

#### 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.

David F. Garchow

Vice President - Projects/Licensing

**Attachments** 

95-2168 REV 7/99

NJPDES Report July 2003

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.

DSN NO.

**EXPLANATION** 

None

# 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. Gardhow Vice President

Projects/Licensing

. . . . . .

Sworn and subscribed before me this 2 day of 406 2003

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

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	<u> </u>	Year 2003 FACA - SW Outfall FACA
PERMITTEE: PSEG CO 80 PARK PLZ MAIL CODE - T17 NEWARK, NJ 07102	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC ALLOWAY CREEK NECK RD LOWER ALLOWAYS CREEK, NJ 0	PSEG NUCLEAR LLC PO BOX 236/N21
	REGION / COUNTY: Southern / Salem Count	ty
CHECK IF APPLICABLE:	No Discharge this Monitoring Period Mor	nitoring Report Comments Attached
the certification. Where the higher reponsibility or person designated another entity to operate the treat. I certify under penalty of law that that, based on my inquiry of those complete. I am aware that there at to N.J.A.C. 7:14A-6.9(B). The N	est ranking operator does not have the ability to authorize cannot be that person shall also sign the second certification at the ment works, the highest-ranking official of the contracted ent I have personally examined and am familiar with the inforce individuals immediately responsible for obtaining the inforce individuals	ormation submitted in this document and all attachments, and formation, I believe that the information is true, accurate and acluding the possibility of fine and/or imprisonment, pursuant
NAME AND TITLE OF PRINCIPALE	XEQUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OF	PERATOR GRADE AND REGISTRY NUMBER (IF APPLICABLE) 08/21/03 856-339-3250
SIGNATURE OF PRINCIPAL EXECU	TIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERAT	TOR DATE AREA CODE/PHONE NUMBER
*For a local agency where the highe person designated by that person sha		expenditures and hire personnel, a person having that responsibility of
1 certify under penalty of law and in a N/A	accordance with N.J.S.A. 58:10A-6F(5) that I have received and re N/A	eviewed the attached discharge monitoring reports.  N/A  N/A
NAME AND TITLE	SIGNATURE	DATE AREA CODE/PIIONE NUMBER

PI 46814

PERMIT NUMBER:

**MONITORED LOCATION:** 

**MONITORING PERIOD:** 

FACILITY NAME:

NJ0005622

FACA SW Outfall FACA

7/1/2003 TO 7/31/2003

**PSEG NUCLEAR LLC** 

PARAMETER	$\times$	QUANTITY (	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature,	SAMPLE MEASUREMENT	*****	*****		*****	27.6	28.5		0	Continuon	CONTIN
00010 G Raw Sew/influent	PERMIT REQUIREMENT		A THE STATE OF THE	*****		REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
	MDL			1			rika i kajiri,		15 A		
Temperature, oC	SAMPLE MEASUREMENT	****	*****		*****	34.5	36.0		0	Continuous	
00010 1 Effluent Gross Value	PERMIT REQUIREMENT			*****		REPORT 01MOAV	46.1 01DAMX	DEG.C		Continuous	CONTIN
	MDL.		1808/2014/1999			\$10. <b>然</b> 。 第二十二		]			
Temperature, oC	SAMPLE MEASUREMENT	****	*****		*****	6.9	8. /		0	1/Day	CALCTO
00010 2 Effluent Net Value	PERMIT REQUIREMENT			*****		REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD
	MOL										
Lab Certification #	SAMPLE MEASUREMENT	17327	06431								
99999 <b>9</b> 9 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT		REPORT	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	MDL				eranî Meder						

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	MONITORING PERIOD	MONITO	RED LOCATION:
NJ0005622	Month         Day         Year         Month         Day         Year           7         1         2003         To         7         31         2003	FACB - SW Out	fall FACB
PERMITTEE: PSEG CO 80 PARK PLZ MAIL CODE - T17 NEWARK, NJ 07102	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC ALLOWAY CREEK NECK RD LOWER ALLOWAYS CREEK, NJ 08038-00	REPORT RE PSEG NUCLEAI PO BOX 236/N2 HANCOCKS BR	R LLC I
	REGION / COUNTY: Southern / Salem County		
CHECK IF APPLICABLE:	■ No Discharge this Monitoring Period ■ Monitoring	Report Comments Atta	ched
the certification or, in his absence the certification. Where the higher reponsibility or person designated another entity to operate the treat I certify under penalty of law that that, based on my inquiry of those complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The N.	at ranking official having day-to-day managerial and operational rese a person designated by that person. For a local agency, the highest est ranking operator does not have the ability to authorize capital end by that person shall also sign the second certification at the botton ament works, the highest-ranking official of the contracted entity shat I have personally examined and am familiar with the information is individuals immediately responsible for obtaining the information are significant penalties for submitting false information, including lew Jersey Water Pollution Control Act provides for penalties up to e-President – Projects/Licensing	t ranking operator of the expenditures and hire person of this page. If the loca all sign the certification. I submitted in this document, I believe that the inforthe the possibility of fine and	treatment works shall sign onnel, a person having that I agency has contracted with ent and all attachments, and mation is true, accurate and
NAME AND TITLE OF PRINCIPAL E	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	R GRADE AND REGIST 08/21/03	TRY NUMBER (IF APPLICABLE) 856-339-3250
	TIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the highe person designated by that person sha	st ranking operator does not have the ability to authorize capital expenditual sign the following certification:	tures and hire personnel, a p	person having that responsibility or
I certify under penalty of law and in a N/A	accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed N/A	the attached discharge monit N/A	oring reports. N/A
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

PI 46814

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

 NJ0005622
 FACB SW Outfall FACB
 7/1/2003 TO 7/31/2003
 PSEG NUCLEAR LLC

PARAMETER		QUANTITY	OR LOADING	UNITS	QUAL	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	. SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	27.6	28.5		0	Continuous	CONTIN
00010 G Raw Sew/influent	PERMIT REQUIREMENT			*****		REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
	MOL										
Temperature, oC	SAMPLE MEASUREMENT	****	*****		*****	35.3	36.2		0	Continuous	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT			*****		REPORT 01MOAV	46.1 01DAMX	DEG.C		Continuous	CONTIN
	MOL										
Temperature, oC	SAMPLE MEASUREMENT	*****	****		*****	7. 7	8.0		0	1/Day	CALCTO
00010 2 Effluent Net Value	PERMIT. REQUIREMENT			*****		REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD
	, MOL										
Lab Certification #	SAMPLE MEASUREMENT	17327	06431					-			
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab #		REPORT	REPORT Lab #	REPORT			Not Applic	NOT AP
	WDL.										

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".

	<u> </u>	M	ONITO.	RIN	G PERIO	OD		MONITO	RED LOCATION:
NJ0005622	Month 7	Day 1	Year 2003	То	Month 7	Day 31	Year 2003	FACC - SW Ou	tfall FACC
PERMITTEE: PSEG CO 80 PARK PLZ MAIL CODE - T17 NEWARK, NJ 07102			PSEG N	UCLE AY C	REEK NE	CK RD	<b>Y:</b> IJ 08038-0	REPORT RE PSEG NUCLEA PO BOX 236/N2 000 HANCOCKS BE	R LLC
	R	EGION	/ COUNT	Y:So	uthern / S	alem Cou	ınty		
CHECK IF APPLICABLE:	☐ No Di	scharge	this Moni	toring	g Period	Пи	<b>Ionitoring</b>	Report Comments Atta	ached
the certification. Where the higher reponsibility or person designated another entity to operate the treat I certify under penalty of law that	d by that per tment works, at I have pers	son shall , the high sonally e	also sign est-rankir xamined a	the se ig offi ind an	cond certi cial of the	fication at contracte	the botton d entity sh	n of this page. If the loca all sign the certification.	
complete. I am aware that there	are significa Iew Jersey V	Vater Pol	ies for sub lution Cor	mittir trol A	le for obtaing false int	nining the formation	informatio , including	n, I believe that the info the possibility of fine ar	rmation is true, accurate and
that, based on my inquiry of thos complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The N David F. Garchow, Vice NAME AND TITLE OF PRINCIPAL E	are significa lew Jersey W e-President	Vater Pol – Projec	ies for sub lution Cor cts/Licens	mittir itrol A sing	le for obtaing false intact provide	nining the formation es for pena	information, including alties up to	on, I believe that the info the possibility of fine an \$50,000 per violation.	rmation is true, accurate and ad/or imprisonment, pursuant
complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The N David F. Garchow, Vice NAME AND TITLE OF PRINCIPAL E	are significa lew Jersey W e-President (XE) UTVV. O	Vater Pol – Project OFFICER,	ies for sub lution Cor cts/Licens AUTHORIZ	omittir atrol A sing EED AC	le for obtaing false infact provide	nining the formation as for pena LICENSED	informatic , including alties up to OPERATO	on, I believe that the info the possibility of fine an \$50,000 per violation.	ormation is true, accurate and ad/or imprisonment, pursuant N/A  STRY NUMBER (IF APPLICABLE)
complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The N David F. Garchow, Vice NAME AND TITLE OF PRINCIPAL EXECUTE FOR a local agency where the higher	are signification Jersey Wesperson Western Wes	Vater Pol – Project DFFICER, DER, AUTH Perator do	ies for sublution Corcts/Licens AUTHORIZ  ORIZED A es not have	omittinated Asing  CED AC  GENT,	ele for obtaing false induct provided	nining the formation es for pena LICENSEN	information, including alties up to operato	on, I believe that the info the possibility of fine an \$50,000 per violation.  R GRADE AND REGIS 08/21/03  DATE	ormation is true, accurate and ad/or imprisonment, pursuant N/A  STRY NUMBER (IF APPLICABLE) 856-339-3250  AREA CODE/PHONE NUMBER
complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The N David F. Garchow, Vice	are signification Jersey Western Jer	Vater Pol — Project DFFLEER, DFFLEER, DFFLEER, AUTH Derator do Howing ce	ies for sublution Corcts/Licens AUTHORIZ  ORIZED A es not have rtification:	omittir ntrol A sing ZED AC GENT,	ele for obtaing false induction false inductin false induction false induction false induction false induction	nining the formation es for pena LICENSED OPE	informatic , including alties up to OPERATO RATOR	on, I believe that the info the possibility of fine an \$50,000 per violation.  R GRADE AND REGIS 08/21/03  DATE  Date	ormation is true, accurate and ad/or imprisonment, pursuant N/A  STRY NUMBER (IF APPLICABLE)  856-339-3250  AREA CODE/PHONE NUMBER  person having that responsibility of

PI 46814

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

NJ0005622 FACC SW Outfall FACC 7/1/2003 TO 7/31/2003 PSEG NUCLEAR LLC

PARAMETER		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	2 6 8 8	2698		*****	*****	*****		0	1/Day	CALCTO
50050 G Raw Sew/influent	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX	MGD				*****		1/Day	CALCTD
	MDL						na na Maria Sara				
Thermal Discharge Million BTUs per Hr	\$AMPLE MEASUREMENT	12 859	13769		****	****	*****		0	1/Day	CALCTO
00015 2 Effluent Net Value	PERMIT REGUREMENT	REPORT 01MOAV	30600 01DAMX	MBTU/HR				*****		1/Day	CALCTD
	MDL		经未收款基本债金	]							
Lab Certification #	SAMPLE MEASUREMENT	17327	06431								
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab #		REPORT Lab#	REPORT	REPORT Lab #			Not Applic	NOT AP
	MDL.				医乳基基基 不知识		and the Wall				

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	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622		048C - SW Outfall 48C
PERMITTEE: PSEG CO 80 PARK PLZ MAIL CODE - T17 NEWARK, NJ 07102	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC ALLOWAY CREEK NECK RD LOWER ALLOWAYS CREEK, NJ 08038-0000	REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038
	REGION / COUNTY: Southern / Salem County	
CHECK IF APPLICABLE:	No Discharge this Monitoring Period Monitoring Re	eport Comments Attached
the certification. Where the high reponsibility or person designate another entity to operate the treat I certify under penalty of law that that, based on my inquiry of those complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The N. David F. Garchow, Vicensia David F. Garchow, Vicens	e a person designated by that person. For a local agency, the highest racest ranking operator does not have the ability to authorize capital exped by that person shall also sign the second certification at the bottom of ment works, the highest-ranking official of the contracted entity shall at I have personally examined and am familiar with the information such individuals immediately responsible for obtaining the information, are significant penalties for submitting false information, including the lew Jersey Water Pollution Control Act provides for penalties up to \$5 to President — Projects/Licensing	enditures and hire personnel, a person having that if this page. If the local agency has contracted with sign the certification.  Ibmitted in this document and all attachments, and I believe that the information is true, accurate and e possibility of fine and/or imprisonment, pursuant
NAME AND TITLE OF PRINCIPAL E	KECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE) 08/21/03 856-339-3250
	TIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR st ranking operator does not have the ability to authorize capital expenditure till sign the following certification:	DATE AREA CODE/PHONE NUMBER es and hire personnel, a person having that responsibility or
I certify under penalty of law and in N/A	accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed the N/A	attached discharge monitoring reports.  N/A  N/A
NAME AND TITLE	SIGNATURE	DATE AREA CODE/PHONE NUMBER

PERMÎT NUMBER:

MONITORED LOCATION:

**MONITORING PERIOD:** 

FACILITY NAME:

NJ0005622

048C SW Outfall 48C

7/1/2003 TO 7/31/2003

**PSEG NUCLEAR LLC** 

PARAMETER	$\sim$	QUANTITY	OR LOADING	UNITS	QUAL	ITY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.1813	0.4211		****	*****	*****		0	1/Day	CALCTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	eliele Tillese Tillese	**************************************	*****	*****		1/Day	CALCTD
	MOL			]				1			
Solids, Total Suspended	SAMPLE MEASUREMENT	***	****		*****	11	12		0	2/Month	COMPOS
00530 1 Effluent Gross Value	PERMIT REQUIREMENT	***************************************	seesee !	*****	*****	30 01MOAV	100 01DAMX	MG/L		2/Month	COMPOS
	MOL		and the second								
Nitrogen, Ammonia Total (as N)	SAMPLE MEASUREMENT	****	****		*****	12	18		0	2/Month	COMPOS
00610 1 Effluent Gross Value	PERMIT REQUIREMENT		*****	*****		35 01MOAV	70 01DAMX	MG/L		2/Month	COMPOS
<u> </u>	MDL									12 12 1	
Petroleum Hydrocarbons	SAMPLE MEASUREMENT	****	*****		*****	<0.5	<0.5		0	2/Month	GRAB
00551 1 Effluent Gross Value	PERMIT REQUIREMENT	e Till og kallede i Statistick og skallede i Statistick og skallede i Statistick og skallede i Statistick og s Referense i Statistick og skallede i Statistick og skallede i Statistick og skallede i Statistick og skallede	An washing a state of the state	*****	*****	10 01MOAV	15 01DAMX	MG/L		2/Month	GRAB
·_ ·	MDL:			×-4m-		ethias 1971	eg Alberta (Francisco)			100	
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	*****	!	****	46	50		0	2/Month	COMPOS
00680 1 Effluent Gross Value	PERMIT REQUIREMENT		**************************************	*****		REPORT 01MOAV	50 01DAMX	MG/L		2/Month	COMPOS
	MDL ALL					Tuge dig <sup>ar</sup> diski sedir	garan garangan				
Lab Certification #	SAMPLE MEASUREMENT	17327	06431								
99999 99 Lab	PERMIT REGURAEMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab#	REPORT Lab#		3 1 1	Not Applic	NOT AP
	MDL.					arcina kon Kin					

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".

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NJPDES PERMIT	MONITORING PERIOD	MONITOR	RED LOCATION:
NJ0005622	Month         Day         Year           7         1         2003         To         Month         Day         Year           7         31         2003	181A - SW Outfa	all 481A
PERMITTEE: PSEG CO 80 PARK PLZ MAIL CODE - T17 NEWARK, NJ 07102	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC ALLOWAY CREEK NECK RD LOWER ALLOWAYS CREEK, NJ 08038-000	PSEG NUCLEAR PO BOX 236/N21 HANCOCKS BR	LLC
	REGION / COUNTY: Southern / Salem County		
CHECK IF APPLICABLE:	No Discharge this Monitoring Period Monitoring R	eport Comments Attac	ched
the certification or, in his absence the certification. Where the higher reponsibility or person designated another entity to operate the treat I certify under penalty of law that that, based on my inquiry of those complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The Novid E. Garchow, Vic.	et ranking official having day-to-day managerial and operational response a person designated by that person. For a local agency, the highest rest ranking operator does not have the ability to authorize capital exped by that person shall also sign the second certification at the bottom of timent works, the highest-ranking official of the contracted entity shall at I have personally examined and am familiar with the information see individuals immediately responsible for obtaining the information, are significant penalties for submitting false information, including the lew Jersey Water Pollution Control Act provides for penalties up to \$3 e-President Projects/Licensing	anking operator of the tenditures and hire person of this page. If the local sign the certification. In this document of the information of the possibility of fine and the information of the possibility of fine and the information of the same possibility of fine and the information of the same possibility of fine and the information of the same possibility of fine and the information of the same and the s	reatment works shall sign nnel, a person having that agency has contracted with ent and all attachments, and mation is true, accurate and
NAME AND TITLE OF PRINCIPAL E	RECYTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGIST 08/21/03	RY NUMBER (IF APPLICABLE) 856-339-3250
SIGNATURE OF PRINCIPAL EXECU	VIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
person designated by that person sho	est ranking operator does not have the ability to authorize capital expenditural sign the following certification:  accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed the N/A	•	. ,
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

**MONITORED LOCATION:** 

**MONITORING PERIOD:** 

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

7/1/2003 TO 7/31/2003

**PSEG NUCLEAR LLC** 

PARAMETER	$\times$	QUANTITY	OR LOADING	UNITS	QUAL	ITY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	510	514		****	*****	*****		0	11Day	CALOTA
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD		****	446344	*****		1/Day	CALCTD
	MOL					1 × 1.18.			<u> </u>		
рН	SAMPLE MEASUREMENT	*****	*****		7. /	*****	7.6		0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	######################################	*****	6.0 01DAMN	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	9.0 01DAMX	su		1/Week	GRAB
	MDL	in America	1. 1表記述 4.4	1	ger et en la distri						
pH .	SAMPLE MEASUREMENT	***	****		7.5	****	7.6		0	1/week	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT		100 - 100 -	*****	REPORT 01DAMN	***************************************	REPORT 01DAMX	su		1/Week	GRAB
	MDL										
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	****		CODE=N	*****	****		0	CODE:N	CODEIN
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT			*****	50 01DAMN	*****	****	%EFFL		2/Year	COMPOS
	MDL				s i liber						
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	****		****	CODE: N	CODE: N		0	CODE:N	CODE=N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT			*****		0.3 VAOM10	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	MOL						a transfer to		1 1		
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	****		****	<0.1	۲٥.١		0	3/week	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REGULATEMENT			*****		REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	MDL.				338 J. S. C. C.	arkinah malana	enta ***				

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.

PI 46814

PERMIT NUMBER:MONITORED LOCATION:MONITORING PERIOD:FACILITY NAME:NJ0005622481A SW Outfall 481A7/1/2003 TO 7/31/2003PSEG NUCLEAR LLC

PARAMETER	$\sim$	QUANTITY (	OR LOADING	UNITS	QUALI	TY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	. SAMPLE TYPE
Temperature,	SAMPLE MEASUREMENT	****	*****		*****	34.6	37.1		0	1/Day	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT		600000	*****		REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	MOL				jurda kajir gar						
Lab Certification #	SAMPLE MEASUREMENT	/7327	0643/								
99999 99 Lab	PERMIT REQUIREMENT	REPORT Leb #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab#			Not Applic	NOT AP
	MOL										

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.

NJPDES PERMIT	MONITORING PERIOD		MONITO	ORED LOCATION:
NJ0005622		Day         Year           31         2003	82A - SW Ou	tfall 482A
PERMITTEE: PSEG CO 80 PARK PLZ MAIL CODE - T17 NEWARK, NJ 07102	LOCATION OF ACT PSEG NUCLEAR LLC ALLOWAY CREEK NECK LOWER ALLOWAYS CRE	RD	PSEG NUCLE PO BOX 236/N	
	REGION / COUNTY: Southern / Sale	n County		
CHECK IF APPLICABLE:	No Discharge this Monitoring Period	Monitoring R	eport Comments At	itached
reponsibility or person designated another entity to operate the treat I certify under penalty of law that that, based on my inquiry of those complete. I am aware that there is to N.J.A.C. 7:14A-6.9(B). The N	est ranking operator does not have the ability to aud by that person shall also sign the second certifical ment works, the highest-ranking official of the constall have personally examined and am familiar with the individuals immediately responsible for obtaining are significant penalties for submitting false information for the personal water Pollution Control Act provides for the President – Projects/Licensing	ion at the bottom o tracted entity shall the information sug the information, action, including the	f this page. If the lo sign the certification that the docu I believe that the interpretation of the certification	cal agency has contracted with n.  Iment and all attachments, and formation is true, accurate and
	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LIC	ENSED OPERATOR	GRADE AND REG 08/21/03	SISTRY NUMBER (IF APPLICABLE) 856-339-3250
SIGNATURE OF PRINCIPAL EXECU	TIVE OFFICER, AUTHORIZED AGENT, OR *LICENSE	OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the highe person designated by that person sho	st ranking operator does not have the ability to authori ill sign the following certification:	e capital expenditure	es and hire personnel,	a person having that responsibility or
I certify under penalty of law and in a N/A	accordance with N.J.S.A. 58:10A-6F(5) that I have recei N/A	ved and reviewed the	attached discharge mo N/A	nitoring reports. N/A
NAME AND TITLE	SIGNATURE	······································	DATE	AREA CODE/PHONE NUMBER

PERI	ИIT	NUI	MBER:
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**MONITORED LOCATION:** 

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

482A SW Outfall 482A

7/1/2003 TO 7/31/2003

**PSEG NUCLEAR LLC** 

PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUAL	ITY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, in Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	468	474		*****	*****	*****		0	IlDay	CALOTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	1.44***********************************		*****	*****		1/Day	CALCTD
	MOL		the America								·
рН	SAMPLE MEASUREMENT	****	*****		7. /	*****	7.5		0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	******		*****	6.0 01DAMN	*******	9.0 01DAMX	SU		1/Week	GRAB
į	MDL			1		Harry - Fig.		1			
pН	SAMPLE MEASUREMENT	****	*****		7.5	*****	7.6		0	1/week	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT		######################################	*****	REPORT 01DAMN		REPORT 01DAMX	ຮຸບ		1/Week	GRAB
	MDL	*		]	BAR ALLEY						
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	****	*****		CODE: N	*****	*****		0	CODE=N	CODE=N
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT			*****	50 01DAMN	3 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	******	%EFFL		2/Year	COMPOS
	MDC										
Chlorine Produced Oxidants	8AMPLE MEASUREMENT	****	***		*****	CODE=N	CODESN		0	CODEIN	CODESN
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT			*****		0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	MDL						*				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	***	*****		*****	40.1	<0.1		0	3/work	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT			40000	antegra entre Silvinos (1995) de la compositorio de la compositorio della compositorio de la compositorio de la compositorio della compositorio de	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	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. .

PI 46814

PÉRMIT NUMBER:MONITORED LOCATION:MONITORING PERIOD:FACILITY NAME:NJ0005622482A SW Outfall 482A7/1/2003 TO 7/31/2003PSEG NUCLEAR LLC

PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	34.6	38./		0	IlDuy	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT			****		REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Lab Certification #	MDL		<b>我的意思的</b> 是不是								
Las ocianoanon w	SAMPLE MEASUREMENT	17327	06431								
99999 99 Lab	PERMIT REGUREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT	REPORT Lab#			Not Applic	NOT AP
	MOL					ng granggan giri ng granggan gran					

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. .

MIDDEC DEDIME	MONITODING DEDIC	<u> </u>	MONUTOL	DED LOCATION.
NJPDES PERMIT	MONITORING PERIO	U	MONTOR	RED LOCATION:
NJ0005622	Month         Day         Year         Month           7         1         2003         To         7	Day         Year           31         2003	483A - SW Outfa	all 483A
PERMITTEE: PSEG CO 80 PARK PLZ MAIL CODE - T17 NEWARK, NJ 07102	LOCATION OF AC PSEG NUCLEAR LLC ALLOWAY CREEK NEC LOWER ALLOWAYS C	CK RD	REPORT REC PSEG NUCLEAR PO BOX 236/N21 IIANCOCKS BR	LLC
	REGION / COUNTY: Southern / Sa	lem County		
CHECK IF APPLICABLE:	No Discharge this Monitoring Period	Monitoring R	Report Comments Atta	ched
the certification or, in his absence the certification. Where the higher reponsibility or person designated another entity to operate the treats. I certify under penalty of law that, based on my inquiry of those complete. I am aware that there at to N.J.A.C. 7:14A-6.9(B). The New Merchant of the certification of the certif	ranking official having day-to-day managerial a person designated by that person. For a local st ranking operator does not have the ability to by that person shall also sign the second certificant works, the highest-ranking official of the call have personally examined and am familiar we individuals immediately responsible for obtaine significant penalties for submitting false information was personally examined. The second certain significant penalties for submitting false information was personally examined. The second certain significant penalties for submitting false information. The second certain significant penalties for submitting false information.	agency, the highest rauthorize capital expectation at the bottom of contracted entity shall with the information sining the information, ormation, including the	eanking operator of the tenditures and hire person of this page. If the local sign the certification.  The believe that the informer possibility of fine and the certification.	reatment works shall sign onnel, a person having that agency has contracted with ent and all attachments, and mation is true, accurate and
NAME AND TITLE OF PRINCIPAL E.	KECUTIVE OFFICER, AUTHORIZED AGENT, OR *L	ICENSED OPERATOR	GRADE AND REGIST 08/21/03	FRY NUMBER (IF APPLICABLE) 856-339-3250
SIGNATURE OF PRINCIPAL EXECU	FIVE OFFICER, AUTHORIZED AGENT, OR *LICEN	SED OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the higher person designated by that person sha	st ranking operator does not have the ability to auth ll sign the following certification:	orize capital expenditur	es and hire personnel, a p	erson having that responsibility or
1 certify under penalty of law and in a N/A	ccordance with N.J.S.A. 58:10A-6F(5) that I have re N/A	ceived and reviewed the	e attached discharge monite N/A	oring reports. N/A
NAME AND TITLE	SIGNATURE	<del></del>	DATE	AREA CODE/PHONE NUMBER

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	QUAL	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	459	464	•	****	*****	****		0	11004	CALCTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	***************************************	*****	******	*****		1/Day	CALCTD
	MDL										
рH	SAMPLE MEASUREMENT	*****	****		7. 3	****	7. 6		0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	**************************************	**************************************	*****	6.0 01DAMN	*****	9.0 01DAMX	ຮບ		1/Week	GRAB
	MOL										
рН	SAMPLE MEASUREMENT	****	****		7.5	*****	7.6		0	1/week	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT			*****	REPORT 01DAMN	*****	REPORT 01DAMX	su		1/Week	GRAB
	MDL	r i tagakan je	BETAU TANAL								
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	*****		*****	CODE = N	CODE = N		0	COUE = N	COD62N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT			*****	**************************************	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	MDL	the grant for the			Caratte Mi			]			
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	****		*****	40.1	<0.1		0	3/week	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT			*****		REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	MDL										
Temperature, oC	SAMPLE MEASUREMENT	****	*****		****	34.4	38.4		0	1/Day	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT			****		REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	MOL										

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.

PI 46814

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

PARAMETER	X	QUANTITY (	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	. SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT	17327	06431								
99999 99 Lab	PERINT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP

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

NJPDES PERMIT	MONITORING PERIO	<u> </u>	MONITOI	RED LOCATION:
NJPDES PERMIT			MONITO	RED LOCATION:
NJ0005622	Month         Day         Year         Month           7         1         2003         To         7	Day         Year           31         2003	484A - SW Outfa	all 484A 
PERMITTEE: PSEG CO 80 PARK PLZ MAIL CODE - T17 NEWARK, NJ 07102	LOCATION OF AC PSEG NUCLEAR LLC ALLOWAY CREEK NEC LOWER ALLOWAYS CR	K RD	REPORT RE PSEG NUCLEAR PO BOX 236/N2 HANCOCKS BR	R LLC
	REGION / COUNTY: Southern / Sa	lem County		
CHECK IF APPLICABLE:	No Discharge this Monitoring Period	Monitoring l	Report Comments Atta	ched
the certification or, in his absence the certification. Where the higher eponsibility or person designated another entity to operate the treatment of the certify under penalty of law that that, based on my inquiry of those complete. I am aware that there at to N.J.A.C. 7:14A-6.9(B). The Normal David F. Garchow, Vice	ranking official having day-to-day managerial a person designated by that person. For a local st ranking operator does not have the ability to a by that person shall also sign the second certification works, the highest-ranking official of the case of the ca	agency, the highest authorize capital expectation at the bottom ontracted entity shall the information shing the information truntion, including the for penalties up to \$ 100.000 and \$ 100.0000 and \$ 100.00000 and \$ 100.00	ranking operator of the conditures and hire person of this page. If the local ll sign the certification. Submitted in this documn, I believe that the information he possibility of fine and \$50,000 per violation.	treatment works shall sign onnel, a person having that I agency has contracted with ent and all attachments, and mation is true, accurate and
NAME AND TITLE OF PRINCIPAL K	XECUTIVE OF VICER, AUTHORIZED AGENT, OR *L	ICENSED OPERATOR	GRADE AND REGIST 08/21/03	FRY NUMBER (IF APPLICABLE) 856-339-3250
SIGNATURE OF PRINCIPAL EXECUT	rive officer, authorized agent, or *Licens	SED OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the highes person designated by that person sha	st ranking operator does not have the ability to autho Il sign the following certification:	rize capital expenditu	res and hire personnel, a p	person having that responsibility or
I certify under penalty of law and in a N/A	ccordance with N.J.S.A. 58:10A-6F(5) that I have rec N/A	eived and reviewed th	e attached discharge monit N/A	oring reports. N/A
NAME AND TITLE	SIGNATURE	·······	DATE	AREA CODE/PHONE NUMBER

PERMIT NUMBER:

MONITORED LOCATION:

**MONITORING PERIOD:** 

FACILITY NAME:

NJ0005622

484A SW Outfall 484A

7/1/2003 TO 7/31/2003

**PSEG NUCLEAR LLC** 

PARAMETER		CUANTITY	OD LOADING	111170		TV OR OCHOFNE	247.04	T	NO.	FREQ. OF	SAMPLE
PARAMETER		QUANTITY	OR LOADING	UNITS	QUAL	ITY OR CONCENTE	RATION	UNITS	EX.	ANALYSIS	TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	489	490		****	*****	*****		0	1/Duy	CALCID
50050 1 Effluent Gross Value	PERMIT PEOUREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	Arte of the second of the seco	******	*****		1/Day	CALCTD
	MDL				er i jarjan i ja						3 3 2 2 3
pН	SAMPLE MEASUREMENT	*****	****		7.2	*****	7.6		0	Ilweek	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT			*****	6.0 01DAMN	******	9.0 01DAMX	ຮບ		1/Week	GRAB
	MDL		13 4 2 1 2 1			sa ang bat					
рH	SAMPLE MEASUREMENT	****	由杂杂杂杂		7.5	*****	7.6		0	Ilweek	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT		**************************************	*****	REPORT 01DAMN		REPORT 01DAMX	su		1/Week	GRAB
	MDL						et y	[			
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	****	****		COPE : N	****	****		0	CODEIN	CODE = N
TAN6A 1 Effluent Gross Value	PERMIT REGUREMENT		*****	*****	50 01DAMN		*****	%EFFL		2/Year	COMPOS
	and MDL 1970		is market a light of the				- 1				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	*****		****	COPE = N	CODE = N		0	COPE = N	CODE = N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT			*****		0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	WDL				laskija kultūra (1974)	utan, ya ku in 1911	A same participation				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	***	****		*****	40./	<0.1		0	3/week	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT			*****		REPORT 01MOAY	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	D MOL (5.4		李洛斯图4.75000		e ukruma efte n	a a nata tangang a					

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.

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	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	. SAMPLE TYPE
Temperature,	SAMPLE MEASUREMENT	*****	*****		*****	3 5.5	37.3		0	1/Day	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT			*****		REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	MDL										
Lab Certification #	SAMPLE MEASUREMENT	17327	06431								
99999 99 Lab	PERMIT REQUIREMENT	REPORT .	REPORT.		REPORT	REPORT Lab #	REPORT Lab#			Not Applic	NOT AP
	MDL							i L			

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 Monte	mig Keport Sur	mittai roim	
NJPDES PERMIT	MONITORING PERIO	D	MONITO	RED LOCATION:
NJ0005622	Month         Day         Year         Month           7         1         2003         To         7	Day         Year           31         2003	485A - SW Out	fall 485A
PERMITTEE: PSEG CO 80 PARK PLZ MAIL CODE - T17 NEWARK, NJ 07102	LOCATION OF AC PSEG NUCLEAR LLC ALLOWAY CREEK NEC LOWER ALLOWAYS CI	CK RD	REPORT RI PSEG NUCLEA PO BOX 236/NZ HANCOCKS BI	R LLC
	REGION / COUNTY: Southern / Sa	lem County		
CHECK IF APPLICABLE:	No Discharge this Monitoring Period	Monitoring I	Report Comments Att	ached
the certification or, in his absence the certification. Where the high reponsibility or person designate another entity to operate the treat I certify under penalty of law that that, based on my inquiry of tho complete. I am aware that there	st ranking official having day-to-day managerial be a person designated by that person. For a local est ranking operator does not have the ability to d by that person shall also sign the second certification timent works, the highest-ranking official of the cast I have personally examined and am familiar was individuals immediately responsible for obtainare significant penalties for submitting false info	agency, the highest authorize capital expectation at the bottom contracted entity shall with the information string the information or mation, including the	ranking operator of the benditures and hire person of this page. If the local sign the certification. Submitted in this document, I believe that the information of fine and the possibility of fine and the information.	treatment works shall sign connel, a person having that all agency has contracted with ment and all attachments, and armation is true, accurate and
	New Jersey Water Pollution Control Act provides ce-President – Projects/Licensing	for penalties up to \$	50,000 per violation.	N/A
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *1.	ICENSED OPERATOR	GRADE AND REGIS 08/21/03	STRY NUMBER (IF APPLICABLE) 856-339-3250
SIGNATURE OF PRINCIPAL EXECU	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICEN	SED OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the high person designated by that person sh	est ranking operator does not have the ability to authoall sign the following certification:	orize capital expenditu	res and hire personnel, a	person having that responsibility or
I certify under penalty of law and in N/A	accordance with N.J.S.A. 58:10A-6F(5) that I have re- N/A	ceived and reviewed th	e attached discharge mon N/A	itoring reports. N/A
NAME AND TITLE	SIGNATURE		DATE	AREA CODE/PHONE NUMBER

PERMIT NUMBER:

MONITORED LOCATION:

**MONITORING PERIOD:** 

NJ0005622

485A SW Outfall 485A

7/1/2003 TO 7/31/2003

**PSEG NUCLEAR LLC** 

**FACILITY NAME:** 

PARAMETER		QUANTITY	OR LOADING	UNITS	QUAL	ITY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	458	458		*****	****	*****		0	IlDay	CALOD
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD		******	196 (1965) 198 (1966) 198 (1966)	*****		1/Day	CALCTD
	MDL		ta e Nagrical III. de la companya d La companya de la co		医骨髓 医二十二						
pН	SAMPLE MEASUREMENT	*****	*****		7. 2	****	7.5	i	0	1/week	GRAD
00400 1 Effluent Gross Value	PERMIT REQUIREMENT		**************************************	*****	6.0 01DAMN	100 100 100 100 100 100 100 100 100 100	9.0 01DAMX	su		1/Week	GRAB
	MOL	tainkhab tijaaja				Part of the					
pH	SAMPLE MEASUREMENT	****	****		7.5	***	7.6		0	Ilweek	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT				REPORT 01DAMN	******	REPORT 01DAMX	\$U		1/Week	GRAB
	MDL		station in the								
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	****	****	İ	CODE = IV	*****	****		0	CODE=N	CORE:N
TAN5A 1 Effluent Gross Value	PERMIT REQUIREMENT	part of part of part of the pa		*****	50 01DAMN		nga nga Nga <b>sasas</b> di	%EFFL		2/Year	COMPOS
	MDL										
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	****		****	CODEIN	CODE 3 N		0	CODEZN	CODETN
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT		edi. Vyetsjund. Haritani Markania A. Hari	*****		E.0 VAOM10	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	MDL						Spring Language				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	****		*****	<0.1	<0.1		0	3/work	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REGUREMENT			*****		REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	S MDL	garden and state of Gr	建铁铁铁 电影节日				they be a set of the				

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.

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	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature,	SAMPLE MEASUREMENT	*****	*****		*****	35.4	37.2		O	11 Pay	CONTIN
00010 1 Effluent Gross Value	PERMIT RECUREMENT			*****		REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	alor.										
Lab Certification #	SAMPLE MEASUREMENT	17327	0643/								
<b>9</b> 9999 <b>9</b> 9 Lab	PERMIT REGUREMENT	REPORT Leb #	REPORT		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.

NJPDES PERMIT	MONITORING PERIOD	I	MONITOR	RED LOCATION:
NJ0005622	Month         Day         Year         Month         Day           7         1         2003         To         7         31	Year 2003	486A - SW Outfa	all 486A
PERMITTEE: PSEG CO 80 PARK PLZ MAIL CODE - T17 NEWARK, NJ 07102	LOCATION OF ACTIVITY PSEG NUCLEAR LLC ALLOWAY CREEK NECK RD LOWER ALLOWAYS CREEK, NJ		REPORT REC PSEG NUCLEAR PO BOX 236/N21 HANCOCKS BRI	LLC
	REGION / COUNTY: Southern / Salem Coun	ty		
CHECK IF APPLICABLE:	No Discharge this Monitoring Period Mo	nitoring I	Report Comments Attac	ched
the certification. Where the higher eponsibility or person designated another entity to operate the treatr. I certify under penalty of law that that, based on my inquiry of those complete. I am aware that there at to N.J.A.C. 7:14A-6.9(B). The Nonlayd F. Garchow, Vice	a person designated by that person. For a local agency, the st ranking operator does not have the ability to authorize of by that person shall also sign the second certification at the nent works, the highest-ranking official of the contracted. I have personally examined and am familiar with the infect individuals immediately responsible for obtaining the interest in the significant penalties for submitting false information, in the subject of the significant penalties for submitting false information, in the subject of the significant penalties for submitting false information, in the subject of th	capital exp ne bottom entity shale prmation s formation acluding the ies up to \$	penditures and hire perso of this page. If the local ll sign the certification. Submitted in this docume, I believe that the information possibility of fine and \$50,000 per violation.	nnel, a person having that agency has contracted with ent and all attachments, and mation is true, accurate and
NAME AND TITLE OF PRINCIPALES	rECOT) VE OFFICER, AUTHORIZED AGENT, OR *LICENSED O	PERATOR	GRADE AND REGIST 08/21/03	RY NUMBER (IF APPLICABLE) 856-339-3250
Ι,	TIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERA I ranking operator does not have the ability to authorize capita Il sign the following certification:		DATE res and hirc personnel, a p	AREA CODE/PIIONE NUMBER erson having that responsibility or
I certify under penalty of law and in a N/A	ecordance with N.J.S.A. 58:10A-6F(5) that I have received and r N/A	eviewed th	e attached discharge monito N/A	oring reports. N/A
NAME AND TITLE	SIGNATURE		DATE	AREA CODE/PHONE NUMBER

PERMIT NUMBER:

MONITORED LOCATION:

**MONITORING PERIOD:** 

FACILITY NAME:

NJ0005622

486A SW Outfall 486A

7/1/2003 TO 7/31/2003

**PSEG NUCLEAR LLC** 

		On Outlan 40	•		0 1/01/2000			_			
PARAMETER	$\times$	QUANTITY	OR LOADING	UNITS	QUAL	ITY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	422	424		*****	*****	*****		0	1/04	CALGID
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD		reformation of the second of t	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*****		1/Day	CALCTD
	MDL.										
рН	SAMPLE MEASUREMENT	*****	****		7.3	***	7. 6		0	Ilweek	GRAD
00400 1 Effluent Gross Value	PERMIT REQUIREMENT				6.0 01DAMN	#44### Nagara	9.0 01DAMX	su		1/Week	GRAB
	MOL			1	e e i ji shesi i						
рН	SAMPLE MEASUREMENT	*****	*****		7.5	****	7.6		0	Ilweek	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT		#####	*****	REPORT 01DAMN	*****	REPORT 01DAMX	SU		1/Week	GRAB
	MOL	Mark Bargal an						1			
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	*****		*****	CODE= N	CODE = N		0	CODEIN	CODE=N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT		******	*****		0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	MOL 2							[			
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	*****		*****	40.1	<0./		0	3/week	GRAD
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT		*****	*****	*******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	MOL										
Temperature,	SAMPLE MEASUREMENT	****	****		*****	35.2	37.3		0	1/0mg	CONTIN
00010 1 Effluent Gross Value	PERMIT RECARREMENT			*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	MDL.										August George

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.

PI 46814

PERMIT NUMBER:MONITORED LOCATION:MONITORING PERIOD:FACILITY NAME:NJ0005622486A SW Outfall 486A7/1/2003 TO 7/31/2003PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUALI	UNITS	NO. EX.	FREQ. OF ANALYSIS	, SAMPLE TYPE		
Lab Certification #	SAMPLE MEASUREMENT	. /7327	06431								
99999 99 Lab	PERMIT RECURREMENT MOL	REPORT Lab #	REPORT Lab#		REPORT Lab#	REPORT Lab#	REPORT Lab#			Not Applic	NOT AP

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

NJPDES PERMIT	MONITORING PERIOD	MONITO	RED LOCATION:
NJ0005622	Month         Day         Year         Month         Day         Year           7         1         2003         To         7         31         20		fall 487B
PERMITTEE: PSEG CO 80 PARK PLZ MAIL CODE - T17 NEWARK, NJ 07102	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC ALLOWAY CREEK NECK RD LOWER ALLOWAYS CREEK, NJ 080	PSEG NUCLEA PO BOX 236/N 138-0000 HANCOCKS B	AR LLC
	REGION / COUNTY: Southern / Salem County		
CHECK IF APPLICABLE:	No Discharge this Monitoring Period Monit	oring Report Comments At	tached
another entity to operate the treats  I certify under penalty of law that that, based on my inquiry of those complete. I am aware that there a	by that person shall also sign the second certification at the benent works, the highest-ranking official of the contracted ent. I have personally examined and am familiar with the informationals immediately responsible for obtaining the information included in the significant penalties for submitting false information, included Jersey Water Pollution Control Act provides for penalties	ity shall sign the certification nation submitted in this documention, I believe that the infounding the possibility of fine a	nnent and all attachments, and ormation is true, accurate and
	-President - Projects/Licensing	up to 450,000 per violation.	N/A
NAME AND TITLE OF PRINCIPALES	CUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPER	GRADE AND REGI 08/21/03	STRY NUMBER (IF APPLICABLE) 856-339-3250
SIGNATURE OF PRINCIPAL EXECUT	TIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	R DATE	AREA CODE/PHONE NUMBER
*For a local agency where the highes person designated by that person sha	t ranking operator does not have the ability to authorize capital ex Il sign the following certification:	penditures and hire personnel, a	n person having that responsibility or
I certify under penalty of law and in a N/A	ecordance with N.J.S.A. 58:10A-6F(5) that I have received and revi N/A	ewed the attached discharge mot N/A	nitoring reports. N/A
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

**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	QUAL	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT				*****	****	*****				
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD		******	*******	*****		1/Batch	CALCTD
	. MDL .										
pH	SAMPLE MEASUREMENT	*****	*****			*****					
00400 1 Effluent Gross Value	PERMIT REQUIREMENT			*****	6.0 01DAMN		9.0 01DAMX	<b>\$</b> U	100	1/Batch	GRAB
	MDL		F 11. v			a 11					
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****		*****						
00530 1 Effluent Gross Value	PERMIT REQUIREMENT	•••••		*****		REPORT 01MOAV	100 01DAMX	MG/L		1/Batch	GRAB
	MDL		ji katatiji, saa				3.4				
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****						
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	**************************************		*****		REPORT 01MOAV	43.3 01DAMX	DEG.C		1/Batch	GRAB
	MDL										
Petroleum Hydrocarbons	SAMPLE MEASUREMENT	****	*****		****						
00551 1 Effluent Gross Value	PERMIT REQUIREMENT		y ny sarahasa Sarahasa Karasa Mangalan Sar	*****		REPORT 01MOAV	15 01DAMX	MG/L		1/Batch	GRAB
	MDL.	in the light	en stage payediga				r Wassing Arthur				
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	***	***		*****						
00680 1 Effluent Gross Value	PERMIT REGULEMENT			*****		REPORT 01MOAV	50 01DAMX	MG/L		1/Batch	GRAB
	MDL					ris tesping region of					

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".

PI 46814

PENMIT NUMBER:	<u>MOR</u>	VITORED LOCATI	ON:	MONITOR	RING PERIOD:	FACILITY N	AME:			<u></u>	
NJ0005622	487B SW Outfall 487B 7/			7/1/2003 1	ΓO 7/31/2003	PSEG NUCI	EAR LLC				
PARAMETER	X	QUANTITY OR	LOADING	UNITS	QUALIT	TY OR CONCENTE	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT										
99999 99 Lab	PERMIT RECURREMENT	REPORT Lab #	REPORT Lab#		REPORT	REPORT.	REPORT Lab #			Not Applic	NOT AP
	MOC				อังกับสายค่อง ที่เกาะเรื่อง		11.59 1 1 2 1 1 7 1		1000		

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	MONITODING BEDIC	<u> </u>	MONITO	DED LOCATION.
NJPDES PERMIT	MONITORING PERIO	עי	MONITO	RED LOCATION:
NJ0005622	Month         Day         Year         Month           7         1         2003         To         7	Day         Year           31         2003	489A - SW Outf	all 489A
PERMITTEE: PSEG CO 80 PARK PLZ MAIL CODE - T17 NEWARK, NJ 07102	LOCATION OF AC PSEG NUCLEAR LLC ALLOWAY CREEK NE LOWER ALLOWAYS C	CK RD	REPORT RE PSEG NUCLEAR PO BOX 236/N2 HANCOCKS BR	RLLC I
	REGION / COUNTY: Southern / Sa	lem County		
CHECK IF APPLICABLE:	No Discharge this Monitoring Period	Monitoring	Report Comments Atta	ched
the certification or, in his absence the certification. Where the higher eponsibility or person designated another entity to operate the treatment of the certify under penalty of law that that, based on my inquiry of those complete. I am aware that there at to N.J.A.C. 314A-6.9(B). The No.	ranking official having day-to-day managerial a person designated by that person. For a loca st ranking operator does not have the ability to by that person shall also sign the second certifment works, the highest-ranking official of the I have personally examined and am familiar ve individuals immediately responsible for obtaine significant penalties for submitting false infew Jersey Water Pollution Control Act provides e-President — Projects/Licensing	agency, the highest authorize capital exication at the bottom contracted entity shawith the information ning the information promation, including	ranking operator of the penditures and hire person of this page. If the locall sign the certification. submitted in this documn, I believe that the inforthe possibility of fine and	treatment works shall sign onnel, a person having that I agency has contracted with ent and all attachments, and mation is true, accurate and
NAME AND TITLE OF PRINCIPALE	RECUTIVE OFFICER, AUTHORIZED AGENT, OR *I	ICENSED OPERATOR	08/21/03	TRY NUMBER (IF APPLICABLE) 856-339-3250
SIGNATURE OF PRINCIPAL EXECUT	TIVE OFFICER, AUTHORIZED AGENT, OR *LICEN	SED OPERATOR	DATE	AREA CODE/PHONE NUMBER
person designated by that person sha				
I certify under penalty of law and in a N/A	ccordance with N.J.S.A. 58:10A-6F(5) that I have re N/A	ceived and reviewed t	he attached discharge monit N/A	oring reports. N/A
NAME AND TITLE	SIGNATURE		DATE	AREA CODE/PHONE NUMBER

PERMIT NUMBER:

**MONITORED LOCATION:** 

**MONITORING PERIOD:** 

FACILITY NAME:

NJ0005622

489A SW Outfall 489A

7/1/2003 TO 7/31/2003

**PSEG NUCLEAR LLC** 

PARAMETER		QUANTITY (	OR LOADING	UNITS	QUAL	ITY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, in Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.0960	0.0960		*****	*****	*****		0	1/Month	CALOTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	danaa	*****	**************************************	******		1/Month	CALCTD
	MDL										
рН	SAMPLE MEASUREMENT	***	****		7.7	*****	7.7		0	1/Month	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT		***	*****	6.0 01DAMN		9.0 01DAMX	su		1/Month	GRAB
	MOL.		a de la companya de								
Solids, Total Suspended	SAMPLE MEASUREMENT	****	****		5	5	*****		0	1/Month	GRAB
00530 1 Effluent Gross Value	PERMIT REQUIREMENT		######################################	*****	100 01DAMX	30 01MOAV	****	MG/L		1/Month	GRAB
	MDL							ļ			
Petroleum Hydrocarbons	SAMPLE MEASUREMENT	****	****		*****	<0.5	<0,5		o	1/Month	GRAD
00551 1 Effluent Gross Value	PERMIT REQUIREMENT		*****	*****		10 01MOAV	15 01DAMX	MG/L		1/Month	GRAB
	MDL								F . 1		
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	***	*****		****	18	18		O	1/Month	GRAD
00680 1 Effluent Gross Value	PERMIT REQUIREMENT			*****		REPORT 01MOAV	50 01DAMX	MG/L		1/Month	GRAB
	MDL.										
Lab Certification #	SAMPLE MEASUREMENT	/7327	06431								
99999 <b>9</b> 9 Lab	PERMIT REGLAREMENT	REPORT	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab#			Not Applic	NOT AP
	MOL	i jeropolici (j. <del>18</del> 6	સાંભુકી પ્રતિવાસ કરાયાં હતું છે.		ara en jeneral						

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".