Gregory H. Halnon
General Manager, Nuclear Plant Operations
803.345.4007

SCE&G®
A SCANA COMPANY

June 27, 2002

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 May 1, through May 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)
NRC Resident Inspector (502)
W. R. Higgins (830)
RTS (0-L-99-0101, 0-C-02-1589)
File (818.03-11, RR 4200)
DMS (RC-02-0111)

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

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02 *(20-21)*	05 *(22-23)*	01 *(24-25)*	TO	02 *(26-27)*	05 *(28-29)*	31 *(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	**********	**********	*******	5.9	**********	**********		0	01/30	GR
	PERMIT REQUIREMENT	**********	**********	*******	1.0 INST MIN	**********	**********	MG/L		01/30	GR
00310 LAB ID: 40001 BOD - 5 Day (20 Degrees C) MLOC = 1	SAMPLE MEASUREMENT	**********	**********	*******	**********	29.0	29.0		0	01/30	24
	PERMIT REQUIREMENT	**********	**********	*******	**********	30 MO AVG	45 DAILY MX	MG/L		01/30	24
00400 LAB ID: 20001 pH Standard Units MLOC = 1	SAMPLE MEASUREMENT	**********	**********	*******	6.9	**********	6.9		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	**********	**********	*******	**********	28.4	28.4		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	0.000200	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		0	01/30	GR
	PERMIT REQUIREMENT	**********	**********	*******	**********	0.5 MO AVG	0.87 DAILY MX	MG/L		01/30	GR
74055 LAB ID: 40001 Fecal Coliform General MLOC = 1	SAMPLE MEASUREMENT	**********	**********	*******	**********	<4	<4		0	01/30	GR
	PERMIT REQUIREMENT	**********	**********	*******	**********	200 30DAVGEO	400 DAILY MX	# PER 100 ML		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 06 | DAY 24

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	05	01	TO	02	05	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)
00011 LAB ID: 20001 Water Temperature (Fahrenheit) MLOC = 1	SAMPLE MEASUREMENT	**********	**********	*******	**********	73.0	82.2	DEG. FAR.	0	99/99	CN
	PERMIT REQUIREMENT	**********	**********	*******	**********	REPORT MO AVG	113 INST MAX			99/99	CN
00011 LAB ID: 20001 Water Temperature (Fahrenheit) MLOC = 7	SAMPLE MEASUREMENT	**********	**********	*******	**********	69.6	74.1	DEG. FAR.	0	99/99	CN
	PERMIT REQUIREMENT	**********	**********	*******	**********	REPORT MO AVG	REPORT INST MAX			99/99	CN
00011 LAB ID: 20001 Water Temperature (Fahrenheit) MLOC = T	SAMPLE MEASUREMENT	**********	**********	*******	**********	71.5	78.7	DEG. FAR.	0	99/99	CN
	PERMIT REQUIREMENT	**********	**********	*******	**********	90 MO AVG	REPORT INST MAX			99/99	CN
00400 LAB ID: 20001 pH Standard Units MLOC=1	SAMPLE MEASUREMENT	**********	**********	*******	7.5	**********	7.5	SU	0	01/30	GR
	PERMIT REQUIREMENT	**********	**********	*******	6.0 MINIMUM	**********	8.5 MAXIMUM			01/30	GR
50050 LAB ID: 20001 Flow in Conduit MLOC = 1	SAMPLE MEASUREMENT	173.3	493.5	MGD	**********	**********	**********	*******	0	99/99	ES
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX		**********	**********	**********	*******		99/99	ES
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
803	345-4156	02	06	24

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)*

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LOCATION HIGHWAY 215

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DISCHARGE MONITORING REPORT *(DMR)*

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

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	05	01	TO	02	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

39 CM FINAL LIMITS
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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)*
00530 LAB ID: 20001 Total Suspended Solids (TSS) MLOC=1	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.6	1.5		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	**********	**********	*******	**********	1.7	19.5		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	0.004355	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										

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
803	345-4156	02	06	27

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

NOTE: SAMPLES SHALL BE TAKEN AT FOLLOWING LOCATION - 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
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SC0030856	004 1	MAJOR

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	02	05	01	TO	02	05	31

39 CM FINAL LIMITS
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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
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
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TYPED OR PRINTED

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W. Frank Sam
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
803	345-4156	97	06	24

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

Not discharged; blowdown recovery in service for the entire month.

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

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ADDRESS P. O. Box 88
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LOCATION HIGHWAY 215

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DISCHARGE MONITORING REPORT *(DMR)*

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

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	02	05	01	TO	02	05	31

39 CM FINAL LIMITS
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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)
00310 LAB ID: 40001 BOD - 5 Day (20 Degrees C) MLOC=1	SAMPLE MEASUREMENT	**********	**********	*******	**********	23.0	23.0	MG/L	0	01/30	24
	PERMIT REQUIREMENT	**********	**********	*******	**********	30 MO AVG	45 DAILY MX			01/30	24
00530 LAB ID: 20001 Total Suspended Solids (TSS) MLOC=1	SAMPLE MEASUREMENT	**********	**********	*******	**********	9.3	9.3	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	0.012800	0.016500	MGD	**********	**********	**********	*******	0	06/30	IN
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX		**********	**********	**********	*******		01/30	IN
74055 LAB ID: 40001 Fecal Coliform General MLOC=1	SAMPLE MEASUREMENT	**********	**********	*******	**********	1.0	1.0	# PER 100 ML	0	2/30	GR
	PERMIT REQUIREMENT	**********	**********	*******	**********	200 30D AVGEO	400 DAILY MX			02/30	GR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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Stephen A. Byrne
Sr. V.P. Nuclear Operations
TYPED OR PRINTED

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W. F. Lee

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
803	345-4156	02	06	24

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)*

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SC0030856	06A 1	MAJOR

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	05	01	TO	02	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

39 CM FINAL LIMITS
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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	**********	**********	*******	**********	0.0	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	**********	**********	*******	**********	1.0	1.0		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	0.018120	0.036700		**********	**********	**********	*******	0	05/30	IN
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	**********	**********	**********	*******		01/30	IN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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TELEPHONE		DATE		
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803	345-4156	02	06	24

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*)

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	05	01	TO	02	05	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	**********	**********	*******	**********	9.5	9.5		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	**********	**********	*******	**********	0.6	0.6		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	0.157250	0.285600		**********	**********	**********	*******	0	02/30	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		
AREA CODE	NUMBER	YEAR	MO	DAY
803	345-4156	02	06	24

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

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

Decreased flow due to refueling outage.

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	05	01	TO	02	05	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	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	**********	**********	*******	6.4	**********	8.8		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	**********	**********	*******	**********	2.2	2.2		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	**********	**********	*******	**********	1.0	1.0		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	0.107808	0.267500		**********	**********	**********	*******	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

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TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
803	345-4156	02	06	24

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

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	02	05	01	TO	02	05	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										

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
803	345-4156	02	06	24

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	05	01	TO	02	05	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	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
00400 LAB ID: 20001 pH Standard Units MLOC=1	SAMPLE MEASUREMENT	**********	**********	*******	7.5	**********	7.5		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	**********	**********	*******	**********	0.0	0.0		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	**********	**********	*******	**********	1.7	1.7		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	0.002900	0.002900		**********	**********	**********	*******	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
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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
803	345-4156	02	26	24

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) PERMIT NUMBER	(17-19) DISCHARGE NUMBER	
SC0030856	014 1	MAJOR

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	05	01	TO	02	05	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		**********	**********	*******	7.1	**********	7.1		0	01/30	GR
Standard Units	PERMIT REQUIREMENT	**********	**********	*******	6.0 MINIMUM	**********	9.0 MAXIMUM	SU		01/30	GR
MLOC=1 NNNNYYYYYNNN											
00400 LAB ID: 20001	SAMPLE MEASUREMENT	**********	**********	*******		**********					
pH		**********	**********	*******		**********					
Standard Units	PERMIT REQUIREMENT	**********	**********	*******	6.0 MINIMUM	**********	8.5 MAXIMUM	SU		01/30	GR
MLOC=1 YYYYNNNNNYYY											
00610 LAB ID: 20001	SAMPLE MEASUREMENT	**********	**********	*******	**********						
Ammonia - Nitrogen		**********	**********	*******	**********	<0.1	<0.1		0	01/30	GR
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	**********	**********	*******	**********						
Copper, Total as Cu		**********	**********	*******	**********	0.013	0.013		0	01/30	GR
	PERMIT REQUIREMENT	**********	**********	*******	**********	0.028 MO AVG	0.039 DAILY MX	MG/L		01/30	GR
MLOC=1											
01092 LAB ID: 20001	SAMPLE MEASUREMENT	**********	**********	*******	**********						
Zinc, Total		**********	**********	*******	**********	0.013	0.013		0	01/30	GR
	PERMIT REQUIREMENT	**********	**********	*******	**********	0.059 MO AVG	0.065 DAILY MX	MG/L		01/30	GR
MLOC=1											
50050 LAB ID: 20001	SAMPLE MEASUREMENT	0.250594	1.720000		**********	**********	**********	*******			
Flow in Conduit					**********	**********	**********	*******	0	99/99	CN
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	**********	**********	**********	*******			
MLOC=1					**********	**********	**********	*******		99/99	CN
50060 LAB ID: 20001	SAMPLE MEASUREMENT	**********	**********	*******	**********						
Total Residual		**********	**********	*******	**********	0	0		0	01/30	GR
Chlorine	PERMIT REQUIREMENT	**********	**********	*******	**********	0.011 MO AVG	0.019 DAILY MX	MG/L		01/30	GR
MLOC=1											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
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TELEPHONE			DATE		
AREA CODE	NUMBER		YEAR	MO	DAY
803	345-4156		02	06	24

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

Flow meter out of service May 1 through 15.