

LR-E03-0311

July 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 6257

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 June 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.

Fimothy J. O'Connor

Vice President Operations

Attachments

95-2168 REV 7/99

NJPDES Report June 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
SCH03-026

NJPDES Report Explanation of Deviations June 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

Vide/Presiden Doerations

Sworn and subscribed before me

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

Surface Water Discharge Monitoring Report Submittal Form

	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	Month Day Year Month Day Year FA 6 1 2003 To 6 30 2003 FA	CA - SW Outfall FACA
PERMITTEE: PSEG CO 80 PARK PLZ MAIL CODE - T17 NEWARK, NJ 07102 CHECK IF APPLICABLE:	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC ALLOWAY CREEK NECK RD LOWER ALLOWAYS CREEK, NJ 08038-0000 REGION / COUNTY: Southern / Salem County No Discharge this Monitoring Period Monitoring Rep	REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038
he certification or, in his absence he certification. Where the highe eponsibility or person designated	ranking official having day-to-day managerial and operational responsil a person designated by that person. For a local agency, the highest rank at ranking operator does not have the ability to authorize capital expendi- by that person shall also sign the second certification at the bottom of the ment works, the highest-ranking official of the contracted entity shall sign	ng operator of the treatment works shall sign ures and hire personnel, a person having that is page. If the local agency has contracted with
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	CE-PLESIDEIX - OPERATIONS EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	N/A GRADE AND REGISTRY NUMBER (IF APPLICABLE) 07/22/03 856-339-2900
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DATE

AREA CODE/PHONE NUMBER

NAME AND TITLE

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACA SW Outfall FACA

6/1/2003 TO 6/30/2003

PSEG NUCLEAR LLC

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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".

NJPDES PERMIT		MON	TORI	NG PERI	OD .			MONITO	RED LO	CATION:
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CHECK IF APPLICABLE:	No D	ischarge this	Monitor	ing Period		Monitoria	ng Report	Comments At	tached	
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MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACB SW Outfall FACB

6/1/2003 TO 6/30/2003

PSEG NUCLEAR LLC

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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	MonthDayYear612003To6302003 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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Timothy J. O'Connor, Vice-President – Operations	,000 per violation.	N/A
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I certify under penalty of law that I have personally examined and am familiar with the information sub	bmitted in this doc	rument and all attachments, and
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PERMIT NUMBER:MONITORED LOCATION:MONITORING PERIOD:FACILITY NAME:NJ0005622FACC SW Outfall FACC6/1/2003 TO 6/30/2003PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY OR LOADING	UNITS	QUALI	TY OR CONCENTRATION	UNITS	NO.	FREQ. OF	SAMPLE TYPE
Flow, in Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	2681 2698		######) (v. 1. 1831 (1.	0	1/Day	CALCID
50050 G Raw Sew/influent	PERMIT REQUIREMENT	3024 REPORT 01MOAV. 01DAMX	MGD	******				1/Day	** CALCTD
Thermal Discharge Million BTUs per Hr	SAMPLE MEASUREMENT	13148 13687		****	**************************************		0	1/Day	CALCID
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Lab Certification #	SAMPLE MEASUREMENT	17327 06431							
99999 99 Lab	PERMIT REQUIREMENT	REPORT REPORT Lab# Lab#		REPORT Lab#	REPORT REPORT Lab# 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".

NJPDES PERMIT	N	MONITORING PERIC)D	MONITORE	D LOCATION:
NJ0005622	Month Day 6 1	Year Month 2003 To 6	Day Year 30 2003	048C - SW Outfall	148C
PERMITTEE: PSEG CO 80 PARK PLZ MAIL CODE - T17 NEWARK, NJ 07102	REGIO	LOCATION OF AC PSEG NUCLEAR LLC ALLOWAY CREEK NE LOWER ALLOWAYS C	CK RD REEK, NJ 08038-	PSEG NUCLEAR I PO BOX 236/N21 HANCOCKS BRID	LC
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Timothy J. O'Connor. \					N/A
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MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

048C SW Outfall 48C

6/1/2003 TO 6/30/2003

PSEG NUCLEAR LLC

PARAMETER	\searrow	QUANTITY OR LOAI	DING UNITS	QUALI	TY OR CONCENTE	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
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99999 99 Lab	PERMIT, REQUIREMENT	Lab#	EPORT Lab#	REPORT Lab#	REPORT Lab#	REPORT Lab#			Not Applic	NOT AP

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

Surface Water Discharge Monitoring Report Submittal Form

	M	ONITORING	PERIO	D		N.	ONITO	RED LOCATION:
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	REGION	/ COUNTY: Sou	ıthern / Sa	alem Coun	aty			
CHECK IF APPLICABLE:	No Discharge	this Monitoring	Period	□ Мо	onitorin	g Report Com	ments Att	ached
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SIGNATURE

DATE

AREA CODE/PHONE NUMBER

NAME AND TITLE

PERMIT NUMBER: MONITORED LOCATION: MONITORING PERIOD:

NJ0005622 481A SW Outfall 481A 6/1/2003 TO 6/30/2003 PSEG NUCLEAR LLC

NJUU05622	4014	SW Outlan 40	i A	1112003	0 0/30/2003	FOLG NOC	LLAIV LLO				
PARAMETER	X	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	506	514		11 - 25 - 25 - 25 - 25 - 25 - 25 - 25 -	t files et les este el servi el este el des este el este el este el el este el este el el		light S	0	110ag	CALOTO
50050 1 Effluent Gross Value	PERMIT! REQUIREMENT) MOL	REPORT 01MOAV	REPORT 01DAMX	MGD		*****	Ligginian ja	en e		1/Day	CALCTD
pH	SAMPLE MEASUREMENT	*****	*****		7.4	**************************************	7.5	2	0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT/ REQUIREMENT	i entre	erical and the second	•••••	6.0 01DAMN	**************************************	9.0: 01DAMX	su		1/Week	GRAB
pH 1	SAMPLE MEASUREMENT		The Association of the Control of th		7.6		7.9		0	1/week	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT		**************************************	*****	REPORT 01DAMN		# REPORT 01DAMX	รบ		1/Week	GRAB .
LC50 Statre 96hr Acu	SAMPLE MEASUREMENT		**************************************		CODE = N				0	CODE = N	CODE=N
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	*******	. 10 <u></u>	*****	50 01DAMN	32 ······	**************************************	%EFFL		2/Year	COMPOS
Chlorine Produced Oxidants	SAMPLE MEASUREMENT			34	The second secon	CODE = N	CODE = N		0	CODE=N	CODF=N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	timi,	******	, come	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1 Chlorine Produced Oxidants	SAMPLE MEASUREMENT		24.40.10.10.10.10.10.10.10.10.10.10.10.10.10		*****	<0.1	20.1		0	3/Week	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	visses;	*****	******* *******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	- GRAB
Option 2	MDL			16	77 22 27 77	2014 NET (43)			7.00	2746435	

FACILITY NAME:

PERMIT NUMBER:MONITORED LOCATION:MONITORING PERIOD:FACILITY NAME:NJ0005622481A SW Outfall 481A6/1/2003 TO 6/30/2003PSEG NUCLEAR LLC

		ART TO THE SECOND SECOND		1887 / /	7 654 6545					
PARAMETER	X	QUANTITY OR LOADING	UNITS	QUAL	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT			er i Salani Topokiria, Ligenij	29.5	34.6		0	1/00/	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT		******		REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Lab Certification #	SAMPLE MEASUREMENT	17327 06431								
99999 99 Lab	PERMIT REQUIREMENT/	REPORT REPORT Lab#		REPORT Lab#	REPORT Lab#	REPORT Lab#		-41	Not Applic	NOT AP

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	Month Day Year 6 1 2003 To 6 30	Year 2003 482A - SW Outfall 482A
PERMITTEE:	LOCATION OF ACTIVITY	RÉPORT RECIPIENT:
PSEG CO	PSEG NUCLEAR LLC	PSEG NUCLEAR LLC
0 PARK PLZ	ALLOWAY CREEK NECK RD	PO BOX 236/N21
MAIL CODE - T17	LOWER ALLOWAYS CREEK, N	J 08038-0000 HANCOCKS BRIDGE, NJ 08038
NEWARK, NJ 07102		
	REGION / COUNTY: Southern / Salem Cou	nty
HECK IF APPLICABLE:	No Discharge this Monitoring Period M	onitoring Report Comments Attached
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consibility or person designate other entity to operate the treat	d by that person shall also sign the second certification at t tment works, the highest-ranking official of the contracted	
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MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

482A SW Outfall 482A

6/1/2003 TO 6/30/2003

PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENT	والمعادية والمراجع والمراجع والمراجع	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, in Conduit or	SAMPLE MEASUREMENT	466	474						0	11Day	CALCID
50050 1 Effluent Gross Value	PERMIT PREQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD				*******		1/Day	CALCTD
pH in the second	SAMPLE MEASUREMENT	***************************************	*****		7.4	******	7.6		0	1/work	GRAB
00400 1 Effluent Gross Value	PERMIT	e estate)	anus .	•••••	(6.0) 01DAMN	Pastine	9.0 01DAMX	SU		1/Week	GRAB
pH	MOL SAMPLE MEASUREMENT		•		7.6	******	7.9		0	1/week	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT.		***************************************	*****	REPORT 01DAMN	2 - 1111	REPORT 01DAMX	su		1/Week	GRAB
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT		*****		CODE=N	*****			0	CODE=N	CODEZN
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	tion.		*****	50 01DAMN	*****	******	%EFFL		2/Year	COMPOS
Chlorine Produced Oxidants	SAMPLE MEASUREMENT		******		******	CODES N	C005 = N	*. *.	0	CODE=N	CODE=N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	**************************************	1 1/2 2 2000	******	**************************************	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1 Chlorine Produced Oxidants	SAMPLE MEASUREMENT				*****	<0.1	(6.1		0	3/wook	GRAB
*CPOX 1 Effluent Gross Value Option 2	PERMIT REQUIREMENT: MOL	niini	ultrania (*******	al sassaria.	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB

PERMIT NUMBER:MONITORED LOCATION:MONITORING PERIOD:FACILITY NAME:NJ0005622482A SW Outfall 482A6/1/2003 TO 6/30/2003PSEG NUCLEAR LLC

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PARAMETER	\supset	QUANTITY OR LOADING	UNITS	QUALITY OR CONCENTRATION	UNITS	NO. FREQ. OF EX. ANALYSIS	
Temperature,	SAMPLE MEASUREMENT		\$4 +	29.6 34.8		0 1/Day	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT		******	REPORT REPORT 01MOAV 01DAMX	DEG.C	1/Day	CONTIN.
Lab Certification #	SAMPLE MEASUREMENT	17327 06431			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 20 1 27 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
99999 99 Lab	PERMIT REQUIREMENT	REPORT REPORT: Lab# Lab#		REPORT REPORT REPORT Lab# Lab#		Not Applic	NOTAP

Surface Water Discharge Monitoring Report Submittal Form

	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	Month Day Year Month Day Year 6 1 2003 To 6 30 2003	483A - SW Outfall 483A
PERMITTEE:	LOCATION OF ACTIVITY:	REPORT RECIPIENT:
PSEG CO	PSEG NUCLEAR LLC	PSEG NUCLEAR LLC
80 PARK PLZ	ALLOWAY CREEK NECK RD	PO BOX 236/N21
MAIL CODE - T17	LOWER ALLOWAYS CREEK, NJ 08038-0	0000 HANCOCKS BRIDGE, NJ 08038
NEWARK, NJ 07102		
	REGION / COUNTY: Southern / Salem County	
	e <u>Per</u> gadian kanda merapakan bahan kecamatan berapa dan berapa da	A STATE OF THE STA
CHECK IF APPLICABLE:	No Discharge this Monitoring Period Monitorin	g Report Comments Attached
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the certification. Where the higher ponsibility or person designated nother entity to operate the treatment of law that the penalty of law that the penalty of the law that there on N.J.A.C. 7:14A-6.9(B). The N.Timothy J. O'Connor, V.	st ranking operator does not have the ability to authorize capital ex I by that person shall also sign the second certification at the bottor ment works, the highest-ranking official of the contracted entity sha 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 the water Pollution Control Act provides for penalties up to ice-President — Operations	penditures and hire personnel, a person having that n of this page. If the local agency has contracted with all sign the certification. In submitted in this document and all attachments, and on, I believe that the information is true, accurate and g the possibility of fine and/or imprisonment, pursuant \$50,000 per violation. N/A TOR GRADE AND REGISTRY NUMBER (IF APPLICABLE)

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

DATE

N/A

AREA CODE/PHONE NUMBER

N/A

SIGNATURE

N/A

NAME AND TITLE

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

483A SW Outfall 483A

6/1/2003 TO 6/30/2003

PSEG NUCLEAR LLC

		Off Guttain 400A			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				te Maria de la Companya de la Compan	,
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	448 464		######################################				0	11Day	CALOTO
50050 1 Effluent Gross Value	PERMIT) REQUIREMENT	REPORT REPORT OIMOAV OIDAMX	MGD	Vertice (SE)	**************************************	and the second	**************************************		1/Day	CALCTD
pH	SAMPLE MEASUREMENT	******		7.0	*****	7.6		0	1/week	GRAD
00400 1 Effluent Gross Value	PERMIT. REQUIREMENT	** ******	******	6.0 01DAMN	******	9.0 01DAMX	SU		1/Week	GRAB *
pH 4	SAMPLE MEASUREMENT			7.6	•	7.9		0	//week	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT		*****	REPORT:	annes (C.	REPORT 01DAMX	su		1/Week	GRAB
Chlorine Produced	SAMPLE MEASUREMENT			••••	CODE='N	CODE = N		0	CODEIN	CODE=N
Oxidants *CPOX 1 Effluent Gross Value	PERMIT. REQUIREMENT	dina min		anni	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	MDL				77.54.636	JOSEPH SECTION				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT				<0.1	40.1) 	0	3/week	GRAB
*CPOX 1 Effluent Gross Value Option 2	PERMIT REQUIREMENT		•••••	**************************************	REPORT 01MOAV	∵ 0.2 01DAMX	MG/L		3/Week	GRAB
Temperature,	SAMPLE MEASUREMENT			*****	29.6	36.2		0	May	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	entine and the second	******	A ARREST	REPORT 01MOAV	REPORT 01DAMX	DEG.C	-	1/Day	CONTIN

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: NJ0005622			The state of the s		FACILITY NAME: PSEG NUCLEAR LLC		1	
PARAMETER Lab Certification #			UNITS	QUALITY OR CONCENTRATION		UNITS	NO. FREQ. OF EX. ANALYSIS	SAMPLE TYPE
	SAMPLE MEASUREMENT	17327 06431						and the second
99999 99 Lab	PERMIT REQUIREMENT	REPORT REPORT		REPORT. Lab #	REPORT: REPORT Lab#		Not Applic	NOT AP
	MDL	English State of the State of t	77		Date Control of National States	" 		

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.

NJPDES PERMIT	N	MONITORING PERIO	D	MONITORE	D LOCATION:
NJ0005622	Month Day 6 1	Year Month	Day Year 30 2003	484A - SW Outfall	I 484A
PERMITTEE: PSEG CO 80 PARK PLZ MAIL CODE - T17 NEWARK, NJ 07102	REGIO	LOCATION OF AC PSEG NUCLEAR LLC ALLOWAY CREEK NEC LOWER ALLOWAYS C	CK RD REEK, NJ 08038-	REPORT RECI PSEG NUCLEAR I PO BOX 236/N21 0000 HANCOCKS BRID	LC
CHECK IF APPLICABLE:	No Dischar	ge this Monitoring Period	☐ Monitoria	ng Report Comments Attach	ed
eponsibility or person designate mother entity to operate the treat certify under penalty of law that, based on my inquiry of the complete. I am aware that there o N.J.A.C. 7:14A-6.9(B). The N.	ment works, the hi at I have personally se individuals immare significant per	ghest-ranking official of the or y examined and am familiar nediately responsible for obta- nalties for submitting false in	ontracted entity sl with the informati ining the informat formation, including	nall sign the certification. on submitted in this documention, I believe that the informing the possibility of fine and/	at and all attachments, and ation is true, accurate and
Timothy J. O'Connor, V					N/A
NAME AND TITLE OF PRINCIPAL	/ / . / // .	// Algorithment of the control of th	LICENSED OPERA	GRADE AND REGISTI	RY NUMBER (IF APPLICABLE) 856-339-2900
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, A	/ UTHORIZED AGENT, OR *LICE	NSED OPERATOR	1,0	AREA CODE/PHONE NUMBER
*For a local agency where the high person designated by that person sh	est ranking operator all sign the following	does not have the ability to aut certification:	horize capital exper		
certify under penalty of law and in N/A	accordance with N.J.	S.A. 58:10A-6F(5) that I have re N/A	eceivea and reviewe	d the attached discharge monitori	ng reports. N/A
NAME AND TITLE	A STATE OF THE STA	SIGNATURE		DATE	AREA CODE/PHONE NUMBE

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

484A SW Outfall 484A

6/1/2003 TO 6/30/2003

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 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT PERMIT REQUIREMENT	482 484 REPORT: REPORT: 01DAMX	MGD	**************************************			*****	0	I / Day 1/Day	CALCTO
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT PERMIT REGUREMENT		*****	7. 4 6.0 01DAMN	******	7. 5 9.0 01DAMX	SU	0	/Week	GRAB GRAB
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT PERMIT REQUIREMENT MDL			7.6 REPORT		7. 9 REPORT	su	0	//wook	GRAB
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value	SAMPLE MEASUREMENT PERMIT REQUIREMENT		224	COOR: パ 50 01DAMN			%EFFL	0	<i>C005 = ਮ</i> 2/Year	COMPOS:
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT PERMIT REQUIREMENT MOL		******		CODE = N 0.3 01MOAV	0.5 01DAMX	MG/L	0	CODE=N	CODE ± N GRAB
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT PERMIT RECURREMENT				< O./ REPORT 01MOAV	<0./ 0.2 01DAMX	MG/L	0	3/wook	GRAB

PERMIT NUMBER:MONITORED LOCATION:MONITORING PERIOD:FACILITY NAME:NJ0005622484A SW Outfall 484A6/1/2003 TO 6/30/2003PSEG NUCLEAR LLC

· , ;			<u> </u>		<u></u>	<u> </u>	NO.	FREQ. OF	SAMPLE
PARAMETER	\times	QUANTITY OR LOADING	UNITS	QUALI	TY OR CONCENTRATION	UNITS	EX.	ANALYSIS	TYPE
Temperature,	SAMPLE MEASUREMENT			*****	29.8 34.4		0	1/0.1	CONTIN
oC	MEASUREMENT							May	
00010 1	PERMIT	AND AND AND ADDRESS.	******		REPORT - REPORT	DEG.C		1/Day	CONTIN
Effluent Gross Value	REQUIREMENT				01MOAV 01DAMX				
	MDL 2				A CONTRACTOR OF THE CONTRACTOR				- 4. 424
Lab Certification #	SAMPLE MEASUREMENT	17327 06431					194. 195		
99999 99		REPORT REPORT		REPORT	REPORT REPORT			Not Applic	NOT AP
Lab	REQUIREMENT	Lab# Lab#		Lab#	Lab# Lab#				
	MDL			PERMIT	CONTRACTOR SECURITION				ren Grand

	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	Month Day Year 6 1 2003 To 6 30 2003 4	85A - SW Outfall 485A
PERMITTEE:	LOCATION OF ACTIVITY:	REPORT RECIPIENT:
PSEG CO	PSEG NUCLEAR LLC	PSEG NUCLEAR LLC
80 PARK PLZ	ALLOWAY CREEK NECK RD	PO BOX 236/N21
MAIL CODE - T17	LOWER ALLOWAYS CREEK, NJ 08038-0000	
NEWARK, NJ 07102		
	REGION / COUNTY: Southern / Salem County	
	REGION / COUNT 1. Southern / Salein County	
CHECK IF APPLICABLE:	No Discharge this Monitoring Period Monitoring Re	eport Comments Attached
at, based on my inquiry of the omplete. I am aware that there	at I have personally examined and am familiar with the information subsetting immediately responsible for obtaining the information, are significant penalties for submitting false information, including the	I believe that the information is true, accurate and
እየተለ <i>ሮ 7•14</i> ለ ፎ ዐ/ውነ ጥል ነ		
항 그는 그리는 어떻게 살아 있지 않았다.	New Jersey Water Pollution Control Act provides for penalties up to \$50	
Timothy J. O'Connor \		0,000 per violation. N/A
Timothy J. O'Connor \	New Jersey Water Pollution Control Act provides for penalties up to \$50 /ice-President - Operations	0,000 per violation. N/A GRADE AND REGISTRY NUMBER (IF APPLICABLE
Timothy J. O'Connor A	New Jersey Water Pollution Control Act provides for penalties up to \$50 /ice-President — Operations EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	0,000 per violation. N/A GRADE AND REGISTRY NUMBER (IF APPLICABLE 07/22/03 856-339-2900
Timothy J. O'Connor A AME AND TITLE OF PRINCIPAL GNATURE OF PRINCIPAL TXEC For a local agency where freshigh	New Jersey Water Pollution Control Act provides for penalties up to \$50 /ice-President—Operations EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR nest ranking operator does not have the ability to authorize capital expenditur	0,000 per violation. N/A GRADE AND REGISTRY NUMBER (IF APPLICABLE 07/22/03 856-339-2900 DATE AREA CODE/PHONE NUMBE
Timothy J. O'Connor A AME AND TITLE OF PRINCIPAL GNATURE OF PRINCIPAL FXEC For a local agency where melnigherson designated by that person sh	New Jersey Water Pollution Control Act provides for penalties up to \$50 /ice-President — Operations EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR nest ranking operator does not have the ability to authorize capital expenditural sign the following certification:	O,000 per violation. N/A GRADE AND REGISTRY NUMBER (IF APPLICABLE 07/22/03 856-339-2900 DATE AREA CODE/PHONE NUMBE es and hire personnel, a person having that responsibility
Timothy J. O'Connor A AME AND TITLE OF PRINCIPAL IGNATURE OF PRINCIPAL EXEC For a local agency where melnigherson designated by that person sh	New Jersey Water Pollution Control Act provides for penalties up to \$50 /ice-President—Operations EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR nest ranking operator does not have the ability to authorize capital expenditur	O,000 per violation. N/A GRADE AND REGISTRY NUMBER (IF APPLICABLE 07/22/03 856-339-2900 DATE AREA CODE/PHONE NUMBE es and hire personnel, a person having that responsibility

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

485A SW Outfall 485A

6/1/2003 TO 6/30/2003

PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY OR LOADING	UNITS	QUALI	TY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, in Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	457 457					 	0	110ay	CALCID
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT REPORT OIMOAV GIDAMX	MGD	120 100 100 100 100 100 100 100 100 100	· · · · · · · · · · · · · · · · · · ·		***************************************		1/Day	CALCTD
pH	SAMPLE MEASUREMENT			7.4		7.6	Tun tuning	0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	Line Comments	*****	6.0 01DAMN	******	9.0 01DAMX	SU		1/Week	GRAB ↓
<u>р</u> Н (1.1.) рН (1.1.) ж(1.1.)	SAMPLE MEASUREMENT	•		7. 6		7.9		0	Muck	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT		******	REPORT 01DAMN	*******	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	**************************************	11344	%EFFL		2/Year	COMPOS
Chlorine Produced Oxidants	SAMPLE MEASUREMENT			******	CODE= N	CODESN	Karana Salaharan Marana Marana	0	CODESN	CODESN
*CPOX 1 Effluent Gross Value Option 1	PERMIT REQUIREMENT MDL	ium i ium	•••••	Angles (1995)	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Chlorine Produced Oxidants	SAMPLE MEASUREMENT				<0.1	<0.1		0	3/work	GRAB
*CPOX_1 Effluent Gross Value Option 2	PERMIT REQUIREMENT MDL		•••••		REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	(GRAB)

PERMIT NUMBER:MONITORED LOCATION:MONITORING PERIOD:FACILITY NAME:NJ0005622485A SW Outfall 485A6/1/2003 TO 6/30/2003PSEG NUCLEAR LLC

		the state of the s		•	* 4 440; * 5	Section of the Section	er i i e i i	1 199		
PARAMETER	X	QUANTITY OR LOADING	UNITS	QUALI	TY OR CONCENTR		UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT				29.6	34./		0	1/Day	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	999 (grid)	· ••••••		REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Lab Certification #	SAMPLE MEASUREMENT	17327 06431								
99999 99 Lab	PERMIT REQUIREMENT	REPORT REPORT		REPORT Lab#	REPORT Lab#	REPORT.			Not Applic	NOTAP
<u> </u>	MDC				enemana and the		÷			

NJPDES PERMIT	MC	NITORING I	PERIOD	1,500	MONITO	RED LOCATION:
NJ0005622	Month Day 6 1	Year N 70 N	IonthDay630	Year 2003	486A - SW Outf	all 486A
PERMITTEE: PSEG CO 80 PARK PLZ MAIL CODE - T17 NEWARK, NJ 07102		LOCATION (PSEG NUCLEAR ALLOWAY CRE LOWER ALLOW	LLC EK NECK RD AYS CREEK,	NJ 08038-000	PSEG NUCLEAL PO BOX 236/N2 HANCOCKS BR	R LLC 1
CHECK IF APPLICABLE:	No Discharge t	his Monitoring P	eriod 🗍	Monitoring I	Report Comments Atta	nched
		es not have the ab	ility to authoriz	e capital expe	nditures and hire persor	eatment works shall sign mel, a person having that
eponsibility or person designate nother entity to operate the treat certify under penalty of law that, based on my inquiry of tho omplete. I am aware that there	d by that person shall a ment works, the highe at I have personally ex se individuals immedi are significant penalti	ses not have the abalso sign the secon st-ranking official camined and am fately responsible es for submitting	ility to authorized certification as of the contracted amiliar with the for obtaining the false information	te capital expe at the bottom of ed entity shall e information ne information on, including t	enditures and hire person of this page. If the local sign the certification. submitted in this docum in, I believe that the info the possibility of fine an	agency has contracted with agent and all attachments, and rmation is true, accurate and
eponsibility or person designate nother entity to operate the treat certify under penalty of law that, based on my inquiry of the omplete. I am aware that there is N.J.A.C. 7:14A-6.9(B). The N.Timothy J. O'Connor.	d by that person shall a ment works, the highe at I have personally ex se individuals immedi are significant penalti New Jersey Water Pollu /ice-President - Ope	ses not have the abalso sign the seconst-ranking official camined and am fately responsible es for submitting ution Control Act	ility to authorized certification as of the contracted amiliar with the for obtaining the false information provides for performation of the contraction of the contr	te capital expe at the bottom of ed entity shall e information ne information on, including to nalties up to \$	onditures and hire person of this page. If the local sign the certification. submitted in this document, I believe that the information of fine ar 50,000 per violation.	agency has contracted with agency has contracted with ment and all attachments, and rmation is true, accurate and ad/or imprisonment, pursuant
eponsibility or person designate nother entity to operate the treat certify under penalty of law that, based on my inquiry of the omplete. I am aware that there is N.J.A.C. 7:14A-6.9(B). The N.Timothy J. O'Connor.	d by that person shall a ment works, the highe at I have personally ex se individuals immedi are significant penalti New Jersey Water Pollu /ice-President - Ope	ses not have the abalso sign the seconst-ranking official camined and am fately responsible es for submitting ution Control Act	ility to authorized certification as of the contracted amiliar with the for obtaining the false information provides for performation of the contraction of the contr	te capital expe at the bottom of ed entity shall e information ne information on, including to nalties up to \$	onditures and hire person of this page. If the local sign the certification. submitted in this document, I believe that the information of fine ar 50,000 per violation.	agency has contracted with nent and all attachments, and rmation is true, accurate and ad/or imprisonment, pursuant
eponsibility or person designate nother entity to operate the treat certify under penalty of law that, based on my inquiry of tho omplete. I am aware that there o N.J.A.C. 7:14A-6.9(B). The N. Timothy J. O'Connor. NAME AND TITLE OF PRINCIPAL EXECTION AND TITLE OF PRINCIPAL EXECTION And agency where the high	d by that person shall a timent works, the higher at I have personally exist individuals immediate significant penaltice. President — Ope EXECUTIVE OFFICER UTIVE OFFICER, AUTHORST ranking operator does	ses not have the abalso sign the seconst-ranking official camined and am fately responsible es for submitting ution Control Act rations AUTHORIZED AGENT, Cas not have the ability and have the ability and control have the ability and the	ility to authorized certification at of the contractor amiliar with the for obtaining the false information provides for permitted by the contraction of the contract	te capital expertant the bottom of the continuous conti	onditures and hire person of this page. If the local sign the certification. submitted in this docum, I believe that the information of fine are 50,000 per violation. R GRADE AND REGISTAND DATE	mel, a person having that agency has contracted with ment and all attachments, and rmation is true, accurate and ad/or imprisonment, pursuant N/A STRY NUMBER (IF APPLICABLE) 856-339-2900 AREA CODE/PHONE NUMBER
eponsibility or person designate mother entity to operate the treat certify under penalty of law 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	d by that person shall a timent works, the higher at I have personally exise individuals immediate significant penaltive Jersey Water Pollutice-Prosident - Ope EXECUTIVE OFFICER, AUTHORS ranking operator does all sign the following certains.	ses not have the abalso sign the seconst-ranking official camined and am frately responsible es for submitting ution Control Act Cations AUTHORIZED AGENT, Cas not have the abilitification:	ility to authorized certification at of the contracted amiliar with the for obtaining the false information provides for permitted by the contraction of the contract	te capital expertant the bottom of the entity shall the information on, including the theorem of the entity of the	enditures and hire person of this page. If the local sign the certification. Submitted in this document, I believe that the information of the possibility of fine are 50,000 per violation. GRADE AND REGISTANT DATE	mel, a person having that agency has contracted with hent and all attachments, and rmation is true, accurate and ad/or imprisonment, pursuant N/A STRY NUMBER (IF APPLICABLE) 856-339-2900 AREA CODE/PHONE NUMBER person having that responsibility

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

486A SW Outfall 486A

6/1/2003 TO 6/30/2003

PSEG NUCLEAR LLC

			400A SVV Outrail 400A 0/ 1/2003 TO 0/30/2003 PSEG NUCLEAR LLG							
$ \times $	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
SAMPLE MEASUREMENT	418	420						0	1/Day	CALCID
PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	generalis Entre (<mark>estato</mark> 14 and		,	******		1/Day	CALCTD
SAMPLE MEASUREMENT		****		7.4		7.5		0	1/work	GRAD
PERMIT REQUIREMENT	i i i i i i i i i i i i i i i i i i i	100 100 100 100 100 100 100 100 100 100	# ****** M	6.0 01DAMN	44000	9.0 01DAMX	SU		1/Week	GRAB
SAMPLE MEASUREMENT			i v	7.6	*****			0	Musek	GRAB
PERMIT S REQUIREMENT	erren.	******	******	REPORT. 01DAMN		REPORTATION OF THE PROPERTY OF	SU		1/Week	GRAB
SAMPLE MÉASUREMENT					CODE=N	CODE=N	20 A	0	CODE=N	CODE = N
PERMIT REQUIREMENT	in the same of the	nine)	*****		0.3 01MOAV	0.5 O1DAMX	. MG/L		3/Week	GRAB
SAMPLE MEASUREMENT			i.	*****	<0.1	40.1		0	3/week	GRAB
PERMIT REQUIREMENT.	nin e	*****	1. 1. 2.11.1. 1	ensor.	REPORT 01MOAV	0:2 01DAMX	MG/L		3/Week	GRAB
SAMPLE MEASUREMENT			Section 1985 Section 1985 Section 1985	******	29.5	33.9		0	1/Day	CONTIN
PERMIT REQUIREMENT	en en	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	MEASUREMENT PERMIT REQUIREMENT MOC SAMPLE MEASUREMENT PERMIT REQUIREMENT MOL SAMPLE MEASUREMENT PERMIT REQUIREMENT MOL SAMPLE MEASUREMENT MOL SAMPLE MEASUREMENT PERMIT REQUIREMENT MOL SAMPLE MEASUREMENT MOL SAMPLE MEASUREMENT	PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUR	REPORT REQUIREMENT REQUIREMENT MDC SAMPLE MEASUREMENT PERMIT REQUIREMENT WDL SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE SAMPLE MEASUREME	PERMIT REQUIREMENT 01MOAV 01DAMX MGD SAMPLE MEASUREMENT ************************************	MEASUREMENT 47.8 42.0 PERMIT REQUIREMENT OIMOAV DIDAMX MGD SAMPLE MEASUREMENT	PERMIT RECOMBEMENT O' MOAV O' DAMX MGD SAMPLE MEASUREMENT	MEASUREMENT 178 120 PERMIT RECORDER TO STAND TO	MEASUREMENT 4/8 4/20 HERORT DIMOAV REPORT OIDAMX MGD SAMPLE MAD SAMPLE MENT STATE OF THE CONTRIBUTION OF	SAMPLE MEADUREMENT 4/18 4/2.0 FEBRUT REPORT REPORT OTDAMX MGD	SAMPLE MEAGREMENT 4/18 4/2.0

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.

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PI 46814

MONITORING PERIOD: **PERMIT NUMBER:** MONITORED LOCATION: FACILITY NAME: 486A SW Outfall 486A 6/1/2003 TO 6/30/2003 **PSEG NUCLEAR LLC** NJ0005622 NO. FREQ. OF SAMPLE **QUALITY OR CONCENTRATION** QUANTITY OR LOADING UNITS **UNITS PARAMETER** ANALYSIS TYPE EX. Lab Certification # SAMPLE MEASUREMENT 17327 06431 Not Applic REPORT REPORT NOT/AP PERMIT REQUIREMENT REPORT -REPORT 99999 99.

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.

Lab

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 the certification where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having the 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 another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification. It certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachment that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment, proposition of the N.J.A.C. 7:14A-6.9(B). The New Jersey Water Pollution Control Act provides for penalties up to \$50,000 per violation. Timothy J. O'Connor, Vice-President — Operations N/A NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR GRADE AND REGISTRY NUMBER (IF APPI O7/22/03 856-339-290) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR DATE AREA CODE/PHONE *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 responses of the person designated by that person shall sign the following certification:	NJPDES PERMIT	<u> </u>	MONITORING PERIOD	MONITORED	LOCATION:
PSEG NUCLEAR LLC 80 PARK PLZ ALLOWAY CREEK NECK RD PSEG NUCLEAR LLC PO BOX 236/N21 MAIL CODE - T17 LOWER ALLOWAYS CREEK, NJ 08038-0000 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 sig 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 t 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 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 attachment that, based on my inquiry of those individuals immediately responsible for obtaining the information, Including the possibility of fine and/or imprisonment, proposition of the contracted entity shall sign the certification. I certify under penalty of PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR GRADE AND REGISTRY NUMBER (IF APPL) O7/122/03 856-339-290 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR DATE AREA CODE/PHONE *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 resperson 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.	NJ0005622	I — — — — — — — — — — — — — — — — — — —			
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Timothy J. O'Connor, Vice-President—Operations N/A NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR O7/22/03 S56-339-290 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR *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 respection 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.	reponsibility or person designated another entity to operate the treat I certify under penalty of law that, based on my inquiry of those complete. I am aware that there	I by that person shement works, the hint I have personall se individuals impare significant per	nall also sign the second certification at the ighest-ranking official of the contracted enly examined and am familiar with the infomediately responsible for obtaining the infinalties for submitting false information, in	bottom of this page. If the local agentity shall sign the certification. ormation submitted in this document a formation, I believe that the informational cluding the possibility of fine and/or	and all attachments, and
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR GRADE AND REGISTRY NUMBER (IF APPI 07/22/03 856-339-290 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR DATE AREA CODE/PHONE *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 resp 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
*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 resp 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.			The marks of the control of the state of the		NUMBER (IF APPLICABLE) 856-339-2900
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.	SIGNATURE OF PRINCIPAL EXECU	JTWE OFFICER, A	UTHORIZED AGENT, OR *LICENSED OPER/	ATOR DATE AF	REA CODE/PHONE NUMBER
and the second contract the contract of the co	*For a local agency where the high person designated by that person sha	It ranking operator Il sign the following	r does not have the ability to authorize capital s certification:	expenditures and hire personnel, a perso	on having that responsibility c
	ニー・コンド しだい とうしょ おおんしょだいがかりたい	accordance with N.J	J.S.A. 58:10A-6F(5) that I have received and re	viewed the attached discharge monitoring	
		·维尔克克斯·托克斯·托克斯	าง การทางกรีสาร์เทียร์เกียด และได้การทำสาราช เดือนสาราชานัก เดือน		•

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

487B SW Outfall 487B

6/1/2003 TO 6/30/2003

PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY OR LOAD	ING UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT									
50050 1 Effluent Gross Value	PERMIT.S. REQUIREMENT	REPORT REI 01MOAV 01E	PORT MGD			7			1/Batch	CALCTD
pH 1	SAMPLE MEASUREMENT				\$2000 (1900) (1900) 2000 (1900) (1900) 2001 (1900) (1900) (1900)					
00400 1 Effluent Gross Value	PERMIT REQUIREMENT		*****	6.0 01DAMN	i de la companya de l	9.0 01DAMX	SU		1/Bátch	GRAB
Solids, Total Suspended	SAMPLE MEASUREMENT		*****							
00530 1 Effluent Gross Value	PERMIT REQUIREMENT		******	1.37 (1.77)	REPORT: 01MOAV	100 01DAMX	MG/L		1/Batch	GRAB
Temperature,	SAMPLE MEASUREMENT		**************************************							
00010 1 Effluent Gross Value	PERMIT REQUIREMENT		******	ensite and the second	REPORT 01MOAV	43.3 01DAMX	DEG.C		≤.1/Batch	GRAB
Petroleum Hydrocarbons	SAMPLE MEASUREMENT									
00551 1 Effluent Gross Value	PERMIT REQUIREMENT MDLS		•••••• ••••••	Complete Com	REPORT 01MOAV	15 01DAMX	MG/L		1/Batch	GRAB
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT									
00680 1 Effluent Gross Value	PERMIT REQUIREMENT		*****		REPORT 01MOAV	50 01DAMX 市	MG/L		1/Batch	GRAB

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".

PERMIT NUMBER: NJ0005622	MONITORED LOCATION: 487B SW Outfall 487B	MONITORING PERIOD: 6/1/2003 TO 6/30/2003		
PARAMETER	QUANTITY OR LOADING	UNITS QUALIT	Y OR CONCENTRATION UNITS	NO. FREQ. OF SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT			
99999 99 Lab	PERMIT (REPORT REPORT Lab # 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".

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NJPDES PERMIT		MONITORING PERIO	D	MONITO	RED LOCATION:
NJ0005622	Month Day 6 1	Year Month 2003 To 6	Day Year 30 2003	489A - SW Out	all 489A
PERMITTEE:		LOCATION OF AC	TIVITY:	REPORT RE	CIPIENT:
PSEG CO 80 PARK PLZ MAIL CODE - T17 NEWARK, NJ 07102		PSEG NUCLEAR LLC ALLOWAY CREEK NEC LOWER ALLOWAYS C	CK RD	PSEG NUCLEA PO BOX 236/N2	RLLC
	REGIO	N / COUNTY: Southern / Sa	alem County		
CHECK IF APPLICABLE:	No Dischar	ge this Monitoring Period	Monitoring	Report Comments Att	ached
certify under penalty of law the nat, based on my inquiry of the complete. I am aware that there o N.J.A.C. 7:14A-6.9(B). The l	ose individuals imn are significant per	nediately responsible for obtainalties for submitting false inf	ining the information ormation, including	n, I believe that the info the possibility of fine a	rmation is true, accurate and.
Timothy J. O'Connor, \		1 134 145 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	i for penames up to t	50,000 per violation.	N/A
AME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICE	ER, AUTHORIZED AGENT, OR *	LICENSED OPERATO	R GRADE AND REGI	STRY NUMBER (IF APPLICABLE)
This	XIIII			07/22/03	856-339-2900
IGNATURE OF PRINCIPAL EXEC	TYPIVE OFFICER, A	UTHORIZED AGENT, OR *LICE	NSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
	// / nest ranking operator	does not have the ability to auti	and the second of the second o	ures and hire personnel, a	person having that responsibility
certify under penalty of law and in		S.A. 58:10A-6F(5) that I have re	ceived and reviewed th	e attached discharge moni	oring reports.
N/A		N/A		N/A	N/A
AME AND TITLE		SIGNATURE		DATE	AREA CODE/PHONE NUMBER
· · · · · · · · · · · · · · · · · · ·	**	the second of th	4 4		

PERMIT NUMBER: MONITORED LOCATION: MONITORING PERIOD: FACILITY NAME:

NJ0005622 489A SW Outfall 489A 6/1/2003 TO 6/30/2003 PSEG NUCLEAR LLC

PARAMETER	\sim	QUANTITY C	R LOADING	UNITS	QUALIT	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.1576	0.1576		**************************************				0	1/Month	CALOTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT MDL	REPORT 01MOAV	REPORT 01DAMX	MGD		<u></u>	and the same and t			1/Month	CALCTD
oH A (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	SAMPLE MEASUREMENT		******		7.2	**************************************	7. 2		0	1/MonTh	GRAD
00400 1 Effluent Gross Value	PERMIT. REQUIREMENT	Maria de la companya		•	6.0 01DAMN		9.0 01DAMX	SU		1/Month	GRAB
Solids, Total Suspended	SAMPLE MEASUREMENT	******	******						0	1/Month	GRAB
00530 1 Effluent Gross Value	PERMIT REQUIREMENT	A Company		*****	100 01DAMX	30 01MOAV		MG/L		1/Month	GRAB
Petroleum Hydrocarbons	SAMPLE MEASUREMENT	•				<0.5	۲٥.5		0	1/Month	GRAB
00551 1 Effluent Gross Value	PERMIT REQUIREMENT	and a		*****	*****	10 01MOAV	15 01DAMX	MG/L		1/Month	⊶GRAB
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT				******	7	7		0	1 Month	GRAB
00680 1 Effluent Gross Value	PERMIT REQUIREMENT		1 (1 mm) (1 mm)	******		REPORT 01MOAV	50 01DAMX	MG/L		1/Month	GRAB.
Lab Certification #	SAMPLE MEASUREMENT	17327	06431								
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab##	REPORT. Lab#		REPORT Lab#	REPORT Lab#	REPORT: Lab#			Not Applic	NOT AP

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