SCE&G
A SCANA Company

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

Stephen A. Byrne
General Manager,
Nuclear Plant Operations

September 27, 1996
RC-96-0237

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 3000-08)

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 August 1 to August 31, 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 with the exception of temperature at Outfall 001. Telephone notification of the exceedance was made to the Central Midlands Office on August 5, 1996. Written notification explaining the noncompliance was sent in a letter to Mr. J. Robin Foy dated August 7, 1996.

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

Very truly yours,

Stephen A. Byrne

SBR:ews
Enclosures

c: R. J. White (w/o enclosures)
L. M. Ragsdale (SCDHEC) (w/o enclosures)
RTS (MON 3000, CER 960039) (w/o enclosures)
G. A. Montondo (P40)
S. E. Summer (175)
W. F. Bacon
DMS (RC-96-0237)
File (818.03-11 & 818.05)

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 10-31-94

NAME SC E& G/ SUMMER NUCLEAR TRAINING
ADDRESS SC ELEC & GAS PO BOX 88
JENKINSVILLE SC 29065

FACILITY SCE&G / SUMMER NUCLEAR TRAINING
LOCATION RD 213 JENKINSVILLE

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
SC0038407	001 1

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
From	96	08	01	To	96	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

39 CM FINAL LIMITS
DMR VALID: 12/01/82-11/30/87

NOTE: Read Instructions before completing this form.

Parameter (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
00310 LAB ID: 20001 BOD - 5 Day (20 Degrees C) MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	1.6	2.4	MG/L	0	2/30	GR
	PERMIT REQUIREMENT	*********	*********	*****	*********	30.0 MO AVG	45.0 DAILY MX	MG/L		02/30	GR
00400 LAB ID: 20001 pH Standard Units MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	6.8	*********	7.3	SU	0	2/30	GR
	PERMIT REQUIREMENT	*********	*********	*****	6.0 MINIMUM	*********	9.0 MAXIMUM	SU		02/30	GR
00530 LAB ID: 20001 Total Suspended Solids (TSS) MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	4.4	5.6	MG/L	0	4/30	GR
	PERMIT REQUIREMENT	*********	*********	*****	*********	30.0 MO AVG	45.0 DAILY MX	MG/L		02/30	GR
50050 LAB ID: 20001 Flow in Conduit MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	0.000300	0.000600	MGD	0	4/30	ES
	PERMIT REQUIREMENT	*********	*********	*****	*********	REPORT MO AVG	0.004 DAILY MX	MGD		01/30	ES
74055 LAB ID: 20001 Fecal Coliform General MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	<1.0	<1.0	# PER 100ML	0	2/30	GR
	PERMIT REQUIREMENT	*********	*********	*****	*********	200 MO AVG	400 DAILY MX	# PER 100ML		02/30	GR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Gary J. Taylor Vice President, Nuclear Operations	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 IMPRISIONMENT. 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	803	345-4156	96	09	23
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)

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

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

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

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

Form Approved
OMB No. 2040-0004
Approval expires 10-31-94

MAJOR

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
SC0030856	001 1

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
From	96	08	01	To	96	08	31
	(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) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
00011 LAB ID: 20001 Water Temperature (Fahrenheit) MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	107.17	115.33	DEG. FAR.	1*	99/99	CN
	PERMIT REQUIREMENT	*********	*********	*****	*********	REPORT MO AVG	113.0 DAILY MX			99/99	CN
00011 LAB ID: 20001 Water Temperature (Fahrenheit) MLOC=6	SAMPLE MEASUREMENT	*********	*********	*****	*********	85.44	88.92	DEG. FAR.	0	99/99	CN
	PERMIT REQUIREMENT	*********	*********	*****	*********	REPORT MO AVG	REPORT DAILY MX			99/99	CN
00011 LAB ID: 20001 Water Temperature (Fahrenheit) MLOC=7	SAMPLE MEASUREMENT	*********	*********	*****	*********	81.97	83.76	DEG. FAR.	0	99/99	CN
	PERMIT REQUIREMENT	*********	*********	*****	*********	REPORT MO AVG	REPORT DAILY MX			99/99	CN
00011 LAB ID: 20001 Water Temperature (Fahrenheit) MLOC=T	SAMPLE MEASUREMENT	*********	*********	*****	*********	84.77	89.73	DEG. FAR.	0	99/99	CN
	PERMIT REQUIREMENT	*********	********	*****	*********	90 MO AVG	REPORT DAILY MX			99/99	CN
01022 LAB ID: 20001 Boron, Total MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	0.537	0.574	MG/L	0	2/30	GR
	PERMIT REQUIREMENT	*********	*********	*****	*********	REPORT MO AVG	REPORT DAILY MX			02/30	GR
01092 LAB ID: 20001 Zinc, Total MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	< 0.003	< 0.003	MG/L	0	1/30	GR
	PERMIT REQUIREMENT	*********	*********	*****	*********	REPORT MO AVG	REPORT DAILY MX			01/30	GR
50050 LAB ID: 20001 Flow in Conduit MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	683.6	738.7	MGD	0	99/99	ES
	PERMIT REQUIREMENT	*********	*********	*****	*********	REPORT MO AVG	REPORT DAILY MAX			99/99	ES

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Gary J. Taylor Vice President, Nuclear Operations	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	803	345-4156	96	09	23
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)
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

MITTEE 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 10-31-94

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

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
SC0030856	001 1

MAJOR

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
From	96	08	01	To	96	08	31
	(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) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
61576 LAB ID: 20001 Temp. Diff. Between Intake and Discharge MLOC=N	SAMPLE MEASUREMENT	*********	*********	*****	*********	0.4	3.19	DEG. FAR.	0	99/99	CN
	PERMIT REQUIREMENT	*********	*********	*****	*********	3.0 MO AVG	REPORT DAILY MX			99/99	CN
	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			TELEPHONE		DATE		
Gary J. Taylor Vice President, Nuclear Operations	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 IMPRISIONMENT. 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	803	345-4156	96	09	23
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)
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.
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 10-31-94

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

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
SC0030856	001 2

MAJOR

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
From	96	08	01	To	96	08	31
	(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) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TGP3B LAB ID: 36001 7 Day Chronic Static Toxicity C. Dubia PF MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	*********	0	0=PASS 1=FAIL	0	1/30	GR
	PERMIT REQUIREMENT	*********	*********	*****	*********	*********	REPORT DAILY MX			01/30	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										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Gary J. Taylor Vice President, Nuclear Operations	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	803	345-4156	96	09	23
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)
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.

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

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

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

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

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

MAJOR

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
SC0030856	001 3

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
From	96	08	01	To	96	08	31
	(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)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
00400 LAB ID: 20001 pH Standard Units MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	6.3	*********	6.3	SU	0	1/30	GR
	PERMIT REQUIREMENT	*********	*********	*****	6.0 MINIMUM	*********	8.5 MAXIMUM			01/30	GR
	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			TELEPHONE		DATE		
Gary J. Taylor Vice President, Nuclear Operations	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	803	345-4156	96	09	23
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)

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		Year	Month	Day
From	96	08	01	To	96	08	31

Date 8/5/96		All tests			Chronic tests only		
Lab ID 36001	Group	# Adults	# Dead	Pass/Fail	Average Young	Variance	Pass/Fail
	Control	19	0	Pass	21	13	Pass
	Test	20	0		20	19	

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

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

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

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

Date		All tests			Chronic tests only		
Lab ID	Group	# Adults	# Dead	Pass/Fail	Average Young	Variance	Pass/Fail
	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, MANAGER, CHEMISTRY

DHEC 3420 (8/96)

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

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

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

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

Form Approved
OMB No. 2040-0004
Approval expires 10-31-94

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
SC0030856	002 1

MAJOR

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
From	96	08	01	To	96	08	31
	(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) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
00011 LAB ID: 20001 Water Temperature (Fahrenheit) MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	*********	NOT SAMPLED	DEG. FAR.			
	PERMIT REQUIREMENT	*********	*********	*****	*********	*********	REPORT DAILY MX	DEG. FAR.		01/DS	CN
00400 LAB ID: 20001 pH Standard Units MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	NOT	*********	SAMPLED	SU			
	PERMIT REQUIREMENT	*********	*********	*****	6.0 MINIMUM	*********	9.0 MAXIMUM	SU		01/DS	GR
00530 LAB ID: 20001 Total suspended Solids (TSS) MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	NOT	SAMPLED	MG/L			
	PERMIT REQUIREMENT	*********	*********	*****	*********	30 MO AVG	100 DAILY MX	MG/L		01/DS	GR
00556 LAB ID: 20001 Oil & Grease Freon Extr-Grav Method MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	NOT	SAMPLED	MG/L			
	PERMIT REQUIREMENT	*********	*********	*****	*********	15 MO AVG	20 DAILY MX	MG/L		01/DS	GR
50050 LAB ID: 20001 Flow in Conduit MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	NOT	SAMPLED	MGD			
	PERMIT REQUIREMENT	*********	*********	*****	*********	REPORT MO AVG	REPORT DAILY MX	MGD		01/DS	ES
50060 LAB ID: 20001 Total Residual Chlorine MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	NOT	SAMPLED	MG/L			
	PERMIT REQUIREMENT	*********	*********	*****	*********	0.1 MO AVG	0.1 DAILY MX	MG/L		01/DS	GR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Gary J. Taylor Vice President, Nuclear Operations	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	803	345-4156	96	09	23
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) 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 10-31-94

MAJOR

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

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
SC0030856	002 2

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
From	96	08	01	To	96	08	31
	(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) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TGP3B LAB ID: 36001 7 Day Chronic Static Toxicity C. Dubia PF MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	*********	Not Sampled				GR
	PERMIT REQUIREMENT	*********	*********	*****	*********	*********	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										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Gary J. Taylor Vice President, Nuclear Operations	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 IMPRISIONMENT. 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	803	345-4156	96	04	23
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 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)*

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

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

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

Form Approved
OMB No. 2040-0004
Approval Expires 10-31-94

(2-16)	(17-19)
SC0030856	003 1
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
From	96	08	01	To	96	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

NOTE: Read Instructions before completing this form.

Parameter (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
00400 LAB ID: 20001 pH Standard Units MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	6.1	*********	7.8	SU	0	1/DS	GR
	PERMIT REQUIREMENT	*********	*********	*****	6.0 MINIMUM	*********	9.0 MAXIMUM	SU		01/DS	GR
00530 LAB ID: 20001 Total Suspended Solids (TSS) MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	0.3	1.0	MG/L	0	1/DS	GR
	PERMIT REQUIREMENT	*********	*********	*****	*********	30.0 MO AVG	100.0 DAILY MX	MG/L		01/DS	GR
00556 LAB ID: 20001 Oil & Grease Freon Extr-Grav Method MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	0.6	3.7	MG/L	0	1/DS	GR
	PERMIT REQUIREMENT	*********	*********	*****	*********	15.0 MO AVG	20.0 DAILY MX	MG/L		01/DS	GR
01022 LAB ID: 20001 Boron, Total MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	745	1546	MG/L	0	1/DS	GR
	PERMIT REQUIREMENT	*********	*********	*****	*********	REPORT MO AVG	REPORT DAILY MX	MG/L		01/DS	GR
01042 LAB ID: 20001 Copper, Total as Cu MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	0.014	0.045	MG/L	0	1/DS	GR
	PERMIT REQUIREMENT	*********	*********	*****	*********	1.0 MO AVG	1.0 DAILY MX	MG/L		01/DS	GR
50050 LAB ID: 20001 Iron, Total as Fe MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	0.030	0.105	MG/L	0	1/DS	GR
	PERMIT REQUIREMENT	*********	*********	*****	*********	1.0 MO AVG	1.0 DAILY MX	MG/L		01/DS	GR
50050 LAB ID: 20001 Flow in conduit MLOC=1	SAMPLE MEASUREMENT	0.004288	0.004400	MGD	*********	*********	*********	*****	0	1/DS	ES
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*********	*********	*********	*****		01/DS	ES

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Gary J. Taylor Vice President, Nuclear Operations	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 IMPRISIONMENT. 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	803	345-4156	96	09	23
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: 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 differentD

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

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

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

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

MAJOR

(2-16)	(17-19)
SC0030856	004 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
From	96	08	01	To	96	08	31
	(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)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUANTITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
00530 LAB ID: 20001 Total Suspended Solids (TSS) MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	Not Sampled	Not Sampled	MG/L			
	PERMIT	*********	*********	*****	*********	30.0	100.0	MG/L		01/DS	GR
	REQUIREMENT	*********	*********	*****	*********	MO AVG	DAILY MX				
00556 LAB ID: 20001 Oil & Grease Freon Extr - Grav Method MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	Not Sampled	Not Sampled	MG/L			
	PERMIT	*********	*********	*****	*********	15.0	20.0	MG/L		01/DS	GR
	REQUIREMENT	*********	*********	*****	*********	MO AVG	DAILY MX				
50050 LAB ID: 20001 Flow in Conduit MLOC=1	SAMPLE MEASUREMENT	Not Sampled	Not Sampled	MGD	*********	*********	*********	*****			
	PERMIT	REPORT	REPORT	MGD	*********	*********	*********	*****		01/DS	CN
	REQUIREMENT	MO AVG	DAILY MX		*********	*********	*********	*****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Gary J. Taylor Vice President, Nuclear Operations	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 IMPRISIONMENT. 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	803	345-4156	96	09	23
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 through outfall 004 during August.

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

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

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

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

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

Form Approved
OMB No. 2040-0004
Approval Expires 10-31-94

MAJOR

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
SC0030856	005 1

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
From	96	08	01	To	96	08	31
	(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) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
00310 LAB ID: 20001 BOD - 5 Day (20 Degrees C) MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	7.9	13.4	MG/L	0	1/7	24
	PERMIT REQUIREMENT	*********	*********	*****	*********	30.0 MO AVG	45.0 DAILY MX	MG/L		01/07	24
00530 LAB ID: 20001 Total Suspended Solids (TSS) MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	3.6	6.5	MG/L	0	1/7	24
	PERMIT REQUIREMENT	*********	*********	*****	*********	30.0 MO AVG	45.0 DAILY MX	MG/L		01/07	24
50050 ID: 20001 Flow in Conduit MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	0.006460	0.022200	MGD	0	1/7	IN
	PERMIT REQUIREMENT	*********	*********	*****	*********	REPORT MO AVG	REPORT DAILY MX	MGD		01/07	IN
74055 LAB ID: 20001 Fecal Coliform, General MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	<1.0	<1.0	# PER 100ML	0	2/30	GR
	PERMIT REQUIREMENT	*********	*********	*****	*********	200 30DAVGEO	400 DAILY MX	# PER 100ML		02/30	GR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Gary J. Taylor Vice President, Nuclear Operations	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	803	345-4156	96	09	23
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.2.

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

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

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

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

Form Approved
OMB No. 2040-0004
Approval expires 10-31-94

MAJOR

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
SC0030856	06A 1

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
From	96	08	01	To	96	08	31
	(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) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
00530 LAB ID: 20001 Total Suspended Solids (TSS) MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	1.2	2.3	MG/L	0	2/30	GR
	PERMIT	*********	*********	*****	*********	30	100	MG/L		01/30	GR
	REQUIREMENT	*********	*********	*****	*********	MO AVG	DAILY MX				
00556 LAB ID: 20001 Oil & Grease Freon Extr-Grav Method MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	1.0	1.0	MG/L	0	1/30	GR
	PERMIT	*********	*********	*****	*********	15	20	MG/L		01/30	GR
	REQUIREMENT	*********	*********	*****	*********	MO AVG	DAILY MX				
50050 LAB ID: 20001 Flow in Conduit MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	0.060983	0.163500	MGD	0	6/30	IN
	PERMIT	*********	*********	*****	*********	REPORT	REPORT	MGD		01/30	IN
	REQUIREMENT	*********	*********	*****	*********	MO AVG	DAILY MX				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Gary J. Taylor Vice President, Nuclear Operations	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 IMPRISIONMENT. 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	803	345-4156	96	09	23
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.2.

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

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

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

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

Form Approved
OMB No. 2040-0004
Approval expires 10-31-94

MAJOR

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
SC0030856	06B 1

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
From	96	08	01	To	96	08	31
	(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) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
00530 LAB ID: 20001 Total Suspended Solids (TSS) MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	4.5	5.0	MG/L	0	2/30	GR
	PERMIT REQUIREMENT	*********	*********	*****	*********	30 MO AVG	98 DAILY MX	MG/L		01/30	GR
00556 LAB ID: 20001 Oil & Grease Freon Extr-Grav Method MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	0.6	0.6	MG/L	0	1/30	GR
	PERMIT REQUIREMENT	*********	*********	*****	*********	15 MO AVG	19 DAILY MX	MG/L		01/30	GR
50050 LAB ID: 20001 Flow in Conduit MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	0.069271	0.125600	MGD	0	7/30	IN
	PERMIT REQUIREMENT	*********	*********	*****	*********	REPORT MO AVG	REPORT DAILY MX	MGD		01/30	IN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Gary J. Taylor Vice President, Nuclear Operations	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 IMPRISIONMENT. 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	803	345-4156	96	09	23
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.2.

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

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

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

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

Form Approved
OMB No. 2040-0004
Approval Expires 10-31-94

MAJOR

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
SC0030856	007 1

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
From	96	08	01	To	96	08	31
	(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)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
00400 LAB ID: 20001 pH Standard Units MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	6.0	*********	7.9	SU	0	1/7	GR
	PERMIT REQUIREMENT	*********	*********	*****	6.0 MINIMUM	*********	9.0 MAXIMUM	SU		01/07	GR
00530 LAB ID: 20001 Total Suspended Solids (TSS) MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	1.6	1.6	MG/L	0	1/30	GR
	PERMIT REQUIREMENT	*********	*********	*****	*********	30.0 MO AVG	100.0 DAILY MX	MG/L		01/30	GR
00556 LAB ID: 20001 Oil & Grease Freon Extr-Grav Method MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	0.3	0.3	MG/L	0	1/30	GR
	PERMIT REQUIREMENT	*********	*********	*****	*********	15.0 MO AVG	20.0 DAILY MX	MG/L		01/30	GR
01051 LAB ID: 20001 Lead, Total MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	0.032	0.032	MG/L	0	1/30	GR
	PERMIT REQUIREMENT	*********	*********	*****	*********	0.05 MO AVG	0.05 DAILY MX	MG/L		01/30	GR
50050 LAB ID: 20001 Flow in Conduit MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	0.055545	0.105000	MGD	0	1/DS	ES
	PERMIT REQUIREMENT	*********	*********	*****	*********	REPORT MO AVG	REPORT DAILY MX	MGD		01/30	ES
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Gary J. Taylor Vice President, Nuclear Operations	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	803	345-4156	96	09	23
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.

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

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

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

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

Form Approved
OMB No. 2040-0004
Approval Expires 10-31-94

(2-16)	(17-19)
SC0030856	008 1
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
From	96	08	01	To	96	08	31
	(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) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
00530 LAB ID: 20001 Total Suspended Solids (TSS) MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	NOT	SAMPLED	MG/L			
	PERMIT REQUIREMENT	*********	*********	*****	*********	30.0 MO AVG	100.0 DAILY MX	MG/L		01/DS	GR
00556 LAB ID: 20001 Oil & Grease Freon Extr-Grav Method MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	NOT	SAMPLED	MG/L			
	PERMIT REQUIREMENT	*********	*********	*****	*********	15.0 MO AVG	20.0 DAILY MX	MG/L		01/DS	GR
01042 LAB ID: 20001 Copper, Total as Cu MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	NOT	SAMPLED	MG/L			
	PERMIT REQUIREMENT	*********	*********	*****	*********	1.0 MO AVG	1.0 DAILY MX	MG/L		01/DS	GR
01045 LAB ID: 20001 Iron, Total as Fe MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	NOT	SAMPLED	MG/L			
	PERMIT REQUIREMENT	*********	*********	*****	*********	1.0 MO AVG	1.0 DAILY MX	MG/L		01/DS	GR
50050 LAB ID: 20001 Flow in Conduit MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	NOT	SAMPLED	MGD			
	PERMIT REQUIREMENT	*********	*********	*****	*********	REPORT MO AVG	REPORT DAILY MX	MGD		01/01	IN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Gary J. Taylor Vice President, Nuclear Operations	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	803	345-4156	96	09	23
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 August.**

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)

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

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

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

Form Approved
OMB No. 2040-0004
Approval Expires 10-31-94

MAJOR

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
SC0030856	012 1

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
From	96	08	01	To	96	08	31
	(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) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
00400 LAB ID: 20001 pH Standard Units MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	7.5	*********	7.5	SU	0	1/30	GR
	PERMIT	*********	*********	*****	6.0 MINIMUM	*********	8.5 MAXIMUM	SU		01/30	GR
	REQUIREMENT	*********	*********	*****							
00530 LAB ID: 20001 Total Suspended Solids (TSS) MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	0.2	0.2	MG/L	0	1/30	GR
	PERMIT	*********	*********	*****	*********	26.0 MO AVG	70 DAILY MX	MG/L		01/30	GR
	REQUIREMENT	*********	*********	*****	*********						
00556 LAB ID: 20001 Oil & Grease Freon Extr-Grav Method MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	2.7	2.7	MG/L	0	1/30	GR
	PERMIT	*********	*********	*****	*********	9.0 MO AVG	11 DAILY MX	MG/L		01/30	GR
	REQUIREMENT	*********	*********	*****	*********						
50050 ID: 20001 Flow in Conduit MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	0.011800	0.011800	MGD	0	1/30	ES
	PERMIT	*********	*********	*****	*********	REPORT MO AVG	REPORT DAILY MX	MGD		01/30	ES
	REQUIREMENT	*********	*********	*****	*********						
50060 LAB ID: 20001 Total Residual Chlorine MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	<0.1	<0.1	MG/L	0	1/30	GR
	PERMIT	*********	*********	*****	*********	0.5 MO AVG	1.0 DAILY MX	MG/L		01/30	GR
	REQUIREMENT	*********	*********	*****	*********						
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Gary J. Taylor Vice President, Nuclear Operations	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	803	345-4156	96	09	23
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.2.

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

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

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

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

Form Approved
OMB No. 2040-0004
Approval Expires 10-31-94

MAJOR

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
SC0030856	012 2

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
From	96	08	01	To	96	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

39 CM FINAL LIMITS
DMR VALID: 08/01/1995-09/30/97

NOTE: Read Instructions before completing this form.

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Gary J. Taylor Vice President, Nuclear Operations	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 IMPRISIONMENT. 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	803	345-4156	96	09	23
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 IWC = 100%

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 Limits 08/01/95-09/30/97 Parameter Code TGA3B MLOC=1 IWC=100.00% effluent

Monitoring period	Year	Month	Day		Year	Month	Day
From	96	08	01	To	96	08	31

Date	Lab ID	Group	All tests # Adults	All tests # Dead	All tests Pass/Fail	Chronic tests only Average Young	Chronic tests only Variance	Chronic tests only Pass/Fail
3/5/96	36001	Control	20	0	Pass			
		Test	20	0				

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

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

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

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

Date	Lab ID	Group	All tests # Adults	All tests # Dead	All tests Pass/Fail	Chronic tests only Average Young	Chronic tests only Variance	Chronic tests only Pass/Fail
		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, Manager, Chemistry

DHEC 3420 (8/96)

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

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

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

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

Form Approved
OMB No. 2040-0004
Approval Expires 10-31-94

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
SC0030856	013 1

MAJOR

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
From	96	08	01	To	96	08	31
	(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) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
00400 LAB ID: 20001 pH Standard Units MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	Not Sampled	*********	Not Sampled	SU			
	PERMIT REQUIREMENT	*********	*********	*****	REPORT MINIMUM	*********	REPORT MAXIMUM	SU		02/YR	GR
00530 LAB ID: 20001 Total Suspended Solids (TSS) MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	Not Sampled	Not Sampled	MG/L			
	PERMIT REQUIREMENT	*********	*********	*****	*********	REPORT MO AVG	REPORT DAILY MX	MG/L		02/YR	GR
50050 LAB ID: 20001 Flow in Conduit MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	Not Sampled	Not Sampled	MGD			
	PERMIT REQUIREMENT	*********	*********	*****	*********	REPORT MO AVG	REPORT DAILY MX	MGD		02/YR	ES
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Gary J. Taylor Vice President, Nuclear Operations	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	803	345-4156	96	09	23
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)

*Sampled in March and September.

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

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

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

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

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

Form Approved
OMB No. 2040-0004
Approval expires 10-31-94

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
SC0030856	014 1

MAJOR

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
From	96	08	01	To	96	08	31
	(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) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
00300 LAB ID: 20001 Dissolved Oxygen MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	4.0	*********	*********	MG/L	0	1/30	GR
	PERMIT	*********	*********	*****	1.0	*********	*********	MG/L		01/30	GR
	REQUIREMENT	*********	*********	*****	INST MIN	*********	*********				
00400 LAB ID: 20001 pH Standard Units MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	7.3	*********	7.7	SU	0	2/30	GR
	PERMIT	*********	*********	*****	6.0	*********	8.5	SU		01/30	GR
	REQUIREMENT	*********	*********	*****	MINIMUM	*********	MAXIMUM				
00610 LAB ID: 20001 Ammonia-Nitrogen Total as N MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	<0.3	0.5	MG/L	0	2/30	GR
	PERMIT	*********	*********	*****	*********	2.1	4.2	MG/L		01/30	GR
	REQUIREMENT	*********	*********	*****	*********	MO AVG	DAILY MX				
01042 LAB ID: 20001 Copper, Total as Cu MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	<0.010	<0.010	MG/L	0	2/30	GR
	PERMIT	*********	*********	*****	*********	0.028	0.039	MG/L		01/30	GR
	REQUIREMENT	*********	*********	*****	*********	MO AVG	DAILY MX				
01092 LAB ID: 20001 Zinc, Total MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	<0.004	0.006	MG/L	0	2/30	GR
	PERMIT	*********	*********	*****	*********	0.059	0.065	MG/L		01/30	GR
	REQUIREMENT	*********	*********	*****	*********	MO AVG	DAILY MX				
50050 LAB ID: 20001 Flow in Conduit MLOC=1	SAMPLE MEASUREMENT	0.120600	0.820000	MGD	*********	*********	*********	*****	0	99/99	CN
	PERMIT	REPORT	REPORT	MGD	*********	*********	*********	*****		99/99	CN
	REQUIREMENT	MO AVG	DAILY MX		*********	*********	*********	*****			
50060 LAB ID: 20001 Total Residual Chlorine MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	<0.1	<0.1	MG/L	0	1/30	GR
	PERMIT	*********	*********	*****	*********	0.1	0.1	MG/L		01/30	GR
	REQUIREMENT	*********	*********	*****	*********	MO AVG	DAILY MX				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Gary J. Taylor Vice President, Nuclear Operations	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	803	345-4156	96	09	23
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

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

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

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

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

Form Approved
OMB No. 2040-0004
Approval expires 10-31-94

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
SC0030856	014 2

MAJOR

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
From	96	08	01	To	96	08	31
	(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)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUANTITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TGP3B LAB ID: 36001 7 Day Chronic Static Toxicity C. Dubia PF MLOC=1	SAMPLE MEASUREMENT	*********	*********	*****	*********	*********	0		0	1/30	GR
	PERMIT REQUIREMENT	*********	*********	*****	*********	*********	REPORT DAILY MX	0=PASS 1=FAIL		01/30	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										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Gary J. Taylor Vice President, Nuclear Operations	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	803	345-4156	96	09	23
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 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 0142
Final Limits Limits 11/01/93-09/30/97 Parameter Code TGP3B MLOC=1 IWC=100.00% effluent

Monitoring period	Year	Month	Day		Year	Month	Day
From	96	08	01	To	96	08	31

Date 8/5/96		All tests			Chronic tests only		
Lab ID 36001	Group	# Adults	# Dead	Pass/Fail	Average Young	Variance	Pass/Fail
	Control	19	0	Pass	21	13	Pass
	Test	20	1		19	13	

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

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

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

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

Date		All tests			Chronic tests only		
Lab ID	Group	# Adults	# Dead	Pass/Fail	Average Young	Variance	Pass/Fail
	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, Manager, Chemistry

DHEC 3420 (8/96)