

#### LR-E04-0119

March 18, 2004

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 7003 0500 0003 4363 8848

#### 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 February 2004.

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,

Michael H. Brothers

Vice President Site Operations

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Attachments

NJPDES Report February 2004

C Executive Director – DRBC USNRC – Document Control Desk Unit#1-50-272 Unit#2-50-311 Manager – Nuclear Safety & Licensing C. McAuliffe, Esq. D. Hurka E. Keating SCH04-008

#### NJPDES Report Explanation of Deviations February 2004

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

489C

Both, the daily maximum and monthly average permit limits for petroleum hydrocarbons at DSN 489C were exceeded during the February monitoring period. On February 24, 2004 Salem Generating Station received analytical results from South Jersey Testing Laboratory, which indicated that the permit limits for petroleum hydrocarbons for DSN 489C had been exceeded. The reported analytical value was 65.3 milligrams per liter (mg/l). An additional sample was obtained on February 24, 2004. The reported analytical value for that sample was 14.9 mg/l. Based on these two analytical results it was not possible to reduce the monthly average below the permit limit. The permit limit for petroleum hydrocarbons is 10 mg/l as a monthly average and 15 mg/l as a daily maximum. DSN 489C is the outfall from the Oil/Water Separator (OWS) and discharges to the Delaware River. There was no evidence of any damage or injury to human health or the environment as a result of this exceedance.

As this sample was obtained on February 4, 2004, it is not known how long the system was out of compliance or the total volume of the discharge. However, the sample taken on January 7, 2004 and subsequent samples taken on February 24 and 25, 2004 indicated that the system was in compliance.

PSEG is investigating the cause of the discharge and to date has discovered that two of the coalescer packs on the OWS unit 1 separator had become fouled and partially dislodged from their retaining racks, and one of the coalescer packs on the OWS unit 2 separator had physically moved from it's position. In this condition wastewater could pass through the separator only partially treated. PSEG believes that this condition was the most likely cause of the exceedance.

In order to prevent reoccurrence, PSEG has replaced the failed coalescer packs on the OWS unit 1 separator and removed the OWS unit 2 separator from service until an internal inspection can

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NJPDES Report Explanation of Deviations February 2004

48C

be performed. Since these measures were taken the petroleum hydrocarbon level has been reduced to <0.5 mg/l. Further corrective measures are being considered as part of the investigation. When the investigation is completed, any additional measures taken will be communicated to the NJDEP.

The daily maximum permit limit for Total Organic Carbon (TOC) at DSN 48C was exceeded during the February monitoring period. On February 26, 2004 Salem Generating Station received analytical results from South Jersey Testing Laboratory, which indicated that the permit limit for TOC at DSN 48C had been exceeded. The reported analytical value was 59 milligrams per liter (mg/l). The permit limit for TOC is 50 mg/l as a daily maximum.

DSN 48C is the outfall from the Non-Radioactive Liquid Waste Disposal System (NRLWDS) and discharges to the Delaware River. There was no evidence of any damage or injury to human health or the environment as a result of this exceedance.

The NRLWDS is operated in a batch mode to allow for the treatment of ammonia, hydrazine and TOC. Prior to release, Chemistry personnel analyze each batch for the aforementioned pollutants. The analysis for this batch of approximately 240,000 gallons indicated that all pollutants were within permit limitations. This batch release began on February 17, 2004 at 0920 hours and was completed on February 17, 2004 at 1605 hours.

The analytical instrument used for TOC on site is extremely sensitive and necessitates diluting the samples by a factor of 1 to a 1000. Due to this dilution ratio, it is most likely that a small error was introduced during the analytical process resulting in a low analytical result.

In order to prevent reoccurrence, PSEG has instituted an internal administrative limit of 40 mg/l TOC that must be obtained prior to releasing a batch.

NJPDES Report Explanation of Deviations February 2004

#### Monitoring Report Comments for DSN 489C

In order to verify compliance and proper operation of the system, six additional samples were obtained during the monitoring period.

#### COUNTY OF SALEM STATE OF NEW JERSEY

I, Michael H. Brothers, of full age, being duly sworn according to law, upon my oath depose and say:

- I Michael H. Brothers, Vice President of Site Operations for PSEG Nuclear, and as such, am authorized to sign Salem's Discharge Monitoring Reports submitted to the New Jersey Department of Environmental Protection pursuant to the Station's New Jersey Pollutant Discharge Elimination System permit.
- 2. I have reviewed the attached Discharge Monitoring Reports. Pursuant to N.J. A. C. 7:14A-2.4, I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that based on my inquiry of those individuals responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.
- 3. The signature on the attached Discharge Monitoring Reports is my signature and I am submitting this affidavit in satisfaction of the requirement that my signature be notarized.

Michael H. Brothers Vice President Site Operations

Sworn and subscribed before me this/9\_ day of March 2004

Kimberly J. Brown Notary Public of New Jersey My Commission Expires June 16, 2008

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

NJPDES PERMIT	MONITO	DRING PERIOD	MONITORED LOCATION:					
NJ0005622	MonthDayYear212004	MonthDayYearTo2292004	FACA - SW Outf	all FACA				
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NECK RI HANCOCKS BRIDGE, NJ 080	PSEG I ALLOV D LOWE	ATION OF ACTIVITY: NUCLEAR LLC WAY CREEK NECK RD R ALLOWAYS CREEK, NJ 08038-00	REPORT REC PSEG NUCLEAR PO BOX 236/N21 HANCOCKS BRI	LLC				
	<b>REGION / COUN</b>	TY: Southern / Salem County						
CHECK IF APPLICABLE:	No Discharge this Mo	nitoring Period 🛛 🗌 Monitoring	<b>Report Comments Attac</b>	hed				
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		submitting false information, including ontrol Act provides for penalties up to		l/or imprisonment, pursuant				
Michael H. Brothers, Vie	ce President Site Operatio	ns	N/A					
NAME AND TITLE OF PRINCIPAL E	XECUTIVE OFFICER, AUTHO	RIZED AGENT, OR *LICENSED OPERATO	OR GRADE AND REGIST 03/18/2004	TRY NUMBER (IF APPLICABLE) 856-339-2900				
SIGNATURE OF PRINCIPAL EXECU	TIVE OFFICER, AUTHORIZE	D AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER				
*For a local agency where the highe person designated by that person sha		ave the ability to authorize capital expend n:	itures 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. 58:10/	A-6F(5) that I have received and reviewed t N/A	he attached discharge monitor N/A	ring reports. N/A				
NAME AND TITLE	SIGNATUR	RE	DATE	AREA CODE/PHONE NUMBER				

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PERMIT NUMBER:	MON	IITORED LOCA	TION: I	MONITOF	RING PERIOD:	FACILITY N	AME:								
NJ0005622	FAC	A SW Outfall F	ACA 2	2/1/2004 1	O 2/29/2004	PSEG NUCL	EAR LLC								
PARAMETER	QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION						UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE					
Temperature, oC	SAMPLE MEASUREMENT	*****	****		*****	2.3	4./		0	Continuous	CONTIN				
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Lab Certification #	SAMPLE MEASUREMENT	17327	06431			· · ·									
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	MDL	THE CONTRACTOR		è	e. Zidais. K. A. B. B	ženervice,									

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	MONITOR	ED LOCATION:
NJ0005622	MonthDayYearMonthDayYear212004To2292004	FACB - SW Outf	all FACB
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NECK R HANCOCKS BRIDGE, NJ 086		REPORT REC PSEG NUCLEAR PO BOX 236/N21 HANCOCKS BRI	LLC
	<b>REGION / COUNTY: Southern / Salem County</b>		•
CHECK IF APPLICABLE:	No Discharge this Monitoring Period 🛛 Monitoring F	Report Comments Attac	ched
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Michael H. Brothers, Vic	ce President Site Operations	N/A	·
NAME AND TITLE OF PRINCIPAL I	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGIS	<b>FRY NUMBER (IF APPLICABLE)</b>
ns		03/18/2004	856-339-2900
SIGNATURE OF PRINCIPAL EXECU	JTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the high person designated by that person sha	est ranking operator does not have the ability to authorize capital expenditu Il sign the following certification:	tres and hire personnel, a	person having that responsibility or
I certify under penalty of law and in	accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed the	e attached discharge monito	
N/A	N/A	N/A	N/A
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER
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PERMIT NUMBER: NJ0005622		/ // <i>TORED LOCA</i> B SW Outfall F/			NING PERIOD:	<i>FACILITY N/</i> PSEG NUCL					
PARAMETER	QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION						UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		•••••	2.3	4.1		0	Continuous	CONTIN
00010 G Raw Sew/influent	PERMIT REQUIREMENT	*****	*****	******	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
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Lab Certification #	SAMPLE	• 17327	06431								<u>.</u>
99999 99 Lab	PERMIT REQUIREMENT	REPORT	REPORT Lab #		REPORT	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	MDL	20122124,234	FOR AN ALL	1		retransi seri					

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## New Jersey Department of Environmental Protection Division of Water Quality

Surface Wate	r Discharge Monito	oring Report Submittal Fo	ſM
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NJPDES PERMIT	MONITORING PERIOD	MONITORI	ED LOCATION:
NJ0005622	MonthDayYearMonthDayYear212004To2292004	FACC - SW Outfa	all FACC
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NECK R HANCOCKS BRIDGE, NJ 08(		REPORT REC PSEG NUCLEAR I PO BOX 236/N21 HANCOCKS BRIE	LLC
	<b>REGION / COUNTY: Southern / Salem County</b>		
CHECK IF APPLICABLE:	No Discharge this Monitoring Period Monitoring	g Report Comments Attacl	ned
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	XECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERAT		RY NUMBER (IF APPLICABLE)
min		03/18/2004	856-339-2900
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*For a local agency where the high person designated by that person sha	est ranking operator does not have the ability to authorize capital expendent Il sign the following certification:	litures and hire personnel, a p	erson having that responsibility or
I certify under penalty of law and in	accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed	the attached discharge monitor	ing reports.
N/A	N/A	N/A	N/A
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

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PERMIT NUMBER:	MON	- IITORED LOCA	TION: N		RING PERIOD:	FACILITY N	AME:				
NJ0005622		C SW Outfall F		2/1/2004 TO 2/29/2004		PSEG NUCLEAR LLC					
PARAMETER	$\mathbf{\mathbf{X}}$	QUANTITY	OR LOADING	UNITS	UNITS QUALITY OR CONCENTRATION					FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	2370	2440		*****	*****	*****		0	IlDay	CALCTD
50050 G Raw Sew/influent	PERMIT	3024 01MOAV	REPORT 01DAMX	MGD	*****			*****		1/Day	CALCTD
	MDL						Real and the second				
Thermal Discharge Million BTUs per Hr	SAMPLE MEASUREMENT	13663	14803		*****	*****	*****		0	ILDay	CALCTO
00015 2 Effluent Net Value	PERMIT REQUIREMENT	REPORT 01MOAV	30600 01DAMX	MBTU/HR	******	*****	*****	•••••		1/Day	CALCTD
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Lab Certification #	SAMPLE MEASUREMENT	17327	06431		· .						
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NJPDES PERMIT	MONITORING PERIOD	MONITOR	ED LOCATION:
NJ0005622	MonthDayYear212004To2292004	048C - SW Outfa	II 48C
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NECK R HANCOCKS BRIDGE, NJ 080		REPORT REC PSEG NUCLEAR PO BOX 236/N21 00 HANCOCKS BRI	LLC
	<b>REGION / COUNTY: Southern / Salem County</b>	· · ·	
CHECK IF APPLICABLE:	No Discharge this Monitoring Period 🛛 Monitoring	Report Comments Attac	hed
the certification or, in his absence the certification. Where the highe reponsibility or person designated another entity to operate the treats I certify under penalty of law that that, based on my inquiry of thos complete. I am aware that there	t ranking official having day-to-day managerial and operational resp a person designated by that person. For a local agency, the highest is st ranking operator does not have the ability to authorize capital exp l by that person shall also sign the second certification at the bottom ment works, the highest-ranking official of the contracted entity shal at I have personally examined and am familiar with the information se individuals immediately responsible for obtaining the informatio are significant penalties for submitting false information, including few Jersey Water Pollution Control Act provides for penalties up to S	ranking operator of the tre enditures and hire personn of this page. If the local a l sign the certification. submitted in this docume n, I believe that the inform the possibility of fine and	atment works shall sign lel, a person having that gency has contracted with ant and all attachments, and nation is true, accurate and
	ce President Site Operations	N/A	
NAME AND TITLE OF PRINCIPAL I $\mathcal{M}  [\mathcal{A}]$	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	OR GRADE AND REGIST 03/18/2004	TRY NUMBER (IF APPLICABLE) 856-339-2900
SIGNATURE OF PRINCIPAL EXECU	JTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the high person designated by that person sha	est ranking operator does not have the ability to authorize capital expendi Il sign the following certification:	tures and hire personnel, a p	person having that responsibility of
I certify under penalty of law and in a N/A	accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed th N/A	ne attached discharge monito N/A	ring reports. N/A
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

PERMIT NUMBER:	MON	ITORED LOCA	TION: N	IONITOR	NING PERIOD:	FACILITY N	AME:				
NJ0005622	048C	SW Outfall 48	C 2	/1/2004 T	O 2/29/2004	PSEG NUCL	EAR LLC				
PARAMETER	$\triangleright$	QUANTITY (	DR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.1557	0.5220		*****	*****	*****		0	1/Day	CALCTD
50050 1 Effluent Gross Value	PERMIT	REPORT 01MOAV	REPORT 01DAMX	MGD	******		******	•••••		1/Day	CALCTD
	MDL				And an an an an article and article and article and						
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****		*****	10	11		0	2/Month	COMPOS
00530 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	******	30 01MOAV	100 01DAMX	MG/L		2/Month	COMPOS
	MDL						2464437250835				
Nitrogen, Ammonia Total (as N)	SAMPLE MEASUREMENT	•••••	*****		•••••	3	4		0	2/Munth	COMPOS
00610 1 Effluent Gross Value	PERMIT REQUIREMENT	******		*****	*****	35 01MOAV	70 01DAMX	MG/L		2/Month	COMPOS
Petroleum	MDL:			<b> </b>		(25-15- <b>1412</b> ;23)	CALLAR STRUE				
Hydrocarbons	SAMPLE MEASUREMENT	*****	*****		*****	50.5	< 0.5		0	2/Month	GRAB
00551 1 Effluent Gross Value	PERMIT REQUIREMENT	******		******	*****	10 01MOAV	15 01DAMX	MG/L		2/Month	GRAB
	MDL	STREES REA			2. However the	3424234525121	1042-127-121				
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	. *****	*****		*****	44	59		1	2/Month	COMPOS
00680 1 Effluent Gross Value	PERMIT REQUIREMENT.		******	•••••	******	REPORT 01MOAV	50 01DAMX	MG/L		2/Month	COMPOS
Lab Certification #	MDL SAMPLE MEASUREMENT	/7327	06431	<u></u>			<u>eritaria</u>				
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT:		REPORT	REPORT	REPORT			Not Applic	NOT AP
	MDL			1							

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".

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	MonthDayYear212004To2292004	481A - SW Outfall 481A
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NECK R HANCOCKS BRIDGE, NJ 080		REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038
	<b>REGION / COUNTY: Southern / Salem County</b>	
CHECK IF APPLICABLE:	No Discharge this Monitoring Period 🛛 Monitorin	g Report Comments Attached
the certification or, in his absence the certification. Where the highe reponsibility or person designated another entity to operate the treatu I certify under penalty of law that that, based on my inquiry of those complete. I am aware that there	t ranking official having day-to-day managerial and operational rese a person designated by that person. For a local agency, the highes est ranking operator does not have the ability to authorize capital exit by that person shall also sign the second certification at the bottoment works, the highest-ranking official of the contracted entity shat I have personally examined and am familiar with the information se individuals immediately responsible for obtaining the informat are significant penalties for submitting false information, includin lew Jersey Water Pollution Control Act provides for penalties up to	t ranking operator of the treatment works shall sign penditures and hire personnel, a person having that n of this page. If the local agency has contracted with all sign the certification. on submitted in this document and all attachments, and ion, I believe that the information is true, accurate and g the possibility of fine and/or imprisonment, pursuant
Michael H. Brothers, Vi	ce President Site Operations	N/A
NAME AND TITLE OF PRINCIPAL I	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERA	FOR GRADE AND REGISTRY NUMBER (IF APPLICABLE)
n1f		03/18/2004 856-339-2900
SIGNATURE OF PRINCIPAL EXECT	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER
*For a local agency where the high person designated by that person sha	est ranking operator does not have the ability to authorize capital expen Il sign the following certification:	ditures and hire personnel, a person having that responsibility of
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 monitoring reports. N/A N/A
NAME AND TITLE	SIGNATURE	DATE AREA CODE/PHONE NUMBER

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pH     SAMPLE MEASUREMENT        00400 1     PERMIT REQUIREMENT        pH     SAMPLE MOL        pH     SAMPLE MEASUREMENT        00400 7     MOL       Intake From Stream        WDL        VOL        LC50 Statre 96hr Acu     SAMPLE MEASUREMENT       Cyprinodon     SAMPLE MEASUREMENT       TAN6A 1     PERMIT REQUIREMENT       Effluent Gross Value     SAMPLE MEASUREMENT       MDL        VDL        Chlorine Produced     SAMPLE MEASUREMENT       Oxidants        'CPOX 1        PERMIT REQUIREMENT		ILITY NÀME:			_	
Flow, In Conduit or       SAMPLE         Thru Treatment Plant       SAMPLE         50050 1       REPORT         Effluent Gross Value       Mol.         PH       SAMPLE         00400 1       REPORT         Effluent Gross Value       Mol.         PH       SAMPLE         00400 1       REPORT         Effluent Gross Value       Mol.         PH       SAMPLE         MOL       Mol.         LC50 State 96hr Acu       SAMPLE         Cyprindon       Mol.         TAN6A 1       Mol.         Effluent Gross Value       Mol.         <	29/2004 PSEC	G NUCLEAR LLC				
SAMPLE     SAMPLE     Y 3 6     Y 7 6       50050 1     REPORT     REPORT     MGD       pH     Mol     Mol       pH     SAMPLE     Intervention       00400 1     REPORT     Intervention       pH     Mol     Intervention       00400 1     REPORT     Intervention       pH     Mol     Intervention       00400 1     REPORT     Intervention       pH     Mol     Intervention       00400 7     REPORT     Intervention       pERMIT     REPORT     Intervention       00400 7     REPORT     Intervention       pERMIT     Intervention     Intervention       CSS State 96hr Acu     SAMPLE     Intervention       Cyprinodon     REPORT     Intervention       TAN6A 1     REPORT     Intervention       Chlorine Produced	QUALITY OR CO	DNCENTRATION			FREQ. OF ANALYSIS	SAMPLE TYPE
Effluent Gross Value     REQUIREMENT     01MOAV     01DAMX     MOD       pH     SAMPLE     SAMPLE     SAMPLE     SAMPLE       00400 1     FERMIT     SAMPLE     SAMPLE       pH     SAMPLE     SAMPLE     SAMPLE       00400 7     MOL     SAMPLE     SAMPLE       pH     SAMPLE     SAMPLE     SAMPLE       00400 7     MOL     SAMPLE     SAMPLE       pENMIT     MOL     SAMPLE     SAMPLE       QUPINDON     SAMPLE     SAMPLE     SAMPLE       C50 Statre 96hr Acu     SAMPLE     SAMPLE     SAMPLE       Cyprinodon     SAMPLE     SAMPLE     SAMPLE       TAN6A 1     PERMIT     SAMPLE     SAMPLE       Effluent Gross Value     SAMPLE     SAMPLE     SAMPLE       VDL     SAMPLE     SAMPLE     SAMPLE       Chlorine Produced     SAMPLE     SAMPLE     SAMPLE       Oxidants     SAMPLE     SAMPLE     SAMPLE       Chlorine Produced     SAMPLE     SAMPLE	*****	*** *****		0	IlPay	CALCTO
pH     SAMPLE MEASUREMENT     ******     ******       00400 1     PERMIT RECURRENT     ******     ******       pH     SAMPLE MOL     ******     ******       00400 7     SAMPLE MEASUREMENT     ******     ******       00400 7     PERMIT RECURRENT     ******     ******       00400 7     MDL     ******     ******       00400 7     PERMIT RECURRENT     ******     ******       00400 7     PERMIT RECURRENT     ******     ******       LC50 Statre 96hr Acu Cyprinodon TAN6A 1     SAMPLE MEASUREMENT     ******     C.0       Chlorine Produced Oxidants     SAMPLE MDL     ******     ******     C.0       Chlorine Produced Option 1     SAMPLE MEASUREMENT     ******     ******     ******       Oxidants     ******     ******     ******     ******       Chlorine Produced Oxidants     SAMPLE MEASUREMENT     ******     ******       Oxidants     ******     ******     ******	*****	***	•••••		1/Day	CALCTD
MEASUREMENT     ******     ******       00400 1     PERMIT REQUIREMENT     ******     ******       pH     SAMPLE MEASUREMENT     ******     ******       00400 7     MOL     ******       pH     SAMPLE MEASUREMENT     ******       00400 7     PERMIT REQUIREMENT     ******       00400 7     PERMIT REQUIREMENT     ******       00400 7     PERMIT REQUIREMENT     ******       00400 7     PERMIT REQUIREMENT     ******       1     MDL     ******       00400 7     SAMPLE MEASUREMENT     ******       00400 7     PERMIT REQUIREMENT     ******       1     MDL     ******       1     MDL     ******       1     MDL     ******       1     MDL     ******       1     PERMIT REQUIREMENT     ******       1     MDL     *******       1     MDL     *				363	1.557.24	2005 Print
00400 1     PERMIT     ******     ******     ******       PH     SAMPLE MEASUREMENT     ******     ******     ******       00400 7     MOL     ******     ******     ******       00400 7     PERMIT Intake From Stream     ******     ******     ******       00400 7     MOL     ******     ******     ******       00400 7     PERMIT Intake From Stream     ******     ******     ******       VIDL     ******     ******     ******     ******       LC50 Statre 96hr Acu     SAMPLE MEASUREMENT     ******     ******     ******       Cyprinodon     MEASUREMENT     ******     ******     Code       TAN6A 1     PERMIT REQUIREMENT     ******     ******     ******       Chlorine Produced     SAMPLE MEASUREMENT     ******     ******     ******       Oxidants     *     ******     ******     ******       Chlorine Produced     SAMPLE MEASUREMENT     ******     ******     ******       Oxidants     MOL     ******     ******     ******       Chlorine Produced     SAMPLE MEASUREMENT     ******     ******     ******       Oxidants     MOL     ******     ******     ******	7,3 ***			0	Ilweek	GRAB
pH     SAMPLE MEASUREMENT     ******     ******       00400 7 Intake From Stream     PERMIT REQUIREMENT     ******     ******       MOL     ******     ******     ******       LC50 Statre 96hr Acu     SAMPLE MEASUREMENT     ******     ******       Cyprinodon     MAL     ******     ******       TAN6A 1     PERMIT REQUIREMENT     ******     ******       Chlorine Produced     SAMPLE MEASUREMENT     ******     ******       Oxidants     ******     ******     ******       *CPOX 1     PERMIT REQUIREMENT     ******     ******       Option 1     MOL     ******     ******       Oxidants     SAMPLE MEASUREMENT     ******     ******	6.0 01DAMN ***	9.0 01DAMX	SU		1/Week	GRAB
pH     SAMPLE MEASUREMENT     ******     ******       00400 7 Intake From Stream     PERMIT REQUIREMENT     ******     ******       MDL     ******     ******       LC50 Statre 96hr Acu     SAMPLE MEASUREMENT     ******     ******       Cyprinodon     MAL     ******     ******       TAN6A 1     PERMIT REQUIREMENT     ******     ******       Chlorine Produced     SAMPLE MEASUREMENT     ******     ******       Oxidants     ******     ******     ******       *CPOX 1     PERMIT REQUIREMENT     ******     ******       Oxidants     MOL     ******     ******       Chlorine Produced     SAMPLE MEASUREMENT     ******     ******       Oxidants     ******     ******     ******						
Intake From Stream     RECURREMENT     ******     ******       MDL     MDL     ******     ******       LC50 Statre 96hr Acu     SAMPLE     ******     ******       Cyprinodon     MEASUREMENT     ******     ******       TAN6A 1     PERMIT     ******     ******       Effluent Gross Value     MDL     ******     ******       MDL     MDL     ******     ******       Chlorine Produced     SAMPLE     ******     ******       Oxidants     ******     ******     ******       Option 1     MDL     ******     ******       Oxidants     SAMPLE     ******     ******       Option 1     MDL     ******     ******       Oxidants     SAMPLE     ******     ******       Option 1     MDL     ******     ******	7.6 ***			0	Ilweck	GRAB
LC50 Statre 96hr Acu       SAMPLE       ******       ******       CO         Cyprinodon       MAL       ******       ******       ******       CO         TAN6A 1       PERMIT       *******       ******       ******* <td>REPORT 01DAMN</td> <td>REPORT</td> <td>ຣບ</td> <td></td> <td>1/Week</td> <td>GRAB</td>	REPORT 01DAMN	REPORT	ຣບ		1/Week	GRAB
SAMPLE MEASUREMENT     ******     ******     CO       TAN6A 1     PERMIT REQUIREMENT     ******     ******     ******     ******       Effluent Gross Value     MDL     ******     ******     ******     ******       Chlorine Produced     SAMPLE MEASUREMENT     ******     ******     ******     ******       Oxidants     ******     ******     ******     ******     ******       CPOX 1     PERMIT REQUIREMENT     ******     ******     ******       Option 1     MOL     ******     ******     ******       Chlorine Produced     SAMPLE MEASUREMENT     ******     ******     ******       Option 1     MOL     ******     ******     ******       Chlorine Produced     SAMPLE MEASUREMENT     ******     ******       Oxidants     ******     ******     ******	AMERICAN BEARS	eres sealerse			and a second	i. 
Effluent Gross Value     PEOLINEMENT     ******     ******       MDL     MDL     ******     ******       Chlorine Produced     SAMPLE MEASUREMENT     *******     ******       Oxidants     ******     ******     ******       *CPOX 1     PERMIT REQUIREMENT     ******     ******       Option 1     MOL     ******     ******       Option 1     MOL     ******     ******       Oxidants     SAMPLE MEASUREMENT     ******     ******       Option 1     MOL     ******     ******       Chlorine Produced     SAMPLE MEASUREMENT     ******     *******       Oxidants     ******     *******     ******	CDIS > IV ***	****		0	CODEN	4 = 3,900
Chlorine Produced     SAMPLE       Oxidants     ******       *CPOX 1     PERMIT       Effluent Gross Value     MDL       Option 1     MDL       Chlorine Produced     SAMPLE       Oxidants     *******       Oxidants     *******	50 01DAMN	i	%EFFL		2/Year	COMPOS
SAMPLE MEASUREMENT     ******     ******       Oxidants     *CPOX 1     PERMIT RECURREMENT     ******       Option 1     MOL     ******       Chlorine Produced     SAMPLE MEASUREMENT     ******       Oxidants     ******     ******						
CPOX T     PERMIT       Effluent Gross Value     MDL       Option 1     MDL       Chlorine Produced     SAMPLE       Oxidants     *******	CODE	= IV CODE = IV		0	COPEIN	CODE = N
Chlorine Produced SAMPLE MEASUREMENT ****** ******	A STATE AND AND A STATE OF A STATE AND A STATE OF A	0.3 IOAV 01DAMX	MG/L		3/Week	GRAB
Chlorine Produced SAMPLE MEASUREMENT ****** ****** ******			1			
*CPOX 1	****** <0				3/werk	GRAB
Effluent Gross Value	ೆ ಹಿನ್ನೆಲ್ಲಿ ನಿರ್ದೇಶನ್ ಸಂಸ್ಥೆ ಹೊಸ್ಸು ಎಂದು 🕴 ಸಂಸ್ಥೆ ಸಂಸ್ಥೆ 🥵 🖓 👘 👘	PORT 0.2 IOAV 01DAMX	MG/L		3/Week	GRAB
Option 2						

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

		-									
PERMIT NUMBER:	MON	IITORED LOCA	TION: N	IONITO	RING PERIOD:	FACILITY N	AME:	•			,
NJ0005622	481A	481A SW Outfall 481A 2/			2/1/2004 TO 2/29/2004		PSEG NUCLEAR LLC				•
PARAMETER	QUANTITY OR LOA		OR LOADING	UNITS	INITS QUALITY OR CONCENTRATION		UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Temperature, oC	SAMPLE	*****			*****	11.9	17.]		0	Il Day	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	•••••	*****	REPORT -	REPORT 01DAMX	DEG.C		1/Day	CONTIN	
	MDL .		incontraction and		SALTESPECTA	ekonosies en				Witte Select	
Lab Certification #	SAMPLE MEASUREMENT	17327	06431								
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #	A	REPORT	REPORT Lab #	REPORT			Not Applic	NOT AP
	S MDL 203										

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	MONITOR	ED LOCATION:
NJ0005622	MonthDayYearMonthDayYear212004To2292004	482A - SW Outfal	1 482A
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NECK RI HANCOCKS BRIDGE, NJ 080		REPORT REC PSEG NUCLEAR PO BOX 236/N21 00 HANCOCKS BRII	LLC
	<b>REGION / COUNTY: Southern / Salem County</b>	. ·	
CHECK IF APPLICABLE:	No Discharge this Monitoring Period 🛛 Monitoring	Report Comments Attac	hed
the certification or, in his absence the certification. Where the higher reponsibility or person designated another entity to operate the treatu I certify under penalty of law that that, based on my inquiry of those complete. I am aware that there	ranking official having day-to-day managerial and operational resp a person designated by that person. For a local agency, the highest is st ranking operator does not have the ability to authorize capital exp by that person shall also sign the second certification at the bottom nent works, the highest-ranking official of the contracted entity shal t I have personally examined and am familiar with the information are significant penalties for submitting false information, including ew Jersey Water Pollution Control Act provides for penalties up to S	ranking operator of the trea enditures and hire personn of this page. If the local a l sign the certification. submitted in this docume n, I believe that the inforr the possibility of fine and	attment works shall sign el, a person having that gency has contracted with nt and all attachments, and mation is true, accurate and
Michael H. Brothers, Vie	ce President Site Operations	N/A	
NAME AND TITLE OF PRINCIPAL F	XECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	OR GRADE AND REGIST	RY NUMBER (IF APPLICABLE)
16 17		03/18/2004	856-339-2900
SIGNATURE OF PRINCIPAL EXECU	TTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the high person designated by that person sha	est ranking operator $does$ not have the ability to authorize capital expendi Il sign the following certification:	tures and hire personnel, a p	person having that responsibility or
I certify under penalty of law and in a	accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed th	he attached discharge monitor	
N/A	N/A	N/A	N/A
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

PERMIT NUMBER:	MON	IITORED LOCA	TION:	MONITOR	RING PERIOD:	FACILITY N	AME:				
NJ0005622		SW Outfall 48			TO 2/29/2004	PSEG NUCL					
PARAMETER	$\mathbf{\mathbf{X}}$	QUANTITY (	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, in Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	447	453		*****	*****	*****		0	IlDay	CALCTD
50050 1 Effluent Gross Value	PERMIT REQUIREMENT,	REPORT 01MOAV	REPORT 01DAMX	MGD			•••••	*****		1/Day	CALCTD
pH	MDL		References for the second s	4		2892853667	3 <u>83324048</u> 888		1525 1525		
	SAMPLE MEASUREMENT	******	******	a	7.4	*****	7.6		0	1/work	GRAB
00400 1 Effluent Gross Value	PERMIT	******		*****	6.0 01DAMN	******	9.0 01DAMX	ຣບ		1/Week	GRAB
pH	SAMPLE MEASUREMENT			<u>.</u>	7.6	••••••	7.8		0	Ilweek	GRAB
00400  7 Intake From Stream	PERMIT	*****		*****	REPORT 01DAMN	******	REPORT 01DAMX	SU		1/Week	GRAB
LC50 Statre 96hr Acu	SAMPLE		ator and a second				annean an a				
Cyprinodon	MEASUREMENT				CODE = N		*****		0	CODE=N	CODE = N COMPOS
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******		01DAMN	******	•••••	%EFFL			
Chlorine Produced	SAMPLE	•••••	*****		*****	CODE = N	CONIS = N		0	CODE=N	CODEEN
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	******	*****			0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1 Chlorine Produced	MDL			<u>.</u>			ise interview	<u> </u>			
Oxidants CPOX 1	SAMPLE MEASUREMENT	*****	*****		*****	<0.1	<i>O</i> . <i>I</i>	MG/L	0	3/week	GRAB
Effluent Gross Value Option 2	REQUIREMENT	*****	******	Š.	*******	DIMOAV	O1DAMX				

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.

PERMIT NUMBER: NJ0005622		IITORED LOCA SW Outfall 48			RING PERIOD: 10 2/29/2004	FACILITY N					
PARAMETER	$\overline{\mathbf{X}}$	QUANTITY	Y OR LOADING UNITS QUALITY OR CONCENTRATION					UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature,	SAMPLE MEASUREMENT	******	•••••		*****	11:6	18.3		0	IlDay	CONTIN
00010 1 Effluent Gross Value	PERMIT	*****			******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Lab Certification #	MOL SAMPLE	1. A.							523		
99999 99 Lab	MEASUREMENT PERMIT REQUIREMENT	/7327 REPORT Lab#	<u>ОСЧ3/</u> REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP

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

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

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NJPDES PERMIT	MONITORING PERIOD	MONITOR	ED LOCATION:
NJ0005622	MonthDayYearMonthDayYear212004To2292004	483A - SW Outfa	ll 483A
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NECK R HANCOCKS BRIDGE, NJ 08		REPORT REC PSEG NUCLEAR PO BOX 236/N21 00 HANCOCKS BRI	LLC
	REGION / COUNTY: Southern / Salem County		
CHECK IF APPLICABLE:	No Discharge this Monitoring Period 🛛 Monitoring	Report Comments Attac	hed
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 tho complete. I am aware that there	a person designated by that person. For a local agency, the highest a st ranking operator does not have the ability to authorize capital exp l by that person shall also sign the second certification at the bottom ment works, the highest-ranking official of the contracted entity shal at I have personally examined and am familiar with the information se individuals immediately responsible for obtaining the informatio are significant penalties for submitting false information, including lew Jersey Water Pollution Control Act provides for penalties up to S	enditures and hire personn of this page. If the local a l sign the certification. submitted in this docume n, I believe that the inform the possibility of fine and	el, a person having that agency has contracted with ent and all attachments, and mation is true, accurate and
Michael H. Brothers, Vi	ce President Site Operations	N/A	
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	OR GRADE AND REGIST	TRY NUMBER (IF APPLICABLE)
A12		03/18/2004	856-339-2900
*For a local agency where the high person designated by that person sha	accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed the	ne attached discharge monito	ring reports.
N/A	N/A	N/A	N/A
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

PERMIT NUMBER:	MON	ITORED LOCA	TION: N	IONITOF	NING PERIOD:	FACILITY N	AME:				
NJ0005622	483A	SW Outfall 48	3A 2	/1/2004 T	O 2/29/2004	PSEG NUCL	EAR LLC				
PARAMETER	$\mathbf{\mathbf{X}}$	QUANTITY (	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	223	235		*****	*****	*****		0	1/Day	CALETD
50050 1 Effluent Gross Value	PERMIT	REPORT 01MOAV	REPORT *** 01DAMX	MGD	******	÷	*****	*****		1/Day	CALCTD
	MDL									A Providence	
pH	SAMPLE MEASUREMENT	*****	*****		7.3	*****	7.9		0	1/wcok	GRAB
00400 1 Effluent Gross Value	PERMIT	******	++++++	•••••	6.0 01DAMN	*****	9.0 01DAMX	su		1/Week	GRAB
pH	MDL				<u> Testa an</u>						
	SAMPLE MEASUREMENT	*****	*****		7.6	*****	7.8		0	1/week	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	*****	******	******	REPORT 01DAMN	*****	REPORT 01DAMX	ຣບ		1/Week	GRAB
Chlorine Produced	SAMPLE MEASUREMENT	*****	*****	<u></u>	•••••	CODE=N	CODIE = N		0	CODE=N	CUDI==N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	414114	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	MDL			·							
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		•••••	<0.1	40.1		0	3/weak	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	•••••	******	] ·····	******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	MDL									N. S. March	
Temperature,	SAMPLE MEASUREMENT	*****	. *****		*****	15.2	21.2		0	1/ Day	CONTEN
00010  1 Effluent Gross Value	PERMIT	*****	******	<b>]</b>	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	MDL	MARSTON			Rentwork States	STERNORS LEVE					Assas and the

.

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

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PERMIT NUMBER:	MON	IITORED LOCA	TION: <u>N</u>	NONITOP	RING PERIOD:	FACILITY N	AME:				
NJ0005622	483A	483A SW Outfall 483A 2/1			2/1/2004 TO 2/29/2004 PS		PSEG NUCLEAR LLC				
PARAMETER	QUANTIT		TITY OR LOADING	UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.		SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT	17327	327 0643/								
99999 99 Lab	PERMIT	REPORT	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT			Not Applic	NOT AP
	MDL					KARESS BLACK	TERRORA			and the second secon	

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	MONITOR	ED LOCATION:
NJ0005622	MonthDayYearMonthDayYear212004To2292004	484A - SW Outfa	II 484A
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NECK R HANCOCKS BRIDGE, NJ 080		REPORT REC PSEG NUCLEAR PO BOX 236/N21 HANCOCKS BRII	LLC
	<b>REGION / COUNTY: Southern / Salem County</b>		
CHECK IF APPLICABLE:	No Discharge this Monitoring Period Monitoring	Report Comments Attac	hed
the certification. Where the higher reponsibility or person designated another entity to operate the treatm I certify under penalty of law that that, based on my inquiry of those complete. I am aware that there	a person designated by that person. For a local agency, the highest r st ranking operator does not have the ability to authorize capital expe- by that person shall also sign the second certification at the bottom of nent works, the highest-ranking official of the contracted entity shall t I have personally examined and am familiar with the information se individuals immediately responsible for obtaining the information are significant penalties for submitting false information, including w Jersey Water Pollution Control Act provides for penalties up to \$	enditures and hire personn of this page. If the local a l sign the certification. submitted in this docume n, I believe that the inforr the possibility of fine and	el, a person having that gency has contracted with nt and all attachments, and nation is true, accurate and
Michael H. Brothers, Vic	e President Site Operations	N/A	
	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	R GRADE AND REGIST	RY NUMBER (IF APPLICABLE)
<u></u> <u>N</u>	·	03/18/2004	856-339-2900
SIGNATURE OF PRINCIPAL EXECU	JTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the high person designated by that person sha	est ranking operator does not have the ability to authorize capital expendit Il sign the following certification:	tures and hire personnel, a p	erson having that responsibility or
I certify under penalty of law and in a	accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed th	e attached discharge monitor	ing reports.
N/A	N/A	N/A	N/A
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

1

PERMIT NUMBER:	MONITORED LOCATION: MONITORING PERIOD: FACILITY NAME:										
NJ0005622	484A	SW Outfall 484	4A 2/	/1/2004 T	O 2/29/2004	PSEG NUCL	EAR LLC				
PARAMETER	$\bowtie$	QUANTITY C	DR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	469	473		•••••	******	*****		0	1/Dav/	CALETD
50050 1 Effluent Gross Value	PERMIT	REPORT 01MOAV	REPORT 01DAMX	MGD	2	*****	······	*****		1/Day	CALCTD
	MDL	and Park States.	Yesteratera				MURSER BARRA			Service States	
рH	SAMPLE MEASUREMENT	*****	*****		7.2	*****	7.8		0	Ilweek	GRAB
00400 1 Effluent Gross Value	PERMIT	*****		******	6.0 01DAMN	*****	9.0 01DAMX	ទប		1/Week	GRAB
 	MDL		A GRAMESS		Manage 12					an a	
Н	SAMPLE MEASUREMENT	*****	*****		7.6	*****	. 7.8		0	1/week	GRAB
00400 7 Intake From Stream	PERMIT	· · · · · · · · · · · · · · · · · · ·	******		REPORT 01DAMN	•••••	REPORT 01DAMX	su		1/Week	GRAB
LC50 Statre 96hr Acu	SAMPLE		Maria Basilia		Signifiance.		and the second second			Additional and a second se	
Cyprinodon	MEASUREMENT	*****	*****		CODE=N	*****	*****	]	0	CODETN	CODEEN
TAN6A 1 Effluent Gross Value	PERMIT	•••••	******	*****	50 01DAMN	*****	******	%EFFL		2/Year	COMPOS
Oblesies Desiles et	MDL	<u>Stanegras</u>		<b></b>	anter a state and a	AND LOWING	REPARTING THE		1 Alexandre	S. S	of carde in started
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	CODE = N	CODE = N		0	CODEIN	CODIESN
*CPOX 1 Effluent Gross Value	PERMIT		******	•••••	******	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	MDL			·	Nonexe Section	AZ ELEMANSE	SEPARATE		153		(1) X 2 2 2 2 2 2 2
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	20.1	0.1		0	3/weak	GRAB
*CPOX 1	PERMIT		******		******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Effluent Gross Value Option 2	MDL				ETERIO (						

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

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<i>PERMIT NUMBER:</i> NJ0005622		IITORED LOCA SW Outfall 48		-	RING PERIOD:	FACILITY N PSEG NUCI						
PARAMETER	$\mathbf{X}$	QUANTITY	OR LOADING	UNITS	QUALI	LITY OR CONCENTRATION		UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Temperature, oC	SAMPLE MEASUREMENT	*****	•••••		*****	10.6	18.4		0	1/Day	CONTIN	
00010 1 Effluent Gross Value			••••••	•••••	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN	
Lab Certification #	SAMPLE		5.20522-065	77 死 後		<u>medeloka</u> i	1922 Alchide	<del></del>				
99999 99 Lab	MEASUREMENT PERMIT REQUIREMENT	/7327 REPORT Lab#	ОСЧ3/ REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP	

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	MONITORED LOCATION:
NJ0005622	MonthDayYearMonthDayYear4212004To2292004	85A - SW Outfall 485A
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NECK RI HANCOCKS BRIDGE, NJ 080		REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 0 HANCOCKS BRIDGE, NJ 08038
	<b>REGION / COUNTY: Southern / Salem County</b>	
CHECK IF APPLICABLE:	🗌 No Discharge this Monitoring Period 🛛 🔲 Monitoring R	Report Comments Attached
the certification. Where the higher reponsibility or person designated another entity to operate the treatr I certify under penalty of law tha that, based on my inquiry of thos complete. I am aware that there	a person designated by that person. For a local agency, the highest rast ranking operator does not have the ability to authorize capital experiments by that person shall also sign the second certification at the bottom of anent works, the highest-ranking official of the contracted entity shall still a t I have personally examined and am familiar with the information she individuals immediately responsible for obtaining the information, are significant penalties for submitting false information, including the w Jersey Water Pollution Control Act provides for penalties up to \$55	nditures and hire personnel, a person having that f this page. If the local agency has contracted with sign the certification. submitted in this document and all attachments, and , I believe that the information is true, accurate and he possibility of fine and/or imprisonment, pursuant
Michael H. Brothers, Vic	e President Site Operations	N/A
NAME AND TITLE OF PRINCIPAL E	XECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	R GRADE AND REGISTRY NUMBER (IF APPLICABLE) 03/18/2004 856-339-2900
	TTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR est ranking operator does not have the ability to authorize capital expenditu Il sign the following certification:	DATE AREA CODE/PHONE NUMBER ares and hire personnel, a person having that responsibility on
I certify under penalty of law and in a N/A	accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed the N/A	attached discharge monitoring reports. N/A N/A N/A
NAME AND TITLE	SIGNATURE	DATE AREA CODE/PHONE NUMBER

PI 46814

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PERMIT NUMBER:	MON	ITORED LOCA		IONITOR	ING PERIOD:	FACILITY N	AME:				
NJ0005622	485A	SW Outfall 485	5A 2	/1/2004 T	O 2/29/2004	PSEG NUCL	EAR LLC				
PARAMETER	$\searrow$	QUANTITY C	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	450	456		*****	*****	*****		0	1/Day	CALCTL
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****		•••••	*****		1/Day	CALCTD
	MDL		TELECON SUBS			ALE COLLEGE	Querry and				
рН	SAMPLE MEASUREMENT	*****	*****		7.4	*****	7.9		0	Ilweek	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	•••••		6.0 01DAMN		9.0 01DAMX	SU		1/Week	GRAB
	MDL		2543317592	1					C. Altantia C. Altantia M. Altantia M. Altantia		
рН	SAMPLE MEASUREMENT	*****	*****		7.6	*****	7.8		0	1/weak	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	******			REPORT 01DAMN	******	REPORT, 01DAMX	SU		1/Week	GRAB
LC50 Statre 96hr Acu Cyprinodon	MDL SAMPLE MEASUREMENT	*****	*****	· · ·	>100	*****	*****		0	2/Year	COMPOS
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	•••••	50 01DAMN		•••••	%EFFL		2/Year	COMPOS
	Star MDL Star		Set 22 and the								
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	CODE = N	CODE=N		0	CODEEN	COD15=N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT		*****	*****	******	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	MDL						HELENERSCHICH		E.	A CARLES	
Chlorine Produced	SAMPLE	*****	*****		*****					.1.	6000
Oxidants	MEASUREMENT	[		]		20.1	0.2	l	0	3/week	GRAB
*CPOX 1 Effluent Gross Value	PERMIT		******		******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	MDL	S.C				300.33	Charles States			234646	S. 1. 1. 1.

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

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PERMIT NUMBER:	MON	IITORED LOCA	TION: I	MONITOP	RING PERIOD:	FACILITY N	AME:				
NJ0005622	485A	SW Outfall 48	5A 2	2/1/2004 1	FO 2/29/2004	PSEG NUCI	EAR LLC				
PARAMETER	$\mathbf{\nabla}$	QUANTITY (	JANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNI						NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	******	*****		•••••	10.8	17.5		0	IlDay	CONTIN
00010 1 Effluent Gross Value	PERMIT	******	******	******		REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
- ·	St. MDL	Same Real			Gerenzen aus		HERE HERE				
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		CT 405						
99999 99 Lab	PERMIT REQUIREMENT.	REPORT	REPORT	2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2	Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	MDL	ALM NTAL		5 2			ALCONTRACTOR				

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

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### New Jersey Department of Environmental Protection Division of Water Quality

### Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	<b>MONITORED LOCATION:</b>			
NJ0005622	MonthDayYear212004To2292004	486A - SW Outfa	ll 486A		
<b>PERMITTEE:</b> PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NECK R HANCOCKS BRIDGE, NJ 080		REPORT REC PSEG NUCLEAR PO BOX 236/N21 00 HANCOCKS BRI	LLC		
	<b>REGION / COUNTY: Southern / Salem County</b>				
CHECK IF APPLICABLE:	No Discharge this Monitoring Period Monitoring	Report Comments Attac	hed		
the certification or, in his absence the certification. Where the highe reponsibility or person designated another entity to operate the treatu I certify under penalty of law that that, based on my inquiry of thos complete. I am aware that there	t ranking official having day-to-day managerial and operational response a person designated by that person. For a local agency, the highest r st ranking operator does not have the ability to authorize capital expect by that person shall also sign the second certification at the bottom ment works, the highest-ranking official of the contracted entity shall at I have personally examined and am familiar with the information se individuals immediately responsible for obtaining the information are significant penalties for submitting false information, including lew Jersey Water Pollution Control Act provides for penalties up to \$	anking operator of the tre enditures and hire personr of this page. If the local a l sign the certification. submitted in this docume n, I believe that the infor- the possibility of fine and	atment works shall sign nel, a person having that ngency has contracted with ent and all attachments, and mation is true, accurate and		
	ce President Site Operations	N/A			
NAME AND TITLE OF PRINCIPAL I	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	R GRADE AND REGIST	TRY NUMBER (IF APPLICABLE)		
n17-		03/18/2004	856-339-2900		
	JTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR est ranking operator does not have the ability to authorize capital expendit Il sign the following certification:	DATE tures and hire personnel, a p	AREA CODE/PHONE NUMBER		
I certify under penalty of law and in a N/A	accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed th N/A	e attached discharge monito N/A	ring reports. N/A		
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER		

PERMIT NUMBER:	MON	ITORED LOCA	TION: <u>M</u>	ONITOR	ING PERIOD:	FACILITY NA	ME:				
NJ0005622	486A	SW Outfall 486	5A 2/	'1/2004 T	O 2/29/2004	PSEG NUCL	EAR LLC				
PARAMETER	$\square$	QUANTITY C	OR LOADING	UNITS	QUALITY OR CONCENTRATION				NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	410	413		*****	*****	*****		0	IlDay	CALCTO
50050 1 Effluent Gross Value	PERMIT	REPORT 01MOAV	REPORT 01DAMX	MGD			******	*****		1/Day	CALCTD
Endent Gross value	MDL				Receiventes						
рН	SAMPLE MEASUREMENT	*****	*****		7.4	****	7.8		0	1/week	GRAB
00400  1 Effluent Gross Value	PERMIT. BEQUIREMENT	******		*****	6.0 01DAMN	•••••	9.0 01DAMX	SU		1/Week	GRAB
рН	SAMPLE								6/63		
	MEASUREMENT	*****	*****		7.6		7.8		0	Ilweek	GRAB
00400 7 Intake From Stream	PERMIT	******	******		REPORT 01DAMN	******	REPORT 01DAMX	ຣບ		- 1/Week	GRAB
Chlorine Produced	SAMPLE MEASUREMENT	······································	•••••	·	*****	CODE= N	CODE = N		0	CODE: N	CODESN
Oxidants *CPOX 1	PERMIT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Effluent Gross Value Option 1	MDL State	na ser an									
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	****		*****	<0.1	<0.1		0	3/week	GRAB
*CPOX 1 Effluent Gross Value	PERMIT		*****	******	******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	( MDL ) * 2	Coloran Sector	TIN DE MOT			Reference and			action of the second		
Temperature, oC	SAMPLE MEASUREMENT	*****	******		*****	10.1	17.8		Ö	1/Day	CONTIN
00010 1 Effluent Gross Value	PERMIT	******	·····	*****	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Cindent Gross Value	MDL										

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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

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<u>PERMIT NUMBER:</u> NJ0005622		ITORED LOCA SW Outfall 48			RING PERIOD: <b>TO 2/29/2004</b>	FACILITY NAME: PSEG NUCLEAR LLC				<u> </u>	
PARAMETER	$\searrow$	QUANTITY	OR LOADING	UNITS	S QUALITY OR CONCENTRATION				NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT	17327	06431								
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #				NOT AP

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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	MONITORI	ED LOCATION:
NJ0005622	MonthDayYear212004To2292004	487B - SW Outfal	l 487B
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NECK R HANCOCKS BRIDGE, NJ 08		REPORT REC PSEG NUCLEAR I PO BOX 236/N21 HANCOCKS BRIE	LLC
	<b>REGION / COUNTY: Southern / Salem County</b>		
CHECK IF APPLICABLE:	No Discharge this Monitoring Period 🛛 🗌 Monitoring	Report Comments Attacl	ned
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 tho complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The N	t ranking official having day-to-day managerial and operational resp a a person designated by that person. For a local agency, the highest is st ranking operator does not have the ability to authorize capital exp l by that person shall also sign the second certification at the bottom ment works, the highest-ranking official of the contracted entity shal at I have personally examined and am familiar with the information are significant penalties for submitting false information, including lew Jersey Water Pollution Control Act provides for penalties up to the acce President Site Operations	ranking operator of the treat enditures and hire personne of this page. If the local as l sign the certification. submitted in this document n, I believe that the inform the possibility of fine and	ttment works shall sign el, a person having that gency has contracted with nt and all attachments, and nation is true, accurate and
	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	······································	RY NUMBER (IF APPLICABLE)
Nº 1A		03/18/2004	856-339-2900
	JTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR est ranking operator does not have the ability to authorize capital expendi ill sign the following certification:	DATE tures and hire personnel, a p	AREA CODE/PHONE NUMBER erson 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 th N/A	he attached discharge monitor N/A	ing reports. N/A
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

### New Jersey Department of Environmental Protection Division of Water Quality

## Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITOR	ED LOCATION:
NJ0005622	MonthDayYearMonthDayYear4212004To22920044	89A - SW Outfa	ll 489A
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NECK RI HANCOCKS BRIDGE, NJ 080		REPORT REC PSEG NUCLEAR PO BOX 236/N21 HANCOCKS BRI	LLC
	<b>REGION / COUNTY: Southern / Salem County</b>		
CHECK IF APPLICABLE:	🗌 No Discharge this Monitoring Period 🛛 🔀 Monitoring Re	eport Comments Attac	hed
the certification. Where the higher reponsibility or person designated another entity to operate the treatr I certify under penalty of law that that, based on my inquiry of thos complete. I am aware that there	a person designated by that person. For a local agency, the highest ran st ranking operator does not have the ability to authorize capital expen- by that person shall also sign the second certification at the bottom of nent works, the highest-ranking official of the contracted entity shall s t I have personally examined and am familiar with the information su is individuals immediately responsible for obtaining the information, are significant penalties for submitting false information, including the ew Jersey Water Pollution Control Act provides for penalties up to \$50	ditures and hire personn this page. If the local a ign the certification. abmitted in this docume I believe that the inform e possibility of fine and	el, a person having that gency has contracted with ent and all attachments, and nation is true, accurate and
Michael H. Brothers, Vic	e President Site Operations	N/A	
NAME AND TITLE OF PRINCIPAL F	XECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGIST	TRY NUMBER (IF APPLICABLE)
mn		03/18/2004	856-339-2900
SIGNATURE OF PRINCIPAL EXECU	TIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR :	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the high person designated by that person sha	est ranking operator does not have the ability to authorize capital expenditur Il sign the following certification:	res and hire personnel, a j	person having that responsibility or
I certify under penalty of law and in a N/A	accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed the N/A	attached discharge monito N/A	ring reports. N/A
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

PI 46814

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PERMIT NUMBER:	MON	ITORED LOCA	TION: N	IONITOR	ING PERIOD:	FACILITY N/	AME:				
NJ0005622	489A	SW Outfall 489	9A . 2	/1/2004 T	O 2/29/2004	PSEG NUCL	EAR LLC				
PARAMETER		QUANTITY (	DR LOADING	UNITS	QUALITY OR CONCENTRATION				NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.1416	0.1416	· · · · · · · · · · · · · · · · · · ·	*****	*****	*****		0	1/Month	CALCTO
50050 1 Effluent Gross Value	PERMIT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	******	******	*****		1/Month	CALCTD
	MDL	verstaan	MILLO AREALE		STELLOW MARK		s skraan ZM				
pH	SAMPLE MEASUREMENT	*****	*****		7.5	*****	7.5		0	11 Month	GRAB
00400  1 Effluent Gross Value	PERMIT REQUIREMENT	*****		•••••	6.0 01DAMN		9.0 01DAMX	ຣບ		1/Month	GRAB
	MDL										
Solids, Total	SAMPLE MEASUREMENT	*****	******		18	18	*****		0	1/Month	GRAB
Suspended 00530 1 Effluent Gross Value	PERMIT REQUIREMENT	******	*****		100 01DAMX	30 01MOAV		MG/L		1/Month	GRAB
Lindent Gloss Value	MDL										
Petroleum Hydrocarbons	SAMPLE	******	*****		*****	12	65		2	1/Month	GRAB
00551 1 Effluent Gross Value	PERMIT REOUIREMENT	******	*****	·	******	10 01MOAV	15 01DAMX	MG/L		1/Month	GRAB
	MDL										
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	******	*****		*****	21	21		0	<i>iliMonth</i>	GRAB
00680 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	•••••		REPORT 01MOAV	50 01DAMX	MG/L		1/Month	GRAB
		a a fair far Ver					SHEPPENE THE	-			And the second second
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		23333-2784			a for the second second	Langes Courses	2 2 2			

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