To	Month 11	Day 30	Year 2002	048C - SW Outfall 48C

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

COUNTY: So	

CHECK IF APPLICABLE:	No Discharge this Monitoring Period	Monitoring Rep	ort Comments Att	tached
the certification or, in his absence the certification. Where the highe reponsibility or person designated	t ranking official having day-to-day managerial as a person designated by that person. For a local as st ranking operator does not have the ability to at by that person shall also sign the second certificment works, the highest-ranking official of the co	gency, the highest rank athorize capital expenditation at the bottom of the	ing operator of the tures and hire personis page. If the location	treatment works shall sign onnel, a person having that
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Tinothy J. O'Connor	Vice President-Operations		<u></u>	N/A
NAME AND TITLE OF PRINCIPAL E	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *L	ICENSED OPERATOR	GRADE AND REGI	(856) 339-6000
SIGNATURE OF PRINCIPAL EXECU	TIVE OFFICER, AUTHORIZED AGENT, OR *LICEN	SED OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the light person designated by that person shall	st ranking operator does not have the ability to authorall sign the following certification:	rize capital expenditures	and hire personnel, c	person having that responsibility or
I certify under penalty of law and in a	eccordance with N.J.S.A. 58:10A-6F(5) that I have rece	ived and reviewed the atta	ched discharge moni	toring reports.
N/A	N/A	•	N/A	N/A
NAME AND TITLE	SIGNATURE		DATE	AREA CODE/PHONE NUMBER

- PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

048C SW Outfall 48C

11/1/2002 TO 11/30/2002

PSEG NUCLEAR LLC

NJU0U3022	0460	. Sty Outlan 46		1/1/2002	10 11/30/2002	PSEG NUC	LEAR 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	0.1594	0.5100		***	****	*****		0	1/ay	CALOTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT	REPORT	MGD	******	******	, et l' e	*****		1/Day	CALCTD
	MDL					Advanta depa					
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****		*****	18	26		0	2/Month	COMPOS
00530 1 Effluent Gross Value	PERMIT REQUIPEMENT	* ******	***************************************	*****	******	30 01MOAV	100 01DAMX	MG/L		2/Month	COMPOS
·	AEDL								5.7		
Nitrogen, Ammonia Total (as N)	SAMPLE MEASUREMENT	*****	*****		*****	11	21		0	2/Month	COMPOS
00610 1 Effluent Gross Value	PERMIT REQUIREMENT		\$+**	*****	44444	35 01MOAŶ.	70 - 01DAMX	MG/L		2/Month	COMPOS.
	. MOL	1,000				1930,538,538	(1944) (1955年)	•			
Petroleum Hydrocarbons	Sample Measurement	*****	*****		*****	<0.5	1		0	2 Month	GRAB
00551 1 Effluent Gross Value	PERMIT REQUIREMENT	F. Samm	*****	****		10 01MOAV	16 01DAMX	MG/L		2/Month	GRAB
	AN MOL	Mark Press	STORY AND STORY								
Carbon, Tot Organic (TOC)	&LE MEASUREMENT	*****	*****		*****	18	29		0	2/Month	compos
00680 1 Effluent Gross Value	PERKIT REQUIREMENT		*	*****	1	REPORT.	50 01DAMX	MG/L		2/Month	COMPOS
	MDL	7 7/6									
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
99999 9 9 Lab	PERMIT 9 REQUIREMENT	REPORT Laby	REPORT .		REPORT -	REPORT :	REPORT	-		Not Applic	NOTAP
•	Chief Trans Land	TENERS SEE ALGORISM	Mark Market Comment of	İ	Company of the second		Notes and the second se				ectars 5 1 for 5

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: 10/1/2002

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT		M	ONITO	RIN	G PERIC)D		MONITORED LOCATION:
NJ0005622	Month 11	Day 1	Year 2002	То	Month 11	Day 30	Year 2002	481A - SW 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 08038-0000 REPORT RECIPIENT:

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

CHECK IF APPLICABLE:	No Discharge this Monitoring Period Mo	onitoring Report Comments Att	tached
the certification or, in his absence the certification. Where the highe reponsibility or person designated	ranking official having day-to-day managerial and operat a person designated by that person. For a local agency, the st ranking operator does not have the ability to authorize con by that person shall also sign the second certification at the ment works, the highest-ranking official of the contracted of	e highest ranking operator of the tapital expenditures and hire persone bottom of this page. If the locate	treatment works shall sign nnel, a person having that
that, based on my inquiry of those complete. I am aware that there	t I have personally examined and am familiar with the in- e individuals immediately responsible for obtaining the in- are significant penalties for submitting false information, in ew Jersey Water Pollution Control Act provides for penalt	nformation, I believe that the information, I believe that the information of fine a	ormation is true, accurate and
Timothy J. 0'Lonnor,	Vice President-Operations	<u> </u>	N/A
NAME AND TITLE OF PRINCIPAL &	CUTIVE 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 OPER		AREA CODE/PHONE NUMBER
*For a local agency where the highe person designated by that person shall	st ranking operator does not have the ability to authorize capite I sign the following certification:	nl expenditures and hire personnel, a	person having that responsibility or
	ccordance with N.J.S.A. 58:10A-6F(5) that I have received and r		
N/A		N/A	N/A
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

11/1/2002 TO 11/30/2002

PSEG NUCLEAR LLC

NJUUUS622	4012	Say Outiaii 48	IA I	1/1/2002	10 11/30/2002	PSEG NUC	LEAR LLC				
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	\$AMPLE MEASUREMENT	452	518		****	*****	****		0	1/004	CALOTO
50050 1 Effluent Gross Value	PERMIT: REQUIREMENT	REPORT 4	REPORT :	MGD		191111	46 (5 (5)) 1 (5) 11111	*****		1/Day	CALCTE
	MOL					33871133V					
pH	SAMPLE MEASUREMENT	*****	*****		7.0	****	7.8		0	1/weck	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT.	-Marija		*****	6.0 C1DAMN	••••	9.0 01DAMX	SU		1/Week	GRAB
	HOL .	***									
рH	SAMPLE MEASUREMENT	*****	*****		7.2	*****	7.9		0	1/week	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	a prin 🕬	4.	*****	REPORT 01DAMN	,,,,,	REPORT 01DAMX	SU		1/Week	GRAB
	NOT	estephinologist.	Married 13 c				34 47 5 2		27.		
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****		CODE=N	****	*****		0	CODEIN	CODEIN
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT			*****	50 01DAMN	enin.		%EFFL		2/Year	COMPOS
	MOL	ACHAINA			#1	Green and the					
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	CODETN	CODE: N		0	CODE = N	CODE=N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	a ining	Appen 1	*****		, 0.3 01MOAV _{±3}	0.5 01DAMX	MG/L		3/Week	GRAB.
Option 1	MOLT	4848 7367					X + 1 + 7 / 4 / 7 / 3				
Chlorine Produced Oxidants	EAMPLE MEASUREMENT	*****	*****		******	<0.1	<0.1		0	3/week	GRAIS
*CPOX 1 Effluent Gross Value	PERMIT ? REQUIREMENT	A print to	S. min.	*****		REPORT - 01MOAV:	0.2 01DAMX	MG/L		3/Week	GRÅB
Option 2	MEDL		7			7. H. C. S. L.	\$20,000,000,000			312 3 3 3 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.

Pre-Print Creation Date: 10/1/2002

PI 46814

. PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622 481A SW Outfall 481A

11/1/2002 TO 11/30/2002

PSEG NUCLEAR LLC

PARAMETER		QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	17.1	20.7		0	1/Day	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT.			*****	34	REPORT.	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	+ MOL	建筑外外	AND A SHIP		3.79	इनसङ्ग्रहास्त्रीह	Strange Commencer		7.	3,4,5,20	
Lab Certification #	SAMPLE MEASUREMENT	17327	06431	·	46405	77343					
99999 9 9 Lab	PERMIT REQUIREMENT	REPORT.	REPORT .		REPORT	REPORT -	REPORT Lab#			Not Applic	NOT AP
LED	MOL	WASHERS.	Sept.		-80 8						7. 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3

Consinents. The permittee is requi	ired to perform acute toxicity	testing on a minimum or o	one representative Cvv5 of	uttaii while DSN 480 is be	ing routed to that outfall.

Pre-Print Creation Date: 10/1/2002

Page 2 of 2

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT		M	ONITO	RIN	G PERIC	MONITORED LOCATION:		
NJ0005622	Month	Day	Year]	Month	Day	Year	482A - SW Outfall 482A
1430003022	11	1	2002	To	11	30	2002	402A - 5W Outlan 402A

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

CHECK IF APPLICABLE:	No Discharge this Monitoring Period	Monitoring Report Commen	its Attached
the certification or, in his absence the certification. Where the highe reponsibility or person designated	t ranking official having day-to-day managerial are a person designated by that person. For a local as st ranking operator does not have the ability to aud by that person shall also sign the second certification works, the highest-ranking official of the comment works.	gency, the highest ranking operator of thorize capital expenditures and hire ation at the bottom of this page. If the	of the treatment works shall sign e personnel, a person having that ne local agency has contracted with
that, based on my inquiry of those complete. I am aware that there	t I have personally examined and am familiar we be individuals immediately responsible for obtainare significant penalties for submitting false info lew Jersey Water Pollution Control Act provides	ing the information, I believe that t mation, including the possibility of	he information is true, accurate and fine and/or imprisonment, pursuant
Timothy J. O'Connor	Vice President-Operations		N/A
NAME AND TITLE OF PRINCIPAL P	XECUTIVE OFFICER, AUTHORIZED AGENT, OR *L	ICENSED OPERATOR GRADE ANI	D REGISTRY NUMBER (IF APPLICABLE) 02 (856) 339-6000
SIGNATURE OF PRINCIPAL EXECU	TIVE OFFICER, AUTHORIZED AGENT, OR *LICEN		AREA CODE/PHONE NUMBER
*For a local agency where the higher person designated by that person shall	est ranking operator does not have the ability to authout the following certification:	rize capital expenditures and hire perso	
	accordance with N.J.S.A. 58:10A-6F(5) that I have rece	·	• •
N/A		N/A	N/A
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

* PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

11/1/2002 TO 11/30/2002

FACILITY NAME:

NJ0005622 **PSEG NUCLEAR LLC** 482A SW Outfall 482A NO. FREQ. OF SAMPLE PARAMETER **QUANTITY OR LOADING** UNITS **QUALITY OR CONCENTRATION UNITS** EX. **ANALYSIS** TYPE Flow, in Conduit or SAMPLE MEASUREME 449 489 **** ***** 1/047 0 CALCTO Thru Treatment Plant 50050 1 REPORT REPORT: 1/Day CALCTD MGD 01DAMX: ****** 01MOAV 🚉 (****** Effluent Gross Value BIDL рH 1/week *7.* 3 7. 7 0 GRAB 6.0 00400 1 9.0 1/Week 4"" GRAB PERLIT -REQUIREMENT ****** SU Effluent Gross Value 01DAMN ... 01DAMX MDL · ρН SAMPLE 1/week GRAB MEASUREMENT **** 7.9 7.2 ••••• ****** 00400 7 REPORT REPORT 1/Week GRAB PERMIT EQUIREMEN SU 01DAMN 01DAMX Intake From Stream MIDL LC50 Statre 96hr Acu SAMPLE MEASUREMEN ***** CODE = N CODESP CODEON Cyprinodon TANSA 1 ***** . 94494A 2/Year COMPOS %EFFL 400000 **Effluent Gross Value** 01DAMN MOL MANAGE (Chlorine Produced CODEIN CODE = N CODE=N 0 CODE = N Oxidants *CPOX 1 . 0.3 3/Week 0.5 GRAB ... PERMIT REQUIREMENT MG/L Effluent Gross Value ***** 01DAMX -OIMOAY, , MOL 🖖 4 10 十**4**4.9 Option 1 versak Heiji Chlorine Produced SAMPLE MEASUREMENT **** 3/week GRAB 0 40.1 Oxidants <0.1 *CPOX 1 REPORT 0.2 3/Week GRAB : MG/L Effluent Gross Value OIMOAY ... 01DAMX Option 2 SADE AT PROCESSES

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: 10/1/2002

PI 46814

. PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

482A SW Outfall 482A

11/1/2002 TO 11/30/2002

PSEG NUCLEAR LLC

PARAMETER	\times	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTR	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature,	SAMPLE MEASUREMENT	*****	****		*****	17.0	22.3		0	IlDay	CONTIN
00010 1 Effluent Gross Value	PERMIT PECUREMENT		copy	*****		REPORT: 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN :
	A COLOR				espect :						7 %
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343	,	<u>;</u>			
99999 9 9 Lab	PERMIT E.	REPORTA Lab	REPORT		REPORTU	REPORT	REPORT Lab#			Not Applic	NOT AP
	To include				HICKS TWO IS						

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is to	being routed to that outfall.
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Pre-Print Creation Date: 10/1/2002

Page 2 of 2

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MO	NITORING	G PERIC	MONITORED LOCATION:		
NJ0005622	Month Day	Year 2002 To	Month 11	Day 30	Year 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

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

REPORT RECIPIENT:

CHECK IF APPLICABLE:	No Discharge this Monitoring Period	Monitoring Report Comments A	ttached
the certification or, in his absence the certification. Where the highes reponsibility or person designated	ranking official having day-to-day managerial ar a person designated by that person. For a local ag at ranking operator does not have the ability to au by that person shall also sign the second certifica- ment works, the highest-ranking official of the con-	gency, the highest ranking operator of the thorize capital expenditures and hire pers tion at the bottom of this page. If the loc	treatment works shall sign connel, a person having that cal agency has contracted with
that, based on my inquiry of those complete. I am aware that there a	t I have personally examined and am familiar wi e individuals immediately responsible for obtain are significant penalties for submitting false infor ew Jersey Water Pollution Control Act provides f	ing the information, I believe that the in mation, including the possibility of fine	formation is true, accurate and
Timothy J. O'Connor	Vice President-Operations	N/	A
NAME AND TITLE OF PRINCIPALE	XECUTIVE OFFICER, AUTHORIZED AGENT, OR *LI	CENSED OPERATOR GRADE AND REC	GISTRY NUMBER (IF APPLICABLE) (856) 339-6000
SIGNATURE OF PRINCIPAL EXECU	TVE OFFICER, AUTHORIZED AGENT, OR *LICENS		AREA CODE/PHONE NUMBER
*For a local agency where the higher person designated by that person shall	t synking operator does not have the ability to author lengn the following certification:	rize capital expenditures 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 rece	ived and reviewed the attached discharge mor	nitoring reports.
N/A	N/A	N/A	N/A
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

483A SW Outfall 483A

11/1/2002 TO 11/30/2002

÷ **PSEG NUCLEAR LLC** NO FREQ. OF SAMPLE **PARAMETER QUANTITY OR LOADING** UNITS **QUALITY OR CONCENTRATION** UNITS EX. **ANALYSIS TYPE** Flow, in Conduit or CALCID 445 508 0 1/Day Thru Treatment Plant REPORT ... REPORT 01DAMX 50050 1 CALCTD 1/Day PERMIT REQUIREMENT MGD Effluent Gross Value THE REPORT OF MONEY ... , LIDL : pН SAMPLE MEASUREMENT 1/week 7.8 0 GRAB 7.4 PERMIT REQUIREMENT 6.0 01DAMN 00400 1 9.0 GRAB 1/Week SU Effluent Gross Value 01DAMX MOL **1871 ~ 1989**新 STREET, SEC. pН BAMPLE 1/week ***** MEASUREMENT 7.9 GRAB 7.2 0 REPORT. GRAB. 00400 7 REPORT 1Week SU 01DAMN 01DAMX Intake From Stream 700 K MOL **Chlorine Produced** SAMPLE : COPETN CODE=N CODESN 0 CODE = N Oxidants *CPOX 1 0.3 3/Week wr: 0.5 GRAB MG/L ****** 01DAMX 01MOAV **Effluent Gross Value** · MOL to the YYYY Option 1 Villar / Chlorine Produced SAMPLE MEASUREMENT <0.1 3/Wack 0 CO. / GRAB **Oxidants** PERMIT REQUIREMEN 0.2 *CPOX 1 REPORT 3/Week GRAB MG/L 01DAMX Effluent Gross Value MOL T Option 2 AP TOTAL Temperature, SAMPLE 0 **** 1/Das 24.2 17.2 CONTIN oC REPORT 00010 1 REPORT_ CONTIN 1/Day DEG.C 01MOAV 01DAMX Effluent Gross Value

Comments: Any questions in i	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: 10/1/2002

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

483A SW Outfall 483A

11/1/2002 TO 11/30/2002

PSEG NUCLEAR LLC

	4007	1011 0411411 10	•			. 0200.					
PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	&LE MEASUREMENT	17327	06431		46405	77343					
99999 9 9 Lab	PERMIT REQUIREMENT	REPORTA Lab #	REPORT Lab #		REPORT	REPORT Lab#	REPORT Lab#			Not Applic	NOT AP
	ALC VOLVE VE	298039462915	SAG STATE		Treate v	33.00	20 Table 1 (2)	[

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: 10/1/2002

Page 2 of 2

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT		M	ONITO	RIN	G PERIC		MONITORED LOCATION:	
NJ0005622	Month	Day	Year]	Month	Day	Year	484A - SW Outfall 484A
1100000022	11	1	2002	То	11	30	2002	404A - 511 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

CHECK IF APPLICABLE:	No Discharge this Monitoring Period Monitoring	Report Comments At	tached
the certification or, in his absence the certification. Where the highes reponsibility or person designated	ranking official having day-to-day managerial and operational respansion designated by that person. For a local agency, the highest tranking 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 also second certification.	ranking operator of the cenditures and hire person of this page. If the loca	treatment works shall sign onnel, a person having that
that, based on my inquiry of those complete. I am aware that there a	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 work of the penalties of the submitting false information.	on, I believe that the infi the possibility of fine a	ormation is true, accurate and
Timothy J. O'Connor	Vice President-Operations		I/A
NAME AND TITLE OF PRINCIPAL E	XECOTO OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	OR GRADE AND REG	istry number (if applicable) (856) 339-6000
SIGNATURE OF PRINCIPAL EXECU	TIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
	r st ranking operator does not have the ability to authorize capital expendi	tures 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 to	he attached discharge moni	toring reports.
N/A	N/A	N/A	N/A
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

PERMIT NUMBER:

NJ0005622

MONITORED LOCATION: 484A SW Outfall 484A

MONITORING PERIOD:

11/1/2002 TO 11/30/2002

FACILITY NAME:

PSEG NUCLEAR LLC

NO. FREQ. OF SAMPLE **PARAMETER QUANTITY OR LOADING** UNITS **QUALITY OR CONCENTRATION** UNITS EX **ANALYSIS** TYPE Flow, In Conduit or SAMPLE MEASUREMENT 1/100 488 ***** 489 CALCTO 0 Thru Treatment Plant REPORT 50050 1 REPORT 1/Day CALCTO PERMIT REQUIREMENT MGD 01MOAY 01DAMX Effluent Gross Value MOL 72 Sept. 18 рΗ SAMPLE MEASUREMENT 1 Jucck *7.* 2 7.8 0 GRAB 00400 1 6.0 9.0 1/Week GRAB ! PERMIT SU 01DAMN 01DAMX Effluent Gross Value MDL e i Caracana de la compansa de la c pН SAMPLE MEASUREMENT 7.9 1/week **** **** ***** 0 GRAB 7.2 00400 7 REPORT REPORT GRAB 1/Week PERMIT REQUIREMENT ****** SU 01DAMN 01DAMX Intake From Stream MDL LC50 Statre 96hr Acu SAMPLE MEASUREMEN CODE: N CODE = N CODE = N Cyprinodon TANSA 1 50 2/Year COMPOS PERMIT REQUIREMENT %EFFL ****** 01DAMN: ***** Effluent Gross Value /- MDL Chlorine Produced SAMPLE MEASUREMENT CODESN ***** CODE = N CODE 3 N COOFTN Oxidants *CPOX 1 PERMIT REQUIREMENT 0,3 GRAB 0.5 3/Week » ****** MG/L ***** 01MOAV 01DAMX Effluent Gross Value Option 1 MDL* Chlorine Produced GRAB 0 3/week <0. | <0./ Oxidants *CPOX 1 REPORT. 0,2 3/Week GRAB MG/L Effluent Gross Value DIMOAY. OIDAMX.

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: 10/1/2002

Option 2

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

484A SW Outfall 484A

11/1/2002 TO 11/30/2002

PSEG NUCLEAR LLC

PARAMETER		QUANTITY (OR LOADING	UNITS	UNITS QUALITY OR CONCENTRATION				NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature,	SAMPLE MEASUREMENT	*****	*****		****	19.4	21.4		0	1/Day	CONTIN
00010 1 Effluent Gross Value	PERMIT AREQUIREMENT		11110	*****		REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Lab Certification #	uot 3.80										
	SAMPLE MEASUREMENT	17327	06431		46405	77343					·
99999 99 . Lab	PERLIT REQUIREMENT	REPORT Lab.	FIEPORTI'S L		REPORT :	REPORT	REPORT:			Not Applic	NOT AP
·	MDL.		UNICODE STATE		All barries	YES BEST TO A					

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: 10/1/2002

Page 2 of 2

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT		M	ONITO	RIN	G PERIC)D	MONITORED LOCATION:	
NJ0005622	Month 11	Day 1	Year 2002	То	Month 11	Day 30	Year 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

CHECK IF APPLICABLE: No	Discharge this Monitoring Period Monitoring Rep	ort Comments Att	ached
the certification or, in his absence a person the certification. Where the highest rankin reponsibility or person designated by that	official having day-to-day managerial and operational responsing designated by that person. For a local agency, the highest ranking operator does not have the ability to authorize capital expending person shall also sign the second certification at the bottom of the contracted entity shall significant of the contracted entity shall significant.	ing operator of the to tures and hire person his page. If the local	reatment works shall sign nnel, a person having that
that, based on my inquiry of those individ complete. I am aware that there are signi	personally examined and am familiar with the information sub duals immediately responsible for obtaining the information, I ficant penalties for submitting false information, including the y Water Pollution Control Act provides for penalties up to \$50,0	believe that the info possibility of fine ar	rmation is true, accurate and
Timothy J. O'Connor Vice	President-Operations	N/A	
NAME AND TITLE OF PRINCIPAL EXECUTY	VE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGIS 12/18/02	STRY NUMBER (IF APPLICABLE) (856) 339-6000
SIGNATURE OF PRINCIPAL EXECUTIVE OF	FICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the highest ranking person designated by that person shall sign the	g operator does not have the ability to authorize capital expenditures following certification:	and hire personnel, a	person having that responsibility or
I certify under penalty of law and in accordance	e with N.J.S.A. 58:10A-6F(5) that I have received and reviewed the att	ached discharge monit	oring reports.
N/A	N/A	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

11/1/2002 TO 11/30/2002

PSEG NUCLEAR LLC

NJ0005622	485A	SW Outfall 48	5A 1	1/1/2002	TO 11/30/2002	PSEG NUCI	LEAR 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	450	454		****	*****	*****		0	1/Pay	CALCTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT *	REPORT 01DAMX	MGD		, mm	*******	B44444		1/Day	CALCTD
	MOL *	Later.	rate latines		951547.79	25,4,389.10					
pH	EAMPLE MEASUREMENT	*****	*****		7.5	****	7.7		0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT		y Spinit	*****	6.0 01DAMN	; ;;;;;	9.0 01DAMX	su		1/Week	GRAB
	MDC.	* %	11414				抗性病病等				
рH	Sample Measurement	*****	*****		7.2	*****	7.9		0	1/week	GRAB
00400 7 Intake From Stream	PERMIT. REQUIREMENT		er e gringe	*****	REPORT	*******	REPORT	şu		1/Week.∠	GRAB
	MOL	adulta (Kastin)	fight and opposite								
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****		>100	*****	*****		O	2/year	COMPOS
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT			*****	50 01DAMN		••••	%EFFL		2/Year	COMPOS
<u> </u>	: Nor	* ** *********************************	Antony)								
Chlorine Produced Oxidants	BAMPLE MEASUREMENT	*****	*****		*****	CODE > N	CODE = N		0	CODESN	CODE= P
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	dangerrari (d . Se	Andrews	*****		0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	, NO.		$\{(i,j),(i+1),(j+1)\}$				F4 (5 (5 *** * 50))	·			
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	<0.1	<0./		0	3/week	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT		rijin).	*****		REPORT	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	MOL #	THE RESPONSIBLE	oververs.			377 (X) A					

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: 10/1/2002

PI 46814

- PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622	485A	SW Outfall 48	5A	A 11/1/2002 TO 11/30/2002 PSEG NUCLEAR LLC							
PARAMETER	\sim	QUANTITY	OR LOADING	UNITS	S QUALITY OR CONCENTRATION			UNITS	NO. EX.		SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		****	19.2	24.3		0	1/0ay	CONTIN
00010 1 Effluent Gross Value	PERMIT RECURREMENT	entitis .	e dime-	******	3 ******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	MOL	es stores e s	Service and the service and th		** **********************************					12.35	
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					•
99999 99 Lab	PERMIT . REQUIREMENT	ि (REPORT) Lab	REPORT Lab		REPORT.	REPORT L	REPORT			Not Applic	NOTAP
	MOLTHAN					N. T. GOVERN			4.		

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: 10/1/2002

Page 2 of 2

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	N	IONITORII	NG PERIO		MONITORED LOCATION:	
NJ0005622	Month Day	Year 2002 To	Month 11	Day 30	Year 2002	486A - SW Outfall 486A

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

N/A

NAME AND TITLE

LOCATION OF ACTIVITY: PSEG NUCLEAR LLC

REGION / COUNTY: Southern / Salem County

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

N/A

DATE

N/A

AREA CODE/PHONE NUMBER

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

CHECK IF APPLICABLE:	No Discharge this Monitoring Period	Monitoring Repo	ort Comments Atta	ched
the certification or, in his absence the certification. Where the higher reponsibility or person designated	ranking official having day-to-day managerial as a person designated by that person. For a local ast ranking operator does not have the ability to as by that person shall also sign the second certification works, the highest-ranking official of the content works, the highest-ranking official of the content works, the highest-ranking official of the content works.	agency, the highest rankir uthorize capital expenditu cation at the bottom of thi	ng operator of the troures and hire person is page. If the local	eatment works shall sign nel, a person having that
that, based on my inquiry of thos complete. I am aware that there	t I have personally examined and am familiar we e individuals immediately responsible for obtainance significant penalties for submitting false inforces Jersey Water Pollution Control Act provides	ning the information, I be ormation, including the pe	elieve that the infor ossibility of fine and	mation is true, accurate and
Timothy J. O'Connor	Nice President-Operations		N	/A
NAME AND TITLE OF PRINCIPAL E	XECUTIVE OFFICER, AUTHORIZED AGENT, OR *1	LICENSED OPERATOR	GRADE AND REGIS	TRY NUMBER (IF APPLICABLE)
	off // m		12/18/02	(856) 339-6000
SIGNATURE OF PRINCIPAL EXECU	TIPE OFFICER, AUTHORIZED AGENT, OR *LICEN	ISED OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the higher person designated by that person shall	righting operator does not have the ability to auth	orize capital expenditures a	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 rec	eived and reviewed the attac	ched discharge monito	ring reports.

N/A

SIGNATURE

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

486A SW Outfall 486A

11/1/2002 TO 11/30/2002

PSEG NUCLEAR LLC

NJ0005622	480A	SW Outlail 48	1 A0	1/1/2002	10 11/30/2002	PSEG NUC	LEAR LLC				
PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUALI	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE		
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	426	427		*****	****	****		0	11Day	CALCTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT - 01MOAY ->	REPORT 01DAMX	MGD	,,,,, ,		•	*****		1/Day	CALCTD
	S MOL										*
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
	MOL 4					77486740					
pН	SAMPLE MEASUREMENT	*****	*****		7.2	****	7.9		0	1/work	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	******	*****	*****	REPORT 01DAMN	espeet.	REPORT	sυ		1/Week	GRÁB
	MDL		631-47:32:57			5773 HE \$1					
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	*****		*****	COPE = N	COPE = N		0	CODE = N	CODE=N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT) 		. *****		0.3 01MQAY	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	MOL		277 1148 00 - 2 4								
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	******		*****	<0.1	<0.1		0	3/week	GRAB
*CPOX 1 Effluent Gross Value	PERMIT RECHIREMENT	4		****		REPORT 01MOAY.*	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	MOL							·			
Temperature,	\$AMPLE MEASUREMENT	*****	******		*****	18.9	23.0		0	1/Day	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT		3 (1944) 18 (1944)	*****	12°4.	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	MOL	49.49	A PAP			5176 Y 19 19 19 19 1	584 58450				

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: 10/1/2002

PI 46814

- PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622	5622 486A SW Outfall 486A			11/1/2002 TO 11/30/2002 PSEG NUCLEAR LLC							
PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX.		SAMPLE TYPE
Lab Certification #	. SAMPLE MEASUREMENT	17327	06431		46405	77343					
99999 9 9 Lab	PERMIT REQUIREMENT	REPORT:	REPORT:		REPORT.	REPORT } Lab'#	r REPORT. Lab#			Not Applic	NOT AP
	a Just Little	Metalic Artic	Service of the	7	/// 1989/						

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: 10/1/2002

Page 2 of 2

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT		M	ONITO	RIN	G PERIC	MONITORED LOCATION:		
NJ0005622	Month	Day	Year]	Month	Day	Year	487B - SW Outfall 487B
1430003022	11	1	2002	To	11	30	2002	40/D - 5 W Outlan 40/D

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

CHECK IF APPLICABLE:	No Discharge this Monitoring Period	Monitoring Report Comments A	ttached
the certification or, in his absence the certification. Where the highe reponsibility or person designated	t ranking official having day-to-day managerial and a person designated by that person. For a local agest ranking operator does not have the ability to audit by that person shall also sign the second certifical ment works, the highest-ranking official of the con	ency, the highest ranking operator of the horize capital expenditures and hire pers tion at the bottom of this page. If the loc	treatment works shall sign onnel, a person having that cal agency has contracted with
that, based on my inquiry of those complete. I am aware that there	at I have personally examined and am familiar wise individuals immediately responsible for obtain are significant penalties for submitting false inforfew Jersey Water Pollution Control Act provides f	ng the information, I believe that the in mation, including the possibility of fine	formation is true, accurate and
Timothy J. O'Connor	Vice President-Operations		I/A
NAME AND TITLE OF PRINCIPAL I	EXECUTIVE OFFICER, ANTHORIZED AGENT, OR *LI	CENSED OPERATOR GRADE AND REC	GISTRY NUMBER (IF APPLICABLE) (856) 339-6000
SIGNATURE OF PRINCIPAL EXEC	TIVE OFFICER, AUTHORIZED AGENT, OR *LICENS	ED OPERATOR DATE	AREA CODE/PHONE NUMBER
person designated by that person sha			•
· · · · · · · · · · · · · · · · · · ·	accordance with N.J.S.A. 58:10A-6F(5) that I have rece	ved and reviewed the attached discharge mo	nitoring reports. N/A
N/A	N/A		
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT		MONITORING PERIOD						MONITORED LOCATION:		
NJ0005622	Month	Day	Year]	Month	Day	Year	489A - SW Outfall 489A		
1430003022	11	1	2002	То	11	30	0 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 PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038

AREA CODE/PHONE NUMBER

DATE

REC	GION / COUNTY: Southern / Salem County		
CHECK IF APPLICABLE: No Disc	harge this Monitoring Period Monitoring F	Report 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 respondenced by that person. For a local agency, the highest rate at does not have the ability to authorize capital expensions a shall also sign the second certification at the bottom of the highest-ranking official of the contracted entity shall	nking operator of the tr nditures and hire person f this page. If the local	eatment works shall sign mel, a person having that
that, based on my inquiry of those individuals i complete. I am aware that there are significant	nally examined and am familiar with the information s immediately responsible for obtaining the information penalties for submitting false information, including the ter Pollution Control Act provides for penalties up to \$2	I believe that the infone possibility of fine an	rmation is true, accurate and
Timothy J. O'Connor Vice Pr	resident-Operations		N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OF	FICER AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGIS	STRY NUMBER (IF APPLICABLE)
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER	, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
For a local agency where the highest ranking pper person designated by that person shall sign the follow	ator does not have the ability to authorize capital expenditu ving certification:	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 monito	oring reports.
N/A		N/A	N/A

SIGNATURE

PERMIT NUMBER:

NJ0005622

MONITORED LOCATION:

MONITORING PERIOD:

489A SW Outfall 489A 11/1/2002 TO 11/30/2002 **FACILITY NAME:**

PSEG NUCLEAR LLC FREQ. OF SAMPLE **PARAMETER QUANTITY OR LOADING** UNITS **QUALITY OR CONCENTRATION** UNITS **ANALYSIS** EX. **TYPE** Flow, in Conduit or SAMPLE MEASUREMEN 0.1296 ***** 0.1296 CALCID 0 1/Month Thru Treatment Plant REPORT of Tale 50050 1 REPORT 15°42 (17) PERMIT . 1/Month CALCTD MGD 01MOAV ? 01DAMX Effluent Gross Value or soft. ρН SAMPLE EASUREMEN 7.3 GRAB 7.3 1/Month 00400 1 6.0 1/Month 9.6 GRAB * SU 01DAMN Effluent Gross Value OIDAMX Solids, Total 5 5 1/Honth GRAB Suspended 00530 1 100 30 1/Month GRAB PERMIT RÉQUIREMENT MG/L 200000 Effluent Gross Value 01DAMX 01MOAV M MOL DOMEST OF THE STATE OF THE STAT Petroleum Sample Measuremen GRAD ***** 1 Month <0.5 Hydrocarbons 40.5 PERMIT REQUIREMENT 00551 1 . 15 GRAB -1/Month MG/L 01MOAV **Effluent Gross Value** 01DAMX MOL Carbon, Tot Organic 1/Month 0 GRAB (TOC) 00680 1 REPORT ... 50.... PERMIT > e comb **GRAB** MG/L Effluent Gross Value 01DAMX MOL : Paris (Paris Lab Certification # SAMPLE MEASUREMENT 46405, 17327 0643/ 77343 99999 99 REPORT REPORT. REPORT REPORT REPORT! Not Applic NOT AP Lab#". Lab# 🐇 Lab# Lab

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

Pre-Print Creation Date: 10/1/2002

MDL