

LR-E03-0216

May 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 6233

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 April 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.

Timbrhy J. O'Connor Vice/President Operations

Attachments

95-2168 REV 7/99

NJPDES Report April 2003

C Executive Director – DRBC
USNRC – Document Control Desk Unit#1-50-272 Unit#2-50-311
Vice President Operations
Manager – Nuclear Safety & Licensing
C. McAuliffe, Esq.
D. Hurka

NJPDES Report Explanation of Deviations April 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.

Timothy J. O'Connor

Vice President

Sworn and subscribed before me this 23 day of May 2003

JENNIFER M. TURNER NOTARY PUBLIC OF NEW JERSEY My Commission Expires July 25, 2005

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	Month Day Year Month Day Year	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 Re	eport Comments Attached
the certification or, in his absence the certification. Where the higher reponsibility or person designated another entity to operate the treat I certify under penalty of law that 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	tranking official having day-to-day managerial and operational response a person designated by that person. For a local agency, the highest ranking operator does not have the ability to authorize capital expensive that person shall also sign the second certification at the bottom of ment works, the highest-ranking official of the contracted entity shall set I have personally examined and am familiar with the information set individuals immediately responsible for obtaining the information, are significant penalties for submitting false information, including the lew Jersey Water Pollution Control Act provides for penalties up to \$50 Vice-President — Operations	nking operator of the treatment works shall sign aditures and hire personnel, a person having that if this page. If the local agency has contracted with sign the certification. ubmitted in this document and all attachments, and I believe that the information is true, accurate and are possibility of fine and/or imprisonment, pursuant
NAME AND TITLE OF PRINCIPAL I	EXECUTIVE OFFICE OUTPORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE) 856-339-2900
	ITIVE OFFICIAN, AUTHORIZED AGENT, OR *LICENSED OPERATOR est ranking operator does not have the ability to authorize capital expenditurall sign the following certification:	DATE AREA CODE/PHONE NUMBI res and hire personnel, a person having that responsibility
I certify under penalty of law and in N/A	accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed the a	attached discharge monitoring reports. N/A
NAME AND TITLE	SIGNATURE	DATE AREA CODE/PHONE NUMBI

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACA SW Outfall FACA

4/1/2003 TO 4/30/2003

PSEG NUCLEAR LLC

						1 020 11001					
PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	QUALITY OR CONCENTRATION				FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		****	11.6	15.3		0	Continuous	CONTIN
00010 G Raw Sew/influent	PERMIT REQUIREMENT	******	******	*****	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
	NOL ACT	9375-377537-587	Windselson		\$36.023 G. (1.56)	\$59.45\$BBBBB			13.55		
Temperature, oC	SAMPLE MEASUREMENT	****	*****		****	19.9	22.9		0	Continuous	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	antibne	tabanta .	*****		REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
	MDL	TO SUPPLIED TO	Name of the last o			North Andreas	NAME OF THE REST				
Temperature,	SAMPLE MEASUREMENT	****	****		****	8.3	11.1		O	1/Day	CALCID
00010 2 Effluent Net Value	PERMIT. REQUIREMENT	******	******	*****	,	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD
	MOL		arterati.		B 16 (16 (16 (16 (16 (16 (16 (16 (16 (16	563.00 E. S. C.					
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
99999 99 Lab	PERMIT REQUIREMENT	REPORT :	REPORT		REPORT4 Lab#	REPORT Lab#	REPORT (*) Lab #			Not Applic	NOT AP
	MOL	in the second	SECTION			***************************************	NASIPANIA		· ·		

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 Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITO	ORED LOCATION:						
NJ0005622	Month Day Year Month Day Year 4 1 2003 To 4 30 2003	FACB - SW O	ıtfall FACB						
PERMITTEE: PSEG CO PSEG NUCLEAR LLC 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 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 At	tached						
the certification or, in his absence the certification. Where the higher reponsibility or person designated another entity to operate the treatment of the 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	tranking official having day-to-day managerial and operational respect a person designated by that person. For a local agency, the highest st ranking operator does not have the ability to authorize capital explay that person shall also sign the second certification at the bottom ment works, the highest-ranking official of the contracted entity shall at I have personally examined and am familiar with the information se individuals immediately responsible for obtaining the information are significant penalties for submitting false information, including few Jersey Water Pollution Control Act provides for penalties up to Vice-President – Operations	ranking operator of the enditures and hire pers of this page. If the local sign the certification. submitted in this docum, I believe that the interpossibility of fine	treatment works shall sign onnel, a person having that al agency has contracted with ment and all attachments, and formation is true, accurate and						
NAME AND TITLE OF PRINCIPAL I	EXECUTIVE OPPICES AUTHORIZED AGENT, OR *LICENSED OPERATO	OR GRADE AND REC 05/22/03	SISTRY NUMBER (IF APPLICABLE) 856-339-2900						
//	TIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR est winking operator does not have the ability to authorize capital expending light the following certification:	DATE tures and hire personnel,	AREA CODE/PHONE NUMBER a person having that responsibility or						
I certify under penalty of law and in a N/A	accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed the	ne attached discharge phor	nitoring reports. N/A						
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER						

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACB SW Outfall FACB

4/1/2003 TO 4/30/2003

PSEG NUCLEAR LLC

1130003022		b Sw Outlan F	400	1112003	10 4/30/2003	PSEG NUCI	LEAR LLC				
PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	****	*****		****	11.6	15.3		0	Continuous	CONTIN
00010 G Raw Sew/influent	PERMIT REQUIREMENT	**************************************	*****	*****	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
	MOL	\$25 22 34 56 C				BENEFACTORIE					
Temperature, oC	SAMPLE MEASUREMENT	****	*****		*****	20.3	24.4		0	Continuous	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	Accesses .	*******	*****		REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
	MDL		PART AREA		\$97.623Q_3G\$24*U	Kirtherioxide					
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		***	8.7	10.7		0	1/Day	CALCID
00010 2 Effluent Net Value	PERMIT REQUIREMENT	*****	*****	*****	100 77 100 77 17 18 18 18 18 18 18 18 18 18 18 18 18 18	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	· CALCTD
	MEDIC	and selections.	744		enang raken	######################################					
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT. Lab#		REPORT Lab#	REPORT	REPORT Lab#			Not Applic	NOT AP
-	MOL	i estatationista	1914 (S. 1919) (S. 1919)		Mark Harrist	average statement	\$1820 BESSEL		5.7		

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 Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	Month Day Year Month Day Year 4 1 2003 To 4 30 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 08038-0	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	g Report Comments Attached
the certification or, in his absence the certification. Where the higher reponsibility or person designate	It ranking official having day-to-day managerial and operational rese a person designated by that person. For a local agency, the highes est ranking operator does not have the ability to authorize capital exed by that person shall also sign the second certification at the botton ment works, the highest-ranking official of the contracted entity sha	t ranking operator of the treatment works shall sign penditures and hire personnel, a person having that n of this page. If the local agency has contracted with
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	at I have personally examined and am familiar with the information se individuals immediately responsible for obtaining the information are significant penalties for submitting false information, including lew Jersey Water Pollution Control Act provides for penalties up to Vice-President – Operations	on, I believe that the information is true, accurate and g the possibility of fine and/or imprisonment, pursuant
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER AUTHONIZED AGENT, OR *LICENSED OPERAT	OR GRADE AND REGISTRY NUMBER (IF APPLICABLE)

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACC SW Outfall FACC

4/1/2003 TO 4/30/2003

PSEG NUCLEAR LLC

\sim	QUANTITY (OR LOADING	UNITS	UNITS QUALITY OR CONCENTRATION				NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
SAMPLE MEASUREMENT	2520	2726		*****	*****	*****		0	11Day	CALCTO
PERMIT REQUIREMENT	3024 01MOAV	REPORT	MGD	******	******		*****		1/Day	CALCTD
SAMPLE MEASUREMENT	13703	15376		****	*****	*****		0	1/Day	CALOTO
PERMIT REQUIREMENT	REPORT 01MOAV	30600 01DAMX	MBTU/HR	******	******	******	*****		1/Day	CALCTD*
SAMPLE MEASUREMENT	17327	06431			77343					
PERMIT REQUIREMENT	REPORT:	REPORT Lab #		REPORT	REPORT Lab#	REPORT			Not Applic	NOT AP
	MEASUREMENT PERMIT REQUIREMENT MDL SAMPLE MEASUREMENT PERMIT REQUIREMENT MDL SAMPLE MEASUREMENT	SAMPLE MEASUREMENT 2520 PERMIT 3024 RECURREMENT 01MOAV SAMPLE MEASUREMENT /3703 PERMIT REQUIREMENT 01MOAV WIDL SAMPLE MEASUREMENT /7327 PERMIT REQUIREMENT /7327	MEASUREMENT 2520 2726	SAMPLE MEASUREMENT 2520 2726	SAMPLE MEASUREMENT 2520 2726	SAMPLE MGD M	SAMPLE MEASUREMENT 2520 2726	SAMPLE MEASUREMENT 3024 REPORT MGD	SAMPLE MEASUREMENT 2520 2726	SAMPLE MEASUREMENT 2520 2726 DERNIT RECOURSEMENT 01MOAV 01DAMX MGD SAMPLE MEASUREMENT 13703 15376 MEDICAL STREET STREET SAMPLE MEASUREMENT 01MOAV 01DAMX MBTU/HR SAMPLE MEASUREMENT 17327 0643/ PERMIT RECOURSEMENT 17327 0643/ PERMIT REPORT REPORT REPORT REPORT REPORT REPORT REPORT REPORT Lab # L

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Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:						
NJ0005622	Month Day Year Month Day Year 4 1 2003 To 4 30 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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NAME AND TITLE OF PRINCIPAL F	EXECUTIVE OFFICER, ANTHORIZED AGENT, OR *LICENSED OPERATO	OR GRADE AND REGISTRY NUMBER (IF APPLICABLE) 05/22/03 856-339-2900						
SIGNATURE OF PRINCIPAL EXECU	VIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PIIONE NUMBER						
*For a local agency where the higher person designated by that person sha	est ranking operator does not have the ability to authorize capital expendit Il sign the following certification:	tures and hire personnel, a person having that responsibility or						
I certify under penalty of law and in a N/A	accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed the	ne attached discharge / Monitoring reports. N/A						
NAME AND TITLE	SIGNATURE	DATE AREA CODE/PHONE NUMBER						

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

048C SW Outfall 48C

4/1/2003 TO 4/30/2003

PSEG NUCLEAR 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	0.1667	0.4266		****	*****	*****		0	1/04	CALCTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	*****	******	*****		1/Day	CALCTD
	MOL		State Mark	ļ			26077725720		3082		ACCEPTANCE OF
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****		****	10	11		0	2/Month	COMPOS
00530 1 Effluent Gross Value	PERMIT PE	******	******	*****	*****	30 01MOAV	01DAMX	MG/L		2/Month	COMPOS
	MDL	Still Still State	SKYS PARKS		法以 经验的		ANY WHOLEN		24 in		
Nitrogen, Ammonia Total (as N)	SAMPLE MEASUREMENT	****	****		****	15	23		0	2/Month	COMPOS
00610 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	******	35 01MOAV	70 01DAMX	MG/L		2/Month	COMPOS
	MOL TO	\$45.9°53°59°53°54			STATE OF STA	EAST LANGE TO	nstructur.				
Petroleum Hydrocarbons	SAMPLE MEASUREMENT	***	****		****	/	1		0	2 Month	GRAB
00551 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	******	10 01MOAV	15 01DAMX	MG/L		2/Month	GRAB
	MOL	253 3 M 15 7 3 3 1 1 1 1	\$34130562435		47.4.324.4	Strict	8.3.733570.74.72°		N.		
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	****	*****		****	11	17		0	2/Month	COMPOS
00680 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	******	REPORT 01MOAV	50 01DAMX	MG/L		2/Month	COMPOS
	MDL	878884195 37 1478 3 81	49-18-500-1700-1		7.03 × 2.22 × 2.30	D. C. State St	7575 E. 768				
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405						
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab#		REPORT Lab#	REPORT Lab#	REPORT			Not Applic	NOT AP
	MDL	87.77623243				r preventa	FEFER AND SEE		32.3		

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Surface Water Discharge Monitoring Report Submittal Form

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

CHECK IF APPLICABLE:	No Discharge this Monitoring Period Monitoring Rep	port Comments A	ttached
the certification or, in his absence the certification. Where the higher reponsibility or person designated	t ranking official having day-to-day managerial and operational responsi- e a person designated by that person. For a local agency, the highest rank- est ranking operator does not have the ability to authorize capital expend- il by that person shall also sign the second certification at the bottom of tall ment works, the highest-ranking official of the contracted entity shall sign	cing operator of the itures and hire person his page. If the local	e treatment works shall sign sonnel, a person having that cal agency has contracted with
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Timothy J. O'Connor,	/ice-President - Operations		N/A
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OF FICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND RE 05/22/03	GISTRY NUMBER (IF APPLICABLE) 856-339-2900
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the high person designated by that person sho	est farking operator does not have the ability to authorize capital expenditures all bign the following certification:	s and hire personnel	, a person having that responsibility or
I certify under penalty of law and in N/A	accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed the at N/A	tached discharge mo N/A	onitoring reports. N/A
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

4/1/2003 TO 4/30/2003

PSEG NUCLEAR LLC

PARAMETER	\times	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	457	500		****	*****	*****		0	11Day	CALGID
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	******	******	*****		1/Day	CALCTD
pH	SAMPLE MEASUREMENT	****	*****		7.3	****	7. 7		0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	**************************************	*******	*****	6.0 01DAMN	******	9.0 01DAMX	ຣບ		1/Week	GRAB
pH	SAMPLE	*****					7.0		2005 /s		
00400 7 Intake From Stream	MEASUREMENT PERMIT REQUIREMENT	******	*****	*****	7. 4 REPORT	*****	7.8 REPORT	รบ	0	//week	GRAB
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	****	*****		CODE=N	****	*****		0	C008= N	CODE=N
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	50 01DAMN	******	******	%EFFL		2/Year	COMPOS
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	CODE= N	CODE= N		0	C00E3N	CODF = N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1 Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		****	<0.1	<0.1		0	3/wook	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT		*******	*****	annian.	REPORT:	0.2 01DAMX	MG/L	0.00	3/Week	. GRAB
Option 2	MDL	ACTION SECTION (SECTION)			200000000000000000000000000000000000000	I CONCERNION A			4.32	READER CON	

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: 4/1/2003

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

4/1/2003 TO 4/30/2003

PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTE	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature,	SAMPLE MEASUREMENT	*****	****		*****	20.1	27.0	-	0	1/Day	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****		*****	*****	REPORT 01MOAV	REPORT.	DEG.C		1/Day	CONTIN
	MOL	\$1206.FC\$E				MORNSMEALE.	\$5.540.753.654				
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
99999 99 Lab	PERMIT REQUIREMENT	REPORT.	REPORT Lab#		REPORT Lab#	REPORT Lab#	REPORT Lab#			Not Applic	- NOT AP
	MOL				Mark Strategies				7.5		

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.

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NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:					
NJ0005622	Month Day Year Month Day Year 4 1 2003 To 4 30 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 08038-00	REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 IIANCOCKS 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 highe reponsibility or person designated another entity to operate the treat I certify under penalty of law tha that, based on my inquiry of thos	tranking official having day-to-day managerial and operational response a person designated by that person. For a local agency, the highest rest ranking operator does not have the ability to authorize capital exponse by that person shall also sign the second certification at the bottom ment works, the highest-ranking official of the contracted entity shall at I have personally examined and am familiar with the information are individuals immediately responsible for obtaining the information	ranking operator of the treatment works shall sign enditures and hire personnel, a person having that of this page. If the local agency has contracted with I sign the certification. submitted in this document and all attachments, and n, I believe that the information is true, accurate and					
to N.J.A.C. 7:14A-6.9(B). The N	are significant penalties for submitting false information, including the water Pollution Control Act provides for penalties up to \$						
	Vice-President – Operations						
NAME AND TITLE OF PRINCIPAL E	EXPLUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	GRADE AND REGISTRY NUMBER (IF APPLICABLE) 05/22/03 856-339-2900					
SIGNATURE OF PRINCIPAL EXECU	TIVE FFFCER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER					
*For a local agency where the highe person designated by that person sha	est ranking operator does not have the ability to authorize capital expendit. Il sign the following certification:	ures and hire personnel, a person having that responsibility or					
I certify under penalty of law and in a N/A	accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed th	ne attached discharge Monitoring reports.					
NAME AND TITLE	SIGNATURE	DATE AREA CODE/PHONE NUMBER					

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

482A SW Outfall 482A

4/1/2003 TO 4/30/2003

PSEG NUCLEAR LLC

1130003022	7027	COVI Outlan 40.	-/ .		0 4/30/2003		LANLLO				
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	453	471		*****	*****	*****		0	1/04	CALCID
50050 1 Effluent Gross Value	PERMIT	REPORT. 01MOAV	REPORT 01DAMX	MGD		*******		*****		1/Day	CALCTD
	MOL							-		\$20,530,000 	
pН	SAMPLE MEASUREMENT	*****	*****		7.3	****	7.8		0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT		611761	*****	6.0 01DAMN	ARTHRE S	9.0 01DAMX	ຮບ		1/Week	GRAB
	MDL		e de la production de la constant d	<u></u>		等40.5749000000000000000000000000000000000000	GORNAL SERVICES				
рН	SAMPLE MEASUREMENT	****	*****		7.4	*****	7.8		0	1/work	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	******	entent.	*****	REPORT 1	******	REPORT 01DAMX	SU		1/Week	GRAB
	MOL	1/1/2012 15:16:16	interpretation		750 E 1 6 7 1 7 2 7 2 7 2 7 2 7 2 7 2 7 2 7 2 7 2	amenaka	RESERVE AND RELEASE				
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	****	****		CODE = N	*****	*****		0	CODE:N	CODE=N
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	anadan anadan	••••	*****	50 01DAMN	******	*****	%EFFL		2/Year	COMPOS
I	MOL	SSERVE ASSESSED.	erezzianean a		General Assets		PARTICIPATE STATE				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	CODE=N	CODE=N		0	CODE=N	COD15 = N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	****	******	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB.
Option 1	MOL	Panyanthiate	29.000000000000000000000000000000000000		部分的基础部	第2145年,包括第	1 100000000000000000000000000000000000				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	20.1	<0./		0	3/week	GRAB
*CPOX 1 Effluent Gross Value	PERMIT. REQUIREMENT,	neesha L	*****	***	******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	MDL	REFERENCES.	SEE GESTER		是数据的图片	STEEL ST	SERVING.		536	10.942.54	NAME OF STREET

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: 4/1/2003

		 41 -	v	<i>,</i> 41 P1	1115	114111	1017 31 2127		TX P4 1 1 1 1 1 1	
_	•	 400		ulcı		Jululuc		,,,,,	Report	
_		 								

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

482A SW Outfall 482A

4/1/2003 TO 4/30/2003

PSEG NUCLEAR LLC

PARAMETER		QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature,	SAMPLE MEASUREMENT	****	*****		*****	19.7	26.0		0	IlDay	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	200000	*******	*****		REPORT.	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	MDL				NACOSTA		\$650000000000	_	17.85		100 (16 (2 hr.)
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab#		REPORT Lab#	REPORT Lab#	REPORT	,	100	Not Applic	NOT AP
•	MDL	E-30003555			E844386448	100000000000000000000000000000000000000	87788180X833				

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 Sübmittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:								
NJ0005622	Month Day Year Month Day Year 4 1 2003 To 4 30 2003	483A - SW Outfall 483A								
PERMITTEE: PSEG CO PSEG NUCLEAR LLC PSEG NUCLEAR LLC PSEG NUCLEAR LLC ALLOWAY CREEK NECK RD MAIL CODE - T17 NEWARK, NJ 07102 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 highe reponsibility or person designated another entity to operate the treat. I certify under penalty of law that that, based on my inquiry of thos complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The N	tranking official having day-to-day managerial and operational respect a person designated by that person. For a local agency, the highest ast ranking operator does not have the ability to authorize capital exploit by that person shall also sign the second certification at the bottom ment works, the highest-ranking official of the contracted entity shall at I have personally examined and am familiar with the information are individuals immediately responsible for obtaining the information are significant penalties for submitting false information, including the Jersey Water Pollution Control Act provides for penalties up to Scice-President – Operations	ranking operator of the treatment works shall sign enditures and hire personnel, a person having that of this page. If the local agency has contracted with I sign the certification. submitted in this document and all attachments, and n, I believe that the information is true, accurate and the possibility of fine and/or imprisonment, pursuant								
NAME AND TITLE OF PRINCIPAL	XECUTY FOR ICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	OR GRADE AND REGISTRY NUMBER (IF APPLICABLE) 05/22/03 856-339-2900								
SIGNATURE OF PRINCIPAL EXECU	TWE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER								
*For a local agency where the higher person designated by that person sha	It runking operator does not have the ability to authorize capital expendit Il sign the following certification:	tures and hire personnel, a person having that responsibility or								
I certify under penalty of law and in a N/A	accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed the	ne attached discharge monitoring reports. N/A								
•										

DATE

AREA CODE/PHONE NUMBER

SIGNATURE

NAME AND TITLE

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

483A SW Outfall 483A

4/1/2003 TO 4/30/2003

PSEG NUCLEAR LLC

PARAMETER		QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTR	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	403	453		****	*****	*****		0	11Day	CALCID
50050 1 Effluent Gross Value	PERMIT REQUIREMENT.	REPORT 01MOAV	REPORT 01DAMX	MGD			****	*****		1/Day	CALCTD
	MDL								1800 C		
pH	SAMPLE MEASUREMENT	*****	*****		7.3	****	7.7		0	Ilweek	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	attact.	*****	6.0 01DAMN	*****	9.0 01DAMX	su		.1/Week	GRAB
	MDL 1		\$			THEFT	ARTURE/1488		PAGE 1	1907 AVA 1835	A THE PROPERTY.
pН	SAMPLE MEASUREMENT	*****	*****		7.4	****	7.8		0	1/work	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT			*****	REPORT	******	REPORT 01DAMX	ຮບ		1/Week	GRAB
	MDL	经有效的数据	Kalabaran ka		WAREN STANK	Rich Western	and the state of t				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	*****		****	CODE = N	CODE=N		0	COD5=N	CODE=N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	******	*****	****	******	0.3 - 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	MDL		Harrickers		XXXXXXXXXX	Karrera	er iking e				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	****		*****	<0.1	<0.1		0	3/week	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	****	***	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	S. MDC S. C.	E2742114115211443	MASSA SA		STARTAGE SERVICE	\$456000000000000000000000000000000000000	e de la composition		9.5		
Temperature, oC	SAMPLE MEASUREMENT	*****	****		*****	20.4	30.2		0	May	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	******	······	***		REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	MDL	34503113771432453	NAME OF STREET		H7774564545	PACK SAMPLE OF THE	1910 FESS 1816				

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
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PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

483A SW Outfall 483A

4/1/2003 TO 4/30/2003

PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY (OR LOADING	UNITS	QUALI	QUALITY OR CONCENTRATION			NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
99999 99 Lab	PERMIT REQUIREMENT	REPORT: Lab#	REPORT Lab #		REPORT Lab#	REPORT // Lab#	REPORT			Not Applic	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: 4/1/2003

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	Month Day Year Month Day Year 4 1 2003 To 4 30 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 08038-00	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
the certification or, in his absence the certification. Where the higher reponsibility or person designated another entity to operate the treated I certify under penalty of law that 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.	tranking official having day-to-day managerial and operational respect a person designated by that person. For a local agency, the highest st ranking operator does not have the ability to authorize capital exploy that person shall also sign the second certification at the bottom ment works, the highest-ranking official of the contracted entity shall have personally examined and am familiar with the information is individuals immediately responsible for obtaining the information are significant penalties for submitting false information, including lew Jersey Water Pollution Control Act provides for penalties up to Jive-President — Operations	ranking operator of the treatment works shall sign benditures and hire personnel, a person having that of this page. If the local agency has contracted with ll sign the certification. In submitted in this document and all attachments, and on, I believe that the information is true, accurate and the possibility of fine and/or imprisonment, pursuant
NAME AND TITLE OF PRINCIPAL I	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	OR GRADE AND REGISTRY NUMBER (IF APPLICABLE) 05/22/03 856-339-2900
/ /	OTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR Ist ranking operator does not have the ability to authorize capital expendent Il sign the following certification:	DATE AREA CODE/PHONE NUMBER itures and hire personnel, a person having that responsibility or
I certify under penalty of law and in a N/A	accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed t N/A	he attached discharge monitoring reports. N/A N/A
NAME AND TITLE	SIGNATURE	DATE AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

484A SW Outfall 484A

4/1/2003 TO 4/30/2003

PSEG NUCLEAR LLC

PARAMETER		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	473	491		*****	*****	****		0	1/0ay	CALGTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT MOL	REPORT 01MOAY	REPORT 01DAMX	MGD	*****	******	*****	*****		1/Day -	CALCTD
рН	SAMPLE MEASUREMENT	****	****		7.4	*****	7. 7		0	1/work	GRAB
00400 1 Effluent Gross Value	PERMIT AREQUIREMENT	******	******	*****	6.0 01DAMN	******	9.0 01DAMX	su		1/Week	GRAB
pH	SAMPLE MEASUREMENT	*****	*****		7.4	*****	7,8		0	Musck	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	******	*****	*****	REPORT:	******	REPORT 01DAMX	SU		1/Week	GRAB
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****		CODE = N	*****	*****		0	CODE = N	CODE=N
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	50 01DAMN	******		%EFFL		2/Year	COMPOS
Chlorine Produced	MDL SAMPLE			- 						CODE = N	
Oxidants *CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	****	waters.	0.3 01MOAV	0.5 01DAMX	MG/L	0	3/Week	<i>CODE ≈ N</i> GRAB
Option 1 Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	<0.1	<0.1		0	3/wook	GRAD
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****		*****		REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	MDL		ASSESSESSESSESSESSESSESSESSESSESSESSESSE		SHALESHOE STORES		THE PROPERTY OF THE PARTY OF TH		336(34	自由的特別的	

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
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PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

484A SW Outfall 484A

4/1/2003 TO 4/30/2003

PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	****	*****		*****	20.1	24.9		0	1/Day	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****		REPORT 01MOAV	REPORT 01DAMX	DEG.C		,1/Day	
Lab Certification #	MDL SAMPLE										
	MEASUREMENT	17327	06431		46405	77343					
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab#		REPORT Lab#	REPORT Lab#	REPORT			Not Applic	NOT AP
	A MOL ?				#2000 # V.S				MAN.		

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 Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:				
NJ0005622	Month Day Year Month Day Year	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 08038-000	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 I	Report Comments Attached				
the certification or, in his absence the certification. Where the higher reponsibility or person designated another entity to operate the treated I certify under penalty of law that 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.	tranking official having day-to-day managerial and operational response a person designated by that person. For a local agency, the highest rast ranking operator does not have the ability to authorize capital expell by that person shall also sign the second certification at the bottom of ment works, the highest-ranking official of the contracted entity shall at I have personally examined and am familiar with the information are significant penalties for submitting false information, including the variety of the penalties of the contracted entity shall be individuals immediately responsible for obtaining the information are significant penalties for submitting false information, including the variety of the contracted entity shall be information.	anking operator of the treatment works shall sign enditures and hire personnel, a person having that of this page. If the local agency has contracted with sign the certification. submitted in this document and all attachments, and and the possibility of fine and/or imprisonment, pursuant				
NAME AND TITLE OF PRINCIPAL I	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	R GRADE AND REGISTRY NUMBER (IF APPLICABLE) 05/22/03 856-339-2900				
SIGNATURE OF PRINCIPAL FAEC	TIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER				
*For a local agency where the higher person designated by that person sha	est ranking operator does not have the ability to authorize capital expenditi Il sign the following certification:	ures and hire personnel, a person having that responsibility or				
I certify under penalty of law and in a N/A	accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed the N/A	e attached discharge monitoring reports. N/A				
NAME AND TITLE	SIGNATURE	DATE AREA CODE/PHONE NUMBER				

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

485A SW Outfall 485A

4/1/2003 TO 4/30/2003

PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	388	454		*****	*****	*****		0	11Day	CALCTD
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT / 01MOAV	REPORT 01DAMX	MGD	******		**************************************	*****		1/Day	CALCTD
	MOL :	STATE OF STATE OF	9,525 (4,654,03)		I SECTION OF SHE						MARY 503
pH	SAMPLE MEASUREMENT	*****	*****		7.4	*****	7.7		0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	6.0 01DAMN	•••••	9.0 01DAMX	su		1/Week	GRAB
	MDL 5	10001150011500150	MINERAL PROPERTY		457241754174		NEW YORK STATES			9 (2) (2)	
pH	SAMPLE MEASUREMENT	***	***		7.4	****	7.8		0	Muck	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	baassa .	******	*****	REPORT 01DAMN		REPORT.	ຮບ		1/Week	GRAB
	MDL (~				Savine don 183		\$1.549.446V				
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	****	****		CODE= N	*****	*****		0	COREZN	COD5=N
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	******	*****	*****	50 01DAMN	•••••	*****	%EFFL		2/Year	COMPOS
	MDL		High contract of the		augusta saakist						
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	****		*****	CODE=N	CODE=N		0	CODE=N	CODE=N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	******	*****	*****	******	0.3 01MOAV	0.5 01DAMX	MG/L	:0:3 2:4:	3/Week	GRAB
Option 1	MOL	indantist.	(225) it 345 (45).		BANG BANGSA	\$27 <u>55</u> 945460	da saka sakar				
Chlorine Produced	SAMPLE					_			0		
Oxidants	MEASUREMENT	****	****		*****	10.1	<0.1			3/work	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	annane .	******	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	MDL	newskie	BESTREADE:		MONEY WES	與40%的統領	经的经验的		的缆	1/3/18/3/25/2	

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

Surface Water Discharge Monitoring Report

PI 45814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

485A SW Outfall 485A

4/1/2003 TO 4/30/2003

PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTR	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	21.1	28.6		0	IlDay	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	****	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	MDL	Windows (1864)							7.54		
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab#		REPORT Lab#	REPORT :	REPORT			Not Applic	NOT AP
	MOL	7615524175552 *	372 W. F				95415000 3 450		10.5		

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 Submittal Form

NJPDES PERMIT	MONITORING PERIOD	<u> </u>	MONITORED LOCATION:
NJ0005622	Month Day Year Month Day	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	REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038	
	REGION / COUNTY: Southern / Salem Cour	ty	
CHECK IF APPLICABLE:	No Discharge this Monitoring Period Mo	nitoring	Report Comments Attached
the certification or, in his absence the certification. Where the higher reponsibility or person designated another entity to operate the treat. 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.	tranking official having day-to-day managerial and operate a person designated by that person. For a local agency, the stranking operator does not have the ability to authorize call by that person shall also sign the second certification at the ment works, the highest-ranking official of the contracted of the I have personally examined and am familiar with the interest individuals immediately responsible for obtaining the interest are significant penalties for submitting false information, lew Jersey Water Pollution Control Act provides for penalty ice-President — Operations	e highest apital exp to bottom entity shall formation and and and and including	ranking operator of the treatment works shall sign enditures and hire personnel, a person having that of this page. If the local agency has contracted with I sign the certification. submitted in this document and all attachments, and n, I believe that the information is true, accurate and the possibility of fine and/or imprisonment, pursuant
NAME AND TITLE OF PRINCIPAL	EXECUTIVE SEPICER, AUTHORIZED AGENT, OR *LICENSED	OPERATO	OR GRADE AND REGISTRY NUMBER (IF APPLICABLE) 05/22/03 856-339-2900
/ //	JIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPER est ranking operator does not have the ability to authorize capitall sign the following certification:		DATE AREA CODE/PHONE NUMBER tures and hire personnel, a person having that responsibility or
I certify under penalty of law and in N/A	accordance with N.J.S.A. 58:10A-6F(5) that I have received and r	eviewed tl	ne attached discharge monitoring reports. N/A N/A
NAME AND TITLE	SIGNATURE		DATE AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

486A SW Outfall 486A

4/1/2003 TO 4/30/2003

PSEG NUCLEAR LLC

PARAMETER	X	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	411	428		*****	*****	*****		0	110ay	CALCTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	******	******	*****		1/Day	CALCTD
pH	SAMPLE MEASUREMENT	*****	*****		7.4	*****	7.8		12:22.43	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	THE REAL PROPERTY.		***	6.0 01DAMN	244444	9.0 9.0 01DAMX	su	0	1/Week	GRAB
pH	SAMPLE MEASUREMENT	*****	****		7.4	*****	7.8		0	Much	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	******	******	*****	REPORT 01DAMN	******	REPORT 01DAMX	SU		1/Week	GRAB
Chlorine Produced	SAMPLE										
Oxidants	MEASUREMENT	****	*****		*****	CODE=N	CODEEN		0	CODE-N	CONETN
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	******	•••••	*****		0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	* MDL				12 To 15 To		While Year				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	*****		*****	<0.1	40.1		0	3/Week	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	MOL	versitation (1811)	FRIDTH PERMI		F 07125 28320	eranga paten	CESTA CESTA DE PASA				
Temperature, oC	SAMPLE MEASUREMENT	****	*****		*****	20.2	28.3		0	1/Day	CONTIN
00010 1 Effluent Gross Value	PERMIT	*******	******	*****	******	REPORT 01MOAV	REPORT	DEG.C		1/Day	CONTIN
	CAMOL CO	YCHYRANEGS			MARKET AND THE	restators energi	\$26787H48336		#P		

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.

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

486A SW Outfall 486A

4/1/2003 TO 4/30/2003

PSEG NUCLEAR LLC

PARAMETER	\times	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTE	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
99999 99 Lab	PERMIT REQUIREMENT	REPORT. Lab#	REPORT Lab#		REPORT Lab#	REPORT	REPORT			Not Applic	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.

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:					
NJ0005622	Month Day Year Month Day Year 4 1 2003 To 4 30 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 08038-00	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					
the certification or, in his absence the certification. Where the higher reponsibility or person designated	t ranking official having day-to-day managerial and operational response a person designated by that person. For a local agency, the highest rest ranking operator does not have the ability to authorize capital exped by that person shall also sign the second certification at the bottom ment works, the highest-ranking official of the contracted entity shall	anking operator of the treatment works shall sign enditures and hire personnel, a person having that of this page. If the local agency has contracted with					
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 with the information se individuals immediately responsible for obtaining the information are significant penalties for submitting false information, including lew Jersey Water Pollution Control Act provides for penalties up to sice-President Operations	n, I believe that the information is true, accurate and the possibility of fine and/or imprisonment, pursuant					
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	R GRADE AND REGISTRY NUMBER (IF APPLICABLE) 05/22/03 856-339-2900					
• ///	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR est ranking operator does not have the ability to authorize capital expendit ll sign the following certification:	DATE AREA CODE/PHONE NUMBER ures and hire personnel, a person having that responsibility or					
1 certify under penalty of law and in N/A	accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed the N/A	e attached discharge monitoring reports. N/A N/A					

DATE

AREA CODE/PHONE NUMBER

SIGNATURE

NAME AND TITLE

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

487B SW Outfall 487B

4/1/2003 TO 4/30/2003

PSEG NUCLEAR LLC

PARAMETER		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				***	*****	****				
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT	MGD	******	******	******	*****		,1/Batch	CALCTD
	MDL		PARTIES SERVICE				6003 (1964)				
pH	SAMPLE MEASUREMENT	****	*****			*****					
00400 1 Effluent Gross Value	PERMIT . REQUIREMENT	addition.	*******	****	6.0 01DAMN		9.0 01DAMX	su		₃1/Batch	GRAB
	MDL	Arabara, Fra	MANAGES STATES		NECESTAL SECTION	SOM GRANT AND A			\$ 6		XIII A
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****		*****						
00530 1 Effluent Gross Value	PERMIT REQUIREMENT		******	****	******	REPORT	100 01DAMX	MG/L		1/Batch	GRAB
	MDL	\$2000 SATEM	534596757723		STATE OF THE PARTY	200601-03001	972 53-655 087				
Temperature, oC	SAMPLE MEASUREMENT	*****	****		****						
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	44444	REPORT 01MOAV	43.3 01DAMX	DEG.C		1/Batch	GRAB
	MOL	NEW STATE			453000000	ARCHINE PROPERTY					
Petroleum Hydrocarbons	SAMPLE MEASUREMENT	****	****		*****						
00551 1 Effluent Gross Value	PERMIT REQUIREMENT	******		*****		REPORT 01MOAV	15 / 01DAMX	MG/L		1/Batch	GRAB
	€ MOL	\$9563343 3 5533	\$30,434,433,500,000		Strategies.	2155-331545-93	24744715413413				
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	***	*****		****						
00680 1 Effluent Gross Value	PERMIT REQUIREMENT	Section 2		*****		REPORT 01MOAV	50 01DAMX	MG/L	84 kg	1/Batch	GRAB
	MDL	NOTEN SERVICE				245245944 <u>5</u>	reverence.				

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	
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PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

487B SW Outfall 487B

4/1/2003 TO 4/30/2003

PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING	UNITS	QUALITY OR CONCENTRATION			NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT								
99999 99 Lab	PERMIT REQUIREMENT	REPORT REPORT		REPORTLab #	REPORT REPO	- turn (1 m / 1 m		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".

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:							
NJ0005622	Month Day Year Month Day Year 4 1 2003 To 4 30 2003	489A - SW Outfall 489A							
PERMITTEE: PSEG CO 80 PARK PLZ MAIL CODE - T17 NEWARK, NJ 07102 PSEG NUCLEAR LLC PSEG NUCLEAR LLC PSEG NUCLEAR LLC 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.									
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	It I have personally examined and am familiar with the information se individuals immediately responsible for obtaining the information are significant penalties for submitting false information, including lew Jersey Water Pollution Control Act provides for penalties up to Scice-President – Operations	n, I believe that the information is true, accurate and the possibility of fine and/or imprisonment, pursuant							
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	OR GRADE AND REGISTRY NUMBER (IF APPLICABLE) 05/22/03 856-339-2900							
SIGNATURE OF PRINCIPAL EXECU	JVV F OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER							
*For a local agency where the high person designated by that person sha	lt vanking operator does not have the ability to authorize capital expendit liftign the following certification:	ures and hire personnel, a person having that responsibility or							
I certify under penalty of law and in a N/A	accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed th N/A	ne attached discharge monitoring reports. N/A N/A N/A							

DATE

AREA CODE/PHONE NUMBER

SIGNATURE

NAME AND TITLE

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

489A SW Outfall 489A

4/1/2003 TO 4/30/2003

PSEG NUCLEAR LLC

		Corr Outlan 40	7	1112000	10 4/30/2003	F3EG NUCI	LLAN LLO				
PARAMETER	X	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.1033	0.1033		*****	*****	****		0	1/Month	CALCTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****	X	1/Month	CALCTD
	MOL	en de la					THE HALL MAN		1937		
pH	SAMPLE MEASUREMENT	*****	*****		7.6	*****	7.6		0	1/Month	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	6.0 01DAMN	*****	9.0 01DAMX	su	*## *## ***	1/Month	GRAB
	NDL (15)	20014242A468435A	KERTATATA		95052557535	11.0014150.4806	AMERICA NO.				
Solids, Total Suspended	SAMPLE MEASUREMENT	杂杂杂杂杂	***		10	10	****		0	1/Month.	-GRAIS
00530 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	100 01DAMX	30 01MOAV	******	_MG/L	17.7	1/Month	ĠRAB
	C. MDL	trioxaversk	ANGARAS ANG		7314352425445	\$5218\8\8\\$\\$\\$\\$	######################################				
Petroleum Hydrocarbons	SAMPLE MEASUREMENT	*****	*****		*****	- 1	1		0	1/Month	GRAB
00551 1 Effluent Gross Value	PERMIT REQUIREMENT	******	*****	*****	******	10 01MOAV	15 01DAMX	MG/L		1/Month	GRAB .
	MOL TO	35-18-24-28-27-28	SEAS ARTHUR		SASTER RECERT	TERRESIDENCE.	125011411151		15113 15113		
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	****	*****		****	2	2		0	1/Month	GRAB
00680 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	50 01DAMX	MG/L		1/Month	GRAB
	MDL	PARAGRAPHANIS	323477			41414110000083	Single in the				
Lab Certification #	SAMPLE MEASUREMENT	17327	0643/		46405	77343			0		
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab#		REPORT	REPORT Lab#	REPORT			Not Applic	NOT AP
	MDL				3534553464345	到5個2000	PACCETA (SAME)				

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