



LR-E03-0178

April 22, 2003

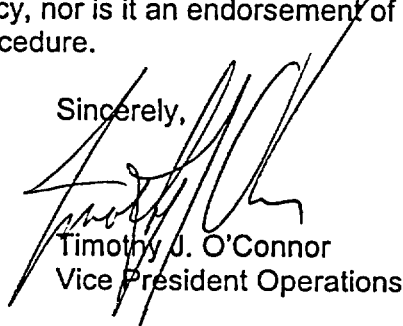
New Jersey Department of  
Environmental Protection  
Division of Water Quality  
Bureau of Permit Management  
P.O. Box 029  
Trenton, NJ 08625-0029  
Certified Mail Number 7001 1140 0003 0724 6226

**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 March 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  
March 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  
       Record Retention

NJPDES Report  
Explanation of Deviations  
March 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.

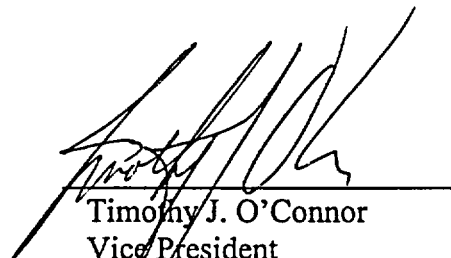
| <u>DSN NO.</u> | <u>EXPLANATION</u> |
|----------------|--------------------|
|----------------|--------------------|

|      |  |
|------|--|
| None |  |
|------|--|

COUNTY OF SALEM  
STATE OF NEW JERSEY

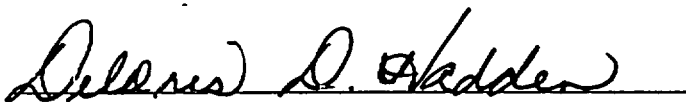
I, Timothy J. O'Connor, of full age, being duly sworn according to law, upon my oath depose and say:

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 17<sup>th</sup> day of Apr 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                   |
|               | 3                 | 1   | 2003 |    | 3     | 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

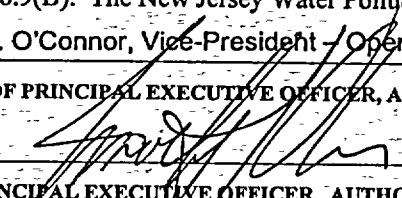
CHECK IF APPLICABLE:  No Discharge this Monitoring Period  Monitoring Report Comments Attached

**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.

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) |              |
|      | 04/22/04                                  | 856-339-2900 |

|   |      |                        |
|---|------|------------------------|
| 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:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACA SW Outfall FACA

3/1/2003 TO 3/31/2003

PSEG NUCLEAR LLC

| PARAMETER   |                    | QUANTITY OR LOADING |              | UNITS | QUALITY OR CONCENTRATION |               |               | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|--------------|-------|--------------------------|---------------|---------------|-------|---------|-------------------|-------------|
| Temperature,<br>oC<br>00010 G<br>Raw Sew/Influent     | SAMPLE MEASUREMENT | *****               | *****        |       | *****                    | 6.8           | 12.6          |       | 0       | Continuous        | CONTIN      |
|   | PERMIT REQUIREMENT | *****               | *****        | ***** | *****                    | REPORT 01MOAV | REPORT 01DAMX | DEG.C |         | Continuous        | CONTIN      |
|   | MDL                |                     |              |       |                          |               |               |       |         |                   |             |
| Temperature,<br>oC<br>00010 1<br>Effluent Gross Value | SAMPLE MEASUREMENT | *****               | *****        |       | *****                    | 15.4          | 21.4          |       | 0       | Continuous        | CONTIN      |
|   | PERMIT REQUIREMENT | *****               | *****        | ***** | *****                    | REPORT 01MOAV | 43.3 01DAMX   | DEG.C |         | Continuous        | CONTIN      |
|   | MDL                |                     |              |       |                          |               |               |       |         |                   |             |
| Temperature,<br>oC<br>00010 2<br>Effluent Net Value   | SAMPLE MEASUREMENT | *****               | *****        |       | *****                    | 8.6           | 11.5          |       | 0       | 1/Day             | CALCTD      |
|   | PERMIT REQUIREMENT | *****               | *****        | ***** | *****                    | REPORT 01MOAV | 15.3 01DAMX   | DEG.C |         | 1/Day             | CALCTD      |
|   | MDL                |                     |              |       |                          |               |               |       |         |                   |             |
| Lab Certification #<br>99999 99<br>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: 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: |                        |
|---------------|-------------------|-----|------|----|-------|-----|---------------------|------------------------|
|               | Month             | Day | Year | To | Month | Day |                     | Year                   |
| NJ0005622     | 3                 | 1   | 2003 |    | 3     | 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

**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.

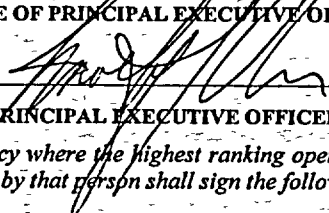
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate 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)



04/22/04

856-339-2900

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 45814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: FACB SW Outfall FACB MONITORING PERIOD: 3/1/2003 TO 3/31/2003 FACILITY NAME: PSEG NUCLEAR LLC

| PARAMETER  |                    | QUANTITY OR LOADING |              | UNITS | QUALITY OR CONCENTRATION |               |                | UNITS | NO. EX. | FREQ OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------|-------|--------------------------|---------------|----------------|-------|---------|------------------|-------------|
| Temperature, oC<br>00010 G<br>Raw Sew/Influent     | SAMPLE MEASUREMENT | *****               | *****        |       | *****                    | 6.8           | 12.6           |       | 0       | Continuous       | CONTIN      |
|  | PERMIT REQUIREMENT | *****               | *****        | ***** | *****                    | REPORT 01MOAV | REPORT 01DAMX  | DEG.C |         | Continuous       | CONTIN      |
|  | MDL                |                     |              |       |                          |               |                |       |         |                  |             |
| Temperature, oC<br>00010 1<br>Effluent Gross Value | SAMPLE MEASUREMENT | *****               | *****        |       | *****                    | 14.4          | 22.2           |       | 0       | Continuous       | CONTIN      |
|  | PERMIT REQUIREMENT | *****               | *****        | ***** | *****                    | REPORT 01MOAV | 43.3<br>01DAMX | DEG.C |         | Continuous       | CONTIN      |
|  | MDL                |                     |              |       |                          |               |                |       |         |                  |             |
| Temperature, oC<br>00010 2<br>Effluent Net Value   | SAMPLE MEASUREMENT | *****               | *****        |       | *****                    | 7.6           | 10.3           |       | 0       | 1/Day            | CALCTD      |
|  | PERMIT REQUIREMENT | *****               | *****        | ***** | *****                    | REPORT 01MOAV | 15.3<br>01DAMX | DEG.C |         | 1/Day            | CALCTD      |
|  | MDL                |                     |              |       |                          |               |                |       |         |                  |             |
| Lab Certification #<br>99999 99<br>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: 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                | FACC - SW Outfall FACC |
|               | 3                 | 1   | 2003 |    | 3     | 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)

04/22/04

856-339-2900

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 40014

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: FACC SW Outfall FACC MONITORING PERIOD: 3/1/2003 TO 3/31/2003 FACILITY NAME: PSEG NUCLEAR LLC

| PARAMETER   | SAMPLE MEASUREMENT | QUANTITY OR LOADING |                  | UNITS   | QUALITY OR CONCENTRATION |                 |                 | UNITS | NO. EX | FREQ. OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|------------------|---------|--------------------------|-----------------|-----------------|-------|--------|-------------------|-------------|
|   |                    |                     |                  |         |                          |                 |                 |       |        |                   |             |
| Flow, In Conduit or Thru Treatment Plant<br>50050 G<br>Raw Sew/Influent   |                    | 2401                | 2720             | MGD     | *****                    | *****           | *****           | ***** | 0      | 1/Day             | CALCTD      |
|   | PERMIT REQUIREMENT | 3024<br>01MOAV      | REPORT<br>01DAMX |         | *****                    | *****           | *****           |       |        |                   |             |
|   | MDL                |                     |                  |         |                          |                 |                 |       |        |                   |             |
| Thermal Discharge<br>Million BTUs per Hr<br>00015 2<br>Effluent Net Value |                    | 12680               | 15161            | MBTU/HR | *****                    | *****           | *****           | ***** | 0      | 1/Day             | CALCTD      |
|   | PERMIT REQUIREMENT | REPORT<br>01MOAV    | 30600<br>01DAMX  |         | *****                    | *****           | *****           |       |        |                   |             |
|   | MDL                |                     |                  |         |                          |                 |                 |       |        |                   |             |
| Lab Certification #<br>99999 99<br>Lab                                    |                    | 17327               | 06431            |         | 46405                    | 77343           |                 |       |        |                   |             |
|   | PERMIT REQUIREMENT | REPORT<br>Lab #     | REPORT<br>Lab #  |         | REPORT<br>Lab #          | REPORT<br>Lab # | REPORT<br>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                  |
|               | 3                 | 1   | 2003 |    | 3     | 31  | 2003                  |
|               |                   |     |      |    |       |     | 048C - SW Outfall 48C |

**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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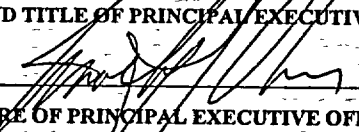
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Timothy J. O'Connor, Vice-President - Operations

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)



04/22/04

856-339-2900

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 40.0

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 048C SW Outfall 48C MONITORING PERIOD: 3/1/2003 TO 3/31/2003 FACILITY NAME: PSEG NUCLEAR LLC

| PARAMETER   | SAMPLE MEASUREMENT | QUANTITY OR LOADING |               | UNITS | QUALITY OR CONCENTRATION |               |              | UNITS | NO. EX | FREQ. OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|---------------|-------|--------------------------|---------------|--------------|-------|--------|-------------------|-------------|
|   |                    |                     |               |       |                          |               |              |       |        |                   |             |
| Flow, In Conduit or Thru Treatment Plant<br>50050 1<br>Effluent Gross Value | SAMPLE MEASUREMENT | 0.1432              | 0.5106        | MGD   | *****                    | *****         | *****        | ***** | 0      | 1/Day             | CALCTD      |
|   | PERMIT REQUIREMENT | REPORT 01MOAV       | REPORT 01DAMX |       | *****                    | *****         | *****        |       |        |                   |             |
|   | MDL                |                     |               |       |                          |               |              |       |        |                   |             |
| Solids, Total Suspended<br>00530 1<br>Effluent Gross Value                  | SAMPLE MEASUREMENT | *****               | *****         | ***** | *****                    | 8             | 10           | MG/L  | 0      | 2/Month           | COMPOS      |
|   | PERMIT REQUIREMENT | *****               | *****         |       | *****                    | 30 01MOAV     | 100 01DAMX   |       |        |                   |             |
|   | MDL                |                     |               |       |                          |               |              |       |        |                   |             |
| Nitrogen, Ammonia Total (as N)<br>00610 1<br>Effluent Gross Value           | SAMPLE MEASUREMENT | *****               | *****         | ***** | *****                    | 18            | 22           | MG/L  | 0      | 2/Month           | COMPOS      |
|   | PERMIT REQUIREMENT | *****               | *****         |       | *****                    | 35 01MOAV     | 70 01DAMX    |       |        |                   |             |
|   | MDL                |                     |               |       |                          |               |              |       |        |                   |             |
| Petroleum Hydrocarbons<br>00551 1<br>Effluent Gross Value                   | SAMPLE MEASUREMENT | *****               | *****         | ***** | *****                    | 1             | 1            | MG/L  | 0      | 2/Month           | GRAB        |
|   | PERMIT REQUIREMENT | *****               | *****         |       | *****                    | 10 01MOAV     | 15 01DAMX    |       |        |                   |             |
|   | MDL                |                     |               |       |                          |               |              |       |        |                   |             |
| Carbon, Tot Organic (TOC)<br>00680 1<br>Effluent Gross Value                | SAMPLE MEASUREMENT | *****               | *****         | ***** | *****                    | 45            | 48           | MG/L  | 0      | 2/Month           | COMPOS      |
|   | PERMIT REQUIREMENT | *****               | *****         |       | *****                    | REPORT 01MOAV | 50 01DAMX    |       |        |                   |             |
|   | MDL                |                     |               |       |                          |               |              |       |        |                   |             |
| Lab Certification #<br>99999 99<br>Lab                                      | SAMPLE MEASUREMENT | 17327               | 06431         |       | 46405                    | 77343         |              |       |        |                   |             |
|   | PERMIT REQUIREMENT | REPORT Lab #        | REPORT Lab #  |       | REPORT Lab #             | REPORT Lab #  | REPORT 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 "rosenwi@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                   |
|               | 3                 | 1   | 2003 |    | 3     | 31  | 2003                   |
|               |                   |     |      |    |       |     | 481A - SW Outfall 481A |

**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)

04/22/04

856-339-2900

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

481A SW Outfall 481A

3/1/2003 TO 3/31/2003

PSEG NUCLEAR LLC

| PARAMETER  | X                  | QUANTITY OR LOADING |               | UNITS | QUALITY OR CONCENTRATION |               |               | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|---------------|-------|--------------------------|---------------|---------------|-------|---------|-------------------|-------------|
|  |                    |                     |               |       |                          |               |               |       |         |                   |             |
| Flow, In Conduit or Thru Treatment Plant<br>50050 1<br>Effluent Gross Value  | SAMPLE MEASUREMENT | 480                 | 498           | MGD   | *****                    | *****         | *****         | ***** | 0       | 1/Day             | CALCTD      |
|  | PERMIT REQUIREMENT | REPORT 01MOAV       | REPORT 01DAMX |       | *****                    | *****         | *****         |       | *****   | 1/Day             | CALCTD      |
|  | MDL                |                     |               |       |                          |               |               |       |         |                   |             |
| pH<br>00400 1<br>Effluent Gross Value  | SAMPLE MEASUREMENT | *****               | *****         | ***** | 7.2                      | *****         | 7.8           | SU    | 0       | 1/week            | GRAB        |
|  | PERMIT REQUIREMENT | *****               | *****         |       | 6.0<br>01DAMN            | *****         | 9.0<br>01DAMX |       | *****   | 1/Week            | GRAB        |
|  | MDL                |                     |               |       |                          |               |               |       |         |                   |             |
| pH<br>00400 7<br>Intake From Stream  | SAMPLE MEASUREMENT | *****               | *****         | ***** | 7.1                      | *****         | 7.8           | SU    | 0       | 1/week            | GRAB        |
|  | PERMIT REQUIREMENT | *****               | *****         |       | REPORT 01DAMN            | *****         | REPORT 01DAMX |       | *****   | 1/Week            | GRAB        |
|  | MDL                |                     |               |       |                          |               |               |       |         |                   |             |
| LC50 Statre 96hr Acu<br>Cyprinodon<br>TAN6A 1<br>Effluent Gross Value        | SAMPLE MEASUREMENT | *****               | *****         | ***** | CODE=N                   | *****         | *****         | %EFFL | 0       | CODE=N            | CODE=N      |
|  | PERMIT REQUIREMENT | *****               | *****         |       | 50<br>01DAMN             | *****         | *****         |       | *****   | 2/Year            | COMPOS      |
|  | MDL                |                     |               |       |                          |               |               |       |         |                   |             |
| Chlorine Produced<br>Oxidants<br>*CPOX 1<br>Effluent Gross Value<br>Option 1 | SAMPLE MEASUREMENT | *****               | *****         | ***** | *****                    | CODE=N        | CODE=N        | MG/L  | 0       | CODE=N            | CODE=N      |
|  | PERMIT REQUIREMENT | *****               | *****         |       | *****                    | 0.3<br>01MOAV | 0.5<br>01DAMX |       | *****   | 3/Week            | GRAB        |
|  | MDL                |                     |               |       |                          |               |               |       |         |                   |             |
| Chlorine Produced<br>Oxidants<br>*CPOX 1<br>Effluent Gross Value<br>Option 2 | SAMPLE MEASUREMENT | *****               | *****         | ***** | *****                    | <0.1          | <0.1          | MG/L  | 0       | 3/week            | GRAB        |
|  | PERMIT REQUIREMENT | *****               | *****         |       | *****                    | REPORT 01MOAV | 0.2<br>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: 3/1/2003 TO 3/31/2003 FACILITY NAME: PSEG NUCLEAR LLC

| PARAMETER   |                    | QUANTITY OR LOADING |              | UNITS | QUALITY OR CONCENTRATION |               |               | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|--------------|-------|--------------------------|---------------|---------------|-------|---------|-------------------|-------------|
| Temperature,<br>oC<br>00010 1<br>Effluent Gross Value | SAMPLE MEASUREMENT | *****               | *****        |       | *****                    | 14.7          | 24.2          |       | 0       | 1/Day             | CONTIN      |
|   | PERMIT REQUIREMENT | *****               | *****        | ***** | *****                    | REPORT 01MOAV | REPORT 01DAMX | DEG.C |         | 1/Day             | CONTIN      |
|   | MDL                |                     |              |       |                          |               |               |       |         |                   |             |
| Lab Certification #<br>99999 99<br>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     | Month             | Day | Year | To | Month | Day | Year                   |
|               | 3                 | 1   | 2003 |    | 3     | 31  | 2003                   |
|               |                   |     |      |    |       |     | 482A - SW Outfall 482A |

**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)

04/22/04

856-339-2900

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**

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 482A SW Outfall 482A MONITORING PERIOD: 3/1/2003 TO 3/31/2003 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 | 416                 | 471           | MGD   | *****                    | *****         | *****         | ***** | 0      | 1/Day             | CALCTD      |
|   | PERMIT REQUIREMENT | REPORT 01MOAV       | REPORT 01DAMX |       | *****                    | *****         | *****         |       | *****  | 1/Day             | CALCTD      |
|   | MDL                |                     |               |       |                          |               |               |       |        |                   |             |
| pH 00400 1 Effluent Gross Value                                       | SAMPLE MEASUREMENT | *****               | *****         | ***** | 7.2                      | *****         | 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 | *****               | *****         | ***** | 7.1                      | *****         | 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                | *****         | *****         |       | *****  | 2Year             | COMPOS      |
|   | MDL                |                     |               |       |                          |               |               |       |        |                   |             |
| Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1      | SAMPLE MEASUREMENT | *****               | *****         | ***** | *****                    | CODE=N        | CODE=N        | MGL   | 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          | MGL   | 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: 482A SW Outfall 482A MONITORING PERIOD: 3/1/2003 TO 3/31/2003 FACILITY NAME: PSEG NUCLEAR LLC

| PARAMETER   |                    | QUANTITY OR LOADING |              | UNITS | QUALITY OR CONCENTRATION |               |               | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|--------------|-------|--------------------------|---------------|---------------|-------|---------|-------------------|-------------|
| Temperature,<br>oC<br>00010 1<br>Effluent Gross Value | SAMPLE MEASUREMENT | *****               | *****        |       | *****                    | 15.9          | 30.8          |       | 0       | 1/Day             | CONTIN      |
|   | PERMIT REQUIREMENT | *****               | *****        | ***** | *****                    | REPORT 01MOAV | REPORT 01DAMX | DEG C |         | 1/Day             | CONTIN      |
|   | MCL                |                     |              |       |                          |               |               |       |         |                   |             |
| Lab Certification #<br>99999 99<br>Lab                | SAMPLE MEASUREMENT | 17327               | 06431        |       | 46405                    | 77343         |               |       |         |                   |             |
|   | PERMIT REQUIREMENT | REPORT Lab #        | REPORT Lab # |       | REPORT Lab #             | REPORT Lab #  | REPORT Lab #  |       |         | Not Applic        | NOT AP      |
|   | MCL                |                     |              |       |                          |               |               |       |         |                   |             |

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                   |
|               | 3                 | 1   | 2003 |    | 3     | 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

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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)

04/22/04                      856-339-2900

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

DATE

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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**

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 483A SW Outfall 483A MONITORING PERIOD: 3/1/2003 TO 3/31/2003 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<br>50050 1<br>Effluent Gross Value | SAMPLE MEASUREMENT | 338                 | 452           |       | *****                    | *****         | *****         |       | 0      | 1/Day            | CALCTD      |
|   | PERMIT REQUIREMENT | REPORT 01MOAV       | REPORT 01DAMX | MGD   | *****                    | *****         | *****         | ***** |        | 1/Day            | CALCTD      |
|   | MDL                |                     |               |       |                          |               |               |       |        |                  |             |
| pH<br>00400 1<br>Effluent Gross Value                                       | SAMPLE MEASUREMENT | *****               | *****         |       | 7.3                      | *****         | 7.8           |       | 0      | 1/Week           | GRAB        |
|   | PERMIT REQUIREMENT | *****               | *****         | ***** | 6.0<br>01DAMN            | *****         | 9.0<br>01DAMX | SU    |        | 1/Week           | GRAB        |
|   | MDL                |                     |               |       |                          |               |               |       |        |                  |             |
| pH<br>00400 7<br>Intake From Stream   | SAMPLE MEASUREMENT | *****               | *****         |       | 7.1                      | *****         | 7.8           |       | 0      | 1/Week           | GRAB        |
|   | PERMIT REQUIREMENT | *****               | *****         | ***** | REPORT 01DAMN            | *****         | REPORT 01DAMX | SU    |        | 1/Week           | GRAB        |
|   | MDL                |                     |               |       |                          |               |               |       |        |                  |             |
| Chlorine Produced Oxidants<br>*CPOX 1<br>Effluent Gross Value<br>Option 1   | SAMPLE MEASUREMENT | *****               | *****         |       | *****                    | CODE=N        | CODE=N        |       | 0      | CODE=N           | CODE=N      |
|   | PERMIT REQUIREMENT | *****               | *****         | ***** | *****                    | 0.3<br>01MOAV | 0.5<br>01DAMX | MGL   |        | 3/Week           | GRAB        |
|   | MDL                |                     |               |       |                          |               |               |       |        |                  |             |
| Chlorine Produced Oxidants<br>*CPOX 1<br>Effluent Gross Value<br>Option 2   | SAMPLE MEASUREMENT | *****               | *****         |       | *****                    | <0.1          | <0.1          |       | 0      | 3/Week           | GRAB        |
|   | PERMIT REQUIREMENT | *****               | *****         | ***** | *****                    | REPORT 01MOAV | 0.2<br>01DAMX | MGL   |        | 3/Week           | GRAB        |
|   | MDL                |                     |               |       |                          |               |               |       |        |                  |             |
| Temperature,<br>oC<br>00010 1<br>Effluent Gross Value                       | SAMPLE MEASUREMENT | *****               | *****         |       | *****                    | 16.9          | 28.9          |       | 0      | 1/Day            | CONTIN      |
|   | 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 46814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 483A SW Outfall 483A MONITORING PERIOD: 3/1/2003 TO 3/31/2003 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<br>Lab     | PERMIT REQUIREMENT | REPORT Lab #        | REPORT Lab # |       | REPORT Lab #             | REPORT Lab # | REPORT Lab # |       |         | Not Applic        | NOT AP      |
|                     | MDL                |                     |              |       |                          |              |              |       |         |                   |             |

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Pre-Print Creation Date: 1/1/2003

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                   |
|               | 3                 | 1   | 2003 |    | 3     | 31  | 2003                   |
|               |                   |     |      |    |       |     | 484A - SW Outfall 484A |

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

**LOCATION OF ACTIVITY:**  
 PSEG NUCLEAR LLC  
 ALLOWAY CREEK NECK RD  
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**REPORT RECIPIENT:**  
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 HANCOCKS BRIDGE, NJ 08038

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

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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)  |
|  | 04/22/04                      856-339-2900 |

|   |      |                        |
|---|------|------------------------|
| 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

3/1/2003 TO 3/31/2003

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<br>50050 1<br>Effluent Gross Value  | SAMPLE MEASUREMENT | 455                 | 488           | MGD   | *****                    | *****         | *****         | ***** | 0       | 1/Day            | CALCTD      |
|  | PERMIT REQUIREMENT | REPORT 01MOAV       | REPORT 01DAMX |       | *****                    | *****         | *****         |       | *****   | 1/Day            | CALCTD      |
|  | MDL                |                     |               |       |                          |               |               |       |         |                  |             |
| pH<br>00400 1<br>Effluent Gross Value  | SAMPLE MEASUREMENT | *****               | *****         | ***** | 7.4                      | *****         | 7.8           | SU    | 0       | 1/Week           | GRAB        |
|  | PERMIT REQUIREMENT | *****               | *****         |       | 6.0<br>01DAMN            | *****         | 9.0<br>01DAMX |       | *****   | 1/Week           | GRAB        |
|  | MDL                |                     |               |       |                          |               |               |       |         |                  |             |
| pH<br>00400 7<br>Intake From Stream  | SAMPLE MEASUREMENT | *****               | *****         | ***** | 7.1                      | *****         | 7.8           | SU    | 0       | 1/Week           | GRAB        |
|  | PERMIT REQUIREMENT | *****               | *****         |       | REPORT 01DAMN            | *****         | REPORT 01DAMX |       | *****   | 1/Week           | GRAB        |
|  | MDL                |                     |               |       |                          |               |               |       |         |                  |             |
| LC50 Statre 96hr Acu<br>Cyprinodon<br>TAN6A 1<br>Effluent Gross Value        | SAMPLE MEASUREMENT | *****               | *****         | ***** | CODE=N                   | *****         | *****         | %EFFL | 0       | CODE=N           | CODE=N      |
|  | PERMIT REQUIREMENT | *****               | *****         |       | 50<br>01DAMN             | *****         | *****         |       | *****   | 2/Year           | COMPOS      |
|  | MDL                |                     |               |       |                          |               |               |       |         |                  |             |
| Chlorine Produced<br>Oxidants<br>*CPOX 1<br>Effluent Gross Value<br>Option 1 | SAMPLE MEASUREMENT | *****               | *****         | ***** | *****                    | CODE=N        | CODE=N        | MG/L  | 0       | CODE=N           | CODE=N      |
|  | PERMIT REQUIREMENT | *****               | *****         |       | *****                    | 0.3<br>01MOAV | 0.5<br>01DAMX |       | *****   | 3/Week           | GRAB        |
|  | MDL                |                     |               |       |                          |               |               |       |         |                  |             |
| Chlorine Produced<br>Oxidants<br>*CPOX 1<br>Effluent Gross Value<br>Option 2 | SAMPLE MEASUREMENT | *****               | *****         | ***** | *****                    | <0.1          | <0.1          | MG/L  | 0       | 3/Week           | GRAB        |
|  | PERMIT REQUIREMENT | *****               | *****         |       | *****                    | REPORT 01MOAV | 0.2<br>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: 3/1/2003 TO 3/31/2003 FACILITY NAME: PSEG NUCLEAR LLC

| PARAMETER   |                    | QUANTITY OR LOADING |              | UNITS | QUALITY OR CONCENTRATION |               |               | UNITS | NO. EX. | FREQ OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|--------------|-------|--------------------------|---------------|---------------|-------|---------|------------------|-------------|
| Temperature,<br>oC<br>00010 1<br>Effluent Gross Value | SAMPLE MEASUREMENT | *****               | *****        |       | *****                    | 14.0          | 25.8          |       | 0       | 1/Day            | CONTIN      |
|   | PERMIT REQUIREMENT | *****               | *****        | ***** | *****                    | REPORT 01MOAV | REPORT 01DAMX | DEG.C |         | 1/Day            | CONTIN      |
|   | MDL                |                     |              |       |                          |               |               |       |         |                  |             |
| Lab Certification #<br>99999 99<br>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

|                      |                          |     |      |    |       |     |                            |                        |
|----------------------|--------------------------|-----|------|----|-------|-----|----------------------------|------------------------|
| <b>NJPDES PERMIT</b> | <b>MONITORING PERIOD</b> |     |      |    |       |     | <b>MONITORED LOCATION:</b> |                        |
| NJ0005622            | Month                    | Day | Year | To | Month | Day | Year                       | 485A - SW Outfall 485A |
|                      | 3                        | 1   | 2003 |    | 3     | 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)

04/22/04

856-339-2900

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 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

485A SW Outfall 485A

3/1/2003 TO 3/31/2003

PSEG NUCLEAR LLC

| PARAMETER  | SAMPLE MEASUREMENT | QUANTITY OR LOADING |               | UNITS | QUALITY OR CONCENTRATION |               |               | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|---------------|-------|--------------------------|---------------|---------------|-------|---------|-------------------|-------------|
|  |                    |                     |               |       |                          |               |               |       |         |                   |             |
| Flow, In Conduit or Thru Treatment Plant<br>50050 1<br>Effluent Gross Value  | SAMPLE MEASUREMENT | 406                 | 454           | MGD   | *****                    | *****         | *****         | ***** | 0       | 1/Day             | CALCTD      |
|  | PERMIT REQUIREMENT | REPORT 01MOAV       | REPORT 01DAMX |       | *****                    | *****         | *****         |       | *****   | 1/Day             | CALCTD      |
|  | MDL                |                     |               |       |                          |               |               |       |         |                   |             |
| pH<br>00400 1<br>Effluent Gross Value  | SAMPLE MEASUREMENT | *****               | *****         | ***** | 7.4                      | *****         | 7.8           | SU    | 0       | 1/Week            | GRAB        |
|  | PERMIT REQUIREMENT | *****               | *****         |       | 6.0<br>01DAMN            | *****         | 9.0<br>01DAMX |       | *****   | 1/Week            | GRAB        |
|  | MDL                |                     |               |       |                          |               |               |       |         |                   |             |
| pH<br>00400 7<br>Intake From Stream  | SAMPLE MEASUREMENT | *****               | *****         | ***** | 7.1                      | *****         | 7.8           | SU    | 0       | 1/Week            | GRAB        |
|  | PERMIT REQUIREMENT | *****               | *****         |       | REPORT 01DAMN            | *****         | REPORT 01DAMX |       | *****   | 1/Week            | GRAB        |
|  | MDL                |                     |               |       |                          |               |               |       |         |                   |             |
| LC50 Statre 96hr Acu<br>Cyprinodon<br>TAN6A 1<br>Effluent Gross Value        | SAMPLE MEASUREMENT | *****               | *****         | ***** | CODE = N                 | *****         | *****         | %EFFL | 0       | CODE = N          | CODE = N    |
|  | PERMIT REQUIREMENT | *****               | *****         |       | 50<br>01DAMN             | *****         | *****         |       | *****   | 2/Year            | COMPOS      |
|  | MDL                |                     |               |       |                          |               |               |       |         |                   |             |
| Chlorine Produced<br>Oxidants<br>*CPOX 1<br>Effluent Gross Value<br>Option 1 | SAMPLE MEASUREMENT | *****               | *****         | ***** | *****                    | CODE = N      | CODE = N      | MG/L  | 0       | CODE = N          | CODE = N    |
|  | PERMIT REQUIREMENT | *****               | *****         |       | *****                    | 0.3<br>01MOAV | 0.5<br>01DAMX |       | *****   | 3/Week            | GRAB        |
|  | MDL                |                     |               |       |                          |               |               |       |         |                   |             |
| Chlorine Produced<br>Oxidants<br>*CPOX 1<br>Effluent Gross Value<br>Option 2 | SAMPLE MEASUREMENT | *****               | *****         | ***** | *****                    | <0.1          | <0.1          | MG/L  | 0       | 3/Week            | GRAB        |
|  | PERMIT REQUIREMENT | *****               | *****         |       | *****                    | REPORT 01MOAV | 0.2<br>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 45814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 485A SW Outfall 485A MONITORING PERIOD: 3/1/2003 TO 3/31/2003 FACILITY NAME: PSEG NUCLEAR LLC

| PARAMETER   |                    | QUANTITY OR LOADING |              | UNITS | QUALITY OR CONCENTRATION |               |               | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|--------------|-------|--------------------------|---------------|---------------|-------|---------|-------------------|-------------|
| Temperature,<br>oC<br>00010 1<br>Effluent Gross Value | SAMPLE MEASUREMENT | *****               | *****        |       | *****                    | 15.0          | 25.9          |       | 0       | 1/Day             | CONTIN      |
|   | PERMIT REQUIREMENT | *****               | *****        | ***** | *****                    | REPORT 01MOAV | REPORT 01DAMX | DEG.C |         | 1/Day             | CONTIN      |
|   | MDL                |                     |              |       |                          |               |               |       |         |                   |             |
| Lab Certification #<br>99999 99<br>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     | Month             | Day | Year | To | Month | Day | Year                   |
|               | 3                 | 1   | 2003 |    | 3     | 31  | 2003                   |
|               |                   |     |      |    |       |     | 486A - SW Outfall 486A |

**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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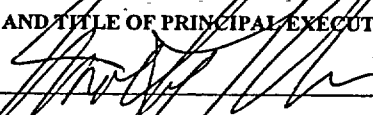
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate 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)



04/22/04

856-339-2900

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 46814

PERMIT NUMBER: NJ0005622      MONITORED LOCATION: 486A SW Outfall 486A      MONITORING PERIOD: 3/1/2003 TO 3/31/2003      FACILITY NAME: PSEG NUCLEAR LLC

| PARAMETER   | X                  | QUANTITY OR LOADING |               | UNITS | QUALITY OR CONCENTRATION |               |               | UNITS | NO EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|---------------|-------|--------------------------|---------------|---------------|-------|--------|-------------------|-------------|
|   |                    |                     |               |       |                          |               |               |       |        |                   |             |
| Flow, In Conduit or Thru Treatment Plant<br>50050 1<br>Effluent Gross Value | SAMPLE MEASUREMENT | 370                 | 427           | MGD   | *****                    | *****         | *****         | ***** | 0      | 1/Day             | CALCTD      |
|   | PERMIT REQUIREMENT | REPORT 01MOAV       | REPORT 01DAMX |       | *****                    | *****         | *****         |       | *****  | 1/Day             | CALCTD      |
|   | MDL                |                     |               |       |                          |               |               |       |        |                   |             |
| pH<br>00400 1<br>Effluent Gross Value                                       | SAMPLE MEASUREMENT | *****               | *****         | ***** | 7.3                      | *****         | 7.8           | SU    | 0      | 1/Week            | GRAB        |
|   | PERMIT REQUIREMENT | *****               | *****         |       | 6.0<br>01DAMN            | *****         | 9.0<br>01DAMX |       | *****  | 1/Week            | GRAB        |
|   | MDL                |                     |               |       |                          |               |               |       |        |                   |             |
| pH<br>00400 7<br>Intake From Stream   | SAMPLE MEASUREMENT | *****               | *****         | ***** | 7.1                      | *****         | 7.8           | SU    | 0      | 1/Week            | GRAB        |
|   | PERMIT REQUIREMENT | *****               | *****         |       | REPORT 01DAMN            | *****         | REPORT 01DAMX |       | *****  | 1/Week            | GRAB        |
|   | MDL                |                     |               |       |                          |               |               |       |        |                   |             |
| Chlorine Produced Oxidants<br>*CPOX 1<br>Effluent Gross Value<br>Option 1   | SAMPLE MEASUREMENT | *****               | *****         | ***** | *****                    | CODE=N        | CODE=N        | MG/L  | 0      | CODE=N            | CODE=N      |
|   | PERMIT REQUIREMENT | *****               | *****         |       | *****                    | 0.3<br>01MOAV | 0.5<br>01DAMX |       | *****  | 3/Week            | GRAB        |
|   | MDL                |                     |               |       |                          |               |               |       |        |                   |             |
| Chlorine Produced Oxidants<br>*CPOX 1<br>Effluent Gross Value<br>Option 2   | SAMPLE MEASUREMENT | *****               | *****         | ***** | *****                    | <0.1          | <0.1          | MG/L  | 0      | 3/Week            | GRAB        |
|   | PERMIT REQUIREMENT | *****               | *****         |       | *****                    | REPORT 01MOAV | 0.2<br>01DAMX |       | *****  | 3/Week            | GRAB        |
|   | MDL                |                     |               |       |                          |               |               |       |        |                   |             |
| Temperature,<br>oC<br>00010 1<br>Effluent Gross Value                       | SAMPLE MEASUREMENT | *****               | *****         | ***** | *****                    | 14.7          | 28.7          | 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:** 486A SW Outfall 486A     
 **MONITORING PERIOD:** 3/1/2003 TO 3/31/2003     
 **FACILITY NAME:** PSEG NUCLEAR LLC

| PARAMETER           | X                  | 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<br>Lab     | 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

| NJPDES PERMIT | MONITORING PERIOD |     |      |    |       |     | MONITORED LOCATION:    |
|---------------|-------------------|-----|------|----|-------|-----|------------------------|
| NJ0005622     | Month             | Day | Year | To | Month | Day | Year                   |
|               | 3                 | 1   | 2003 |    | 3     | 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.

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) | N/A                    |
|  | 04/22/04                                  | 856-339-2900           |
| 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: 487B SW Outfall 487B MONITORING PERIOD: 3/1/2003 TO 3/31/2003 FACILITY NAME: PSEG NUCLEAR LLC

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



# Surface Water Discharge Monitoring Report

PI 46814

**PERMIT NUMBER:** NJ0005622     
 **MONITORED LOCATION:** 487B SW Outfall 487B     
 **MONITORING PERIOD:** 3/1/2003 TO 3/31/2003     
 **FACILITY NAME:** PSEG NUCLEAR LLC

| PARAMETER           | SAMPLE MEASUREMENT | QUANTITY OR LOADING |              | UNITS | QUALITY OR CONCENTRATION |              |              | UNITS | NO EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|---------------------|--------------------|---------------------|--------------|-------|--------------------------|--------------|--------------|-------|--------|-------------------|-------------|
|                     |                    | REPORT Lab #        | REPORT Lab # |       | REPORT Lab #             | REPORT Lab # | REPORT Lab # |       |        |                   |             |
| Lab Certification # |                    |                     |              |       |                          |              |              |       |        |                   |             |
| 99999 99<br>Lab     |                    | REPORT Lab #        | REPORT Lab # |       | REPORT Lab #             | REPORT Lab # | REPORT Lab # |       |        | Not Applic        | NOT AP      |
|                     |                    |                     |              |       |                          |              |              |       |        |                   |             |

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                   |
|               | 3                 | 1   | 2003 |    | 3     | 31  | 2003                   |
|               |                   |     |      |    |       |     | 489A - SW Outfall 489A |

**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.

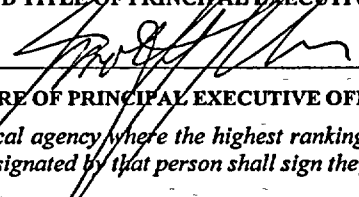
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate 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)



04/22/04

856-339-2900

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 43814

PERMIT NUMBER: NJ0005622      MONITORED LOCATION: 489A SW Outfall 489A      MONITORING PERIOD: 3/1/2003 TO 3/31/2003      FACILITY NAME: PSEG NUCLEAR LLC

| PARAMETER   | X                  | QUANTITY OR LOADING |               | UNITS | QUALITY OR CONCENTRATION |               |              | UNITS | NO EX.     | FREQ OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|---------------|-------|--------------------------|---------------|--------------|-------|------------|------------------|-------------|
|   |                    |                     |               |       |                          |               |              |       |            |                  |             |
| Flow, In Conduit or Thru Treatment Plant<br>50050 1<br>Effluent Gross Value | SAMPLE MEASUREMENT | 0.1450              | 0.1450        | MGD   | *****                    | *****         | *****        | ***** | 0          | 1/Month          | CALCTD      |
|   | PERMIT REQUIREMENT | REPORT 01MOAV       | REPORT 01DAMX |       | *****                    | *****         | *****        |       | 1/Month    | CALCTD           |             |
|   | MDL                |                     |               |       |                          |               |              |       |            |                  |             |
| pH<br>00400 1<br>Effluent Gross Value                                       | SAMPLE MEASUREMENT | *****               | *****         | ***** | 7.5                      | *****         | 7.5          | SU    | 0          | 1/Month          | GRAB        |
|   | PERMIT REQUIREMENT | *****               | *****         |       | 6.0 01DAMN               | *****         | 9.0 01DAMX   |       | 1/Month    | GRAB             |             |
|   | MDL                |                     |               |       |                          |               |              |       |            |                  |             |
| Solids, Total Suspended<br>00530 1<br>Effluent Gross Value                  | SAMPLE MEASUREMENT | *****               | *****         | ***** | 30                       | 30            | *****        | MG/L  | 0          | 1/Month          | GRAB        |
|   | PERMIT REQUIREMENT | *****               | *****         |       | 100 01DAMX               | 30 01MOAV     | *****        |       | 1/Month    | GRAB             |             |
|   | MDL                |                     |               |       |                          |               |              |       |            |                  |             |
| Petroleum Hydrocarbons<br>00551 1<br>Effluent Gross Value                   | SAMPLE MEASUREMENT | *****               | *****         | ***** | *****                    | <0.5          | <0.5         | MG/L  | 0          | 1/Month          | GRAB        |
|   | PERMIT REQUIREMENT | *****               | *****         |       | *****                    | 10 01MOAV     | 15 01DAMX    |       | 1/Month    | GRAB             |             |
|   | MDL                |                     |               |       |                          |               |              |       |            |                  |             |
| Carbon, Tot Organic (TOC)<br>00680 1<br>Effluent Gross Value                | SAMPLE MEASUREMENT | *****               | *****         | ***** | *****                    | 20            | 20           | MG/L  | 0          | 1/Month          | GRAB        |
|   | PERMIT REQUIREMENT | *****               | *****         |       | *****                    | REPORT 01MOAV | 50 01DAMX    |       | 1/Month    | GRAB             |             |
|   | MDL                |                     |               |       |                          |               |              |       |            |                  |             |
| Lab Certification #<br>99999 99<br>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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