

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 Fresident 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.

DSN NO.

EXPLANATION

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.

Aladden)

Timothy J. O'Connor

Vice President

Sworn and subscribed before me this 7/2 ay of Apr. 12003

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

ID # 2073649

Surface Water Discharge Monitoring Report Submittal Form

MIDDEC DEDMIN											
NJPDES PERMIT		- M	ONITO	RIN	G PERIC	OD .	MONITORED LOCATION:				
NJ0005622	Month	Day	Year]	Month	Day	Year	EACA CWO (CHEACA			
	_ 3	3 1 2003 To			3	31	2003	FACA - SW Outfall FACA			

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

ALLOWAY CREEK NECK RD LOWER ALLOWAYS CREEK, NJ 08038-0000

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
the certification or, in his absence the certification. Where the highest reponsibility or person designated	ranking official having day-to-day managerial a person designated by that person. For a local st ranking operator does not have the ability to by that person shall also sign the second certificant works, the highest-ranking official of the control of the contro	and operational responsibilities agency, the highest ranking of authorize capital expenditures ication at the bottom of this particular and the second secon	es for the discharging facility shall sign perator of the treatment works shall sign and hire personnel, a person having that
complete. I am aware that there a to N.J.A.C. 7:14A-6.9(B). The Ne	I have personally examined and am familiar e individuals immediately responsible for obtained significant penalties for submitting false into your personal way Jersey Water Pollution Control Act provides President - Operations	ining the information, I belied	ve that the information is true, accurate and
MANIE AND TITLE OF PRINCIPAL E	XECUTIVE OFFICER, AUTHORIZED AGENT, OR	The first of the first of the second	ADE AND REGISTRY NUMBER (IF APPLICABLE) 4/22/04 856-339-2900
SIGNATURE OF PRINCIPAL EXECU	VE OFFICER, AUTHORIZED AGENT, OR *LICE	NSED OPERATOR DA	TE AREA CODE/PHONE NUMBER
*For a local agency where the highest person designated by that person shift	t ranking operator does not have the ability to aut	horize capital expenditures and I	hire personnel, a person having that responsibility or
I certify under penalty of law and in ac	ecordance with N.J.S.A. 58:10A-6F(5) that I have re	ceived and reviewed the attached	discharge monitoring reports. N/A N/A
NAME AND TITLE	SIGNATURE	DA'	TE AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622	FACA SW Outfall FACA 3/1/2003 TO 3/31/2003 PSEG NUCLEAR LLC										م. پ
PARAMETER	><	QUANTITY (OR LOADING	UNITS	QUALITY OR CONCENTRATION		UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Temperature,	SAMPLE MEASUREMENT	*****	*****		*****	6.8	12.6		0	Continuous	CONTIN
00010 G Raw Sew/influent	PERMIT REQUIREMENT			*****	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
Tomporatura	MOL										
oC	SAMPLE MEASUREMENT	*****	*****	-, 5	*****	15.4	21.4		0	Continuous	CONTIN
00010 1 Effluent Gross Value	PERMIT, REQUIREMENT		e mini	******		REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
Tomporatus	MDL *			, 		g san sangar			333	r is a	
Temperature,	SAMPLE MEASUREMENT		*****		*******	8.6	11.5		0	IlDay	CALOTO
00010 2 Effluent Net Value	PERMIT REQUIREMENT			*****		REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD
	isol (Chr. E. S. S.		· .		Congress of the Congress of th	William State of the Control of the			10.45	
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343			-		
99999 99 Lab	PERMIT REQUIREMENT	REPORTA Lab#	REPORT Lab#		REPORT/ Lab#	REPORT Lab#		,		Not Applic	NOT AP
	MOL	23799 090399	teensteel over	- + - 25	171 2537000 45460	《种种》	uni di a	, ,	2		

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".

Pre-Print Creation Date: 1/1/2003

Surface Water Discharge Monitoring Report Submittal Form

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NJPDES PERMIT		M	ONITO	RIN	G PERIO	OD	-	1	MONITORED LOCATION:
NJ0005622	Month	Day	Year] .	Month	Day	Year	-	FACB - SW Outfall FACB
	3 -	1	2003	To	3 -	31	2003		THED - SW Outlant ACD

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

•				
5.5.	REGION / COUNTY: Southern / S	alem County		e germ
CHECK IF APPLICABLE:	No Discharge this Monitoring Period	Monitoring Repo	rt Comments Attac	ched
the certification or, in his absence the certification. Where the highe reponsibility or person designated	t ranking official having day-to-day managerial e a person designated by that person. For a local est ranking operator does not have the ability to a d by that person shall also sign the second certification ment works, the highest-ranking official of the c	agency, the highest rankin authorize capital expenditu cation at the bottom of this	ng operator of the tre tres and hire personr is page. If the local a	eatment works shall sign
that, based on my inquiry of those complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The N	at I have personally examined and am familiar value individuals immediately responsible for obta are significant penalties for submitting false infew Jersey Water Pollution Control Act provides	ining the information, I be ormation, including the po	elieve that the information of the same	mation is true, accurate and lor imprisonment, pursuant
	ce-President - Operations			- N/A
NAME AND TITLE OF PRINCIPAL E	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR	Tagrana Parana Tujan Terri	GRADE AND REGIST 04/22/04	FRY NUMBER (IF APPLICABLE) 856-339-2900
SIGNATURE OF PRINCIPAL EXECU	TIVE OFFICER, AUTHORIZED AGENT, OR *LICE	NSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
	est ranking operator does not have the ability to auth			
	accordance with N.J.S.A. 58:10A-6F(5) that I have recordance	ceived and reviewed the attac	hed discharge monitor	
N/A	N/A - 1		N/A	- N/A
NAME AND TITLE	SIGNATURE		DATE	AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACB SW Outfall FACB

3/1/2003 TO 3/31/2003

PSEG NUCLEAR L

1100000022	IAC	B SW Outlall F	AUB 3	71/2003	TO 3/31/2003	PSEG NUC	LEAR LLC				
PARAMETER		QUANTITY	OR LOADING	UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	_ *****		*****	6.8	12.6		<u> </u>	Con Tinivous	CONTIN
00010 G Raw Sew/influent	PERMIT REQUIREMENT			*****		REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
Temperature,	MOLINE	MATERIAL PROPERTY.	VIOLESCHA)		in a sure				77		
оС	SAMPLE MEASUREMENT	*****	*****		- ****	14.4	22.2		0	Continuous	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT			- #		REPORT	43.3 01DAMX	DEG.C		Continuous	CONTIN
Temperature,	MOL			Ţ. =	1973 (1941)	的现在分词		_			
оС	SAMPLE MEASUREMENT	*****	*****	-,	*****	7.6	10.3		0	1/Day	CALCTD
00010 2 Effluent Net Value	PERMIT REQUIREMENT	440		******	*****	REPORT	15,3 01DAMX	DEG.C		1/Day	CALCTD
Lab Certification #	MDL 4	-				Section 1	Control of the second	_ ~_			
	SAMPLE MEASUREMENT	17327	06431	-	46405	77343	-		-	-	-
99999 99 Lab	PERMIT REQUIREMENT	REPORTA Lab#	REPORT Lab#		REPORT Lab#	REPORT Lab#	REPORTA - ¿Lab#;			Not Applic	NOT AP
	MOC		er independent		DOMESTIC OF STREET	Andreas Control of the Control of th	Sec. 200 - 148		100		

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".

Pre-Print Creation Date: 1/1/2003

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	Month Day Year Month Day Year 3 1 2003 To 3 31 2003	FACC - SW Outfall FACC

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

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

REPORT RECIPIENT:

PSEG NUCLEAR LLC PO BOX 236/N21

HANCOCKS BRIDGE, NJ 08038

REGION /	COUNTY:	Southern /	Salem	County
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CHECK IF APPLICABLE:	No Discharge this Monitoring Period Monitoring Re	port Comments Att	ached
the certification. Where the highest ran reponsibility or person designated by th another entity to operate the treatment v	ing official having day-to-day managerial and operational respons son designated by that person. For a local agency, the highest rank king operator does not have the ability to authorize capital expend nat person shall also sign the second certification at the bottom of tworks, the highest-ranking official of the contracted entity shall sign	ibilities for the dischang operator of the titures and hire perso his page. If the locator the certification.	narging facility shall sign reatment works shall sign nnel, a person having that I agency has contracted with
complete. I am aware that there are sig to N.J.A.C. 7:14A-6.9(B). The New Je	we personally examined and am familiar with the information subviduals immediately responsible for obtaining the information, I gnificant penalties for submitting false information, including the rsey Water Pollution Control Act provides for penalties up to \$50,	believe that the info	
Timothy J. O'Connor, Vice-Pr	esident — Operations		- N/A
- Though	TIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGI 04/22/04	STRY NUMBER (IF APPLICABLE) 856-339-2900
*For a local agency where the highest rank person designated by that person shall sign	OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR ting operator does not have the ability to authorize capital expenditures the following certification:	DATE and hire personnel, a	AREA CODE/PHONE NUMBER person having that responsibility or
I certify under penalty of law and in accorda	nce with N.J.S.A. 58:10A-6F(5) that I have received and reviewed the att	ached discharge monit	Oring reports
N/A	N/A	N/A	N/A
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

PERMIT NUMBER:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622	FACC SW Outfall FACC 3/1/2003 TO 3/31/2003 PSEG NUCLEAR LLC										
PARAMETER	\geq	QUANTITY (ANTITY OR LOADING UNITS QUALITY OR CONCENTRATION				RATION	UNITS	NO. EX	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, in Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	2401	2720		****	*****	*****	-	0	1/Day	CALCID
50050 G Raw Sew/influent	PERMIT REQUIREMENT	3024 01MOAV	REPORT.	- MGD						1/Day	CALCTD
Thermal Discharge Million BTUs per Hr	SAMPLE MEASUREMENT	12 680	15161	_ =	*****	*****	*****	- 	0	1/04	CALCTO
00015 2 Effluent Net Value	REQUIREMENT	REPORT 01MOAV	30600 01DAMX	MBTU/HR		******	, 17111				-
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab			REPORT.	REPORT	REPORT&			Not Applie	NOT AP
	A MOC N		12 20 10 10 2				1. 2 (49/6) 1. P.		33		

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Pre-Print Creation Date: 1/1/2003

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:			
NJ0005622	Month Day Year 3 1 2003 To Month Day Year 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	N/COUNTY: Southern	/ Salem County		: .
CHECK IF APPLICABLE:	No Discharg	e this Monitoring Perio	d [] Monitori	ng Report Comments Att	ached
WHO MUST SIGN The highesthe certification or, in his absence the certification. Where the higher reponsibility or person designated another entity to operate the treat	e a person designated est ranking operator d by that person shal	d by that person. For a le does not have the ability Il also sign the second ce	rial and operational re ocal agency, the higher to authorize capital e rtification at the botto	esponsibilities for the dischest ranking operator of the texpenditures and hire persoom of this page. If the loca	arging facility shall sign reatment works shall sign
I certify under penalty of law that that, based on my inquiry of the complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The N	se individuals imme are significant pena	diately responsible for a diately responsible for a little for submitting false	btaining the informa information, includi	tion, I believe that the info	rmation is true accurate and
Timothy J. O'Connor, V	ige-President – Op	perations	<u>j</u>		N/A
NAME AND TITLE OF PRINCIPAL TO	XECUTIVE OFFICER	R, AUTHORIZED AGENT,	OR *LICENSED OPERA	TOR GRADE AND REGI	STRY NUMBER (IF APPLICABLE) 856-339-2900
SIGNATURE OF PRINCIPAL EXECU	est ranking operator d	oes not have the ability to		DATE ditures and hire personnel, a	AREA CODE/PHONE NUMBER person having that responsibility or
person designated by that person sha	ll sign the following ce	ertification:			
I certify under penalty of law and in a N/A	ccordance with N.J.S.	A: 58:10A-6F(5) that I hav N/A	e received and reviewed	the attached discharge monit	oring reports.
NAME AND PIOUS			<u> </u>		

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622 048C SW Outfall 48C

3/1/2003 TO 3/31/2003

PSEG NUCLEAR LLC

		Off Outlan 40		112003	10 3/31/2003	PSEG NUC	LEAR LLC				
PARAMETER	>	QUANTITY	OR LOADING	UNITS	QUAL	ITY OR CONCENTE	RATION	UNITS	NO. EX	FREQ. OF	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.1432	0.5106	-	****	*****	*****		0	1/Day	CALCTO
50050 1 Effluent Gross Value	PERMIT, REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	*********	******	*****		1/Day ₂	CALCTD
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****		*****	8	10	•~ ,	0	2/Month	COMPOS
00530 1 Effluent Gross Value	PERMIT REQUIREMENT			******		30 2 01MOAV	100 01DAMX	MG/L		2/Month	COMPOS
Nitrogen, Ammonia Total (as N)	SAMPLE MEASUREMENT	*****	*****		*****	18	2.2	-	0	2/Month	COMPOS
00610 1 Effluent Gross Value	PERMIT REQUIREMENT			*****		35 01MOAV	70 PM 01DAMX	MG/L		2/Month	COMPOS
Petroleum Hydrocarbons	SAMPLE MEASUREMENT	*****	*****	-			1	-	0	2 Month	GRAB
00551 1 Effluent Gross Value	PERMIT REQUIREMENT	100 100 100 100 100 100 100 100 100 100	•••••	*******	4774	10 - 10 01MOAV - +	15 01DAMX	MG/L		2/Month	GRAB
Carbon, Tot Organic	SAMPLE MEASUREMENT	*****	*****	च - पी -		45	48		0	2/Month	compos
00680 1 Effluent Gross Value	PERMIT REQUIREMENT MDL					REPORT- 01MOAV	50 2 20 01DAMX	`MG/L			COMPOS
_ab Certification #	SAMPLE MEASUREMENT	17327	06431	 	46405	77343			1,327		
99999 99 .ab	PERMIT REQUIREMENT	REPORT Lab#	REPORT/ Lab#	The same of the sa	# REPORT# Lab#	REPORT	REPORT.			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)292-4680 or via email at "srosenwi@dep state.nj us".

Pre-Print Creation Date: 1/1/2003

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	Month Day Year Month Day Year 3 1 2003 To 3 31 2003	481A - SW Outfall 481A

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

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

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

REGION / COUNTY: Southern / Salem County		m.	
CHECK IF APPLICABLE: No Discharge this Monitoring Period Monitoring	oring Report Comm	ents Attacl	hed
WHO MUST SIGN The highest ranking official having day-to-day managerial and operational the certification or, in his absence a person designated by that person. For a local agency, the highest certification. Where the highest ranking operator does not have the ability to authorize capital reponsibility or person designated by that person shall also sign the second certification at the beanother entity to operate the treatment works, the highest-ranking official of the contracted entity	ghest ranking operator al expenditures and ho ottom of this page. It	r of the treate tre personne the local as	tment works shall sign
I certify under penalty of law that I have personally examined and am familiar with the inform that, based on my inquiry of those individuals immediately responsible for obtaining the infor complete. I am aware that there are significant penalties for submitting false information, include N.J.A.C. 7:14A-6.9(B). The New Jersey Water Pollution Control Act provides for penalties to	mation, I believe tha	the inform	stion is true accurate and
Timothy J. O'Connor Vice-President Operations			N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPE	GRADE A 04/22/04		RY NUMBER (IF APPLICABLE) 856-339-2900
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	DR DATE		AREA CODE/PHONE NUMBER
*For a local agency where the highest ranking operator does not have the ability to authorize capital experson 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 review	wed the attached discha	ree monitori	og senoste
N/A	ALT LONG THE	ν/Ā	N/A
NAME AND TITLE SIGNATURE	DATE		AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622 481A SW Outfall 481A

3/1/2003 TO 3/31/2003

PSEG NUCLEAR LLC

NJ0005622	481	A SW Outfall 48	1A 3	/1/2003	FO 3/31/2003	PSEG NUCI	LEAR LLC				
PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUAL	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	480	498		****	*****	*****		0	1-/Day	CALCTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*******			*****		1/Day	CALCTD
	MDL			~					2 16		
pН	SAMPLE MEASUREMENT	*****	*****		7.2	*****	7.8		0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	1 ,		******	6.0 01DAMN	Ja	9.0 → 01DAMX	ຮບ		1/Week	GRAB .
	MOL	8. 1888. 7 3 1054 (Witters Transport		72.18.18.18.19.19.18	and the state	PASSAGE PROPERTY				51
pH	SAMPLE MEASUREMENT	*****	*****	-	7.1	****	7.8		0	Ilweek	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT			****** = 2 _ 1	REPORT.	,	REPORT :: 01DAMX	su		1/Week	GRAB
	MOL 155	\$490000 (#83)	ALL KINDS OF STREET		(September 1981)		沙克烈德大学边		15		
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****		CODE=N	######	******	~	0	CODE=N	CODESN
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT			*****	50 01DAMN			%EFFL		2/Year	COMPOS
-	* MOL	**************************************	75057		A STATE	的探索工作的	kerangan	-			
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	CODE = N	COOKSN -	_	0	CODEZN	CODE = N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT			******	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	0,3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB.
Option 1	SE MOL	AT ESC SIGNATURA	Resident ters.	- 7	P (1984)	14.00 P-12.14	14.54.74.55.55.55.55.55.55.55.55.55.55.55.55.55			4	
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	***	*****	-	****	<0.1	<0.1		0	3/week	GRAB
*CPOX 1 Effluent Gross Value	PERMIT, REQUIREMENT			******	7 ₀	REPORT 01MOAV	0,2 01DAMX	MG/L		3/Week+	GRAB
	reality rich differences about	Santa Company and Associate Company	the Philips to Sand Street in Add		PER SENS CONTRACTOR AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON	The single of the State of the	de the richt, and where the common is account.	1	1883		Exercise Colores

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

Pre-Print Creation Date: 1/1/2003

Option 2

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

NJUUU3022	401A	Svy Outrail 48	1A 3	/1/2003 1	O 3/31/2003	PSEG NUCL	LEAR LLC				
PARAMETER	\times	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTR	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	****	****	-	*****	14.7	24.2	· · · · · · · · · · · · · · · · · · ·	0	IlPay	CONTIN
00010 1 Effluent Gross Value	PERMIT A. REQUIREMENT			******* = ******* =		REPORT 01MOAV	REPORT 01DÂMX	DEG.C		1/Day	CONTIN
Lab Certification #	NOCE OF			-	Professional States						
-4,	SAMPLE MEASUREMENT	17327	06431	-	464.05	77343	 	=			
Lab	PERMIT REQUIREMENT		Lab#	1 je 1438		REPORT Lab#				Not Applie	NOT AP
	MOL S	in pathod into				alter a stand want of the floor of	1 7 To 1 1 To 1 1 To 1 To 1 To 1 To 1 To	-			

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.

Pre-Print Creation Date: 1/1/2003

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT		M	ONITO	RIN	G PERIC)D		MONITORED LOCATION:
NJ0005622	Month 3	Day -1	Year 2003	To	Month	Day	Year	482A - SW Outfall 482A
	3	-1	2003	То	3	31	2003	402A - 5 W Outlan 402A

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

NAME AND TITLE

LOCATION OF ACTIVITY:

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

REPORT RECIPIENT:

DATE

AREA CODE/PHONE NUMBER

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 Rep	ort Comments A	ttached
WHO MUST SIGN The highest ranking the certification or, in his absence a person the certification. Where the highest ranking reponsibility or person designated by that p another entity to operate the treatment work	designated by that person. For a loca coperator does not have the ability to person shall also sign the second certi	al agency, the highest rank authorize capital expendi fication at the bottom of the	ing operator of the tures and hire pers his page. If the loc	treatment works shall sign onnel, a person having that al agency has contracted with
I certify under penalty of law that I have per that, based on my inquiry of those individing complete. I am aware that there are significated N.J.A.C. 7:14A-6.9(B). The New Jersey	uals immediately responsible for obticant penalties for submitting false in	aining the information, I	believe that the in	formation is true, accurate and
Timothy J. O'Connor, Vice-President	, ,		•	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE	OFFICER, AUTHORIZED AGENT, OR	*LICENSED OPERATOR	GRADE AND REG	GISTRY NUMBER (IF APPLICABLE) 856-339-2900
SIGNATURE OF PRINCIPAL EXECUTIVE OFF	ICER, AUTHORIZED AGENT, OR *LIC	ENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the highest ranking person designated by that person shall sign the j	operator does not have the ability to au		and hire personnel,	
I certify under penalty of law and in accordance N/A	with N.J.S.A. 58:10A-6F(5) that I have r N/A	eceived and reviewed the atta	ached discharge mon N/A	itoring reports.

SIGNATURE

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

482A SW Outfall 482A

3/1/2003 TO 3/31/2003

PSEG NUCLEAR LLC

		- Ott Outlan 46	ر جمع علم علم علم المعارض الم 	/1/2003	10 3/31/2003	PSEG NUC	LEAR LLC	-			
PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO.	FREQ. OF	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	110	471		****	****	****		0	1/Day	CALETP
50050 1 Effluent Gross Value	PERMIT REQUIREMENT MOL	REPORT 01MOAV	REPORT 01DAMX	MGD	******	******	*****	******		1/Day	CALCTD
pH	SAMPLE MEASUREMENT	*****	*****	-	7.2	*****	7.8	-	0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	30,000	(* chart)	******	6,0 01DAMN		9.0 01DAMX	-SU		1/Week	GRAB
pH	SAMPLE MEASUREMENT	******	*****		7./	*****	7.8	-	0	1/weok	GRAB
00400 7 Intake From Stream	PERMIT. REQUIREMENT		(main) (main)	*****	REPORT	7	REPORT 01DAMX	ะรับ		1/Week	GRAB
LC50 Statre 96hr Acu	SAMPLE MEASUREMENT	*****	******		CODE = N	*****	*****	1 -	0	CODESN	CODE = N
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	100	******	***************************************	50 i i i i i i i i i i i i i i i i i i i	*****	******	%EFFL		2/Year	COMPOS
Chlorine Produced	SAMPLE MEASUREMENT	*****	******			CODE = N	COOE=N	и -	0	C006=N	CODE=N
CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	11000			500 ,	0,3 01MOAV	0.5 4 01DAMX	MG/L		3/Week ∌	GRAB
Option 1 Chlorine Produced Oxidants	SAMPLE MEASUREMENT		******		*****	<0.1	<0.1		0	3/week	GRAB
CPOX 1 Effluent Gross Value	PERMIT SE REQUIREMENT		A. 444	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		REPORT 01MOAV	0.2 01DAMX	MG/L	or Silvers	3/Week	GRAB
option 2	MOUTE A	Edd Carried Co.	CONTRACTOR DESCRIPTION			Contraction of the	SENSON SERVICE				to District

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.

Pre-Print Creation Date: 1/1/2003

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJU005622	4824	SW Outfall 48	2A 3	/1/2003 7	ГО 3/31/2003	PSEG NUCI	LEAR LLC				
PARAMETER	\times	QUANTITY	OR LOADING	UNITS	- QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****	_	***	15.9	30.8		0	110mg	CONTIN
00010 1 Effluent Gross Value	(Marchael Article)	POTOF DENIETOS		******	7 		REPORT 01DAMX	DEG C		1/Day	CONTIN
Lab Certification #	SAMPLE MEASUREMENT	有性是非常的	-					<u>.</u> .			
99999 99	PERMIT REQUIREMENT	/7327	OC431		TO STATE OF THE ST	77343		-		Not Applic	NOT AP
Lab	Piles the term to	Lab# Englished	Lab#	, , , , ,	Lab#	Lab#	Lab#				

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. .

Pre-Print Creation Date: 1/1/2003

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	Month Day Year Month Day Year 3 1 2003 To 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 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 reponsibility 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 EVE 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 TAREA 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

MONITORED LOCATION:

MONITORING PERIOD: FACILITY NAME:

NJ0005622

483A SW Outfall 483A

3/1/2003 TO 3/31/2003

1430003622	483	SW Outfall 48	33A 3	3/1/2003	TO 3/31/2003	PSEG NUC	LEAR LLC				
PARAMETER	\geq	QUANTITY	OR LOADING	UNITS	QUAL	ITY OR CONCENT	RATION	UNITS	NO EX.	FREQ OF ANALYSIS	SAMPLE TYPE
Flow, in Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	338	452		*****	*****	**** *		0	1/Day	CALCTD
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*******	ing production of the second s		*****		1/Day	CALCTD
pH	MDL			_ *	\$	1979(48.87) 535	Estero processor				
pii	SAMPLE MEASUREMENT	*****	*****	-	7.3	*****	7.8	-	0	Muck	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		*****	6.0 01DAMN		9.0 01DAMX	SU .		1/Week	GRAB
	MDL	PERSONAL PROPERTY.	AN ASSESSMENT		HOST CONTRACT	[6]李子·大学		-			
pH	SAMPLE MEASUREMENT	*****	******	,	7.1	*****	7.8	,	0	1/wook	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT			*****	REPORT 01DAMN	*******	REPORT 01DAMX	ຮບ		1/Week	GRAB
+ -	MOLIT	Santar di Peri		, -,	MANAGE STEEL	1-26 PA 15 S	£362505250				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	请自在 自由	*****		****	CODE = N	CODE=N	~ ⁻ -	0	CODE = N	COPF=N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT			******	**************************************	0.3 01MOAV	0.5 01DAMX	_ MG/L		3/Week (GRAB 4
Option 1	MOL	Sign of State		-	Manager 1	Kilotopiotis.	\$597703333				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****** = -, _, _, ~, ~, ., ., ., ., ., ., ., ., ., ., ., ., .,	- ###### 	= -	- *****	<0.1	40.1		0	3/week	CRAB
*CPOX 1 Effluent Gross Value	PERMIT			*****		REPORT DIMOAV	0,2 01DAMX	MG/L		3/Week	grab.
Option 2	SE MOL	est called that a		4 J	CONTRACTOR LANG	2. 20 . 20.		-			
Temperature, oC	SAMPLE MEASUREMENT	******	*****	-	* + +++++	16.9	28.9		0	1/001/	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	**************************************		*****		REPORT 2	REPORT 01DAMX	DEG C		1/Day	CONTIN
	REAL MEDICAL SERVICE	SECTION AND ADDRESS.	Court of Sense Live and		SA GALDRON CONTRACTOR	S. C. Charles Company of Co., Land	date maines and leave of	į.	66 3H	9.55	

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.

Pre-Print Creation Date: 1/1/2003

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

483A SW Outfall 483A

3/1/2003 TO 3/31/2003 **PSEG NUCLEAR LLC** PARAMETER QUANTITY OR LOADING NO. EX. FREQ OF ANALYSIS UNITS QUALITY OR CONCENTRATION SAMPLE TYPE UNITS Lab Certification # 17327 46405 06431 77343 99999 99 REPORT L REPORT REPORT: Not Applic Lab NOT AP

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.

Pre-Print Creation Date: 1/1/2003

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	Month Day Year Month Day Year 3 1 2003 To 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 LOWER ALLOWAYS CREEK, NJ 08038-0000 **REPORT RECIPIENT:**

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

REGION / COUNTY: Southern / Salem County

Timothy J. O'Connor, Vice-Preside	ent - Operations			N/A
Timothy J. O'Connor, Vice-Preside	ent - Operations			
Timothy J. O'Connor, Vice-Preside	ent - Operations			
Timothy J. O'Connor, Vice-Preside	ent - Operations		GRADE AND REG	ISTRY NUMBER (IF APPLICABLE)
Timothy J. O'Connor, Vice-Preside	ent - Operations		GRADE AND REG	ISTRY NUMBER (IF APPLICABLE)
Timothy J. O'Connor, Vice-Preside	ent - Operations			
Timothy J. O'Connor, Vice-Preside	ent – Operations OFFICER, AUTHORIZED AGENT, OR	*LICENSED OPERATOR	GRADE AND REG	ISTRY NUMBER (IF APPLICABLE)
Timothy J. O'Connor, Vice-Preside	ent – Operations OFFICER, AUTHORIZED AGENT, OR	*LICENSED OPERATOR	GRADE AND REG 04/22/04	ISTRY NUMBER (IF APPLICABLE) 856-339-2900
Timothy J. O'Connor, Vice-Preside NAME AND TITLE OF PRINCIPAL EXECUTIVE SIGNATURE OF PRINCIPAL EXECUTIVE OFFICE	ent – Operations OFFICER, AUTHORIZED AGENT, OR CER, AUTHORIZED AGENT, OR *LICI	*LICENSED OPERATOR ENSED OPERATOR	GRADE AND REG 04/22/04 DATE	AREA CODE/PHONE NUMBER
Timothy J. O'Connor, Vice-Preside NAME AND TITLE OF PRINCIPAL EXECUTIVE SIGNATURE OF PRINCIPAL EXECUTIVE OFFICE	ent – Operations OFFICER, AUTHORIZED AGENT, OR CER, AUTHORIZED AGENT, OR *LICI	*LICENSED OPERATOR ENSED OPERATOR	GRADE AND REG 04/22/04 DATE	AREA CODE/PHONE NUMBER
Timothy J. O'Connor, Vice-Preside	ent – Operations OFFICER, AUTHORIZED AGENT, OR CER, AUTHORIZED AGENT, OR *LICI	*LICENSED OPERATOR ENSED OPERATOR	GRADE AND REG 04/22/04 DATE	AREA CODE/PHONE NUMBER
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Timothy J. O'Connor, Vice-Preside NAME AND TITLE OF PRINCIPAL EXECUTIVE SIGNATURE OF PRINCIPAL EXECUTIVE OFFICE	ent – Operations OFFICER, AUTHORIZED AGENT, OR CER, AUTHORIZED AGENT, OR *LICI	*LICENSED OPERATOR ENSED OPERATOR	GRADE AND REG 04/22/04 DATE	AREA CODE/PHONE NUMBER
Timothy J. O'Connor, Vice-Preside	ent – Operations OFFICER, AUTHORIZED AGENT, OR	*LICENSED OPERATOR	GRADE AND REG 04/22/04	ISTRY NUMBER (IF APPLICABLE) 856-339-2900
Timothy J. O'Connor, Vice-Preside	ent – Operations OFFICER, AUTHORIZED AGENT, OR	*LICENSED OPERATOR	GRADE AND REG	ISTRY NUMBER (IF APPLICABLE)
Timothy J. O'Connor, Vice-Preside	ent - Operations		GRADE AND REG	ISTRY NUMBER (IF APPLICABLE)
Timothy J. O'Connor, Vice-Preside	ent - Operations		GRADE AND REG	ISTRY NUMBER (IF APPLICABLE)
Timothy J. O'Connor, Vice-Preside	ent - Operations			
Timothy J. O'Connor, Vice-Preside	ent - Operations			
Timothy J. O'Connor, Vice-Preside	ent - Operations		<u> </u>	N/A
Timothy J. O'Connor, Vice-Preside	ent - Operations			N/A
Timothy J. O'Gonnor Vice-Preside	ent - Operations		-	5.1/A
		or hemanica ah to \$70.	oud per violation.	
to N.J.A.C. 7:14A-6.9(B). The New Jersey	Water Pollution Control Act provide	es for penalties up to \$50	000 per violation	prioriting parounit
complete. I am aware that there are signific	ant benaities for submitting take in	itormation including the	magaibilites of Co	and/or imprisonment, pursuant
complete I am aware that there are signific	and manufactory responsible for our	aining the information, I	believe that the int	formation is true, accurate and
that, based on my inquiry of those individua	als immediately responsible for the	siming the information to	omined in this docu	iment and all attachments, and
I certify under penalty of law that I have pe	rsonally examined and am familiar	with the information sul	hmittad in this door	mant and all assaulture see .
another entity to operate the treatment works	s, the highest-ranking official of the	contracted entity shall sign	on the cortification	are albeited, time contractor with
reponsibility or person designated by that pe	rson shall also sign the second certi	fication at the bottom of t	this page. If the loc	al agency has contracted with
reponsibility or manner designed 11 (1)	operator does not have the ability to	authorize capital expend	litures and hire perso	onnel, a person having that
the certification. Where the highest ranking	Operator does not have the chility to		ming operator or the	treatment works shall sign
the certification or, in his absence a person d	lesignated by that person. For a loca	I agency, the highest rant	king operator of the	treatment works shall sign
WHO MUST SIGN The highest ranking of	manageria	i and operational respons	sibilities for the disc	harging facility shall sign
WHO MIST SIGN The highest ranking of	fficial having day to day			
	Be come intermed a criou	Ivionitoring Re	port Comments At	ttached
THO E	ASCHALECTIES WIGHTING PERMA			
CHECK IF APPLICABLE: No I	Discharge this Monitoring Period	Manitaniu D		

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622 484A SW Outfall 484A

3/1/2003 TO 3/31/2003

PSEG NUCLEAR LLC

		- Cuttan 40		11,2000	10 3/31/2003	PSEG NUC	LEAR LLC				
PARAMETER		QUANTITY	OR LOADING	UNITS	QUAL	ITY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	455	488		****	*****	*****		0	1/Day	CALCTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	111 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	140000	******	*****		1/Day	CALCTD
pH = -	MOL			***	223247/4430	Mark Services					
00400 1	MEASUREMENT	*****	*****		7.4	*****	7.8		0	1/week	GRAB
Effluent Gross Value	PERMIT REQUIREMENT	g; (*)	******	###### == 	6.0 01DAMN	******	9.0 01DAMX	ຮບ		1/Week	GRAB
pH -	SAMPLE MEASUREMENT										
00400_7	PERMIT		*****		7. / ₩REPORT	*****	7. 8	- -	0	1/week	GRAB
ntake From Stream	REQUIREMENT:	3 2		***************************************	01DAMN	*****	01DAMX	່ຽນ		1/Week	GRAB
.C50 Statre 96hr Acu Cyprinodon	SAMPLE - MEASUREMENT	*****	****		CODESN	*****	*****		0	CODE= N	CODE=N
AN6A 1	PERMIT REQUIREMENT		******	######################################	50 01DAMN	*****	narone.	%EFFL		2/Year	COMPOS
hlorine Produced	MOL (L)	7-38-80- 47,976					erickanie in der Derickanie in der	47-5			
xidants	SAMPLE MEASUREMENT		*****		******	CODE=N	CODE = N		0	CODE = N	CODEZN
ffluent Gross Value	PERMIT REQUIREMENT	mini (*****	F	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
ption 1 hlorine Produced	MDL										
xidants	MEASUREMENT		*****		******	40.1	KO.1		to a designation of the	3/wock	GRAB
ffluent Gross Value	PERMIT REQUIREMENT		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	******		REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB

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

Pre-Print Creation Date: 1/1/2003

Pana 1 of 2

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

NJ0005622

484A SW Outfall 484A

NJUUU3622	404A	SW Outrail 48	4A 3	/1/2003	O 3/31/2003	PSEG NUCI	LEAR LLC				
PARAMETER	\times	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	- *****	-	*****	14.0	25.8		0	1/Day	CONTIN
00010 1 Effluent Gross Value	Manager at 15	TAXATI AND TO DESCRIPTION		**************************************		1 2000 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	REPORT 01DAMX	DEG.C -		1/Day	CONTIN
Lab Certification #	SAMPLE MEASUREMENT	1720-	_		J- 12-14-						
99999 99	PERMIT	/7327	OG43 / REPORT		46405	77343	REPORT		22	Not Applic	NOT AP
Lab	MOL 3	Lab # grades	Lab#		Lab#	Lab#//	Lab#				7

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.

Pre-Print Creation Date: 1/1/2003

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	Month Day Year Month Day Year 3 1 2003 To 3 31 2003	485A - SW Outfall 485A

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

AREA CODE/PHONE NUMBER

-	REGION / COUNTY: Southern /	Salem County	-	-
CHECK IF APPLICABLE: No	Discharge this Monitoring Period	Monitoring Repo	rt Comments Attac	hed
WHO MUST SIGN The highest ranking the certification or, in his absence a person the certification. Where the highest ranking reponsibility or person designated by that panother entity to operate the treatment work	operator does not have the ability to terson shall also sign the second certi	I and operational responsibility agency, the highest ranking authorize capital expendituring at the bottom of this	ilities for the discharge operator of the treatures and hire personners.	ging facility shall sign atment works shall sign
I certify under penalty of law that I have penalth, based on my inquiry of those individual complete. I am aware that there are significated N.J.A.C. 7:14A-6.9(B). The New Jersey	ersonally examined and am familiar uals immediately responsible for obticant penalties for submitting false in Water Pollution Control Act provide	with the information submaining the information, I be	itted in this documer	
Timothy J. O'Connor, Vice-President	tent - Operations			- N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE			GRADE AND REGISTI 04/22/04	RY NUMBER (IF APPLICABLE) 856-339-2900
*For a local agency where the highest ranking person designated by that person shall sign the form	operator does not have the ability to av	ENSED OPERATOR thorize capital expenditures an	DATE ad hire personnel, a per	AREA CODE/PHONE NUMBER rson having that responsibility or
I certify under penalty of law and in accordance	with N.J.S.A. 58:10A-6F(5) that I have re	ceived and reviewed the attack	and disabassas in a street	•
N/A	N/A	Total and to sto went the sitsol	N/A	ng reports. N/A
NAME AND TITLE	SIGNATURE			

SIGNATURE

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

01DAMX

01MOAV

SHEEDINGS CO. CO.

MG/L

NJ0005622 485A SW Outfall 485A 3/1/2003 TO 3/31/2003 **PSEG NUCLEAR LLC** NO. FREQ. OF SAMPLE **PARAMETER QUANTITY OR LOADING** QUALITY OR CONCENTRATION UNITS UNITS **ANALYSIS** EX. TYPE Flow, In Conduit or SAMPLE MEASUREMENT 406 454 ***** 0 CAKCTO 1/Pay **Thru Treatment Plant** REPORT 01MOAV PERMIT REQUIREMENT 50050 1 REPORT CALCTD 1/Day MGD 01DAMX Effluent Gross Value MDL 19**02(30)** 200429,25300 Michigan Spylin рΗ SAMPLE MEASUREMENT 7.4 7.8 0 1/week GRAB 00400 1 6.0 9.0 1/Week GRAB SU **Effluent Gross Value** 01DAMN 01DAMX* MDL Viging Edition (400) Shade with the first рΗ SAMPLE MEASUREMEN 1/Week 7.1 ***** 7.8 0 GRAB PERMIT REQUIREMENT 00400 7 REPORT 01DAMN REPORT 1/Week 🧸 GRAB 📜 SU Intake From Stream 01DAMX HANDHANGER BEHINGSPIECE MDL T PRODUCTION. Professional Profession da kanatara LC50 Statre 96hr Acu CODE =N CODE=N Cyprinodon CODEON PERMIT REQUIREMENT TAN6A 1 50 i 01DAMN 2/Year COMPOS %EFFL Effluent Gross Value MOL Payaga 9-9-a MARKET PROPERTY. Chlorine Produced SAMPLE MEASUREMENT CODE=N CODE=IV Oxidants CODE= N CODE=N PERMIT REQUIREMENT CPOX 1 0.5 ∵3/Week. GRAB 🔏 MG/L 01DAMX TOIMOAV ... **Effluent Gross Value** MOL WERE AND DESCRIPTION OF THE PERSON OF THE PE Option 1 At the figure Chlorine Produced SAMPLE MEASUREMENT 3/Week Oxidants 40.1 (0./ GRAB *CPOX 1 REPORT GRAB 3/Week

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.

Pre-Print Creation Date: 1/1/2003

Effluent Gross Value

Option 2

PI 45814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

485A SW Outfall 485A

3/1/2003 TO 3/31/2003

PSEG NUCLEAR LLC

PARAMETER	\times	QUANTITY	OR LOADINĞ	UNITS	QUALI	ту or concentr	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	****		***	15.0	25.9	-	0	1/004	CONTIN
00010 1 Effluent Gross Value	PERMIT		3 	*****		REPORT 1	REPORT 01DAMX	DEG.C		1/Day	CONTIN:
Lab Certification #	Samoi en la			-				-	11.		
Lab Certification #	SAMPLE MEASUREMENT	17327	06431	, .	46405	77343	-	-	-	-	
99999 99 Lab		REPORT Lab#	REPORT Lab#		REPORT &	REPORT. Lab#	REPORT Lab#	-		Not Applic	NOT AP
	SA MOL	80 nestal 73	20-12-12-12		Market Market	ELECTION OF THE ST.	B \$164534(4)345	-			

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.

Pre-Print Creation Date: 1/1/2003

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT		M	ONITO	RIN	G PERIO	OD -		MONITORED LOCATION:
NJ0005622	Month 3	Day 1	Year 2003	To	Month 3	Day - 31	Year 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 Disc	harge this Monitoring Period	Monitoring Rep	ort Comments Att	ached
WHO MUST SIGN The highest ranking office the certification or, in his absence a person design the certification. Where the highest ranking oper reponsibility or person designated by that person another entity to operate the treatment works, the	gnated by that person. For a local a rator does not have the ability to a n shall also sign the second certific	agency, the highest ranki authorize capital expendit cation at the bottom of th	ng operator of the t ures and hire perso is page. If the loca	reatment works shall sign
I certify under penalty of law that I have person that, based on my inquiry of those individuals complete. I am aware that there are significant to N.J.A.C. 7:14A-6.9(B). The New Jersey Wat	immediately responsible for obtain penalties for submitting false informer provides er Pollution Control Act provides	ning the information, I bormation, including the n	elieve that the info	rmation is true accurate and
Timothy J. O'Connor Vice-President	Operations	·		N/A
NAME AND TYPLE OF PRINCIPAL EXECUTIVE OF	FICER, AUTHORIZED AGENT, OR *	LICENSED OPERATOR	GRADE AND REGI	STRY NUMBER (IF APPLICABLE)
- Illino III		7-1 1 	04/22/04	856-339-2900
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER	, AUTHORIZED AGENT, OR *LICEN	NSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the highest ranking opera- person designated by that person shall sign the follow	ator does not have the ability to auth ing certification:	orize capital expenditures o	and hire personnel, a	person having that responsibility or
I certify under penalty of law and in accordance with	N.J.S.A. 58:10A-6F(5) that I have rec	eived and reviewed the atta	ched discharge monit	oring reports
N/A	N/A	,	N/A	N/A
NAME AND TITLE	SIGNATURE		DATE	AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622 486A SW Outfall 486A 3/1/2003 TO 3/31/2003 PSEG NUCLEAR LLC

1130003022	4004	A SVY Outlan 40	0A 3	/ 1/2003	10 3/3/1/2003	PSEG NUC	LEAR LLC				
PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	370	427		· · · · · · · · · · · · · · · · · · ·	****	*****		0	1/Day	CALCID
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT AL	REPORT 01DAMX	MGD	******	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		******		1/Day	CALCID
2 * -	MOL	14 (14 K. 19 44 15)			Mark entre	British in the				in Paris	1551911554
pH	SAMPLE MEASUREMENT	*****	******		7.3	****	7.8		0	Ilweek	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	· 1	ennan	******	6.0 01DAMN	4	9.0 01DAMX	su .		1/Week	GRAB
	L MDL		1447-15-17-18-2	- ⁻	第四次 [1] 10 10 10 10 10 10 10 10 10 10 10 10 10	754 PRIVATE TAN					
pH	SAMPLE MEASUREMENT	- ******* - **.	******		7.7	*****	7.8		0	1/week	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT			*****	REPORT: 01DAMN	*****	REPORT.	รบ		1/Week	GRAB
	MOL	250000	****	, , ,				_ ^			
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****			****	COPE=N	CODE=N		0	C0018 + N	CODE = N
*CPOX_1 Effluent Gross Value	PERMIT REQUIREMENT	100 mg/mm/mm/mm/mm/mm/mm/mm/mm/mm/mm/mm/mm/m	17 19 19 19 19 19 19 19 19 19 19 19 19 19	***	**************************************	0.3 i= - F 01MOAV -	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	MOL T		A		1975						
Chlorine Produced Oxidants	- SAMPLE MEASUREMENT	**************************************	1 ******	, , <u>, , , , , , , , , , , , , , , , , </u>	- Address	<0.1	(0./		0	3/Weak	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT			******	1	REPORT:**	0,2 01DAMX	MG/L		3/Week	GRAB ,
Option 2	MDL*		10 PM 51 PM 91			Secultaria	A 4.754 (254 (27)				
Temperature, oC	SAMPLE MEASUREMENT				*****	14.7	28.7		O	110.	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT			· · · · · · · · · · · · · · · · · · ·		REPORT 01MOAV	REPORT*	DEG.C		1/Day	CONTIN
	MOL 1	ALL PROPERTY OF THE	PER 18 2 2 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7			100000000000	4652943307476		30.2	1222	

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.

Pre-Print Creation Date: 1/1/2003

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME

NJ0005622

486A SW Outfall 486A

3/1/2003 TO 3/31/2003

DSEC NUCLEAR II

1130003022	400	Svy Outrail 48	DA 3	/1/2003	O 3/31/2003	PSEG NUCI	LEAR LLC				
PARAMETER	X	QUANTITY	OR LOADINĞ	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
99999 99 Lab	PERMIT REQUIREMENT MDL	REPORT.	REPORT Lab#		REPORT Lab#	REPORT Lab#	REPORT Lab#			Not Applic	NOT AP S

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.

Pre-Print Creation Date: 1/1/2003

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT		=MONITO	RIN	G PERIC)D		MONITORED LOCATION:
NJ0005622	Month 3	Day Year 1 2003	To	Month	- Day	Year 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

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

REPORT RECIPIENT:

REGION / COUNTY: Southern / Salem County

_ ^			-	
CHECK IF APPLICABLE:	No Discharge this Monitoring Pe	riod Monitoring Repo	rt Comments Atta	ched
the certification or, in his absence a the certification. Where the highest reponsibility or person designated	anking official having day-to-day man person designated by that person. For ranking operator does not have the abi by that person shall also sign the second ent works, the highest-ranking official	a local agency, the highest rankir lity to authorize capital expenditu I certification at the bottom of thi	ng operator of the treates and hire persons as page. If the local a	eatment works shall sign nel, a person having that
that, based on my inquiry of those complete. I am aware that there at to N.J.A.C. 7:14A-6.9(B). The Ne	I have personally examined and am fa individuals immediately responsible f e significant penalties for submitting f w Jersey Water Pollution Control Act p e-President / Operations	or obtaining the information, I balse information, including the p	elieve that the information of the same	mation is true, accurate and
	11/		<u></u>	INA
NAME AND TITLE OF PRINCIPAL EX	ECUTIVE OFFICER, AUTHORIZED AGEN	T, OR *LICENSED OPERATOR	GRADE AND REGIST	TRY NUMBER (IF APPLICABLE)
Attack!			04/22/04	856-339-2900
- // - // /	IVE OFFICER, AUTHORIZED AGENT, OF		DATE	AREA CODE/PHONE NUMBER
*For a local agency where the highest person designated by that person shall	ranking operator does not have the ability sign the following certification:	to authorize capital expenditures a	nd hire personnel, a p	erson having that responsibility or
I certify under penalty of law and in ac	cordance with N.J.S.A. 58:10A-6F(5) that I	have received and reviewed the attac	hed discharge monitor	ring reports.
N/A	N/A		N/A	N/A
NAME AND TITLE	SIGNATURE		DATE	AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622	487E	SW Outfall 48	7B 3	/1/2003 7	TO 3/31/2003	PSEG NUCI	EAR LLC				
PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	ATION	UNITS	NO. EX.	FREQ OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT			-	*****	· · · · · · · · · · · · · · · · · · ·	*****				_
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT.	REPORT 01DAMX	MGD	2.7/h		1	*****		1/Batch	CALCTD
-	MOL	A SEW STORY	RAL MILLSON	-	Production of the second	A A SATISFACE	Mars of Contract o				
pН	SAMPLE MEASUREMENT	*****	*****	- -		*****	 - =	-		-	
00400 1 Effluent Gross Value	PERMIT REQUIREMENT		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	:	6.0 - 01DAMN	Anna	9.0 01DAMX	ຣ ປ ີ		1/Batch	GRAB -
•	MDL .	A AND AND AND AND AND AND AND AND AND AN	traces of	-	100000000000000000000000000000000000000		8914344814B*S				
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****	_	*****			-			
00530 1 Effluent Gross Value	PERMIT REQUIREMENT		1	- ******	7	REPORT 01MOAV	. 100 01DAMX:	- MG/L		1/Batch	GRAB
	MDL :		Contract September 1	_ ~	(A. 1977) (A. 1978)		8548763945181		献出		
Temperature, oC	SAMPLE MEASUREMENT	****	****		 #e***		-			-	
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	:		*******	() () () () ()	REPORT.	43.3 01DAMX	DEG.C		1/Batch	GRÄB
\$ p	MOL		740 67 C 170			eriorentenio	\$25.97 £2.52				
Petroleum Hydrocarbons	SAMPLE MEASUREMENT	- ******	****	, , , , , , , , , , , , , , , , , , ,	- 42444					-	
00551 1 Effluent Gross Value	A PERMIT REQUIREMENT			******	\$ 100 mm	REPORT 01MOAV	15 01DAMX	MG/L		1/Batch	GRAB**
_ 3	MDL/	001720755500	PARTIES.		er eggr	11.00	San System	-			107-783
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	###### 	*****	, ,	****		_	-	-		_
00680 1 Effluent Gross Value	PERMIT REQUIREMENT			******		REPORT	50 01DAMX -	 MG/L ~		1/Batch	GRAB:
-	MDL	144.000 EVENT	Descriptions		90021005000	######################################	10.74.71 (10.75.74.75)				

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".

Pre-Print Creation Date: 1/1/2003

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

487B SW Outfall 487B

3/1/2003 TO 3/31/2003

PSEG NUCLEAR LLC

PARAMETER	$\supset \subset$	QUANTITY (OR LOADING	UNITS	QUALITY OR CONCENTRATION			UNITS	NO EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT	- *	- ***		-	41					-
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab #	- :	REPORT Lab#	REPORT.	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".

Pre-Print Creation Date: 1/1/2003

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT		M	ONITO	RIN	G PERIO	MONITORED LOCATION:		
NJ0005622	Month	Day	Year]	Month	Day	Year	489A - SW Outfall 489A
	3	1	2003	То	"3	31	2003	- TopA - BW Outlan 407A

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 / Salen	1 County		
CHECK IF APPLICABLE:	No Discharge this Monitoring Period	Monitoring Repo	ort Comments At	tached
the certification or, in his absence a per the certification. Where the highest ranl reponsibility or person designated by th another entity to operate the treatment v	ng official having day-to-day managerial and son designated by that person. For a local ages sing operator does not have the ability to auth at person shall also sign the second certification works, the highest-ranking official of the contract we personally examined and am familiar with	ncy, the highest ranking orize capital expendition at the bottom of the acted entity shall sign	ng operator of the ures and hire person is page. If the loca the certification.	treatment works shall sign onnel, a person having that all agency has contracted with
that, based on my inquiry of those indi complete. I am aware that there are sig	viduals immediately responsible for obtaining spificant penalties for submitting false informances water Pollution Control Act provides for	g the information, I b ation, including the p	elieve that the infossibility of fine	ormation is true, accurate and
Timothy J. O'Cennor, Vice-Pro	sigent – Operations	_ = = = = = = = = = = = = = = = = = = =		N/A
NAME AND TITLE OF PRINCIPAL EXECU	TIVE OFFICER, AUTHORIZED AGENT, OR *LIC	ENSED OPERATOR	GRADE AND REG	ISTRY NUMBER (IF APPLICABLE)
1200 M	ો	<u>.</u>	04/22/04	856-339-2900
SIGNATURE OF PRINCIPAL EXECUTIVE	OFFICER, AUTHORIZED AGENT, OR *LICENSE	D OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the highest ran person designated by that person shall sign	king operator does not have the ability to authorize the following certification:	e capital expenditures o	and hire personnel,	a person having that responsibility or
	nce with N.J.S.A. 58:10A-6F(5) that I have receive	ed and reviewed the atta	-	
N/A	N/A		N/A	N/A
NAME AND TITLE	SIGNATURE	• -	DATE	AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622 489A SW Outfall 489A 3/1/2003 TO 3/31/2003 PSEG NUCLEAR

NJ0005622	4894	SW Outfall 48	9A 3	/1/2003 7	ΓΟ <u>3/</u> 31/2003	PSEG NUCI	LEAR LLC				
PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO EX.	FREQ OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.1450	0.1450	=	-" ##### - = =	(日本の (本)	- A ######		0	1/Month	CALOTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD				*****		1/Month	CALCTD =
рН	SAMPLE MEASUREMENT	*****	*****	7	7.5	*****	7.5		0	1/Month	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*******	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	***************************************	6.0 .01DAMN	Attack Lag	9.0 01DAMX	SU - 1		1/Month	
Solids, Total Suspended	SAMPLE MEASUREMENT	******	*****		30	30	******	- '	0	1/Worth	GRAB
00530 1 Effluent Gross Value	PERMIT REQUIREMENT			- ************************************	100 01DAMX	30 T 01MOAV	***************************************	MG/L		1/Month	• GRAB
Petroleum Hydrocarbons	SAMPLE MEASUREMENT	*****	*****		*****	۷٥.5	₹0.5		0	1/Month	GRAB
00551 1 Effluent Gross Value	PERMIT REQUIREMENT	<u>.</u>		AAAAAA	1	10) 01MOAV #	15 01DAMX	MG/L		1/Month	GRAB
Carbon, Tot Organic	SAMPLE MEASUREMENT	*****	*******			20	20		0	1/Month	GRAB
00680 1 Effluent Gross Value	PERMIT REQUIREMENT			books and		REPORTA 1	50 01DAMX	MG/L		1/Month:	# GRAB
Lab Certification #	MOL SAMPLE MEASUREMENT	17327	0643/		46405	77343		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
99999 99 Lab	PERMIT. REQUIREMENT	REPORT.	REPORT Lab #4		REPORT (Lab#4	REPORT Lab#	REPORT Lab#			Not Applic	NOT AP
	fr. mout 134	195.0122,6372.00	EXPERIENCES		H-184-14E-14E-1	A CHAIN IN THE	THE PROPERTY.		183	SERVICE	F637 X 237 5

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

Pre-Print Creation Date: 1/1/2003

Page 1 of 1 ·