Gregory H. Halnon
General Manager, Nuclear Plant Operations
803.345.4007

SCE&G®
A SCANA COMPANY

April 22, 2002
RC-02-0071

Ms. Sandra L. 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

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 March 1, through March 31, 2002. The DMRs contain all the parameter results of the outfalls as required by NPDES Permits No. SC0030856 and SC0038407. All parameters were within specification during the reporting period.

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

Very truly yours,

Gregory H. Halnon

SBR/GHH/sr
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)
File (818.03-11, RR 4200)
DMS (RC-02-0071)

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

NAME SCE&G / SUMMER NUCLEAR TRAINING
ADDRESS P.O. BOX 88
Jenkinsville, SC 29065

FACILITY SCE&G / SUMMER NUCLEAR TRAINING
LOCATION JUNCTION SC HWY 213 & 16

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

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

(2-15) SC0038407 PERMIT NUMBER	(17-19) 001 1 DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	03	01	TO	02	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

39 CM FINAL LIMITS
DMR VALID: 07 / 01 / 1998 - 04 / 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) QUANTITY OR CONCENTRATION (46-53) MINIMUM	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	**********	**********	*******	2.0	**********	**********	MG/L	0	01/30	GR
	PERMIT REQUIREMENT	**********	**********	*******	1.0 INST MIN	**********	**********			01/30	GR
00310 LAB ID: 40001 BOD - 5 Day (20 Degrees C) MLOC = 1	SAMPLE MEASUREMENT	**********	**********	*******	**********	20.0	20.0	MG/L	0	01/30	24
	PERMIT REQUIREMENT	**********	**********	*******	**********	30 MO AVG	45 DAILY MX			01/30	24
00400 LAB ID: 20001 pH Standard Units MLOC = 1	SAMPLE MEASUREMENT	**********	**********	*******	7.6	**********	7.6	SU	0	01/30	GR
	PERMIT REQUIREMENT	**********	**********	*******	6.0 MINIMUM	**********	8.5 MAXIMUM			01/30	GR
00530 LAB ID: 20001 Total Suspended Solids (TSS) MLOC = 1	SAMPLE MEASUREMENT	**********	**********	*******	**********	7.3	7.3	MG/L	0	01/30	24
	PERMIT REQUIREMENT	**********	**********	*******	**********	30 MO AVG	45 DAILY MX			01/30	24
50050 LAB ID: 20001 Flow in Conduit MLOC = 1	SAMPLE MEASUREMENT	0.000200	0.000200		**********	**********	**********	******* *******	0	01/30	IN
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	**********	**********	**********	******* *******		01/30	IN
50060 LAB ID: 20001 Total Residual Chlorine MLOC = 1	SAMPLE MEASUREMENT	**********	**********	*******	**********	0	0	MG/L	0	01/30	GR
	PERMIT REQUIREMENT	**********	**********	*******	**********	0.5 MO AVG	0.87 DAILY MX			01/30	GR
74055 LAB ID: 40001 Fecal Coliform General MLOC = 1	SAMPLE MEASUREMENT	**********	**********	*******	**********	<4	<4	# PER 100 ML	0	01/30	GR
	PERMIT REQUIREMENT	**********	**********	*******	**********	200 30DAVGEO	400 DAILY MX			01/30	GR

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 F Jacon	803	345-4156	02	04	19
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)*

Residual Chlorine lowest calibration standard = 0.05 mg/l, detection limit = 0.05 mg/l, # times results reported as 0 = one

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

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

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	03	01	TO	02	03	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)
00011 LAB ID: 20001	SAMPLE MEASUREMENT	**********	**********	*******	**********						
Water Temperature		**********	**********	*******	**********	87.2	95.5		0	99/99	CN
(Fahrenheit)	PERMIT REQUIREMENT	**********	**********	*******	**********	REPORT MO AVG	113 INST MAX	DEG. FAR.		99/99	CN
MLOC = 1		**********	**********	*******	**********						
00011 LAB ID: 20001	SAMPLE MEASUREMENT	**********	**********	*******	**********						
Water Temperature		**********	**********	*******	**********	55.3	62.8		0	99/99	CN
(Fahrenheit)	PERMIT REQUIREMENT	**********	**********	*******	**********	REPORT MO AVG	REPORT INST MAX	DEG. FAR.		99/99	CN
MLOC = 7		**********	**********	*******	**********						
00011 LAB ID: 20001	SAMPLE MEASUREMENT	**********	**********	*******	**********						
Water Temperature		**********	**********	*******	**********	57.6	65.7		0	99/99	CN
(Fahrenheit)	PERMIT REQUIREMENT	**********	**********	*******	**********	90 MO AVG	REPORT INST MAX	DEG. FAR.		99/99	CN
MLOC = T		**********	**********	*******	**********						
00400 LAB ID: 20001	SAMPLE MEASUREMENT	**********	**********	*******		**********					
pH		**********	**********	*******	7.9	**********	7.9		0	01/30	GR
Standard Units	PERMIT REQUIREMENT	**********	**********	*******	6.0 MINIMUM	**********	8.5 MAXIMUM	SU		01/30	GR
MLOC=1		**********	**********	*******	**********	**********	**********				
50050 LAB ID: 20001	SAMPLE MEASUREMENT				**********	**********	**********	*******			
Flow in Conduit		524.9	524.9		**********	**********	**********	*******	0	99/99	ES
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	**********	**********	**********	*******		99/99	ES
MLOC = 1					**********	**********	**********	*******			
	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.)*		803	345-4156	02	04	18
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 - DISCHG TEMP MONITOR OUTLET. MLOC=T - PLUME TEMP TAKEN AT INTAKE STRUCTURE
MLOC=7 - INTAKE TEMP MEASURED ON INLET SIDE OF MAIN CONDENSER.

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

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 DI: DISCHARGE M *(2-16)*

SC0030856 PERMIT NUMBER

001 2 DISCHARGE NUMBER

MAJOR

MON ING PERIOD

	YEAR	MO	DAY
FROM	02	01	01
	(20-21)	(22-23)	(24-25)
	02	03	31
	(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.

GE ELIMINATION SYSTEM *(NPDES)*
ORING REPORT *(DMR)* *(17-19)*

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

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only)* *(46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	UNITS	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					0.0	0.0		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 EXAM AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASE INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTA INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCU COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRI SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes fines up to $10,000 and / or maximum imprisonment of between 6 months and 5*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
803	345-4156	02	04	19

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

Chronic toxicity IWC=100.00% effluent.

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	02	01	01	To	02	03	31

Date 01/07/02
Lab ID 36001

	All tests			Chronic tests only		
Group	# Adults	# Dead	Pass/Fail	Average Young	Variance	Pass/Fail
Control	10	1		21	34	
Test	10	0	PASS	24	15	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 W. Fred Bacon for SAB Walter F. Bacon 4/18/02

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

DHEC 3420 (8/96)

PERMITTEE NAME/ADDRESS (*Include Facil.* / *lame/Locati* / *if Different*)

NAME SCE&G / V C SUMI / R NUCL / AR STAT

ADDRESS P. O. Box 88
Jenkinsville, SC 29065

FACILITY SCE&G / V C SUMI / R NUCL / EAR STAT

LOCATION HIGHWAY 215

NATIONAL POLLUTANT D
DISCHARGE M
(2-16)

SC0030856
PERMIT NUMBER

	MO		DA
	YEAR	MO	DAY
FROM	02	03	01
	(20-21)	(22-23)	(24-2

M (NPDES)
(DMR)
9)

1
NUMBER

MAJOR

DAY
31
(30-31)

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

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

PARAMETER (32-37)		(3 Card Only (46-5	QUANTITY OR LOADING (54-61)			OR CONCENTRATION (6-53)	(54-61)		NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERA	MAXIMUM	UNITS		ERAGE	MAXIMUM	UNITS			
00530 Total Suspended Solids (TSS) MLOC=1	LAB ID: 20001	SAMPLE ASUREMEN PERMIT QUIREMEN	********** ********** ********** **********	******* ******* ******* *******		1.5 30 AVG	4.4 100 DAILY MX	MG/L	0	1/DS 01/DS	GR GR
00556 Oil & Grease Freon Extr-Grav Method MLOC=1	LAB ID: 20001	SAMPLE ASUREMEN PERMIT QUIREMEN	********** ********** ********** **********	******* ******* ******* *******		0.8 15 AVG	12.9 20 DAILY MX	MG/L	0	1/DS 01/DS	GR GR
50050 Flow in Conduit MLOC=1	LAB ID: 20001	SAMPLE ASUREMEN PERMIT QUIREMEN	0.004 REPC MO A	0.004500 REPORT DAILY MX	MGD	******** ******** ******** ********	********** ********** ********** **********	******* ******* ******* *******	0	1/DS 01/DS	ES ES
		SAMPLE ASUREMEN PERMIT QUIREMEN									
		SAMPLE ASUREMEN PERMIT QUIREMEN									
		SAMPLE ASUREMEN PERMIT QUIREMEN									
		SAMPLE ASUREMEN PERMIT QUIREMEN									

NAME/TITLE PRINCIPAL EXECUTIVE O / ER / ERTIFY UNDER / Y OF LAW THAT I HAVE PERSONALLY EXAM

Stephen A. Byrne

Sr. V.P. Nuclear Operations

FAMILIAR WIT / QUIRY OF THOSI / ORMATION, I E / MPLETE. I AM A / SE INFORMATI / E 18 U.S.C. § 10 / s up to $10,000 / FORMATION SUBMITTED HEREIN; AND BAS / JALS IMMEDIATELY RESPONSIBLE FOR OBTA / HE SUBMITTED INFORMATION IS TRUE, ACCU / AT THERE ARE SIGNIFICANT PENALTIES FOR / LUDING THE POSSIBILITY OF FINE AND IMPR / U.S.C. § 1319. *(Penalties under these statutes / ximum imprisonment of between 6 months and*

TYPED OR PRINTED

TELEPHONE			DATE		
AREA CODE	NUMBER		YEAR	MO	DAY
803	345-4156	OF PRINCIPAL EXECUTIVE OR AUTHORIZED AGENT	02	04	19

COMMENT AND EXPLANATION OF ANY VI / ATIONS *(Re* / *rence all atta* / *s here)*

NOTE: SAMPLES SHALL BE TAK / AT FOLL / OWING LO / ON - SEE PARA A.2.

MITTEE NAME/ADDRESS (Include Faci... | Locati n if Different) | NATIONAL POLLUTANT DISCHARGE ELIM... DISCHARGE MONITORING (2-16) | ...PDES) ...IR) | Form Approved. OMB No. 2040-0004 Approval expires 05-31-98

ME	SCE&G / V C SUM	UCL EAR STAT	SC0030856 PERMIT NUMBER	MAJOR
DRESS	P. O. Box 88 Jenkinsville, SC	065		
ILITY	SCE&G / V C SUM	UCL EAR STAT	MONITORING PE	
CATION	HIGHWAY 215		EAR 02 (0-21) MO 03 (22-23) DAY 01 (24-25) TO YE 0 (26-	DAY 31 (30-31) 39 CM FINAL LIMITS
				DMR VALID: 10/01/1997-09/30/2002
				NOTE: Read Instructions before completing this form.

ARAMETER (32-37)		(3 Card Onl (46-5 AVER		(4 Card Only) (38-45) MINIMUM		R CONCENTRATION (54-61) AGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
530 tal Su: olids (T LOC=1	LAB ID: 20001 pended SS)	PLE EMEN MIT EMEN	******* ******* ******* *******	**** ******* **** ******* **** ******* **** *******	********** ********** ********** ********** ********** ********** ********** **********	VG	100 DAILY MX	MG/L		01/DS	GR
556 I & Gre tr-Gra LOC=1	LAB ID: 20001 ase Freon Method	PLE EMEN MIT EMEN	******* ******* ******* *******	**** ******* **** ******* **** ******* **** *******	********** ********** ********** ********** ********** ********** ********** **********	VG	20 DAILY MX	MG/L		01/DS	GR
050 ow in C LOC=1	LAB ID: 20001 onduit	PLE EMEN MIT EMEN	No REPO MO A	ged T MX	MGD	** ** ** **	****** ****** ****** ******	********** ********** ********** **********	******* ******* ******* *******	01/DS	CN
		PLE EMEN MIT EMEN									
		PLE EMEN MIT EMEN									
		PLE EMEN MIT EMEN									
		PLE EMEN MIT EMEN									

NAME/TI ...E PRINCIPAL EXECUTIVE O
Stephen A. Byrne
S V.P. Nuclear Operations

CERTIFY UNDE... I HAVE PERSONALLY EXAMINED AND ...M FAMILIAR WI... ...MITTED HEREIN; AND BASED ON MY ...NQUIRY OF THOS... ...Y RESPONSIBLE FOR OBTAINING THE ...NFORMATION, I ... ...FORMATION IS TRUE, ACCURATE AND ...OMPLETE. I AM ... ...GNIFICANT PENALTIES FOR SUBMITTING ...ALSE INFORMAT... ...SIBILITY OF FINE AND IMPRISONMENT. ...EE 18 U.S.C. § 1... *...enalties under these statutes may include ...nes up to $10,000... ...nt of beiween 6 months and 5 years.)*

TELEPHONE			DATE		
803	345-4156		02	04	15
AREA CODE	NUMBER		YEAR	MO	DAY

TYPED OR PRINTED
PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

...MMENT A... ...ID EXPLANATION OF ANY V... ...IS (Reference all att... ...e)
...AMPLE SHALL BE TAKEN ... ...ST ONCE PER ... ...RE... ...BUT NEED ... ...RE... ...lowdown recovery in service for the entire month.
...NOT B... MORE THAN ONCE ... ...MONTH. ... ...R ...SEE PARA. A. 4. ...
...OTE: S... MPLES SHALL BE T... ...AT FOLLOWIN... ...IC... ...HIC...

...A Form 320 - 1 (08-95) Previous ...s may be used. ...7... (REPLACES EPA FOR ...HIC... MAY NOT BE USED.)

PERMITTEE NAME/ADDRESS (*Include Faci*

NAME SCE&G / V C SUM
ADDRESS P. O. Box 88
Jenkinsville, SC

FACILITY SCE&G / V C SUM
LOCATION HIGHWAY 215

PARAMETER (32-37)		AVERAGE (46-53)	MAXIMUM (54-61)
00310	LAB ID: 40001	**********	**********
BOD - 5 Day		**********	**********
(20 Degrees C)		17.0	
MLOC=1		30	
		MO AVG	
00530	LAB ID: 20001	**********	**********
Total Suspended		**********	**********
Solids (TSS)		13.0	
MLOC=1		30	
		MO AVG	
50050	LAB ID: 20001	0.004500	0.016500
Flow in Conduit		REPORT	REPORT
MLOC=1		MO AVG	DAILY MX
74055	LAB ID: 40001	**********	**********
Fecal Coliform		<10	
General		200	
MLOC=1		30D AVGEO	

NAME/TITLE PRINCIPAL EXECUTIVE C
Stephen A. Byrne
Sr. V.P. Nuclear Operations

TYPED OR PRINTED

COMMENT AND EXPLANATION OF ANY V

NOTE: SAMPLES SHALL BE T

EPA Form 3320 - 1 (08-95) Previous

on if Different)

NATION
DI

.EAR STAT

SC
PER

.EAR STAT

YEAR
FROM 02
(20-21)

(3 Card Only) (46-53) QUANTITY OR LOAD

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE
AM FAMILIAR WITH THE INFORMATION SUBMITTED
INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESP
INFORMATION, I BELIEVE THE SUBMITTED INFORMA
COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICA
FALSE INFORMATION, INCLUDING THE POSSIBILITY
SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties*
fines up to $10,000 and / or maximum imprisonment of be

eference all attachments here)

FOLLOWING LOCATIONS - SEE

y be used. 10/27/1997

ARGE ELIMINATION SYSTEM (NPDES)
ITORING REPORT *(DMR)*
(17-19)

005 1
DISCHARGE NUMBER

RING PERIOD

	YEAR	MO	DAY
TO	02	03	31
	(26-27)	(28-29)	(30-31)

Only) (38-45) QUALITY OR CONCENT (46-53)

MINIMUM AVERAGE

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MITTING
MENT.
include
s.)

SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZE

EPA FORM T-40 WHICH MAY NOT

CM F
ALID: 10/0
ad Instructions

M UNIT

1X MG/

1X MG/

**** *****
**** *****
***** *****
***** *****

PE
1X 100 M

TELEPH

803 345

AREA CODE NU

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No. 0004
oval s 05-31-

LIMI
7-09 /2002
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SAM TY (69

DATE

04

Y MO

OF 1

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

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

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	03	01	TO	02	03	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	**********	**********	*******	**********	0.2	0.2		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	**********	**********	*******	**********	5.5	5.5		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	0.025080	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		DATE		
803	345-4156	02	04	19
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.

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

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

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	03	01	TO	02	03	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	**********	**********	*******	**********	3.7	3.7		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	**********	**********	*******	**********	1.2	1.2		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	0.014680	0.016800		**********	**********	**********	*******	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 04 | DAY 19

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

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

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

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

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	03	01	TO	02	03	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	**********	**********	*******	6.8	**********	7.9		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	**********	**********	*******	**********	1.8	1.8		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	**********	**********	*******	**********	1.7	1.7		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	0.113750	0.195000		**********	**********	**********	*******	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		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
803	345-4156	02	04	19

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

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

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

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

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	03	01	TO	02	03	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	**********	**********	*******	**********						
	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			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. Jane Barr	803	345-4156	02	04	19
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)*
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.

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

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

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	03	01	TO	02	03	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)		(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)
00400 LAB ID: 20001 pH Standard Units MLOC=1	SAMPLE MEASUREMENT	**********	**********	*******	7.9	**********	7.9		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	**********	**********	*******	**********	5.2	5.2		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

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	02	04	19

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 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

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	01	01	TO	02	03	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)
TJA3B LAB ID: 36001	SAMPLE MEASUREMENT	**********	**********	*******	**********	0	0		0	1/90	GR
% Mortality Stat 48 Hr Acu Ceriodaphnia MLOC=1	PERMIT REQUIREMENT	**********	**********	*******	**********	20 MO AVG	50 DAILY MX	% MORT		01/90	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		
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. Byrne	803	345-4156	02	04	19
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.

Acute toxicity IWC=100.00% effluent.

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	02	01	01	To	02	03	31

Date 01/07/02
Lab ID 36001

	All tests			Chronic tests only		
Group	# Adults	# Dead	Pass/Fail	Average Young	Variance	Pass/Fail
Control	20	1				
Test	20	0	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 W. F. Bacon for SAB Walter F. Bacon 04/15/02

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

DHEC 3420 (8/96)

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

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

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	10	01	TO	02	03	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)*
00400 LAB ID: 20001 pH Standard Units MLOC=1	SAMPLE MEASUREMENT	**********	**********	*******	7.1	**********	7.1	SU	0	02/YR	GR
	PERMIT REQUIREMENT	**********	**********	*******	REPORT MINIMUM	**********	REPORT MAXIMUM			02/YR	GR
00530 LAB ID: 20001 Total Suspended Solids (TSS) MLOC=1	SAMPLE MEASUREMENT	**********	**********	*******	**********	2.0	2.0	MG/L	0	02/YR	GR
	PERMIT REQUIREMENT	**********	**********	*******	**********	REPORT MO AVG	REPORT DAILY MX			02/YR	GR
50050 LAB ID: 20001 Flow in Conduit MLOC=1	SAMPLE MEASUREMENT	0.000500	0.000500		**********	**********	**********	*******	0	02/YR	ES
	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		
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. Jackson	803	345-4156	01	04	15
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 LOCATION - SEE PARA. A. 3.

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

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

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

MAJOR

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	03	01	TO	02	03	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)
00400 LAB ID: 20001	SAMPLE MEASUREMENT	**********	**********	*******		**********					
pH		**********	**********	*******		**********					
Standard Units	PERMIT REQUIREMENT	**********	**********	*******	6.0 MINIMUM	**********	9.0 MAXIMUM	SU		01/30	GR
MLOC=1 NNNNYYYYYNNN		**********	**********	*******		**********					
00400 LAB ID: 20001	SAMPLE MEASUREMENT	**********	**********	*******	7.9	**********	7.9		0	01/30	GR
pH		**********	**********	*******		**********					
Standard Units	PERMIT REQUIREMENT	**********	**********	*******	6.0 MINIMUM	**********	8.5 MAXIMUM	SU		01/30	GR
MLOC=1 YYYYNNNNNYYY		**********	**********	*******		**********					
00610 LAB ID: 20001	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.52	0.52		0	01/30	GR
Ammonia - Nitrogen		**********	**********	*******	**********						
Total as N	PERMIT REQUIREMENT	**********	**********	*******	**********	2.1 MO AVG	4.2 DAILY MX	MG/L		01/30	GR
MLOC=1		**********	**********	*******	**********						
01042 LAB ID: 20001	SAMPLE MEASUREMENT	**********	**********	*******	**********	0	0		0	01/30	GR
Copper, Total as Cu		**********	**********	*******	**********						
	PERMIT REQUIREMENT	**********	**********	*******	**********	0.028 MO AVG	0.039 DAILY MX	MG/L		01/30	GR
MLOC=1		**********	**********	*******	**********						
01092 LAB ID: 20001	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.014	0.014		0	01/30	GR
Zinc, Total		**********	**********	*******	**********						
	PERMIT REQUIREMENT	**********	**********	*******	**********	0.059 MO AVG	0.065 DAILY MX	MG/L		01/30	GR
MLOC=1		**********	**********	*******	**********						
50050 LAB ID: 20001	SAMPLE MEASUREMENT	0.065614	0.180000		**********	**********	**********	*******	0	99/99	CN
Flow in Conduit					**********	**********	**********	*******			
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	**********	**********	**********	*******		99/99	CN
MLOC=1					**********	**********	**********	*******			
50060 LAB ID: 20001	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.000	0.000		0	01/30	GR
Total Residual		**********	**********	*******	**********						
Chlorine	PERMIT REQUIREMENT	**********	**********	*******	**********	0.011 MO AVG	0.019 DAILY MX	MG/L		01/30	GR
MLOC=1		**********	**********	*******	**********						

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. Fuller Stone	803	345-4156	02	04	19
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)*

Copper lowest calibration standard = 0.015 mg/l, detection limit = 0.010 mg/l, # times results reported as 0 = one

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

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

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

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	01	01	TO	02	03	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	**********	**********	*******	**********	0.0	0.0		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	**********	**********	*******	**********	0.0	0.0		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			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. Fullerton	803	345-4156	02	04	19
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.

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	02	01	01	To	02	03	31

Date 01/07/02
Lab ID 36001

	All tests			Chronic tests only		
Group	# Adults	# Dead	Pass/Fail	Average Young	Variance	Pass/Fail
Control	10	1		21	34	
Test	10	0	PASS	26	35	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 W. F. Bacon for SAB Walter F. Bacon 4/15/02

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

DHEC 3420 (8/96)