



LR-E03-0350

August 21, 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 6264

**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 July 2003.

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

Sincerely,

A handwritten signature in black ink, appearing to read "David F. Garchow", with a checkmark at the end.

David F. Garchow
Vice President – Projects/Licensing

Attachments

JE25

NJPDES Report
July 2003

C Executive Director – DRBC
 USNRC – Document Control Desk Unit#1-50-272 Unit#2-50-311
 Vice President – Eng/Tech Support
 Manager – Nuclear Safety & Licensing
 C. McAuliffe, Esq.
 D. Hurka
 SCH03-029

NJPDES Report
Explanation of Deviations
July 2003

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

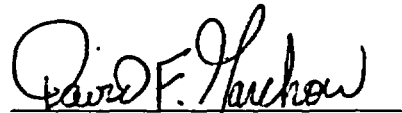
<u>DSN NO.</u>	<u>EXPLANATION</u>
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None	
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COUNTY OF SALEM
STATE OF NEW JERSEY

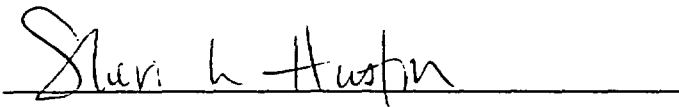
I, David F. Garchow, of full age, being duly sworn according to law, upon my oath depose and say:

1. I David F. Garchow, Vice President of Projects/Licensing 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.



David F. Garchow
Vice President
Projects/Licensing

Sworn and subscribed before me
this 21 day of Aug 2003



SHERI L. HUSTON
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 12/08/2003

New Jersey Department of Environmental Protection
Division of Water Quality

PI 46814

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:												
NJ0005622	<table border="1"> <tr> <th>Month</th> <th>Day</th> <th>Year</th> </tr> <tr> <td>7</td> <td>1</td> <td>2003</td> </tr> </table>	Month	Day	Year	7	1	2003		<table border="1"> <tr> <th>Month</th> <th>Day</th> <th>Year</th> </tr> <tr> <td>7</td> <td>31</td> <td>2003</td> </tr> </table>	Month	Day	Year	7	31	2003	To			FACA - SW Outfall FACA
Month	Day	Year																	
7	1	2003																	
Month	Day	Year																	
7	31	2003																	

PERMITTEE:

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

LOCATION OF ACTIVITY:

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

REPORT RECIPIENT:

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

REGION / COUNTY: Southern / Salem County

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

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

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David F. Garchow, Vice-President – Projects/Licensing

N/A

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

David F. Garchow

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

08/21/03

856-339-3250

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

DATE

AREA CODE/PHONE NUMBER

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

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

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622
MONITORED LOCATION: FACA SW Outfall FACA
MONITORING PERIOD: 7/1/2003 TO 7/31/2003
FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 G Raw Sew/Influent	SAMPLE MEASUREMENT	*****	*****		*****	27.6	28.5		0	Continuous	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
	MDL										
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	34.5	36.0		0	Continuous	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	46.1 01DAMX	DEG.C		Continuous	CONTIN
	MDL										
Temperature, oC 00010 2 Effluent Net Value	SAMPLE MEASUREMENT	*****	*****		*****	6.9	8.1		0	1/Day	CALCTD
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD
	MDL										
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431								
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	MDL										

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

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

PI 46814

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:														
NJ0005622	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;">Month</td><td style="width: 15%;">Day</td><td style="width: 15%;">Year</td><td style="width: 10%; text-align: center;">To</td><td style="width: 15%;">Month</td><td style="width: 15%;">Day</td><td style="width: 15%;">Year</td></tr><tr><td style="text-align: center;">7</td><td style="text-align: center;">1</td><td style="text-align: center;">2003</td><td></td><td style="text-align: center;">7</td><td style="text-align: center;">31</td><td style="text-align: center;">2003</td></tr></table>	Month	Day	Year	To	Month	Day	Year	7	1	2003		7	31	2003	FACB - SW Outfall FACB
Month	Day	Year	To	Month	Day	Year										
7	1	2003		7	31	2003										

PERMITTEE:

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

LOCATION OF ACTIVITY:

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

REPORT RECIPIENT:

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

REGION / COUNTY: Southern / Salem County

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

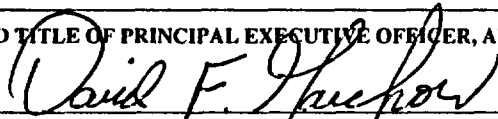
WHO MUST SIGN The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign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

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David F. Garchow, Vice-President – Projects/Licensing

N/A

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



GRADE AND REGISTRY NUMBER (IF APPLICABLE)

08/21/03

856-339-3250

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

DATE

AREA CODE/PHONE NUMBER

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

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622
 MONITORED LOCATION: FACB SW Outfall FACB
 MONITORING PERIOD: 7/1/2003 TO 7/31/2003
 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 G Raw Sew/influent	SAMPLE MEASUREMENT	*****	*****	*****	*****	27.6	28.5	DEG.C	0	Continuous	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX			Continuous	CONTIN
	MDL										
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	35.3	36.2	DEG.C	0	Continuous	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	46.1 01DAMX			Continuous	CONTIN
	MDL										
Temperature, oC 00010 2 Effluent Net Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.7	8.0	DEG.C	0	1/Day	CALCTD
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	15.3 01DAMX			1/Day	CALCTD
	MDL										
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431								
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	MDL										

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

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

PI 46814

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NJ0005622	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 25%;">Month</td><td style="width: 25%;">Day</td><td style="width: 25%;">Year</td></tr><tr><td style="text-align: center;">7</td><td style="text-align: center;">1</td><td style="text-align: center;">2003</td></tr></table> To <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 25%;">Month</td><td style="width: 25%;">Day</td><td style="width: 25%;">Year</td></tr><tr><td style="text-align: center;">7</td><td style="text-align: center;">31</td><td style="text-align: center;">2003</td></tr></table>	Month	Day	Year	7	1	2003	Month	Day	Year	7	31	2003	FACC - SW Outfall FACC
Month	Day	Year												
7	1	2003												
Month	Day	Year												
7	31	2003												

PERMITTEE:

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

LOCATION OF ACTIVITY:

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

REPORT RECIPIENT:

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

REGION / COUNTY: Southern / Salem County

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

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

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David F. Garchow, Vice-President – Projects/Licensing

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

08/21/03

856-339-3250

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

DATE

AREA CODE/PHONE NUMBER

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

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE


DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622
MONITORED LOCATION: FACC SW Outfall FACC
MONITORING PERIOD: 7/1/2003 TO 7/31/2003
FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, in Conduit or Thru Treatment Plant 50050 G Raw Sew/Influent	SAMPLE MEASUREMENT	2 6 8 8	2 6 9 8	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
	MDL										
Thermal Discharge Million BTUs per Hr 00015 2 Effluent Net Value	SAMPLE MEASUREMENT	12 8 5 9	13 7 6 9	MBTU/HR	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	30600 01DAMX		*****	*****	*****			1/Day	CALCTD
	MDL										
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431								
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	MDL										

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New Jersey Department of Environmental Protection
Division of Water Quality

PI 46814

Surface Water Discharge Monitoring Report Submittal Form

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NJ0005622	<table border="1"> <tr><th>Month</th></tr> <tr><td>7</td></tr> </table>	Month	7	<table border="1"> <tr><th>Day</th></tr> <tr><td>1</td></tr> </table>	Day	1	<table border="1"> <tr><th>Year</th></tr> <tr><td>2003</td></tr> </table>	Year	2003	To	<table border="1"> <tr><th>Month</th></tr> <tr><td>7</td></tr> </table>	Month	7	<table border="1"> <tr><th>Day</th></tr> <tr><td>31</td></tr> </table>	Day	31	<table border="1"> <tr><th>Year</th></tr> <tr><td>2003</td></tr> </table>	Year	2003	048C - SW Outfall 48C
Month																				
7																				
Day																				
1																				
Year																				
2003																				
Month																				
7																				
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31																				
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2003																				

PERMITTEE:

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

LOCATION OF ACTIVITY:

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

REPORT RECIPIENT:

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

REGION / COUNTY: Southern / Salem County

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

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David F. Garchow, Vice-President – Projects/Licensing

N/A

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

David F. Garchow

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

08/21/03 856-339-3250

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

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N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

048C SW Outfall 48C

7/1/2003 TO 7/31/2003

PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.1813	0.4211	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
50050 1	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
Effluent Gross Value	MDL										
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	11	12	MG/L	0	2/Month	COMPOS
00530 1	PERMIT REQUIREMENT	*****	*****		*****	30 01MOAV	100 01DAMX			2/Month	COMPOS
Effluent Gross Value	MDL										
Nitrogen, Ammonia Total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	12	18	MG/L	0	2/Month	COMPOS
00610 1	PERMIT REQUIREMENT	*****	*****		*****	35 01MOAV	70 01DAMX			2/Month	COMPOS
Effluent Gross Value	MDL										
Petroleum Hydrocarbons	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.5	<0.5	MG/L	0	2/Month	GRAB
00551 1	PERMIT REQUIREMENT	*****	*****		*****	10 01MOAV	15 01DAMX			2/Month	GRAB
Effluent Gross Value	MDL										
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	*****	*****	*****	46	50	MG/L	0	2/Month	COMPOS
00680 1	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	50 01DAMX			2/Month	COMPOS
Effluent Gross Value	MDL										
Lab Certification #	SAMPLE MEASUREMENT	17327	06431								
99999 99	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
Lab	MDL										

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New Jersey Department of Environmental Protection
Division of Water Quality

PI 46814

Surface Water Discharge Monitoring Report Submittal Form

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481A - SW Outfall 481A							

PERMITTEE:

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

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ALLOWAY CREEK NECK RD
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REPORT RECIPIENT:

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

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE:

☐

No Discharge this Monitoring Period

☐

Monitoring Report Comments Attached

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

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE


DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622
MONITORED LOCATION: 481A SW Outfall 481A
MONITORING PERIOD: 7/1/2003 TO 7/31/2003
FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	510	514	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
	MDL										
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.6	SU	0	1/week	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX			1/Week	GRAB
	MDL										
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.6	SU	0	1/week	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX			1/Week	GRAB
	MDL										
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	CODE=N	*****	*****	%EFFL	0	CODE=N	CODE=N
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****			2/Year	COMPOS
	MDL										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	CODE=N	CODE=N	MG/L	0	CODE=N	CODE=N
	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX			3/Week	GRAB
	MDL										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX			3/Week	GRAB
	MDL										

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

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622
MONITORED LOCATION: 481A SW Outfall 481A
MONITORING PERIOD: 7/1/2003 TO 7/31/2003
FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	34.6	37.1	DEG.C	0	1/Day	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX			1/Day	CONTIN
	MDL										
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431								
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	MDL										

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

New Jersey Department of Environmental Protection
Division of Water Quality

PI 46814

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
NJ0005622	Month	Day	Year	To	Month	Day	Year	482A - SW Outfall 482A
	7	1	2003		7	31	2003	

PERMITTEE:

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

LOCATION OF ACTIVITY:

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

REPORT RECIPIENT:

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

REGION / COUNTY: Southern / Salem County

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

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

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

David F. Garchow, Vice-President – Projects/Licensing

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

08/21/03

856-339-3250

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

DATE

AREA CODE/PHONE NUMBER

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N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

482A SW Outfall 482A

7/1/2003 TO 7/31/2003

PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	468	474	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
	MDL										
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.5	SU	0	1/week	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX			1/Week	GRAB
	MDL										
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.6	SU	0	1/week	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX			1/Week	GRAB
	MDL										
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	CODE=N	*****	*****	%EFFL	0	CODE=N	CODE=N
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****			2/Year	COMPOS
	MDL										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	CODE=N	CODE=N	MG/L	0	CODE=N	CODE=N
	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX			3/Week	GRAB
	MDL										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/week	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX			3/Week	GRAB
	MDL										

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

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

482A SW Outfall 482A

7/1/2003 TO 7/31/2003

PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	34.6	38.1	DEG.C	0	1/Day	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX			1/Day	CONTIN
	MDL										
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431								
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	MDL										

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

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

PI 46814

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:														
NJ0005622	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;">Month</td><td style="width: 15%;">Day</td><td style="width: 15%;">Year</td><td style="width: 10%; text-align: center;">To</td><td style="width: 15%;">Month</td><td style="width: 15%;">Day</td><td style="width: 15%;">Year</td></tr><tr><td style="text-align: center;">7</td><td style="text-align: center;">1</td><td style="text-align: center;">2003</td><td></td><td style="text-align: center;">7</td><td style="text-align: center;">31</td><td style="text-align: center;">2003</td></tr></table>	Month	Day	Year	To	Month	Day	Year	7	1	2003		7	31	2003	483A - SW Outfall 483A
Month	Day	Year	To	Month	Day	Year										
7	1	2003		7	31	2003										

PERMITTEE:

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

LOCATION OF ACTIVITY:

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

REPORT RECIPIENT:

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

REGION / COUNTY: Southern / Salem County

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

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

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David F. Garchow, Vice-President – Projects/Licensing

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

08/21/03

856-339-3250

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

DATE

AREA CODE/PHONE NUMBER

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

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:


FACILITY NAME:

NJ0005622

483A SW Outfall 483A

7/1/2003 TO 7/31/2003

PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	459	464	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
	MDL										
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.6	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX			1/Week	GRAB
	MDL										
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.6	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX			1/Week	GRAB
	MDL										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	CODE = N	CODE = N	MG/L	0	CODE = N	CODE = N
	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX			3/Week	GRAB
	MDL										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX			3/Week	GRAB
	MDL										
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	34.4	38.4	DEG.C	0	1/Day	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX			1/Day	CONTIN
	MDL										

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

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622
 MONITORED LOCATION: 483A SW Outfall 483A
 MONITORING PERIOD: 7/1/2003 TO 7/31/2003
 FACILITY NAME: PSEG NUCLEAR LLC

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

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

New Jersey Department of Environmental Protection
Division of Water Quality

PI 46814

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
NJ0005622	Month	Day	Year	To	Month	Day	Year	484A - SW Outfall 484A
	7	1	2003		7	31	2003	

PERMITTEE:

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

LOCATION OF ACTIVITY:

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

REPORT RECIPIENT:

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

REGION / COUNTY: Southern / Salem County

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

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

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David F. Garchow, Vice-President - Projects/Licensing

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

08/21/03

856-339-3250

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

DATE

AREA CODE/PHONE NUMBER

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N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

484A SW Outfall 484A

7/1/2003 TO 7/31/2003

PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	489	490	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
	MDL										
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.6	SU	0	1/week	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX			1/Week	GRAB
	MDL										
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.6	SU	0	1/week	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX			1/Week	GRAB
	MDL										
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	CODE=N	*****	*****	%EFFL	0	CODE=N	CODE=N
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****			2/Year	COMPOS
	MDL										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	CODE=N	CODE=N	MG/L	0	CODE=N	CODE=N
	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX			3/Week	GRAB
	MDL										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/week	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX			3/Week	GRAB
	MDL										

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

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622
 MONITORED LOCATION: 484A SW Outfall 484A
 MONITORING PERIOD: 7/1/2003 TO 7/31/2003
 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	35.5	37.3	DEG.C	0	1/Day	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX			1/Day	CONTIN
	MDL										
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431								
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	MDL										

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

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

PI 46814

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:														
NJ0005622	<table style="width: 100%; border-collapse: collapse;"><tr><td style="border: 1px solid black; text-align: center;">Month</td><td style="border: 1px solid black; text-align: center;">Day</td><td style="border: 1px solid black; text-align: center;">Year</td><td style="width: 10%; text-align: center;">To</td><td style="border: 1px solid black; text-align: center;">Month</td><td style="border: 1px solid black; text-align: center;">Day</td><td style="border: 1px solid black; text-align: center;">Year</td></tr><tr><td style="text-align: center;">7</td><td style="text-align: center;">1</td><td style="text-align: center;">2003</td><td></td><td style="text-align: center;">7</td><td style="text-align: center;">31</td><td style="text-align: center;">2003</td></tr></table>	Month	Day	Year	To	Month	Day	Year	7	1	2003		7	31	2003	485A - SW Outfall 485A
Month	Day	Year	To	Month	Day	Year										
7	1	2003		7	31	2003										

PERMITTEE:

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

LOCATION OF ACTIVITY:

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

REPORT RECIPIENT:

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

REGION / COUNTY: Southern / Salem County

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

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David F. Garchow, Vice-President – Projects/Licensing

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

08/21/03

856-339-3250

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

DATE

AREA CODE/PHONE NUMBER

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N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

485A SW Outfall 485A

7/1/2003 TO 7/31/2003

PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	458	458	MGD	*****	*****	*****	*****	0	1/Day	CALCD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
	MDL										
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.5	SU	0	1/week	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX			1/Week	GRAB
	MDL										
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.6	SU	0	1/week	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX			1/Week	GRAB
	MDL										
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	CODE = N	*****	*****	%EFFL	0	CODE = N	CODE = N
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****			2/Year	COMPOS
	MDL										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	CODE = N	CODE = N	MG/L	0	CODE = N	CODE = N
	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX			3/Week	GRAB
	MDL										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/week	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX			3/Week	GRAB
	MDL										

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

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

485A SW Outfall 485A

7/1/2003 TO 7/31/2003

PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	35.4	37.2	DEG.C	0	1/Day	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX			1/Day	CONTIN
	MDL										
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431								
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	MDL										

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

New Jersey Department of Environmental Protection
Division of Water Quality

PI 46814

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
NJ0005622	Month	Day	Year	To	Month	Day	Year	486A - SW Outfall 486A
	7	1	2003		7	31	2003	

PERMITTEE:

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

LOCATION OF ACTIVITY:

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

REPORT RECIPIENT:

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

REGION / COUNTY: Southern / Salem County

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

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

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

David F. Garchow, Vice-President – Projects/Licensing

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

08/21/03

856-339-3250

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

DATE

AREA CODE/PHONE NUMBER

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

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

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:


FACILITY NAME:

NJ0005622

486A SW Outfall 486A

7/1/2003 TO 7/31/2003

PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	422	424	MGD	*****	*****	*****	*****	0	1/Day	CALC TD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALC TD
	MDL										
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.6	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX			1/Week	GRAB
	MDL										
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.6	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX			1/Week	GRAB
	MDL										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	CODE = N	CODE = N	MG/L	0	CODE = N	CODE = N
	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX			3/Week	GRAB
	MDL										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX			3/Week	GRAB
	MDL										
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	35.2	37.3	DEG.C	0	1/Day	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX			1/Day	CONTIN
	MDL										

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

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622
 MONITORED LOCATION: 486A SW Outfall 486A
 MONITORING PERIOD: 7/1/2003 TO 7/31/2003
 FACILITY NAME: PSEG NUCLEAR LLC

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

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

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

PI 46814

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:												
NJ0005622	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="text-align: center;">Month</td><td style="text-align: center;">Day</td><td style="text-align: center;">Year</td></tr><tr><td style="text-align: center;">7</td><td style="text-align: center;">1</td><td style="text-align: center;">2003</td></tr></table> To <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="text-align: center;">Month</td><td style="text-align: center;">Day</td><td style="text-align: center;">Year</td></tr><tr><td style="text-align: center;">7</td><td style="text-align: center;">31</td><td style="text-align: center;">2003</td></tr></table>	Month	Day	Year	7	1	2003	Month	Day	Year	7	31	2003	487B - SW Outfall 487B
Month	Day	Year												
7	1	2003												
Month	Day	Year												
7	31	2003												

PERMITTEE:

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

LOCATION OF ACTIVITY:

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

REPORT RECIPIENT:

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

REGION / COUNTY: Southern / Salem County

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

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

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David F. Garchow, Vice-President – Projects/Licensing

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

08/21/03

856-339-3250

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

DATE

AREA CODE/PHONE NUMBER

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

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

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:


FACILITY NAME:

NJ0005622

487B SW Outfall 487B

7/1/2003 TO 7/31/2003

PSEG NUCLEAR LLC


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

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

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622
MONITORED LOCATION: 487B SW Outfall 487B
MONITORING PERIOD: 7/1/2003 TO 7/31/2003
FACILITY NAME: PSEG NUCLEAR LLC

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

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

PI 46814

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:												
NJ0005622	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 25%;">Month</td><td style="width: 25%;">Day</td><td style="width: 25%;">Year</td></tr><tr><td style="text-align: center;">7</td><td style="text-align: center;">1</td><td style="text-align: center;">2003</td></tr></table> To <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 25%;">Month</td><td style="width: 25%;">Day</td><td style="width: 25%;">Year</td></tr><tr><td style="text-align: center;">7</td><td style="text-align: center;">31</td><td style="text-align: center;">2003</td></tr></table>	Month	Day	Year	7	1	2003	Month	Day	Year	7	31	2003	489A - SW Outfall 489A
Month	Day	Year												
7	1	2003												
Month	Day	Year												
7	31	2003												

PERMITTEE:

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

LOCATION OF ACTIVITY:

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

REPORT RECIPIENT:

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

REGION / COUNTY: Southern / Salem County

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

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David F. Garchow, Vice-President – Projects/Licensing

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

08/21/03

856-339-3250

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

DATE

AREA CODE/PHONE NUMBER

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N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE


DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622
 MONITORED LOCATION: 489A SW Outfall 489A
 MONITORING PERIOD: 7/1/2003 TO 7/31/2003
 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	0.0960	0.0960	MGD	*****	*****	*****	*****	0	1/Month	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Month	CALCTD
	MDL										
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	7.7	SU	0	1/Month	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX			1/Month	GRAB
	MDL										
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	5	5	*****	MG/L	0	1/Month	GRAB
	PERMIT REQUIREMENT	*****	*****		100 01DAMX	30 01MOAV	*****			1/Month	GRAB
	MDL										
Petroleum Hydrocarbons 00551 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.5	<0.5	MG/L	0	1/Month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	10 01MOAV	15 01DAMX			1/Month	GRAB
	MDL										
Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	18	18	MG/L	0	1/Month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	50 01DAMX			1/Month	GRAB
	MDL										
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431								
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	MDL										

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