Gregory H. Halnon
General Manager, Nuclear Plant Operations
803.345.4007

SCE&G®
A SCANA COMPANY

October 22, 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 September 1 through September 30, 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 with the exception of toxicity at Outfall 014, NPDES Permit No. SC0030856. The toxicity samples collected on July 8 through July 12, 2002 failed toxicity. An investigation into the failure did not find anything conclusive that would have caused the failure. Outfall 014 is a combined discharge of Outfalls 005, 006A and 006B.

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

Very truly yours,

Dan Nauls for GH²

Gregory H. Halnon

SBR/GHH/sbr
Enclosures

c:	R. J. White	(w/o enclosures)	RTS	(0-L-99-0101, 0-C-02-2521)
	L. M. Ragsdale	(w/o enclosures)	File	(818.03-11, RR 4200)
	W. F. Bacon	(331)	DMS	(RC-02-0179)
	W. R. Higgins	(830)		
	NRC Resident Inspector	(830)		
	J. W. Preston	(175)		
	J. A. Orr	(P40)		

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	09	01	TO	02	09	30
	(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	**********	**********	*******	5.1	**********	**********		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	**********	**********	*******	**********	12.0	12.0		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	**********	**********	*******	7.6	**********	7.6		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	**********	**********	*******	**********	14.2	14.2		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	0.000100	0.000100		**********	**********	**********	******* *******	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	**********	**********	*******	**********	120.0	120.0		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 10 DAY 16

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 (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	02	09	01	TO	02	09	30

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)
00011 LAB ID: 20001 Water Temperature (Fahrenheit) MLOC = 1	SAMPLE MEASUREMENT	**********	**********	*******	**********						
		**********	**********	*******	**********	106.5	109.5		0	99/99	CN
	PERMIT REQUIREMENT	**********	**********	*******	**********	REPORT MO AVG	113 INST MAX	DEG. FAR.		99/99	CN
00011 LAB ID: 20001 Water Temperature (Fahrenheit) MLOC = 7	SAMPLE MEASUREMENT	**********	**********	*******	**********						
		**********	**********	*******	**********	80.7	83.5		0	99/99	CN
	PERMIT REQUIREMENT	**********	**********	*******	**********	REPORT MO AVG	REPORT INST MAX	DEG. FAR.		99/99	CN
00011 LAB ID: 20001 Water Temperature (Fahrenheit) MLOC = T	SAMPLE MEASUREMENT	**********	**********	*******	**********						
		**********	**********	*******	**********	82.4	88.9		0	99/99	CN
	PERMIT REQUIREMENT	**********	**********	*******	**********	90 MO AVG	REPORT INST MAX	DEG. FAR.		99/99	CN
00400 LAB ID: 20001 pH Standard Units MLOC=1	SAMPLE MEASUREMENT	**********	**********	*******		**********					
		**********	**********	*******	7.3	**********	7.3		0	01/30	GR
	PERMIT REQUIREMENT	**********	**********	*******	6.0 MINIMUM	**********	8.5 MAXIMUM	SU		01/30	GR
50050 LAB ID: 20001 Flow in Conduit MLOC = 1	SAMPLE MEASUREMENT	738.7	738.7		**********	**********	**********	*******			
					**********	**********	**********	*******	0	99/99	ES
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	**********	**********	**********	*******			
					**********	**********	**********	*******		99/99	ES
	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	10	16

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

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

MAJOR

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	07	01	TO	02	09	30
	(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)
TCP3B LAB ID: 36001	SAMPLE MEASUREMENT	**********	**********	*******	**********	5.9	5.9		0	1/90	GR
7 Day Chronic	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 7 Day 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.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
803	345-4156	02	10	16

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	07	01	To	02	09	30

Date 07/08/02
Lab ID 36001

	All tests			Chronic tests only		
Group	# Adults	# Dead	Pass/Fail	Average Young	Variance	Pass/Fail
Control	10	0		17	12	
Test	10	1	PASS	16	39	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 SA Byrne

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

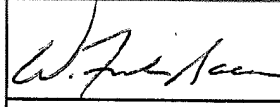
(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER	
SC0030856	003 1	MAJOR

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	09	01	TO	02	09	30
	(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	**********	**********	*******	**********	0.7	2.9		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	**********	**********	*******	**********	0.1	0.5		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	0.004306	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			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	10	16
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.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: SC0030856
(17-19) DISCHARGE NUMBER: 004 1
MAJOR

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02 (20-21)	09 (22-23)	01 (24-25)	TO	02 (26-27)	09 (28-29)	30 (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
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 10 | DAY 16

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.

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	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	09	01	TO	02	09	30

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)
00310 LAB ID: 40001 BOD - 5 Day (20 Degrees C) MLOC=1	SAMPLE MEASUREMENT	**********	**********	*******	**********	8.0	8.0		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	**********	**********	*******	**********	7.0	7.0		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	0.021900	0.118000		**********	**********	**********	******* *******	0	07/30	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	<1		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	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
803	345-4156	02	10	16

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

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	02	09	01	TO	02	09	30

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)
00530 LAB ID: 20001 Total Suspended Solids (TSS) MLOC=1	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.1	0.1		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	**********	**********	*******	**********	0.4	0.4		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	0.045840	0.055700		**********	**********	**********	*******	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										

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
803	345-4156	02	10	16

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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ADDRESS P. O. Box 88
Jenkinsville, SC 29065

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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	06B 1	MAJOR

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	09	01	TO	02	09	30
	(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)
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	98 DAILY MX	MG/L		01/30	GR
00556 LAB ID: 20001 Oil & Grease Freon Extr-Grav Method MLOC=1	SAMPLE MEASUREMENT	**********	**********	*******	**********	6.0	6.0		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	0.020520	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										

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TELEPHONE			DATE		
AREA CODE	NUMBER		YEAR	MO	DAY
803	345-4156		02	10	16

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

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	02	09	01	TO	02	09	30

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)
00400 LAB ID: 20001 pH Standard Units MLOC=1	SAMPLE MEASUREMENT	**********	**********	*******	7.2	**********	8.5		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	**********	**********	*******	**********	3.3	3.3		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	**********	**********	*******	**********	2.4	2.4		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	0.078207	0.097500		**********	**********	**********	*******	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										

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
803	345-4156	02	10	96

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	09	01	TO	02	09	30

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
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 AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
803	345-4156	07	10	15

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) SC0030856 PERMIT NUMBER

(17-19) 012 1 DISCHARGE NUMBER

MAJOR

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	09	01	TO	02	09	30
	(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	********** **********	********** **********	******* *******	8.0	********** **********	8.0		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	********** **********	********** **********	******* *******	********** **********	0.0	0.0		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	0.011800	0.011800		********** **********	********** **********	********** **********	******* *******	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										

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 803 | NUMBER 345-4156

DATE: YEAR 02 | MO 10 | DAY 16

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: SC0030856
(17-19) DISCHARGE NUMBER: 012 2
MAJOR

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	07	01	TO	02	09	30
	(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		**********	**********	*******	**********	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										
	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: AREA CODE 803 | NUMBER 345-4156

DATE: YEAR 02 | MO 10 | DAY 10

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	07	01	To	02	09	30

Date 07/08/02
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 W. F. Bacon for S.A. Byrne

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

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	04	01	TO	02	09	30
	(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	**********	**********	*******	7.4	**********	7.4		0	02/YR	GR
pH	PERMIT REQUIREMENT	**********	**********	*******	REPORT MINIMUM	**********	REPORT MAXIMUM	SU		02/YR	GR
Standard Units											
MLOC=1											
00530 LAB ID: 20001	SAMPLE MEASUREMENT	**********	**********	*******	**********	1.2	1.2		0	02/YR	GR
Total Suspended	PERMIT REQUIREMENT	**********	**********	*******	**********	REPORT MO AVG	REPORT DAILY MX	MG/L		02/YR	GR
Solids (TSS)											
MLOC=1											
50050 LAB ID: 20001	SAMPLE MEASUREMENT	0.001400	0.001400		**********	**********	**********	*******	0	02/YR	ES
Flow in Conduit	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	**********	**********	**********	*******		02/YR	ES
MLOC=1											
	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	10	16

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) SC0030856 PERMIT NUMBER

(17-19) 014 1 DISCHARGE NUMBER

MAJOR

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	09	01	TO	02	09	30
	(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 NNNNYYYYYNNN	SAMPLE MEASUREMENT	**********	**********	*******	7.6	**********	7.6		0	01/30	GR
	PERMIT REQUIREMENT	**********	**********	*******	6.0 MINIMUM	**********	9.0 MAXIMUM	SU		01/30	GR
00400 LAB ID: 20001 pH Standard Units MLOC=1 YYYYNNNNNYYY	SAMPLE MEASUREMENT	**********	**********	*******		**********					
	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	**********	**********	*******	**********	0.30	0.30		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	0		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	**********	**********	*******	**********	0.018	0.018		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	0.052752	0.180000		**********	**********	**********	*******			
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	**********	**********	**********	*******	0	99/99	CN
50060 LAB ID: 20001 Total Residual Chlorine MLOC=1	SAMPLE MEASUREMENT	**********	**********	*******	**********	**********	**********	*******		99/99	CN
	PERMIT REQUIREMENT	**********	**********	*******	**********	0.000	0.000		0	01/30	GR
					********** 0.011 MO AVG	**********	0.019 DAILY MX	MG/L		01/30	GR

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Sr. V.P. Nuclear Operations
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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 803 | NUMBER 345-4156

DATE: YEAR 02 | MO 10 | DAY 16

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*)

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

MAJOR

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	07	01	TO	02	09	30
	(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	(54-61) UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TCP3B LAB ID: 36001	SAMPLE MEASUREMENT	**********	**********	*******	**********	52.9	52.9		2	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	**********	**********	*******	**********	70.0	70.0		2	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
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TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
803	345-4156	02	10	16

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.

Chronic toxicity failed for the third quarter, reason unknown. Seven of ten test animals died.

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	07	01	To	02	09	30

Date 07/08/02
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		17	12	
Test	10	7	FAIL	8	45	FAIL

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)