

Commissioner: Douglas E. Bryant

Board: John H. Burriss, Chairman
William M. Hull, Jr., MD, Vice Chairman
Roger Leaks, Jr., Secretary

Promoting Health, Protecting the Environment

Richard E. Jabbour, DDS
Cyndi C. Mosteller
Brian K. Smith
Rodney L. Grandy

EPH 960013
809.02-17

November 21, 1996

RECEIVED

NOV 22 1996

NL & OE

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Ms. Susan Reese
SCE&G/Summer Nuclear Station
Post Office Box 88
Jenkinsville, S.C. 29065

RE: Notice of Violation
SCE&G/Summer Nuclear Station
NPDES Permit SC0030856
Fairfield County

96-39-30856-521

Dear Ms. Reese:

A review of the discharge monitoring reports (DMRs) submitted to the Department for the May through September 1996 monitoring periods has revealed the following violations:

EFFLUENT:

PIPE#	PARAMETER	DATE	LIMIT	DMR	MAX/MIN
001	00011 Water Temp	08/31/1996	113	115.33	LCMX
014	00610 Ammonia-Ni	05/31/1996	4.2	18.0	LCMX

REPORTING:

- A) The parameter number for iron at discharge number 003 1 is incorrect. The parameter number listed is for flow.
- B) Flow for all discharge numbers should be reported in the quantity columns.

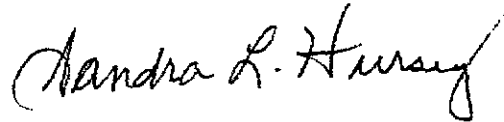
Please be aware that failure to comply with the conditions of the NPDES Permit is a violation of the Pollution Control Act, S.C. Code Ann. Section 48-1-10 et seq. (1987) and makes SCE&G subject to further enforcement action, which may include civil penalties as set forth in Section 48-1-330 of the Act.

You are requested to correct the enclosed DMRs for the September monitoring period and return them to my attention within ten (10) days of receipt of this notice. Your response should include an explanation for the violations cited above, and measures that have been or will be taken to ensure compliance with permit conditions. This response will not relieve SCE&G of responsibility for the violations cited.

Notice of Violation
SCE&G/Summer Nuclear
November 21, 1996
Page Two

If you have any questions concerning this notice, you may call me at (803) 734-5297. I will be glad to assist you.

Sincerely,

A handwritten signature in cursive script that reads "Sandra L. Hursey".

Sandra L. Hursey
Environmental Quality Manager
Enforcement Section
Bureau of Water

cc: NOV File
Central Midlands EQC District Office

PERMITTEE NAME/ADDRESS (Include
Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

MAJOR

Form Approved
OMB No. 2040-0004
Approval expires 10-31

NAME SC E & G/VC SUMMER NUCLEAR
ADDRESS SCELEC & GAS PO BOX 88
JENKINSVILLE SC 29065

FACILITY SCE&G/VC SUMMER NUCLEAR
LOCATION HWY 215 BEYOND JENKINSVILLE

SC0030856	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	To	YEAR	MO	DAY
96	09	01		96	09	30

From

To

(20-21) (22-23) (24-25)

(26-27) (28-29) (30-31)

39 CM FINAL LIMITS
DMR VALID: 11/01/93-09/30/97

NOTE: Read Instructions before completing this form.

Parameter (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
00011 LAB ID: 20001 Water Temperature (Fahrenheit) MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	103.36 REPORT MO AVG	107.56 113.0 DAILY MX	DEG. FAR.	1*	99/99 99/99	CN CN
00011 LAB ID: 20001 Water Temperature (Fahrenheit) MLOC=6	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	81.73 REPORT MO AVG	86.83 REPORT DAILY MX	DEG. FAR.	0	99/99 99/99	CN CN
00011 LAB ID: 20001 Water Temperature (Fahrenheit) MLOC=7	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	79.32 REPORT MO AVG	82.87 REPORT DAILY MX	DEG. FAR.	0	99/99 99/99	CN CN
00011 LAB ID: 20001 Water Temperature (Fahrenheit) MLOC=T	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	81.04 90 MO AVG	86.48 REPORT DAILY MX	DEG. FAR.	0	99/99 99/99	CN CN
01022 LAB ID: 20001 Boron, Total MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	< 0.6 REPORT MO AVG	0.6 REPORT DAILY MX	MG/L	0	2/30 02/30	GR GR
01092 LAB ID: 20001 Zinc, Total MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	0.013 REPORT MO AVG	0.013 REPORT DAILY MX	MG/L	0	1/30 01/30	GR GR
50050 LAB ID: 20001 Flow in Conduit MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	738.7 REPORT MO AVG	738.7 REPORT DAILY MAX	MGD	0	99/99 99/99	ES ES
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)						TELEPHONE		DATE		
Gary J. Taylor Vice President, Nuclear Operations							803	345-4156	9/6	10	2
TYPED OR PRINTED							AREA CODE	NUMBER	YEAR	MO	DA

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
MLOC=1 = TEMPERATURE MONITOR AT OUTLET CORRESPONDING TO INDIVIDUAL UNIT.
MLOC=6 = PLUME TEMP DOWNSTREAM.
MLOC=7 = INLET TEMP MEASURED ON INLET SIDE OF MAIN CONDENSER.

MLOC=N = PLUME TEMPERATURE RISE A MINUS B.
MLOC=T = PLUME TEMP TAKEN AT INTAKE STRUCTURE OF FAIRFIELD PUMPED FAC.
* LOW FLOW CAUSED TEMPERATURE EXCEEDANCE

Form Approved
OMB No. 2040-0004
Approval expires 10-3

NOTE: Read Instructions before completing this form.

MLOC=N = PLUME TEMPERATURE RISE A MINUS.
MLOC=T = PLUME TEMP TAKEN AT INTAKE STRUCTURE OF FAIRFIELD PUMPED FAC.

PERMITTEE NAME/ADDRESS (Include
Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Approval expires 10-3

NAME SCE & G/VC SUMMER NUCLEAR
ADDRESS SCELEC & GAS PO BOX 88
JENKINSVILLE SC 29065
FACILITY SCE&G /VC SUMMER NUCLEAR
LOCATION HWY 215 BEYOND JENKINSVILLE

(2-16)

(17-19)

MAJOR

SC0030856	001 2
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	To	YEAR	MO	DAY
96	09	01		96	09	30

From

To

(20-21) (22-23) (24-25)

(26-27) (28-29) (30-31)

39 CM FINAL LIMITS
DMR VALID: 11/01/93-09/30/97

NOTE: Read Instructions before completing this form.

Parameter (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TGP3B LAB ID: 36001 7 Day Chronic Static Toxicity C. Dubia PF MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	0 REPORT DAILY MX	0 0=PASS 1=FAIL	1/30 01/30	GR GR
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	 W. F. Bacon SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
Gary J. Taylor Vice President, Nuclear Operations			803	345-4156	96	10	20
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
IWC = 100% If a test fails, a TRE plan may be required. See Permit paragraph(s) III. A. 12. c.
Chronic toxicity IWC=100.00% effluent.

DMR Attachment for Toxicity Test Results. Bureau of Water

SCE&G/SUMMER NUCLEAR STATION Permit number SC0030856 Discharge number 0012
 Final Limits Limits 11/01/93-09/30/97 Parameter Code TGP3B MLOC=1 IWC=100.00% effluent

Monitoring period	Year	Month	Day	To	Year	Month	Day
	96	09	01		96	09	30

Date	Lab ID	All tests			Chronic tests only		
		Group	# Adults	# Dead	Pass/Fail	Average Young	Variance
9-9-96	36001	Control	20	0	Pass	19	30
		Test	20	1		18	46

Date	Lab ID	All tests			Chronic tests only		
		Group	# Adults	# Dead	Pass/Fail	Average Young	Variance
		Control					
		Test					

Date	Lab ID	All tests			Chronic tests only		
		Group	# Adults	# Dead	Pass/Fail	Average Young	Variance
		Control					
		Test					

Date	Lab ID	All tests			Chronic tests only		
		Group	# Adults	# Dead	Pass/Fail	Average Young	Variance
		Control					
		Test					

Date	Lab ID	All tests			Chronic tests only		
		Group	# Adults	# Dead	Pass/Fail	Average Young	Variance
		Control					
		Test					

Date	Lab ID	All tests			Chronic tests only		
		Group	# Adults	# Dead	Pass/Fail	Average Young	Variance
		Control					
		Test					

Signature of Principal Executive Officer or Authorized Agent

W. Frank Bacon

Name/Title of Principal Executive Officer (typed or printed)

W. Frank Bacon

MITTEE NAME/ADDRESS (Include
Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

MAJOR

Form Approved
OMB No. 2040-0004
Approval expires 05-31

NAME SCE & G/VC SUMMER NUCLEAR
ADDRESS SCELEC & GAS PO BOX 88
JENKINSVILLE SC 29065
FACILITY SCE&G/VC SUMMER NUCLEAR
LOCATION HWY 215 BEYOND JENKINSVILLE

SC0030856 001 3
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
From YEAR MO DAY To YEAR MO DAY
96 09 01 96 09 30

(20-21) (22-23) (24-25)

(26-27) (28-29) (30-31)

39 CM FINAL LIMITS
DMR VALID: 08/01/1996-09/30/1997

NOTE: Read instructions before completing this form.

Parameter (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00400 LAB ID: 20001 pH Standard Units MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	6.9 6.0 MINIMUM	***** ***** *****	6.9 8.5 MAXIMUM	SU	0	1/30 01/30	GR GR
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL
EXECUTIVE OFFICER
Gary J. Taylor
Vice President,
Nuclear Operations
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)

W. F. Bacon
W. F. Bacon
SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE
803 345-4156
AREA CODE NUMBER

DATE
96 10 2
YEAR MO DA

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include
Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

MAJOR

Form Approved
OMB No. 2040-0004
Approval expires 10-31

NAME SCE&G/VC SUMMER NUCLEAR
ADDRESS SCELEC & GAS PO BOX 88
JENKINSVILLE SC 29065
FACILITY SCE&G/VC SUMMER NUCLEAR
LOCATION HWY 215 BEYOND JENKINSVILLE

SC0030856 002 1
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
From YEAR MO DAY To YEAR MO DAY
96 09 01 96 09 30

(20-21) (22-23) (24-25)

(26-27) (28-29) (30-31)

39 CM FINAL LIMITS
DMR VALID: 11/01/93-09/30/97

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Parameter (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
00011 LAB ID: 20001 Water Temperature (Fahrenheit) MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	NOT SAMPLED REPORT DAILY MX		01/DS	CN
00400 LAB ID: 20001 pH Standard Units MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	NOT 6.0 MINIMUM	***** ***** *****	SAMPLED 9.0 MAXIMUM		01/DS	GR
00530 LAB ID: 20001 Total suspended Solids (TSS) MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	NOT 30 MO AVG	SAMPLED 100 DAILY MX		01/DS	GR
00556 LAB ID: 20001 Oil & Grease Freon Extr-Grav Method MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	NOT 15 MO AVG	SAMPLED 20 DAILY MX		01/DS	GR
50050 LAB ID: 20001 Flow in Conduit MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	NOT REPORT MO AVG	SAMPLED REPORT DAILY MX		01/DS	ES
50060 LAB ID: 20001 Total Residual Chlorine MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	NOT 0.1 MO AVG	SAMPLED 0.1 DAILY MX		01/DS	GR
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THESE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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 IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	TELEPHONE		DATE		
Gary J. Taylor Vice President, Nuclear Operations		803	345-4156	96	10	2
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLED DURING OUTAGE WHEN CIRCULATING WATER PUMPS ARE SECURED.
NOTE: TOTAL RESIDUAL CHLORINE - FREQUENCY - PAGE 5 OF 44, PERMIT.
NOTE: pH - SAMPLE 1/OCCURRENCE, MAX OF 1/MON. WHERE DURATION OF DISCHARGE EXCEEDS 1 MON. CONDUCT 1/MON.
NOTE: SAMPLES SHALL BE TAKEN AT FOLLOWING LOCATION - SEE PARA. A.4.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Approval expires 10-31

NAME SCE&G/VC SUMMER NUCLEAR
ADDRESS SCELEC & GAS PO BOX 88
JENKINSVILLE SC 29065
FACILITY SCE&G/VC SUMMER NUCLEAR
LOCATION HWY 215 BEYOND JENKINSVILLE

SC0030856 002 2
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
From YEAR MO DAY To YEAR MO DAY
96 09 01 96 09 30

(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MAJOR

39 CM FINAL LIMITS
DMR VALID: 11/01/93-09/30/97

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Parameter (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TGP3B LAB ID: 36001 7 Day Chronic Static Toxicity C. Dubia PF MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Not Sampled REPORT DAILY MX	0=PASS 1=FAIL	01/DS	GR
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									

Water Supply Permitting
& Technical Assistance Division
08/25/1996

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	TELEPHONE		DATE		
Gary J. Taylor Vice President, Nuclear Operations		803	345-4156	96	10	21
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NOTE: SAMPLES TAKEN 1/OCCURRENCE,

NOTE: SAMPLES TAKEN AT FOLLOWING IWC = 100%

IF A TEST FAILS, A TRE PLAN MAY BE REQUIRED. SEE PERMIT PARAGRAPH(S) III. A. 12. C. CHRONIC TOXICITY IWC = 100.00% EFFLUENT.

PERMITTEE NAME/ADDRESS (Include
Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

MAJOR

Form Approved
OMB No. 2040-0004
Approval Expires 10-31

NAME SCE & G/VC SUMMER NUCLEAR
ADDRESS SCELEC & GAS PO BOX 88
JENKINSVILLE SC 29065

FACILITY SCE&G/VC SUMMER NUCLEAR
LOCATION HYW 215 BEYOND JENKINSVILLE

SC0030856 003 1
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
From YEAR MO DAY To YEAR MO DAY
96 09 01 96 09 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

39 CM FINAL LIMITS
DMR VALID: 12/01/1995-09/30/1997

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS	
00400 LAB ID: 20001 pH Standard Units MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	6.5 6.0 MINIMUM	***** ***** *****	8.1 9.0 MAXIMUM	SU SU	0	1/DS 01/DS	GR GR	
00530 LAB ID: 20001 Total Suspended Solids (TSS) MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	0.8 30.0 MO AVG	1.3 100.0 DAILY MX	MG/L MG/L	0	1/DS 01/DS	GR GR	
00556 LAB ID: 20001 Oil & Grease Freon Extr- Grav Method MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	0.5 15.0 MO AVG	1.4 20.0 DAILY MX	MG/L MG/L	0	1/DS 01/DS	GR GR	
01022 LAB ID: 20001 Boron, Total MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	527.0 REPORT MO AVG	1266.0 REPORT DAILY MX	MG/L MG/L	0	1/DS 01/DS	GR GR	
01042 LAB ID: 20001 Copper, Total as Cu MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	0.025 1.0 MO AVG	0.039 1.0 DAILY MX	MG/L MG/L	0	1/DS 01/DS	GR GR	
50050 LAB ID: 20001 Iron, Total as Fe MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	0.056 1.0 MO AVG	0.086 1.0 DAILY MX	MG/L MG/L	0	1/DS 01/DS	GR GR	
50050 LAB ID: 20001 Flow in conduit MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.004200 REPORT MO AVG	0.004350 REPORT DAILY MX	MGD MGD	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	0	1/DS 01/DS	ES ES	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)					W. F. Bacon		TELEPHONE		DATE		
Gary J. Taylor Vice President, Nuclear Operations						803 345-4156		96 10 22				
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE		NUMBER		YEAR

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NOTE: pH - MONITOR 1/OCCURRENCE, MAXIMUM OF 1/MONTH. WHERE DURATION EXCEEDS 1 MONTH CONDUCT 1/MONTH.

NOTE: SAMPLES TAKEN AT FOLLOWING LOCATIONS - SEE PARA. A.3.

PERMITTEE NAME/ADDRESS (Include
Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Approval Expires 05-31-98

NAME SCE & G/VC SUMMER NUCLEAR
ADDRESS SCELEC & GAS PO BOX 88
JENKINSVILLE SC 29065
FACILITY SCE&G/VC SUMMER NUCLEAR
LOCATION HYW 215 BEYOND JENKINSVILLE

(2-16) (17-19)

MAJOR

SC0030856	004 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	To	YEAR	MO	DAY
96	09	01		96	09	30

From

To

39 CM FINAL LIMITS
DMR VALID: 11/01/93-09/30/97

NOTE: Read instructions before completing this form.

Parameter (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS	
00530 LAB ID: 20001 Total Suspended Solids (TSS) MLOC=1		***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	Not Sampled 30.0 MO AVG	Not Sampled 100.0 DAILY MX	MG/L MG/L		01/DS GR		
00556 LAB ID: 20001 Oil & Grease Freon Extr - Grav Method MLOC=1		***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	Not Sampled 15.0 MO AVG	Not Sampled 20.0 DAILY MX	MG/L MG/L		01/DS GR		
50050 LAB ID: 20001 Flow in Conduit MLOC=1		Not Sampled REPORT MO AVG	Not Sampled REPORT DAILY MX	MGD MGD	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****		01/DS CN		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)					W. F. Bacon		TELEPHONE		DATE		
Gary J. Taylor Vice President, Nuclear Operations						W. F. Bacon		803	345-4156	96	10	22
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

There were no discharges via Outfall 004 in September. All Steam Generator blowdown was recovered.

NOTE: SAMPLES TAKEN AT FOLLOWING LOCATIONS - SEE PARA. A.4.

PERMITTEE NAME/ADDRESS (Include
Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

MAJOR

Form Approved
OMB No. 2040-0004
Approval Expires 10-31-9

NAME SCE&G/VC SUMMER NUCLEAR

ADDRESS SCELEC & GAS PO BOX 88
JENKINSVILLE SC 29065

FACILITY SCE&G/VC SUMMER NUCLEAR

LOCATION HYW 215 BEYOND JENKINSVILLE

SC0030856	005 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	To	YEAR	MO	DAY
96	09	01		96	09	30

(20-21) (22-23) (24-25)

(26-27) (28-29) (30-31)

39 CM FINAL LIMITS
DMR VALID: 11/01/93-09/30/97

NOTE: Read Instructions before completing this form.

Parameter (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)							
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS									
00310 LAB ID: 20001 BOD - 5 Day (20 Degrees C) MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	7.0 30.0 MO AVG	11.4 45.0 DAILY MX	MG/L MG/L	0 01/07	24 24							
00530 LAB ID: 20001 Total Suspended Solids (TSS) MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	4.4 30.0 MO AVG	4.8 45.0 DAILY MX	MG/L MG/L	0 01/07	24 24							
50050 ID: 20001 Flow in Conduit MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	0.004122 REPORT MO AVG	0.005100 REPORT DAILY MX	MGD MGD	0 01/07	IN IN							
74055 LAB ID: 20001 Fecal Coliform, General MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	<1.0 200 30DAVGEO	<1.0 400 DAILY MX	# PER 100ML # PER 100ML	0 02/30	GR GR							
	SAMPLE MEASUREMENT PERMIT REQUIREMENT																
	SAMPLE MEASUREMENT PERMIT REQUIREMENT																
	SAMPLE MEASUREMENT PERMIT REQUIREMENT																
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)				W. F. Bacon W. F. Bacon		TELEPHONE		DATE							
Gary J. Taylor Vice President, Nuclear Operations								803	345-4156	96	10 22						
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO DAY						

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NOTE: SAMPLES TAKEN AT FOLLOWING LOCATIONS - SEE PARA. A.2.

PERMITTEE NAME/ADDRESS (Include
Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Approval expires 10-31-9

(2-16)

(17-19)

MAJOR

NAME SCE&G/VC SUMMER NUCLEAR
ADDRESS SCELEC & GAS PO BOX 88
JENKINSVILLE SC 29065

SC0030856	06A 1
PERMIT NUMBER	DISCHARGE NUMBER

FACILITY SCE&G/VC SUMMER NUCLEAR
LOCATION HWY 215 BEYOND JENKINSVILLE

MONITORING PERIOD						
YEAR	MO	DAY	To	YEAR	MO	DAY
96	09	01		96	09	30

From

To

(20-21) (22-23) (24-25)

(26-27) (28-29) (30-31)

39 CM FINAL LIMITS
DMR VALID: 11/01/93-09/30/97

NOTE: Read instructions before completing this form.

Parameter (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
00530 LAB ID: 20001 Total Suspended Solids (TSS) MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	0.7 30 MO AVG	0.7 100 DAILY MX	0	1/30 01/30	GR GR
00556 LAB ID: 20001 Oil & Grease Freon Extr-Grav Method MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	0.8 15 MO AVG	0.8 20 DAILY MX	0	1/30 01/30	GR GR
50050 LAB ID: 20001 Flow in Conduit MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	0.055360 REPORT MO AVG	0.079600 REPORT DAILY MX	0	5/30 01/30	IN IN
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									

061 25 1996
Water Supply Permitting
& Technical Assistance Division

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)	TELEPHONE		DATE		
Gary J. Taylor Vice President, Nuclear Operations		803	345-4156	96	10	22
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR MO DAY

W. F. Bacon

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NOTE: SAMPLES TAKEN AT FOLLOWING LOCATIONS - SEE PARA A.2.

PERMITTEE NAME/ADDRESS (Include
Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

MAJOR

Form Approved
OMB No. 2040-0004
Approval expires 10-31-

NAME SCE & G/VC SUMMER NUCLEAR
ADDRESS SCELEC & GAS PO BOX 88
JENKINSVILLE SC 29065

FACILITY SCE&G/VC SUMMER NUCLEAR
LOCATION HWY 215 BEYOND JENKINSVILLE

SC0030856 06B 1
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
From YEAR MO DAY To YEAR MO DAY
96 09 01 96 09 30

(20-21) (22-23) (24-25)

(26-27) (28-29) (30-31)

39 CM FINAL LIMITS
DMR VALID: 11/01/93-09/30/97

NOTE: Read instructions before completing this form.

Parameter (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
00530 LAB ID: 20001 Total Suspended Solids (TSS) MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	4.0 30 MO AVG	4.4 98 DAILY MX	MG/L MG/L	0 01/30	GR GR
00556 LAB ID: 20001 Oil & Grease Freon Extr-Grav Method MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	1.0 15 MO AVG	1.0 19 DAILY MX	MG/L MG/L	0 01/30	GR GR
50050 LAB ID: 20001 Flow in Conduit MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	0.030912 REPORT MO AVG	0.055700 REPORT DAILY MX	MGD MGD	0 01/30	IN IN
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)					TELEPHONE		DATE		
Gary J. Taylor Vice President, Nuclear Operations										
TYPED OR PRINTED						803 345-4156				
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) NOTE: SAMPLES TAKEN AT FOLLOWING LOCATIONS - SEE PARA A.2.						AREA CODE NUMBER		YEAR	MO	DAY

PERMITTEE NAME/ADDRESS (include
Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Approval Expires 10-31-

(2-16)

(17-19)

MAJOR

NAME SCE & G/VC SUMMER NUCLEAR
ADDRESS SCELEC & GAS PO BOX 88
JENKINSVILLE SC 29065

SC0030856 007 1
PERMIT NUMBER DISCHARGE NUMBER

FACILITY SCE&G/VC SUMMER NUCLEAR
LOCATION HYW 215 BEYOND JENKINSVILLE

MONITORING PERIOD
From YEAR MO DAY To YEAR MO DAY
96 09 01 96 09 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

39 CM FINAL LIMITS
DMR VALID: 01/01/95-09/30/97

NOTE: Read instructions before completing this form.

Parameter (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
00400 LAB ID: 20001 pH Standard Units MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	6.3 6.0 MINIMUM	***** ***** *****	8.1 9.0 MAXIMUM	SU SU	0	1/7 01/07	GR GR
00530 LAB ID: 20001 Total Suspended Solids (TSS) MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	1.4 30.0 MO AVG	1.4 100.0 DAILY MX	MG/L MG/L	0	1/30 01/30	GR GR
00556 LAB ID: 20001 Oil & Grease Freon Extr- Grav Method MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	1.3 15.0 MO AVG	1.3 20.0 DAILY MX	MG/L MG/L	0	1/30 01/30	GR GR
01051 LAB ID: 20001 Lead, Total MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	0.04 0.05 MO AVG	0.04 0.05 DAILY MX	MG/L MG/L	0	1/30 01/30	GR GR
50050 LAB ID: 20001 Flow in Conduit MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	0.062044 REPORT MO AVG	0.135000 REPORT DAILY MX	MGD MGD	0	1/DS 01/30	ES ES
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)					TELEPHONE		DATE			
Gary J. Taylor Vice President, Nuclear Operations						803 345-4156		96 10 22			
TYPED OR PRINTED						AREA CODE NUMBER		YEAR MO DAY			

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NOTE: SAMPLES TAKEN AT FOLLOWING LOCATIONS - SEE PARA. A.3.

PERMITTEE NAME/ADDRESS (Include
Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Approval Expires 10-3

(2-16)

(17-19)

MAJOR

NAME SCE&G/VC SUMMER NUCLEAR
ADDRESS SCELEC & GAS PO BOX 88
JENKINSVILLE SC 29065

SC0030856 008 1
PERMIT NUMBER DISCHARGE NUMBER

FACILITY SCE&G/VC SUMMER NUCLEAR
LOCATION HYW 215 BEYOND JENKINSVILLE

MONITORING PERIOD
From YEAR MO DAY To YEAR MO DAY
96 09 01 96 09 30

(20-21) (22-23) (24-25)

(26-27) (28-29) (30-31)

39 CM FINAL LIMITS
DMR VALID: 11/01/93-09/30/97

NOTE: Read Instructions before completing this form.

Parameter (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS	
00530 LAB ID: 20001 Total Suspended Solids (TSS) MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	NOT 30.0 MO AVG	SAMPLED 100.0 DAILY MX	MG/L MG/L		01/DS GR		
00556 LAB ID: 20001 Oil & Grease Freon Extr- Grav Method MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	NOT 15.0 MO AVG	SAMPLED 20.0 DAILY MX	MG/L MG/L		01/DS GR		
01042 LAB ID: 20001 Copper, Total as Cu MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	NOT 1.0 MO AVG	SAMPLED 1.0 DAILY MX	MG/L MG/L		01/DS GR		
01045 LAB ID: 20001 Iron, Total as Fe MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	NOT 1.0 MO AVG	SAMPLED 1.0 DAILY MX	MG/L MG/L		01/DS GR		
50050 LAB ID: 20001 Flow in Conduit MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	NOT REPORT MO AVG	SAMPLED REPORT DAILY MX	MGD MGD		01/01 IN		
	SAMPLE MEASUREMENT PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)					W. F. Bacon		TELEPHONE		DATE		
Gary J. Taylor Vice President, Nuclear Operations						W. F. Bacon		803	345-4156	46	10	22
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Outfall 008 was not discharged in September.

NOTE: SAMPLES 1/OCCURRENCE = TAKEN AT LEAST 1/OCCUR, IF DURATION EXCEED 1 WK, SAMPLE WEEKLY BASIS.

NOTE: SAMPLES TAKEN AT FOLLOWING LOCATIONS - SEE PARA. A.3.

PERMITTEE NAME/ADDRESS (Include
Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Approval Expires 10-31-95

NAME SCE & G/VC SUMMER NUCLEAR
ADDRESS SCELEC & GAS PO BOX 88
JENKINSVILLE SC 29065
FACILITY SCE&G/VC SUMMER NUCLEAR
LOCATION HYW 215 BEYOND JENKINSVILLE

SC0030856 012 1
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
From YEAR MO DAY To YEAR MO DAY
96 09 01 96 09 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MAJOR

39 CM FINAL LIMITS
DMR VALID: 11/01/93-09/30/97

NOTE: Read Instructions before completing this form.

Parameter (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
00400 LAB ID: 20001 pH Standard Units MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	7.2 6.0 MINIMUM	***** ***** *****	7.2 8.5 MAXIMUM	SU SU	0	1/30 01/30	GR GR	
00530 LAB ID: 20001 Total Suspended Solids (TSS) MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	0.2 26.0 MO AVG	0.2 70 DAILY MX	MG/L MG/L	0	1/30 01/30	GR GR	
00556 LAB ID: 20001 Oil & Grease Freon Extr-Grav Method MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	1.2 9.0 MO AVG	1.2 11 DAILY MX	MG/L MG/L	0	1/30 01/30	GR GR	
50050 ID: 20001 Flow in Conduit MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	0.011800 REPORT MO AVG	0.011800 REPORT DAILY MX	MGD MGD	0	1/30 01/30	ES ES	
50060 LAB ID: 20001 Total Residual Chlorine MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	<0.1 0.5 MO AVG	<0.1 1.0 DAILY MX	MG/L MG/L	0	1/30 01/30	GR GR	
	SAMPLE MEASUREMENT PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)					W. F. Bacon W. F. Bacon SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE		
Gary J. Taylor Vice President, Nuclear Operations								803	345-4156	96	10	22
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NOTE: SAMPLES TAKEN AT FOLLOWING LOCATIONS - SEE PARA. A.2.

Form Approved
OMB No. 2040-0004
Approval Expires 10-31-

NOTE: Read instructions before completing this form.

Parameter (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TGA3B LAB ID: 36001 48 Hour Static Acute Cerio. dubia MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	**** **** ****	***** ***** *****	***** ***** *****	0 DAILY MX	0 0=PASS 1=FAIL	 1/30 01/30	GR GR
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									

1161-85-998

Under Supply Permitting & Technical Assistance Division

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	TELEPHONE		DATE			
		AREA CODE	NUMBER	YEAR	MO	DAY	
Gary J. Taylor Vice President, Nuclear Operations		W. F. Bacon	803	345-4156	96	10	22
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

If a test fails, a TRE plan may be required. See permit paragraph(s) III. A. 13. c. Acute toxicity IWC = 100.00% effluent.

DMR Attachment for Toxicity Test Results. Bureau of Water

SCE&G/SUMMER NUCLEAR STATION Permit number SC0030856 Discharge number 0122
 Final Limits 08/01/95-09/30/97 Parameter Code TGA3B MLOC=1 IWC=100.00% effluent

Monitoring period From	Year	Month	Day	To	Year	Month	Day
	96	09	01		96	09	30

		All tests			Chronic tests only			
Date	9-9-96	Group	# Adults	# Dead	Pass/Fail	Average Young	Variance	Pass/Fail
Lab ID	36001	Control	20	0	Pass			
		Test	20	1				

		All tests			Chronic tests only		
Date	Group	# Adults	# Dead	Pass/Fail	Average Young	Variance	Pass/Fail
Lab ID	Control						
	Test						

		All tests			Chronic tests only			
Date		Group	# Adults	# Dead	Pass/Fail	Average Young	Variance	Pass/Fail
Lab ID		Control						
		Test						

		All tests			Chronic tests only			
Date		Group	# Adults	# Dead	Pass/Fail	Average Young	Variance	Pass/Fail
Lab ID		Control						
		Test						

		All tests			Chronic tests only		
Date	Group	# Adults	# Dead	Pass/Fail	Average Young	Variance	Pass/Fail
Lab ID	Control			DIVERT			
	Test		0%				

All Tests					Chronic tests only		
Date	Group	# Adults	# Dead	Pass/Fail	Average Young	Variance	Pass/Fail
Lab ID	Control			Division			
	Test						

Signature of Principal Executive Officer or Authorized Agent

W. Frank Bacon

Name/Title of Principal Executive Officer (typed or printed)

W. Frank Bacon

PERMITTEE NAME/ADDRESS (Include
Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Approval Expires 10-31-

(2-16)

(17-19)

MAJOR

NAME SCE&G/VC SUMMER NUCLEAR
ADDRESS SCELEC & GAS PO BOX 88
JENKINSVILLE SC 29065

SC0030856	013 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	To	YEAR	MO	DAY
96	09	01		96	09	30

From

To

(20-21) (22-23) (24-25)

(26-27) (28-29) (30-31)

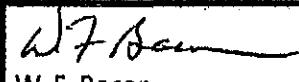
39 CM FINAL LIMITS
DMR VALID: 11/01/93-09/30/97

NOTE: Read Instructions before completing this form.

Parameter (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
00400 LAB ID: 20001 pH Standard Units MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	7.4 REPORT MINIMUM	***** ***** *****	7.4 REPORT MAXIMUM	SU SU	0	2/YR 02/YR	GR GR
00530 LAB ID: 20001 Total Suspended Solids (TSS) MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	0.9 REPORT MO AVG	0.9 REPORT DAILY MX	MG/L MG/L	0	2/YR 02/YR	GR GR
50050 LAB ID: 20001 Flow in Conduit MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	0.010000 REPORT MO AVG	0.010000 REPORT DAILY MX	MGD MGD	0	2/YR 02/YR	ES ES
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										

OCT 25 1996

Water Supply Permitting
& Technical Assistance Division

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	 W. F. Bacon SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			803	345-4156	96	10	21
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NOTE: SAMPLES TAKEN AT FOLLOWING LOCATIONS - SEE PARA. A.3.

*Sampled in March and September.

PERMITTEE NAME/ADDRESS (Include
Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

MAJOR

Form Approved
OMB No. 2040-0004
Approval expires 10-31

NAME SCE & G/VC SUMMER NUCLEAR
ADDRESS SCELEC & GAS PO BOX 88
JENKINSVILLE SC 29065

FACILITY SCE&G/VC SUMMER NUCLEAR
LOCATION HWY 215 BEYOND JENKINSVILLE

SC0030856 014 1
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
From YEAR MO DAY To YEAR MO DAY
96 09 01 96 09 30

(20-21) (22-23) (24-25)

(26-27) (28-29) (30-31)

39 CM FINAL LIMITS
DMR VALID: 12/01/1995-09/30/97

NOTE: Read instructions before completing this form.

Parameter (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00300 LAB ID: 20001 Dissolved Oxygen MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	5.5 1.0 INST MIN	***** ***** *****	***** ***** *****	MG/L MG/L	0	1/30 01/30	GR GR
00400 LAB ID: 20001 pH Standard Units MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	7.7 6.0 MINIMUM	***** ***** *****	7.7 8.5 MAXIMUM	SU SU	0	1/30 01/30	GR GR
00610 LAB ID: 20001 Ammonia-Nitrogen Total as N MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	0.17 2.1 MO AVG	0.17 4.2 DAILY MX	MG/L MG/L	0	1/30 01/30	GR GR
01042 LAB ID: 20001 Copper, Total as Cu MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	<0.010 0.028 MO AVG	<0.010 0.039 DAILY MX	MG/L MG/L	0	1/30 01/30	GR GR
01092 LAB ID: 20001 Zinc, Total MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	0.012 0.059 MO AVG	0.012 0.065 DAILY MX	MG/L MG/L	0	1/30 01/30	GR GR
50050 LAB ID: 20001 Flow in Conduit MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.099500 REPORT MO AVG	0.590000 REPORT DAILY MX	MGD MGD	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	0	99/99 99/99	CN CN
50060 LAB ID: 20001 Total Residual Chlorine MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	<0.1 0.1 MO AVG	<0.1 0.1 DAILY MX	MG/L MG/L	0	1/30 01/30	GR GR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (PENALTIES FOR VIOLATIONS OF THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	TELEPHONE		DATE		
Gary J. Taylor Vice President, Nuclear Operations		803	345-4156	96	10	22
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

W. F. Bacon
SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

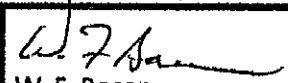
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NOTE: SAMPLES TAKEN AT FOLLOWING LOCATIONS - SEE PARA. A.3

Form Approved
OMB No. 2040-0004
Approval expires 10-31

NOTE: Read instructions before completing this form.

Parameter (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TGP3B LAB ID: 36001 7 Day Chronic Static Toxicity C. Dubia PF MLOC=1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	***** ***** *****	0 REPORT DAILY MX	0=PASS 1=FAIL	0 1/30 01/30	GR GR
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
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	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									

RECEIVED
 OCT 25 1996
 Water Supply Permitting
 & Technical Assistance Division

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Gary J. Taylor Vice President, Nuclear Operations TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1919. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)	 W. F. Bacon SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			803	345-4156	96	10	22

AREA CODE	NUMBER	YEAR	MO	DAY
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Chronic toxicity IWC = 100.00% effluent.

DMR Attachment for Toxicity Test Results, Bureau of Water

SCE&G/SUMMER NUCLEAR STATION Permit number SC0030856 Discharge number 0142
 Final Limits Limits 11/01/93-09/30/97 Parameter Code TGP3B MLOC=1 IWC=100.00% effluent

Monitoring period	Year	Month	Day	To	Year	Month	Day
	96	09	01		96	09	30

Date	Lab ID	All tests			Chronic tests only		
		Group	# Adults	# Dead	Pass/Fail	Average Young	Variance
9-9-96	36001	Control	20	0	Pass	19	30
		Test	20	1		18	46

Date	Lab ID	All tests			Chronic tests only		
		Group	# Adults	# Dead	Pass/Fail	Average Young	Variance
		Control					
		Test					

Date	Lab ID	All tests			Chronic tests only		
		Group	# Adults	# Dead	Pass/Fail	Average Young	Variance
		Control					
		Test					

Date	Lab ID	All tests			Chronic tests only		
		Group	# Adults	# Dead	Pass/Fail	Average Young	Variance
		Control					
		Test					

Date	Lab ID	All tests			Chronic tests only		
		Group	# Adults	# Dead	Pass/Fail	Average Young	Variance
		Control					
		Test					

Date	Lab ID	All tests			Chronic tests only		
		Group	# Adults	# Dead	Pass/Fail	Average Young	Variance
		Control					
		Test					

Signature of Principal Executive Officer or Authorized Agent

W. Frank Bacon

Name/Title of Principal Executive Officer (typed or printed)

W. Frank Bacon



South Carolina Electric & Gas Company
Virgil C. Summer Nuclear Station
P. O. Box 88
Jenkinsville, SC 29065
(803) 345-5209
(803) 635-1461

David A. Lavigne
General Manager,
Nuclear Plant Operations

October 24, 1996
RC-96-0251

Ms. Sandra Hursey
Environmental Quality Manager
Water Quality Assessments and
Enforcement Division
South Carolina Department of Health
and Environmental Control
2600 Bull Street
Columbia, SC 29201

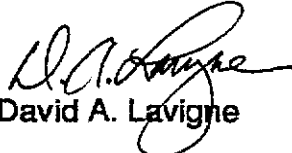
Dear Ms. Hursey:

Subject: VIRGIL C. SUMMER NUCLEAR STATION
MONTHLY DISCHARGE MONITORING REPORTS
NPDES PERMITS NO. SC0030856 & SC0038407 (MON 3000-09)

Enclosed are the Monthly Discharge Monitoring Reports (DMRs), with one (1) additional copy of each, submitted in accordance with the subject NPDES permits. These reports cover the period of September 1 to September 30, 1996. As a requirement of NPDES Permit No. SC0030856, the results of the toxicity testing at Outfalls 001, 012, and 014 are also included. All parameters were within specification during the month.

Should you have any questions, please call Ms. Susan B. Reese at 345-4591.

Very truly yours,


David A. Lavigne

SBR:nkk
Enclosures

c: R. J. White	(w/o enclosures)
L. M. Ragsdale (SCDHEC)	(w/o enclosures)
RTS (MON 3000)	(w/o enclosures)
G. A. Montondo (P40)	
J. W. Preston (175)	
W. F. Bacon	
DMS (RC-96-0251)	
File (818.03-11)	

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OCT 25 1996

Water Supply Permitting
& Technical Assistance Division



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