



LR-E03-0052

February 20, 2003

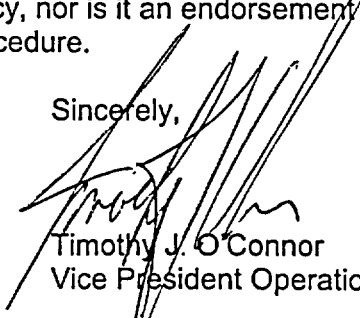
New Jersey Department of
Environmental Protection
Division of Water Quality
Bureau of Permit Management
P.O. Box 029
Trenton, NJ 08625-0029
Certified Mail Number 7099 3400 0003 6394 3792

**NEW JERSEY POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORTS
SALEM GENERATING STATION
PERMIT NO. NJ0005622**

Attached is the Discharge Monitoring Report for Salem Generating Station containing the information as required in Permit No. NJ0005622, for the month of January 2003

This report is required by and prepared specifically for the Environmental Protection Agency (EPA) and the New Jersey Department of Environmental Protection (NJDEP). It presents only the observed results of measurements and analyses required to be performed by the above agencies. The choice of the measurement devices and analytical methods is controlled by EPA and NJDEP, not by the company, and there are limitations on the accuracy of such measurement devices and analytical techniques even when used and maintained as required. Accordingly, this report is not intended as an assertion that any instrument has measured, or any reading or analytical result represents, the true value with absolute accuracy, nor is it an endorsement of the suitability of any analytical or measurement procedure.

Sincerely,



Timothy J. O'Connor
Vice President Operations

Attachments

IE25

NJPDES Report
January 2003

C Executive Director – DRBC
 USNRC – Document Control Desk Unit#1-50-272 Unit#2-50-311
 Vice President Operations
 Manager – Nuclear Safety & Licensing
 M. Vaskis
 D. Hurka
 Central Record Facility

NJPDES Report
Explanation of Deviations
January 2003

The following excursions are included in the attached report and are explained below. Excursions have not endangered nor significantly impacted public health or the environment.

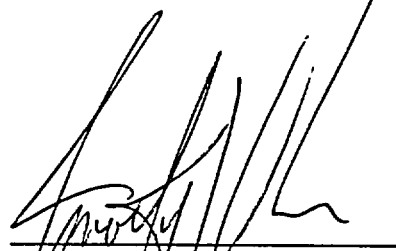
<u>DSN NO.</u>	<u>EXPLANATION</u>
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None	
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COUNTY OF SALEM
STATE OF NEW JERSEY

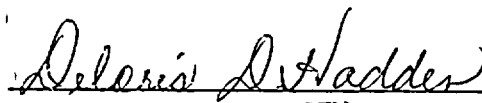
I, Timothy J. O'Connor, of full age, being duly sworn according to law, upon my oath depose and say:

1. I Timothy J. O'Connor, Vice President of Operations for PSEG Nuclear, and as such, am authorized to sign Salem's Discharge Monitoring Reports submitted to the New Jersey Department of Environmental Protection pursuant to the Station's New Jersey Pollutant Discharge Elimination System permit.
2. I have reviewed the attached Discharge Monitoring Reports. Pursuant to N.J. A. C. 7:14A-2.4, I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that based on my inquiry of those individuals 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.
3. The signature on the attached Discharge Monitoring Reports is my signature and I am submitting this affidavit in satisfaction of the requirement that my signature be notarized.



Timothy J. O'Connor
Vice President
Operations

Sworn and subscribed before me
this 19th day of Feb 2003



DELORIS D. HADDEN
Notary Public of New Jersey
My Commission Expires 03-29-2005
ID # 2073649

New Jersey Department of Environmental Protection
Division of Water Quality
Surface Water Discharge Monitoring Report Submittal Form

PI 46814

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:
NJ0005622	Month	Day	Year	To	Month	Day	Year
	1	1	2003		1	31	2003
FACA - SW Outfall FACA							

PERMITTEE:
PSEG CO
80 PARK PLZ
MAIL CODE - T17
NEWARK, NJ 07102

LOCATION OF ACTIVITY:
PSEG NUCLEAR LLC
ALLOWAY CREEK NECK RD
LOWER ALLOWAYS CREEK, NJ 08038-0000

REPORT RECIPIENT:
PSEG NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE: ☐ No Discharge this Monitoring Period ☐ Monitoring Report Comments Attached

WHO MUST SIGN The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification.

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Timothy J. O'Connor Vice President - Operations	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
	02/20/03 (856) 339-6000
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER

**For a local agency where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall sign the following certification:*

I certify under penalty of law and in accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed the attached discharge monitoring reports.

N/A	N/A	N/A	N/A
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 40314

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACA SW Outfall FACA

1/1/2003 TO 1/31/2003

PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	2.7	5.2		0	CONTIN	CONTIN
00010 G	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
Raw Sew/Influent	MDL	*****	*****		*****						
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	11.6	14.9		0	CONTIN	CONTIN
00010 1	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
Effluent Gross Value	MDL	*****	*****		*****						
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	8.9	9.8		0	1/day	CALCTD
00010 2	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD
Effluent Net Value	MDL	*****	*****		*****						
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
99999 99	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applicable	NOT AP
Lab	MDL	*****	*****		*****						

Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us".

New Jersey Department of Environmental Protection
Division of Water Quality
Surface Water Discharge Monitoring Report Submittal Form

PI 46814

NJPDES PERMIT	MONITORING PERIOD				MONITORED LOCATION:		
NJ0005622	Month	Day	Year	To	Month	Day	Year
	1	1	2003	To	1	31	2003
FACB - SW Outfall FACB							

PERMITTEE:

PSEG CO
80 PARK PLZ
MAIL CODE - T17
NEWARK, NJ 07102

LOCATION OF ACTIVITY:

PSEG NUCLEAR LLC
ALLOWAY CREEK NECK RD
LOWER ALLOWAYS CREEK, NJ 08038-0000

REPORT RECIPIENT:

PSEG NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE: ☐ No Discharge this Monitoring Period ☐ Monitoring Report Comments Attached

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Timothy J. O'Connor Vice President - Operations

N/A

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

02/20/03 (856) 339-6000

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR

DATE

AREA CODE/PHONE NUMBER

**For a local agency where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall sign the following certification:*

I certify under penalty of law and in accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed the attached discharge monitoring reports.

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622
 MONITORED LOCATION: FACB SW Outfall FACB
 MONITORING PERIOD: 1/1/2003 TO 1/31/2003
 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	2.7	5.2		0	CONTIN	CONTIN
00010 G	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
Raw Sew/Influent	MO	*****	*****		*****						
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	10.8	13.7		0	CONTIN	CONTIN
00010 1	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
Effluent Gross Value	MO	*****	*****		*****						
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	8.1	9.4		0	1/day	CALCTD
00010 2	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD
Effluent Net Value	MO	*****	*****		*****						
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
99999 99	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applo	NOT-AP
Lab	MO	*****	*****		*****						

Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us".

New Jersey Department of Environmental Protection
Division of Water Quality
Surface Water Discharge Monitoring Report Submittal Form

PI 46814

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:												
NJ0005622	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="text-align: center;">Month</td><td style="text-align: center;">Day</td><td style="text-align: center;">Year</td></tr><tr><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">2003</td></tr></table> To <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="text-align: center;">Month</td><td style="text-align: center;">Day</td><td style="text-align: center;">Year</td></tr><tr><td style="text-align: center;">1</td><td style="text-align: center;">31</td><td style="text-align: center;">2003</td></tr></table>	Month	Day	Year	1	1	2003	Month	Day	Year	1	31	2003	FACC - SW Outfall FACC
Month	Day	Year												
1	1	2003												
Month	Day	Year												
1	31	2003												

PERMITTEE:

PSEG CO
80 PARK PLZ
MAIL CODE - T17
NEWARK, NJ 07102

LOCATION OF ACTIVITY:

PSEG NUCLEAR LLC
ALLOWAY CREEK NECK RD
LOWER ALLOWAYS CREEK, NJ 08038-0000

REPORT RECIPIENT:

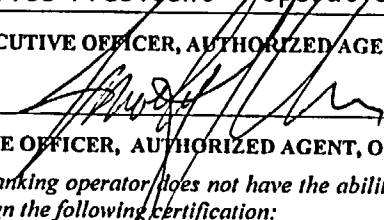
PSEG NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE: ☐ No Discharge this Monitoring Period ☐ Monitoring Report Comments Attached

WHO MUST SIGN The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification.

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Timothy J. O'Connor Vice President - Operations	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
	02/20/03 (856) 339-6000
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER

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I certify under penalty of law and in accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed the attached discharge monitoring reports.

N/A	N/A	N/A
NAME AND TITLE	SIGNATURE	DATE
		AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 43814

PERMIT NUMBER: NJ0005622
 MONITORED LOCATION: FACC SW Outfall FACC
 MONITORING PERIOD: 1/1/2003 TO 1/31/2003
 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 G Raw Sew/Influent	SAMPLE MEASUREMENT	2563	2726	MGD	*****	*****	*****	*****	0	1/DAY	CALCTD
	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
	MDL										
Thermal Discharge Million BTUs per Hr 00015 2 Effluent Net Value	SAMPLE MEASUREMENT	13885	14924	MBTU/HR	*****	*****	*****	*****	0	1/DAY	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	30600 01DAMX		*****	*****	*****			1/Day	CALCTD
	MDL										
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		46405	77343					
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	MDL										

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New Jersey Department of Environmental Protection
Division of Water Quality
Surface Water Discharge Monitoring Report Submittal Form

PI 46814

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NJ0005622	<table border="1"><tr><td>Month</td><td>Day</td><td>Year</td><td rowspan="2">To</td><td>Month</td><td>Day</td><td>Year</td></tr><tr><td>1</td><td>1</td><td>2003</td><td>1</td><td>31</td><td>2003</td></tr></table>	Month	Day	Year	To	Month	Day	Year	1	1	2003	1	31	2003	048C - SW Outfall 48C
Month	Day	Year	To	Month		Day	Year								
1	1	2003		1	31	2003									

PERMITTEE:

PSEG CO
80 PARK PLZ
MAIL CODE - T17
NEWARK, NJ 07102

LOCATION OF ACTIVITY:

PSEG NUCLEAR LLC
ALLOWAY CREEK NECK RD
LOWER ALLOWAYS CREEK, NJ 08038-0000

REPORT RECIPIENT:

PSEG NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE: ☐ No Discharge this Monitoring Period ☐ Monitoring Report Comments Attached

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Timothy J. O'Connor Vice President - Operations

N/A

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

02/20/03

(856) 339-6000

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR

DATE

AREA CODE/PHONE NUMBER

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N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:


FACILITY NAME:

NJ0005622

048C SW Outfall 48C

1/1/2003 TO 1/31/2003

PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO EX	FREQ OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	.1278	.3338		*****	*****	*****		0	1/DAY	CALCTD
50050 1	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Day	CALCTD
Effluent Gross Value	MDL										
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****		*****	10	11		0	2/MONTH	COMPOS
00530 1	PERMIT REQUIREMENT	*****	*****	*****	*****	30 01MOAV	100 01DAMX	MG/L		2/Month	COMPOS
Effluent Gross Value	MDL										
Nitrogen, Ammonia Total (as N)	SAMPLE MEASUREMENT	*****	*****		*****	9	16		0	2/MONTH	COMPOS
00610 1	PERMIT REQUIREMENT	*****	*****	*****	*****	35 01MOAV	70 01DAMX	MG/L		2/Month	COMPOS
Effluent Gross Value	MDL										
Petroleum Hydrocarbons	SAMPLE MEASUREMENT	*****	*****		*****	<0.5	<0.5		0	2/MONTH	GRAB
00551 1	PERMIT REQUIREMENT	*****	*****	*****	*****	10 01MOAV	15 01DAMX	MG/L		2/Month	GRAB
Effluent Gross Value	MDL										
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	*****		*****	12	16		0	2/MONTH	COMPOS
00680 1	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	50 01DAMX	MG/L		2/Month	COMPOS
Effluent Gross Value	MDL										
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
99999 99	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applicable	NOT AP
Lab	MDL										

Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4680 or via email at "srosenwi@dep.state.nj.us".

New Jersey Department of Environmental Protection
Division of Water Quality
Surface Water Discharge Monitoring Report Submittal Form

PI 46814

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Month	Day	Year												
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PERMITTEE:

PSEG CO
80 PARK PLZ
MAIL CODE - T17
NEWARK, NJ 07102

LOCATION OF ACTIVITY:

PSEG NUCLEAR LLC
ALLOWAY CREEK NECK RD
LOWER ALLOWAYS CREEK, NJ 08038-0000

REPORT RECIPIENT:

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N/A

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

02/20/03

(856) 339-6000

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR

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N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

1/1/2003 TO 1/31/2003

PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	493	497	MGD	*****	*****	*****	*****	0	1/DAY	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
	MDL										
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	7.8	SU	0	1/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX			1/Week	GRAB
	MDL										
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.8	SU	0	1/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX			1/Week	GRAB
	MDL										
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	CODE = N	*****	*****	%EFFL	0	CODE = N	CODE = N
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****			2/YEAR	COMPOS
	MDL										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	CODE = N	CODE = N	MG/L	0	CODE = N	CODE = N
	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX			3/Week	GRAB
	MDL										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX			3/Week	GRAB
	MDL										

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622
 MONITORED LOCATION: 481A SW Outfall 481A
 MONITORING PERIOD: 1/1/2003 TO 1/31/2003
 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO EX.	FREQ OF ANALYSIS	SAMPLE TYPE
Temperature, °C 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	10.9	18.9		0	1/DAY	CONTIN
	PERMIT REQUIREMENT			*****		REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		46405	77343					
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

New Jersey Department of Environmental Protection
Division of Water Quality
Surface Water Discharge Monitoring Report Submittal Form

PI 46814

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
NJ0005622	Month	Day	Year	To	Month	Day	Year	482A - SW Outfall 482A
	1	1	2003		1	31	2003	

PERMITTEE:

PSEG CO
80 PARK PLZ
MAIL CODE - T17
NEWARK, NJ 07102

LOCATION OF ACTIVITY:

PSEG NUCLEAR LLC
ALLOWAY CREEK NECK RD
LOWER ALLOWAYS CREEK, NJ 08038-0000

REPORT RECIPIENT:

PSEG NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE: ☐ No Discharge this Monitoring Period ☐ Monitoring Report Comments Attached

WHO MUST SIGN The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment, pursuant to N.J.A.C. 7:14A-6.9(B). The New Jersey Water Pollution Control Act provides for penalties up to \$50,000 per violation.

Timothy J. O'Connor Vice President - Operations

N/A

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

02/20/03

(856) 339-6000

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR

DATE

AREA CODE/PHONE NUMBER

**For a local agency where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall sign the following certification:*

I certify under penalty of law and in accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed the attached discharge monitoring reports.

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622
 MONITORED LOCATION: 482A SW Outfall 482A
 MONITORING PERIOD: 1/1/2003 TO 1/31/2003
 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO EX.	FREQ OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	455	471		*****	*****	*****		0	1/DAY	CALCTD
50050 1	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
Effluent Gross Value	MOL										
pH	SAMPLE MEASUREMENT	*****	*****		7.6	*****	7.8		0	1/WEEK	GRAB
00400 1	PERMIT REQUIREMENT	*****	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	SU		1/Week	GRAB
Effluent Gross Value	MOL										
pH	SAMPLE MEASUREMENT	*****	*****		6.8	*****	7.8		0	1/WEEK	GRAB
00400 7	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01DAMN	*****	REPORT 01DAMX	SU		1/Week	GRAB
Intake From Stream	MOL										
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****		CODE = N	*****	*****		0	CODE = N	CODE = N
TAN6A 1	PERMIT REQUIREMENT	*****	*****	*****	50 01DAMN	*****	*****	%EFFL		2/Year	COMPOS
Effluent Gross Value	MOL										
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	CODE = N	CODE = N		0	CODE = N	CODE = N
*CPOX 1	PERMIT REQUIREMENT	*****	*****	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Effluent Gross Value	MOL										
Option 1											
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	<0.1	<0.1		0	3/WEEK	GRAB
*CPOX 1	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Effluent Gross Value	MOL										
Option 2											

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall .

Surface Water Discharge Monitoring Report

PI 45814

PERMIT NUMBER: NJ0005622
 MONITORED LOCATION: 482A SW Outfall 482A
 MONITORING PERIOD: 1/1/2003 TO 1/31/2003
 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO EX.	FREQ OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	11.7	18.3		0	1/DRY	CONTIN
00010 1	PERMIT REQUIREMENT			*****		REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Effluent Gross Value	MOA										
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
99999 99	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applicable	NOT AP
Lab	MOA										

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall. .

New Jersey Department of Environmental Protection
Division of Water Quality
Surface Water Discharge Monitoring Report Submittal Form

PI 46814

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:
NJ0005622	Month	Day	Year	To	Month	Day	Year
	1	1	2003		1	31	2003
483A - SW Outfall 483A							

PERMITTEE:

PSEG CO
80 PARK PLZ
MAIL CODE - T17
NEWARK, NJ 07102

LOCATION OF ACTIVITY:

PSEG NUCLEAR LLC
ALLOWAY CREEK NECK RD
LOWER ALLOWAYS CREEK, NJ 08038-0000

REPORT RECIPIENT:

PSEG NUCLEAR LLC
PO BOX 236/N21
Hancocks Bridge, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE: ☐ No Discharge this Monitoring Period ☐ Monitoring Report Comments Attached

WHO MUST SIGN The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment, pursuant to N.J.A.C. 7:14A-6.9(B). The New Jersey Water Pollution Control Act provides for penalties up to \$50,000 per violation.

Timothy J. O'Connor Vice President - Operations	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER
<i>*For a local agency where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall sign the following certification:</i>	

I certify under penalty of law and in accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed the attached discharge monitoring reports.

N/A	N/A	N/A	N/A
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 483A SW Outfall 483A MONITORING PERIOD: 1/1/2003 TO 1/31/2003 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	340	452	MGD	*****	*****	*****	*****	0	1/DAY	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****	*****		1/Day	CALCTD
	MDL										
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.8	SU	0	1/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6.0 01DAMN	*****	9.0 01DAMX			1/Week	GRAB
	MDL										
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.8	SU	0	1/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01DAMN	*****	REPORT 01DAMX			1/Week	GRAB
	MDL										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	AS 36 CODE=N	CODE=N	MG/L	0	CODE=N	CODE=N
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.3 01MOAV	0.5 01DAMX			3/Week	GRAB
	MDL										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	0.2 01DAMX			3/Week	GRAB
	MDL										
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	13.4	19.7	DEG C	0	1/DAY	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX			1/Day	CONTIN
	MDL										

Comments: Any questions in regards to the monitoring report form can be directed to S. Rosenwinkel of the BPSP - Region 2 at (609)292-4860.

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622
 MONITORED LOCATION: 483A SW Outfall 483A
 MONITORING PERIOD: 1/1/2003 TO 1/31/2003
 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		46405	77343					
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applicable	NOT APPLICABLE
	NO. OF SAMPLES										

Comments: Any questions in regards to the monitoring report form can be directed to S. Rosenwinkel of the BPSP - Region 2 at (609)292-4860

New Jersey Department of Environmental Protection
Division of Water Quality
Surface Water Discharge Monitoring Report Submittal Form

PI 46814

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:													
NJ0005622	<table border="1"><tr><td>Month</td><td>Day</td><td>Year</td><td rowspan="2">To</td><td>Month</td><td>Day</td><td>Year</td></tr><tr><td>1</td><td>1</td><td>2003</td><td>1</td><td>31</td><td>2003</td></tr></table>	Month	Day	Year	To	Month	Day	Year	1	1	2003	1	31	2003	484A - SW Outfall 484A
Month	Day	Year	To	Month		Day	Year								
1	1	2003		1	31	2003									

PERMITTEE:

PSEG CO
80 PARK PLZ
MAIL CODE - T17
NEWARK, NJ 07102

LOCATION OF ACTIVITY:

PSEG NUCLEAR LLC
ALLOWAY CREEK NECK RD
LOWER ALLOWAYS CREEK, NJ 08038-0000

REPORT RECIPIENT:

PSEG NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE: ☐ No Discharge this Monitoring Period ☐ Monitoring Report Comments Attached

WHO MUST SIGN The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification.

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Timothy J. O'Connor Vice President - Operations

N/A

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

02/20/03

(856) 339-6000

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR

DATE

AREA CODE/PHONE NUMBER

**For a local agency where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall sign the following certification:*

I certify under penalty of law and in accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed the attached discharge monitoring reports.

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

484A SW Outfall 484A

1/1/2003 TO 1/31/2003

PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQ OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	480	489	MGD	*****	*****	*****	*****	0	1/DAY	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
	MDL										
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.9	SU	0	1/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX			1/Week	GRAB
	MDL										
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.8	SU	0	1/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX			1/Week	GRAB
	MDL										
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	CODE=N	*****	*****	%EFFL	0	CODE=N	CODE=N
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****			2/Year	COMPOS
	MDL										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	CODE=N	CODE=N	MG/L	0	CODE=N	CODE=N
	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX			3/Week	GRAB
	MDL										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	0.1	MG/L	0	3/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX			3/Week	GRAB
	MDL										

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622
 MONITORED LOCATION: 484A SW Outfall 484A
 MONITORING PERIOD: 1/1/2003 TO 1/31/2003
 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO EX.	FREQ OF ANALYSIS	SAMPLE TYPE
Temperature, °C 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	10.5	16.8		0	1/DAY	CONTIN
	PERMIT REQUIREMENT			*****		REPORT 01MOAV	REPORT 01DAMX	DEG C		1/Day	CONTIN
	NO										
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		46405	77343					
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	NO										

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

New Jersey Department of Environmental Protection
Division of Water Quality
Surface Water Discharge Monitoring Report Submittal Form

PI 46814

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:													
NJ0005622	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 16.6%;">Month</td><td style="width: 16.6%;">Day</td><td style="width: 16.6%;">Year</td><td rowspan="2" style="width: 10%; text-align: center;">To</td><td style="width: 16.6%;">Month</td><td style="width: 16.6%;">Day</td><td style="width: 16.6%;">Year</td></tr><tr><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">2003</td><td style="text-align: center;">1</td><td style="text-align: center;">31</td><td style="text-align: center;">2003</td></tr></table>	Month	Day	Year	To	Month	Day	Year	1	1	2003	1	31	2003	485A - SW Outfall 485A
Month	Day	Year	To	Month		Day	Year								
1	1	2003		1	31	2003									

PERMITTEE:

PSEG CO
80 PARK PLZ
MAIL CODE - T17
NEWARK, NJ 07102

LOCATION OF ACTIVITY:

PSEG NUCLEAR LLC
ALLOWAY CREEK NECK RD
LOWER ALLOWAYS CREEK, NJ 08038-0000

REPORT RECIPIENT:

PSEG NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE: ☐ No Discharge this Monitoring Period ☐ Monitoring Report Comments Attached

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Timothy J. O'Connor Vice President - Operations

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR

N/A

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

02/20/03

(856) 339-6000

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR

DATE

AREA CODE/PHONE NUMBER

**For a local agency where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall sign the following certification:*

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N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

485A SW Outfall 485A

1/1/2003 TO 1/31/2003

PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO EX	FREQ OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	433	454	MGD	*****	*****	*****	*****	0	1/DAY	CALCTD GRAB
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****				
	MDL										
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.8	SU	0	1/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX				
	MDL										
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.8	SU	0	1/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX				
	MDL										
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	CODE=N	*****	*****	%EFFL	0	2/Year	COMPOS
	PERMIT REQUIREMENT	*****	*****		450 01DAMN	*****	*****				
	MDL										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	CODE=N	CODE=N	MG/L	0	3/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX				
	MDL										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX				
	MDL										

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622
 MONITORED LOCATION: 485A SW Outfall 485A
 MONITORING PERIOD: 1/1/2003 TO 1/31/2003
 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO EX.	FREQ OF ANALYSIS	SAMPLE TYPE
Temperature, °C 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	11.6	17.2		0	1/DAY	CONTIN
	PERMIT REQUIREMENT			*****		REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	MDL										
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		46405	77343					
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	MDL										

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

New Jersey Department of Environmental Protection
Division of Water Quality
Surface Water Discharge Monitoring Report Submittal Form

PI 46814

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:												
NJ0005622	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="text-align: center;">Month</td><td style="text-align: center;">Day</td><td style="text-align: center;">Year</td></tr><tr><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">2003</td></tr></table> To <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="text-align: center;">Month</td><td style="text-align: center;">Day</td><td style="text-align: center;">Year</td></tr><tr><td style="text-align: center;">1</td><td style="text-align: center;">31</td><td style="text-align: center;">2003</td></tr></table>	Month	Day	Year	1	1	2003	Month	Day	Year	1	31	2003	486A - SW Outfall 486A
Month	Day	Year												
1	1	2003												
Month	Day	Year												
1	31	2003												

PERMITTEE:

PSEG CO
80 PARK PLZ
MAIL CODE - T17
NEWARK, NJ 07102

LOCATION OF ACTIVITY:

PSEG NUCLEAR LLC
ALLOWAY CREEK NECK RD
LOWER ALLOWAYS CREEK, NJ 08038-0000

REPORT RECIPIENT:

PSEG NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE: ☐ No Discharge this Monitoring Period ☐ Monitoring Report Comments Attached

WHO MUST SIGN The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment, pursuant to N.J.A.C. 7:14A-6.9(B). The New Jersey Water Pollution Control Act provides for penalties up to \$50,000 per violation.

Timothy J. O'Connor Vice President - Operations

N/A

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

02/20/03

(856) 339-6000

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR

DATE

AREA CODE/PHONE NUMBER

**For a local agency where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall sign the following certification:*

I certify under penalty of law and in accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed the attached discharge monitoring reports.

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

486A SW Outfall 486A

1/1/2003 TO 1/31/2003

PSEG NUCLEAR LLC


PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant											
50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	426	428	MGD	*****	*****	*****		0	1/DAY	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
	MDL										
pH	SAMPLE MEASUREMENT	*****	*****		7.5	*****	7.9		0	1/WEEK	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	SU		1/Week	GRAB
	MDL										
pH	SAMPLE MEASUREMENT	*****	*****		6.8	*****	7.8		0	1/WEEK	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01DAMN	*****	REPORT 01DAMX	SU		1/Week	GRAB
	MDL										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	CODE = N	CODE = N		0	CODE = N	CODE = N
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
	MDL										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1		0	3/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
	MDL										
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	10.6	18.1		0	1/DAY	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG C		1/Day	CONTIN
	MDL										

Comments: Any questions in regards to the monitoring report form can be directed to S. Rosenwinkel of the BPSP - Region 2 at (609)292-4860

Surface Water Discharge Monitoring Report

PI 45814

PERMIT NUMBER: NJ0005622
 MONITORED LOCATION: 486A SW Outfall 486A
 MONITORING PERIOD: 1/1/2003 TO 1/31/2003
 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
99999 99	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT/AP
Lab											

Comments: Any questions in regards to the monitoring report form can be directed to S. Rosenwinkel of the BPSP - Region 2 at (609)292-4860.

New Jersey Department of Environmental Protection
Division of Water Quality
Surface Water Discharge Monitoring Report Submittal Form

PI 46814

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:
NJ0005622	Month	Day	Year	To	Month	Day	Year
	1	1	2003		1	31	2003
487B - SW Outfall 487B							

PERMITTEE:

PSEG CO
80 PARK PLZ
MAIL CODE - T17
NEWARK, NJ 07102

LOCATION OF ACTIVITY:

PSEG NUCLEAR LLC
ALLOWAY CREEK NECK RD
LOWER ALLOWAYS CREEK, NJ 08038-0000

REPORT RECIPIENT:

PSEG NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

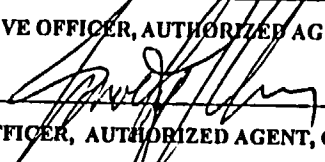
CHECK IF APPLICABLE: ☒ No Discharge this Monitoring Period ☐ Monitoring Report Comments Attached

WHO MUST SIGN The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification.

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Timothy J. O'Connor Vice President - Operations

N/A

<p>NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR</p> <p style="text-align: center;"></p> <p>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR</p>	<p>GRADE AND REGISTRY NUMBER (IF APPLICABLE)</p> <p style="text-align: center;">02/20/03 (856) 339-6000</p> <p>DATE AREA CODE/PHONE NUMBER</p>
--	--

**For a local agency where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall sign the following certification:*

I certify under penalty of law and in accordance with N.J.S.A. 38:10A-6F(5) that I have received and reviewed the attached discharge monitoring reports.

N/A	N/A	N/A	N/A
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622
 MONITORED LOCATION: 487B SW Outfall 487B
 MONITORING PERIOD: 1/1/2003 TO 1/31/2003
 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO EX.	FREQ OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT				*****	*****	*****				
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Batch	CALCTD
	MOI										
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****			*****					
	PERMIT REQUIREMENT	*****	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	SU		1/Batch	GRAB
	MOI										
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	100 01DAMX	MG/L		1/Batch	GRAB
	MOI										
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	43.3 01DAMX	DEG C		1/Batch	GRAB
	MOI										
Petroleum Hydrocarbons 00551 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	15 01DAMX	MG/L		1/Batch	GRAB
	MOI										
Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	50 01DAMX	MG/L		1/Batch	GRAB
	MOI										

Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us".

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622
 MONITORED LOCATION: 487B SW Outfall 487B
 MONITORING PERIOD: 1/1/2003 TO 1/31/2003
 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applicable	NOT APPLICABLE
	NO. EX.										

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New Jersey Department of Environmental Protection
Division of Water Quality
Surface Water Discharge Monitoring Report Submittal Form

PI 46814

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:														
NJ0005622	<table style="width: 100%; border-collapse: collapse;"><tr><td style="border: 1px solid black; text-align: center;">Month</td><td style="border: 1px solid black; text-align: center;">Day</td><td style="border: 1px solid black; text-align: center;">Year</td><td style="border: none; text-align: center;">To</td><td style="border: 1px solid black; text-align: center;">Month</td><td style="border: 1px solid black; text-align: center;">Day</td><td style="border: 1px solid black; text-align: center;">Year</td></tr><tr><td style="text-align: center;">1</td><td style="text-align: center;">1</td><td style="text-align: center;">2003</td><td style="border: none;"></td><td style="text-align: center;">1</td><td style="text-align: center;">31</td><td style="text-align: center;">2003</td></tr></table>	Month	Day	Year	To	Month	Day	Year	1	1	2003		1	31	2003	489A - SW Outfall 489A
Month	Day	Year	To	Month	Day	Year										
1	1	2003		1	31	2003										

PERMITTEE:

PSEG CO
80 PARK PLZ
MAIL CODE - T17
NEWARK, NJ 07102

LOCATION OF ACTIVITY:

PSEG NUCLEAR LLC
ALLOWAY CREEK NECK RD
LOWER ALLOWAYS CREEK, NJ 08038-0000

REPORT RECIPIENT:

PSEG NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

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Timothy J. O'Connor Vice President - Operations

N/A

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GRADE AND REGISTRY NUMBER (IF APPLICABLE)

02/20/03

(856) 339-6000

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR

DATE

AREA CODE/PHONE NUMBER

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I certify under penalty of law and in accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed the attached discharge monitoring reports.

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 45814

PERMIT NUMBER: NJ0005622
 MONITORED LOCATION: 489A SW Outfall 489A
 MONITORING PERIOD: 1/1/2003 TO 1/31/2003
 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant		1130	1130		*****	*****	*****		0	1/MONTH	CALCTD
50050 1											
Effluent Gross Value	SAMPLE MEASUREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Month	CALCTD
	PERMIT REQUIREMENT										
	MDL										
pH		*****	*****		7.6	*****	7.6		0	1/MONTH	GRAB
00400 1					6.0		9.0				
Effluent Gross Value	SAMPLE MEASUREMENT			*****	01DAMX		01DAMX	SU		1/Month	GRAB
	PERMIT REQUIREMENT										
	MDL										
Solids, Total Suspended		*****	*****		12	12	*****		0	1/MONTH	GRAB
00530 1					100	30	*****				
Effluent Gross Value	SAMPLE MEASUREMENT			*****	01DAMX	01MOAV		MG/L		1/Month	GRAB
	PERMIT REQUIREMENT										
	MDL										
Petroleum Hydrocarbons		*****	*****		*****	<0.5	<0.5		0	1/MONTH	GRAB
00551 1						10	15				
Effluent Gross Value	SAMPLE MEASUREMENT			*****		01MOAV	01DAMX	MG/L		1/Month	GRAB
	PERMIT REQUIREMENT										
	MDL										
Carbon, Tot Organic (TOC)		*****	*****		*****	3	3		0	1/MONTH	GRAB
00680 1						REPORT 01MOAV	50				
Effluent Gross Value	SAMPLE MEASUREMENT			*****		01DAMX		MG/L		1/Month	GRAB
	PERMIT REQUIREMENT										
	MDL										
Lab Certification #		17327	06431		46405	77343					
99999 99											
Lab	SAMPLE MEASUREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applicable	NOT AP
	PERMIT REQUIREMENT										
	MDL										

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