Gregory H. Halnon
General Manager, Nuclear Plant Operations
803.345.4007

SCE&G®
A SCANA COMPANY

February 27, 2002

Ms. Darleen Williams
Permit and Data Administration Section
Bureau of Water
South Carolina Department of Health
and Environmental Control
2600 Bull Street
Columbia, SC 29201

Dear Ms. Williams:

Subject: VIRGIL C. SUMMER NUCLEAR STATION
MONTHLY DISCHARGE MONITORING REPORTS
NPDES PERMITS NO. SC0030856

Enclosed are the Monthly Discharge Monitoring Reports (DMRs), with one (1) additional copy of each, submitted in accordance with the subject NPDES permit. These reports cover the period of December 1 through December 31, 2001. All corrections have been made and the DMRs are being submitted per your letter of February 13, 2002.

Should there be any questions, please contact Ms. Susan B. Reese at 345-4591.

Very truly yours,

Gregory H. Halnon

SBR/GHH/sbr
Enclosures

c: R. J. White (w/o enclosures)
L. M. Ragsdale (w/o enclosures)
J. W. Preston (175)
J. A. Orr (P40)
W. F. Bacon (331)
W. R. Higgins (830)

RTS (0-L-99-0101, 0-C-02-0398)
File (818.03-11, RR 4200)
DMS (RC-02-0027))

NAME SCE&G / V C SUMMER NUCLEAR STAT
ADDRESS P. O. Box 88
Jenkinsville, SC 29065

FACILITY SCE&G / V C SUMMER NUCLEAR STAT
LOCATION HIGHWAY 215

DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)

SC0030856	001 1	MAJOR
PERMIT NUMBER	DISCHARGE NUMBER	

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	12	01	TO	01	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

39 CM FINAL LIMITS
DMR VALID: 10/01/1997-09/30/2002
NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO EX (62-63)	FREQUENCY OF ANALYSIS (54-68)	SAMPLE TYPE (69-70)
00011 LAB ID: 20001	SAMPLE	**********	**********	*******	**********						
Water Temperature	MEASUREMENT	**********	**********	*******	**********	90.7	95.1		0	99/99	CN
(Fahrenheit)	PERMIT	**********	**********	*******	**********	REPORT	113	DEG.		99/99	CN
MLOC = 1	REQUIREMENT	**********	**********	*******	**********	MO AVG	INST MAX	FAR.			
00011 LAB ID: 20001	SAMPLE	**********	**********	*******	**********						
Water Temperature	MEASUREMENT	**********	**********	*******	**********	62.0	66.2		0	99/99	CN
(Fahrenheit)	PERMIT	**********	**********	*******	**********	REPORT	REPORT	DEG.		99/99	CN
MLOC = 7	REQUIREMENT	**********	**********	*******	**********	MO AVG	INST MAX	FAR.			
00011 LAB ID: 20001	SAMPLE	**********	**********	*******	**********						
Water Temperature	MEASUREMENT	**********	**********	*******	**********	63.0	67.9		0	99/99	CN
(Fahrenheit)	PERMIT	**********	**********	*******	**********	90	REPORT	DEG.		99/99	CN
MLOC = T	REQUIREMENT	**********	**********	*******	**********	MO AVG	INST MAX	FAR.			
00400 LAB ID: 20001	SAMPLE	**********	**********	*******		**********					
pH	MEASUREMENT	**********	**********	*******	7.6	**********	7.6		0	01/30	GR
Standard Units	PERMIT	**********	**********	*******	6.0	**********	8.5			01/30	GR
MLOC=1	REQUIREMENT	**********	**********	*******	MINIMUM	**********	MAXIMUM	SU			
50050 LAB ID: 20001	SAMPLE				**********	**********	**********	*******			
Flow in Conduit	MEASUREMENT	637.1	738.7		**********	**********	**********	*******	0	99/99	ES
	PERMIT	REPORT	REPORT		**********	**********	**********	*******		99/99	ES
MLOC = 1	REQUIREMENT	MO AVG	DAILY MX	MGD	**********	**********	**********	*******			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Stephen A. Byrne
SR. V.P. 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.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 803, NUMBER 84[illegible]156

DATE: YEAR 02, MO 01, DAY 21

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COMPLIANCE ASSURANCE DIVISION

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

MLOC=1 - DISCHG TEMP MONITOR OUTLET. MLOC=T - PLUME TEMP TAKEN AT INTAKE STRUCTURE
MLOC=7 - INTAKE TEMP MEASURED ON INLET SIDE OF MAIN CONDENSER.

NAME SCE&G / V C SUMMER NUCLEAR STAT
ADDRESS P. O. Box 88
Jenkinsville, SC 29065

FACILITY SCE&G / V C SUMMER NUCLEAR STAT
LOCATION HIGHWAY 215

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

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

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	10	01	TO	01	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

39 CM FINAL LIMITS
DMR VALID: 10/01/1997-09/30/2002
NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TCP3B LAB ID: 36001	SAMPLE MEASUREMENT	**********	**********	*******	**********						
7 Day Chronic		**********	**********	*******	**********	5.3	5.3		0	1/90	GR
% Effect C. Dubia	PERMIT REQUIREMENT	**********	**********	*******	**********	20 MO AVG	50 DAILY MX	PER-CENT		01/90	GR
MLOC = 1											
TJP3B LAB ID: 36001	SAMPLE MEASUREMENT	**********	**********	*******	**********						
% Mortality 7 Day Chr		**********	**********	*******	**********	0.0	0.0		0	1/90	GR
Ceriodaphnia	PERMIT REQUIREMENT	**********	**********	*******	**********	20 MO AVG	50 DAILY MX	PER-CENT		01/90	GR
MLOC = 1											
	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
Stephen A. Byrne
Sr. V.P. 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.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
803	345-4156	97	12	22

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

Chronic toxicity IWC=100.00% effluent.

Unreported

EPA Form 3320 - 1 (08-95) Previous editions may be used. 10/27/1997 (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

DMR Attachment for Toxicity Test Results. Bureau of Water

SCE&G/VC SUMMER NUCLEAR STAT Permit number SC0030856 Discharge number 0012
Final Limits 10/01/1997-09/30/2002 Parameter Code TCP3B MLOC=1 IWC=100.00% effluent

Monitoring period	Year	Month	Day		Year	Month	Day
From	01	10	01	To	01	12	31

Date 10/08/01
Lab ID 36001

	All tests			Chronic tests only		
Group	# Adults	# Dead	Pass/Fail	Average Young	Variance	Pass/Fail
Control	10	0		19	11	
Test	10	0	PASS	18	20	PASS

Date
Lab ID

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

Date
Lab ID

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

Date
Lab ID

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

Date
Lab ID

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

Date
Lab ID

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

Signature of Principal Executive Officer or Authorized Agent Walter F. Bacon for SAB

Name/Title of Principal Executive Officer *(typed or printed)* Stephen A. Byrne, Sr. V.P. Nuclear Operations

DHEC 3420 (8/96)

NAME SCE&G / V C SUMMER NUCLEAR STAT
ADDRESS P. O. Box 88
Jenkinsville, SC 29065

FACILITY SCE&G / V C SUMMER NUCLEAR STAT
LOCATION HIGHWAY 215

DISCHARGE MONITORING REPORT (DMR)

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

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	12	01	TO	01	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

39 CM FINAL LIMITS
DMR VALID: 10/01/1997-09/30/2002
NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	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	**********	**********	*******	**********	0.1	1.1		0	1/DS	GR
	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	**********	**********	*******	**********	0.4	3.3		0	1/DS	GR
	PERMIT REQUIREMENT	**********	**********	*******	**********	15 MO AVG	20 DAILY MX	MG/L		01/DS	GR
50050 LAB ID: 20001 Flow in Conduit MLOC=1	SAMPLE MEASUREMENT	0.004316	0.004500		**********	**********	**********	*******	0	1/DS	ES
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	**********	**********	**********	*******		01/DS	ES
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Stephen A. Byrne
Sr. V.P. 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. Stephen Byrne
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 803 | NUMBER 345-4155
DATE: YEAR 02 | MO 01 | DAY 21

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

NOTE: SAMPLES SHALL BE TAKEN AT FOLLOWING LOCATION - SEE PARA A.2.

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NAME SCE&G / V C SUMMER NUCLEAR STAT
ADDRESS P. O. Box 88
Jenkinsville, SC 29065

FACILITY SCE&G / V C SUMMER NUCLEAR STAT
LOCATION HIGHWAY 215

DISCHARGE MONITORING REPORT (DMR)

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

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	12	01	TO	01	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

39 CM FINAL LIMITS
DMR VALID: 10/01/1997-09/30/2002
NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION 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	**********	**********	*******	**********						
	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	**********	**********	*******	**********						
	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	Discharged		**********	**********	**********	*******			
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	**********	**********	**********	*******		01/DS	CN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Stephen A. Byrne
Sr. V.P. 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.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 803 NUMBER 345-4156

DATE: YEAR 02 MO 01 DAY 24

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FEB 1 2002
COMPLIANCE ASSURANCE DIVISION

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
Not discharged; blowdown recovery in service for the entire month.

SAMPLES SHALL BE TAKEN AT LEAST ONCE PER OCCURRENCE, BUT NEED NOT BE MORE THAN ONCE PER MONTH.
NOTE: SAMPLES SHALL BE TAKEN AT FOLLOWING LOCATION - SEE PARA. A. 4.

EPA Form 3320 - 1 (08-95) Previous editions may be used. 10/27/1997 (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

NAME SCE&G / V C SUMMER NUCLEAR STAT
ADDRESS P. O. Box 88
Jenkinsville, SC 29065

FACILITY SCE&G / V C SUMMER NUCLEAR STAT
LOCATION HIGHWAY 215

DISCHARGE MONITORING REPORT (DMR)

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

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	12	01	TO	01	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

39 CM FINAL LIMITS
DMR VALID: 10/01/1997-09/30/2002
NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
00310 LAB ID: 40001 BOD - 5 Day (20 Degrees C) MLOC=1	SAMPLE MEASUREMENT	**********	**********	*******	**********	7.0	7.0		0	01/30	24
	PERMIT REQUIREMENT	**********	**********	*******	**********	30 MO AVG	45 DAILY MX	MG/L		01/30	24
00530 LAB ID: 20001 Total Suspended Solids (TSS) MLOC=1	SAMPLE MEASUREMENT	**********	**********	*******	**********	6.3	6.3		0	01/30	24
	PERMIT REQUIREMENT	**********	**********	*******	**********	30 MO AVG	45 DAILY MX	MG/L		01/30	24
50050 LAB ID: 20001 Flow in Conduit MLOC=1	SAMPLE MEASUREMENT	0.002800	0.008100		**********	**********	**********	*******	0	05/30	IN
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	**********	**********	**********	*******		01/30	IN
74055 LAB ID: 40001 Fecal Coliform General MLOC=1	SAMPLE MEASUREMENT	**********	**********	*******	**********	1.0	1.0		0	2/30	GR
	PERMIT REQUIREMENT	**********	**********	*******	**********	200 30D AVGEO	400 DAILY MX	# PER 100 ML		02/30	GR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Stephen A. Byrne
Sr. V.P. 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.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 803 NUMBER 345-4156
DATE: YEAR 02 MO 01 DAY 21

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

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

RECEIVED
COMPLIANCE ASSURANCE DIVISION
FEB 1 2002

EPA Form 3320 - 1 (08-95) Previous editions may be used. 10/27/1997 (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

NAME SCE&G / V C SUMMER NUCLEAR STAT
ADDRESS P. O. Box 88
Jenkinsville, SC 29065

FACILITY SCE&G / V C SUMMER NUCLEAR STAT
LOCATION HIGHWAY 215

DISCHARGE MONITORING REPORT (DMR)

(2-16) (17-18)

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

SC0030856	06A 1	MAJOR
PERMIT NUMBER	DISCHARGE NUMBER	

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	12	01	TO	01	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

39 CM FINAL LIMITS
DMR VALID: 10/01/1997-09/30/2002
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PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (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	**********	**********	*******	**********	0.4	0.4		0	01/30	GR
	PERMIT REQUIREMENT	**********	**********	*******	**********	30 MO AVG	100 DAILY MX	MG/L		01/30	GR
00556 LAB ID: 20001 Oil & Grease Freon Extr-Grav Method MLOC=1	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.8	0.8		0	01/30	GR
	PERMIT REQUIREMENT	**********	**********	*******	**********	15 MO AVG	20 DAILY MX	MG/L		01/30	GR
50050 LAB ID: 20001 Flow in Conduit MLOC=1	SAMPLE MEASUREMENT	0.000780	0.001400		**********	**********	**********	*******	0	05/30	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		
Stephen A. Byrne Sr. V.P. 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. Frank Byrne	803	345-4156	02	01	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 SHALL BE TAKEN AT FOLLOWING LOCATIONS - SEE PARA. A.2.

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FEB 21 2002
COMPLIANCE ASSURANCE DIVISION

NAME SCE&G / V C SUMMER NUCLEAR STAT
ADDRESS P. O. Box 88
Jenkinsville, SC 29065

FACILITY SCE&G / V C SUMMER NUCLEAR STAT
LOCATION HIGHWAY 215

DISCHARGE MONITORING REPORT (DMR)

(2-16) SC0030856 PERMIT NUMBER

(17-19) 06B 1 DISCHARGE NUMBER

MAJOR

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	12	01	TO	01	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

39 CM FINAL LIMITS
DMR VALID: 10/01/1997-09/30/2002
NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	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	**********	**********	*******	**********	3.1	3.1		0	01/30	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	**********	**********	*******	**********	1.8	1.8		0	01/30	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	0.023740	0.028900		**********	**********	**********	*******	0	05/30	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
Stephen A. Byrne
Sr. V.P. 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.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 803 | NUMBER 345-4156

DATE: YEAR 02 | MO 01 | DAY 21

RECEIVED
FEB 2002
COMPLIANCE ASSURANCE DIVISION

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

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

NAME SCE&G / V C SUMMER NUCLEAR STAT
ADDRESS P. O. Box 88
Jenkinsville, SC 29065

FACILITY SCE&G / V C SUMMER NUCLEAR STAT
LOCATION HIGHWAY 215

DISCHARGE MONITORING REPORT (DMR)

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

(2-15) PERMIT NUMBER	(17-19) DISCHARGE NUMBER	
SC0030856	007 1	MAJOR

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	12	01	TO	01	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

39 CM FINAL LIMITS
DMR VALID: 10/01/1997-09/30/2002
NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION 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	**********	**********	*******	6.2	**********	8.3		0	01/DS	GR
	PERMIT REQUIREMENT	**********	**********	*******	6.0 MINIMUM	**********	9.0 MAXIMUM	SU		01/30	GR
00530 LAB ID: 20001 Total Suspended Solids (TSS) MLOC=1	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.0	0.0		0	01/30	GR
	PERMIT REQUIREMENT	**********	**********	*******	**********	30 MO AVG	100 DAILY MX	MG/L		01/30	GR
00556 LAB ID: 20001 Oil & Grease Freon Extr-Grav Method MLOC=1	SAMPLE MEASUREMENT	**********	**********	*******	**********	4.5	4.5		0	01/30	GR
	PERMIT REQUIREMENT	**********	**********	*******	**********	15 MO AVG	20 DAILY MX	MG/L		01/30	GR
50050 LAB ID: 20001 Flow in Conduit MLOC=1	SAMPLE MEASUREMENT	0.081625	0.157500		**********	**********	**********	*******	0	01/DS	ES
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	**********	**********	**********	*******		01/30	ES
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Stephen A. Byrne
Sr. V.P. 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.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 803 | NUMBER 345-4196

DATE: YEAR 02 | MO 02 | DAY 21

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COMPLIANCE ASSURANCE
DIVISION

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

NAME SCE&G / V C SUMMER NUCLEAR STAT
ADDRESS P. O. Box 88
Jenkinsville, SC 29065

FACILITY SCE&G / V C SUMMER NUCLEAR STAT
LOCATION HIGHWAY 215

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	12	01	TO	01	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

39 CM FINAL LIMITS
DMR VALID: 10/01/1997-09/30/2002
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) QUALITY 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	**********	**********	*******	**********						
	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	**********	**********	*******	**********						
	PERMIT REQUIREMENT	**********	**********	*******	**********	15 MO AVG	20 DAILY MX	MG/L		01/DS	GR
01042 LAB ID: 20001 Copper, Total as Cu MLOC=1	SAMPLE MEASUREMENT	**********	**********	*******	**********						
	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	**********	**********	*******	**********						
	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	Discharged		**********	**********	**********	*******			
	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
Stephen A. Byrne
Sr. V.P. 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.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 803 | NUMBER 345-4166
DATE: YEAR 02 | MO 01 | DAY 21

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COMPLIANCE ASSURANCE DIVISION
2002

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
SAMPLES SHALL BE TAKEN AT LEAST ONCE PER OCCURRENCE; SHOULD THE DURATION OF DISCHARGE EXCEED ONE WEEK, SAMPLE ON WEEKLY BASIS UNTIL END OF DISCHARGE.
NOTE: SAMPLES SHALL BE TAKEN AT FOLLOWING LOCATIONS - SEE PARA A.3.

EPA Form 3320 - 1 (08-95) Previous editions may be used. 10/27/1997 (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

NAME SCE&G / V C SUMMER NUCLEAR STAT
ADDRESS P. O. Box 88
Jenkinsville, SC 29065

FACILITY SCE&G / V C SUMMER NUCLEAR STAT
LOCATION HIGHWAY 215

DISCHARGE MONITORING REPORT (DMR)

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

(2-16) SC0030856 PERMIT NUMBER

(17-19) 012 1 DISCHARGE NUMBER

MAJOR

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	12	01	TO	01	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

39 CM FINAL LIMITS
DMR VALID: 10/01/1997-09/30/2002
NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (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	**********	**********	*******	7.7	**********	7.7		0	01/30	GR
	PERMIT REQUIREMENT	**********	**********	*******	6.0 MINIMUM	**********	8.5 MAXIMUM	SU		01/30	GR
00530 LAB ID: 20001 Total Suspended Solids (TSS) MLOC=1	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.6	0.6		0	01/30	GR
	PERMIT REQUIREMENT	**********	**********	*******	**********	26 MO AVG	70 DAILY MX	MG/L		01/30	GR
00556 LAB ID: 20001 Oil & Grease Freon Extr-Grav Method MLOC=1	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.2	0.2		0	01/30	GR
	PERMIT REQUIREMENT	**********	**********	*******	**********	9 MO AVG	11 DAILY MX	MG/L		01/30	GR
50050 LAB ID: 20001 Flow in Conduit MLOC=1	SAMPLE MEASUREMENT	0.028900	0.028900		**********	**********	**********	*******	0	01/30	ES
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	**********	**********	**********	*******		01/30	ES
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Stephen A. Byrne
Sr. V.P. Nuclear Operations
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 803 NUMBER 345-4156

DATE: YEAR 02 MO 01 DAY 21

RECEIVED
COMPLIANCE ASSURANCE DIVISION
FEB 2002

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

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

NAME SCE&G / V C SUMMER NUCLEAR STAT
ADDRESS P. O. Box 88
Jenkinsville, SC 29065

FACILITY SCE&G / V C SUMMER NUCLEAR STAT
LOCATION HIGHWAY 215

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)

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

SC0030856	012 2	MAJOR
PERMIT NUMBER	DISCHARGE NUMBER	

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	10	01	TO	01	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

39 CM FINAL LIMITS
DMR VALID: 10/01/1997-09/30/2002
NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TJA3B LAB ID: 36001	SAMPLE MEASUREMENT	**********	**********	*******	**********						
% Mortality Stat 48 Hr Acu Ceriodaphnia MLOC=1	SAMPLE MEASUREMENT	**********	**********	*******	**********	0	0		0	1/90	GR
	PERMIT REQUIREMENT	**********	**********	*******	**********	20 MO AVG	50 DAILY MX	% MORT		01/90	GR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Stephen A. Byrne
Sr. V.P. Nuclear Operations
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
803	345-4156	97	12	22

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

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

Acute toxicity IWC=100.00% effluent. CORRECTED

DMR Attachment for Toxicity Test Results. Bureau of Water

SCE&G/SUMMER NUCLEAR STAT Permit number SC0030856 Discharge number 0122
Final Limits 10/01/1997-09/30/2002 Parameter Code TJA3B MLOC=1 IWC=100.00% effluent

Monitoring period	Year	Month	Day		Year	Month	Day
From	01	10	01	To	01	12	31

Date 10/08/01
Lab ID 36001

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	20	0				
Test	20	0	PASS			

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 Walter F. Bacon

Name/Title of Principal Executive Officer *(typed or printed)* Stephen A. Byrne, Sr. V.P. Nuclear Operations

DHEC 3420 (8/96)

NAME SCE&G / V C SUMMER NUCLEAR STAT
ADDRESS P. O. Box 88
Jenkinsville, SC 29065

FACILITY SCE&G / V C SUMMER NUCLEAR STAT
LOCATION HIGHWAY 215

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)

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

SC0030856	014 1	MAJOR
PERMIT NUMBER	DISCHARGE NUMBER	

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	12	01	TO	01	12	31
	(20-21)	(22-23)	(24-26)		(26-27)	(28-29)	(30-31)

39 CM FINAL LIMITS
DMR VALID: 10/01/1997-09/30/2002
NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (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 NNNNYYYYYNNN	SAMPLE	**********	**********	*******		**********					
	MEASUREMENT	**********	**********	*******		**********					
	PERMIT REQUIREMENT	**********	**********	*******	6.0 MINIMUM	**********	9.0 MAXIMUM	SU		01/30	GR
00400 LAB ID: 20001 pH Standard Units MLOC=1 YYYYNNNNNYYY	SAMPLE	**********	**********	*******		**********					
	MEASUREMENT	**********	**********	*******	7.4	**********	7.4		0	01/30	GR
	PERMIT REQUIREMENT	**********	**********	*******	6.0 MINIMUM	**********	8.5 MAXIMUM	SU		01/30	GR
00610 LAB ID: 20001 Ammonia - Nitrogen Total as N MLOC=1	SAMPLE	**********	**********	*******	**********						
	MEASUREMENT	**********	**********	*******	**********	0.72	0.72		0	01/30	GR
	PERMIT REQUIREMENT	**********	**********	*******	**********	2.1 MO AVG	4.2 DAILY MX	MG/L		01/30	GR
01042 LAB ID: 20001 Copper, Total as Cu MLOC=1	SAMPLE	**********	**********	*******	**********						
	MEASUREMENT	**********	**********	*******	**********	0.015	0.015		0	01/30	GR
	PERMIT REQUIREMENT	**********	**********	*******	**********	0.028 MO AVG	0.039 DAILY MX	MG/L		01/30	GR
01092 LAB ID: 20001 Zinc, Total MLOC=1	SAMPLE	**********	**********	*******	**********						
	MEASUREMENT	**********	**********	*******	**********	0.012	0.012		0	01/30	GR
	PERMIT REQUIREMENT	**********	**********	*******	**********	0.059 MO AVG	0.065 DAILY MX	MG/L		01/30	GR
50050 LAB ID: 20001 Flow in Conduit MLOC=1	SAMPLE				**********	**********	**********	*******			
	MEASUREMENT	0.054823	0.240000		**********	**********	**********	*******	0	99/99	CN
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	**********	**********	**********	*******		99/99	CN
50060 LAB ID: 20001 Total Residual Chlorine MLOC=1	SAMPLE	**********	**********	*******	**********						
	MEASUREMENT	**********	**********	*******	**********	0.000	0.000		0	01/30	GR
	PERMIT REQUIREMENT	**********	**********	*******	**********	0.011 MO AVG	0.019 DAILY MX	MG/L		01/30	GR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Stephen A. Byrne
Sr. V.P. 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.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 803 | NUMBER 345-4156

DATE: YEAR 02 | MO 01 | DAY 31

RECEIVED
FEB 1 2002
COMPLIANCE ASSURANCE DIVISION

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
Copper lowest calibration standard = 0.015 mg/l, detection limit = 0.010 mg/l, # times results reported as 0 = zero
NOTE: SAMPLES SHALL BE TAKEN AT FOLLOWING LOCATIONS - SEE PARA. A. 3.
Residual Chlorine lowest calibration standard = 0.05 mg/l, detection limit = 0.05 mg/l, # times results reported as 0 = one

NAME SCE&G / V C SUMMER NUCLEAR STAT
ADDRESS P. O. Box 88
Jenkinsville, SC 29065

FACILITY SCE&G / V C SUMMER NUCLEAR STAT
LOCATION HIGHWAY 215

DISCHARGE MONITORING REPORT (DMR)

(2-16) (17-19)

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

PERMIT NUMBER	DISCHARGE NUMBER	
SC0030856	014 2	MAJOR

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	10	01	TO	01	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

39 CM FINAL LIMITS
DMR VALID: 10/01/1997-09/30/2002
NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TCP3B LAB ID: 36001	SAMPLE MEASUREMENT	**********	**********	*******	**********	5.3	5.3		0	1/90	GR
7 Day Chronic Static	PERMIT REQUIREMENT	**********	**********	*******	**********	20 MO AVG	50 DAILY MX	PER-CENT		01/90	GR
% Effect C. Dubia											
MLOC=1											
TJP3B LAB ID: 36001	SAMPLE MEASUREMENT	**********	**********	*******	**********	10.0	10.0		0	1/90	GR
% Mortality 7Day Chr	PERMIT REQUIREMENT	**********	**********	*******	**********	20 MO AVG	50 DAILY MX	PER-CENT		01/90	GR
Ceriodaphnia											
MLOC=1											
	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
Stephen A. Byrne
Sr. V.P. 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. Thomas Byrne
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
803	345-4156	02	02	22

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

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

Chronic toxicity IWC=100.00% effluent.

DMR Attachment for Toxicity Test Results. Bureau of Water

SCE&G/SUMMER NUCLEAR STAT Permit number SC0030856 Discharge number 0142
Final Limits 10/01/1997-09/30/2002 Parameter Code TCP3B MLOC=1 IWC=100.00% effluent.

Monitoring period	Year	Month	Day		Year	Month	Day
From	01	10	01	To	01	12	31

Date 10/08/01
Lab ID 36001

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	10	0		19	31	
Test	10	1	PASS	18	19	PASS

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

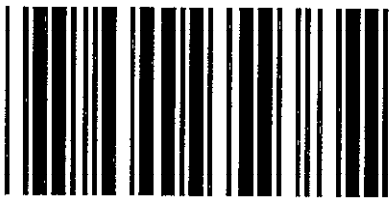
Group	All tests # Adults	All tests # Dead	All tests Pass/Fail	Chronic tests only Average Young	Chronic tests only Variance	Chronic tests only Pass/Fail
Control						
Test						

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 Walter F. Bacon for SAB

Name/Title of Principal Executive Officer *(typed or printed)* Stephen A. Byrne, Sr. V.P. Nuclear Operations

DHEC 3420 (8/96)

Document Separator Sheet