



LR-E04-0229

May 20, 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 8862

**NEW JERSEY POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORTS
SALEM GENERATING STATION
PERMIT NO. NJ0005622**

Attached is the Discharge Monitoring Report for Salem Generating Station containing the information as required in Permit No. NJ0005622, for the month of April 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,

A handwritten signature in black ink, appearing to read "M. H. Brothers", written over a horizontal line.

Michael H. Brothers
Vice President
Site Operations

Attachments

IE25

NJPDES Report
April 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
SCH04-016

NJPDES Report
Explanation of Deviations
April 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

While there were no exceedances, a reportable event did occur on April 29, 2004. There was a discharge to the Delaware River of approximately 50 gallons of untreated sewage. The discharge resulted when power was shut off to the #1 lift station to allow maintenance of the electrical bus that supplies power to the lift station. Power was initially due to be restored to the lift station prior to any incident occurring but due to an electrical safety incident involving this bus the restoration of power was delayed which caused untreated sewage to back up in the collection system and overflow into a storm drain approximately 10 feet away. This storm drain discharges to the Delaware River via DSN 487.

The discharge was reported to the New Jersey Department of Environmental Protection ("NJDEP") Hotline and assigned Case No.04-04-30-0947-23.

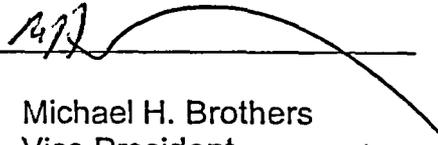
An operator from the sewage treatment plant discovered the discharge at 1457 hours on April 29, 2004. It is unknown exactly when the discharge began. Upon discovery of the overflow to the storm drain a sewage vacuum truck was immediately brought to the scene and was used to remove excess sewage from the lift station and the ground to prevent further overflow and discharge. The discharge was stopped at 1550 hours.

Power has been restored to the lift station and PSEG is investigating the event and will take the appropriate actions to prevent recurrence.

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:

1. 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 20 day of MAY 2004



Commission Expires 1-15-2009

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
	Month	Day	Year	To	Month	Day		Year
NJ0005622	4	1	2004	To	4	30	2004	FACA - SW Outfall FACA

PERMITTEE:

PSE&G NUCLEAR LLC
 PO BOX 236/N21
 ALLOWAY CREEK NECK RD
 HANCOCKS BRIDGE, NJ 08038

LOCATION OF ACTIVITY:

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

REPORT RECIPIENT:

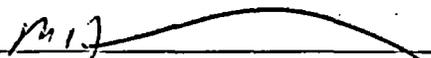
PSEG NUCLEAR LLC
 PO BOX 236/N21
 HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

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

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

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

Michael H. Brothers, Vice President Site Operations	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
	05/21/2004 856-339-2900
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER

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

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

N/A	N/A	N/A	N/A
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACA SW Outfall FACA

4/1/2004 TO 4/30/2004

PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, °C	SAMPLE MEASUREMENT	*****	*****		*****	11.7	15.9		0	CONTINUOUS	CONTIN
00010 G Raw Sew/Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
	MDL	*****	*****		*****						
Temperature, °C	SAMPLE MEASUREMENT	*****	*****		*****	14.6	18.2		0	CONTINUOUS	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
	MDL	*****	*****		*****						
Temperature, °C	SAMPLE MEASUREMENT	*****	*****		*****	2.8	4.2		0	1/DAY	CALCTD
00010 2 Effluent Net Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD
	MDL	*****	*****		*****						
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		PA343						
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	MDL	*****	*****		*****						

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

New Jersey Department of Environmental Protection
 Division of Water Quality

PI 46814

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
	Month	Day	Year	To	Month	Day		Year
NJ0005622	4	1	2004	To	4	30	2004	FACB - SW Outfall FACB

PERMITTEE:
 PSE&G NUCLEAR LLC
 PO BOX 236/N21
 ALLOWAY CREEK NECK RD
 HANCOCKS BRIDGE, NJ 08038

LOCATION OF ACTIVITY:
 PSEG NUCLEAR LLC
 ALLOWAY CREEK NECK RD
 LOWER ALLOWAYS CREEK, NJ 08038-0000

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

REGION / COUNTY: Southern / Salem County

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

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

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

 Michael H. Brothers, Vice-President Site Operations
 NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR

 N/A
 GRADE AND REGISTRY NUMBER (IF APPLICABLE)

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

 05/21/2004
 DATE

 856-339-2900
 AREA CODE/PHONE NUMBER

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

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

 N/A
 NAME AND TITLE

 N/A
 SIGNATURE

 N/A
 DATE

 N/A
 AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACB SW Outfall FACB

4/1/2004 TO 4/30/2004

PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 G Raw Sew/Influent	SAMPLE MEASUREMENT	*****	*****		*****	11.7	15.9		0	CONTINUOUS	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
	MDL										
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	20.2	24.8		0	CONTINUOUS	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
	MDL										
Temperature, oC 00010 2 Effluent Net Value	SAMPLE MEASUREMENT	*****	*****		*****	8.5	9.5		0	1/DAY	CALCTD
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD
	MDL										
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		PA343						
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	MDL										

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

New Jersey Department of Environmental Protection
Division of Water Quality

PI 46814

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
	Month	Day	Year	To	Month	Day		Year
NJ0005622	4	1	2004	To	4	30	2004	FACC - SW Outfall FACC

PERMITTEE:

PSE&G NUCLEAR LLC
PO BOX 236/N21
ALLOWAY CREEK NECK RD
HANCOCKS BRIDGE, NJ 08038

LOCATION OF ACTIVITY:

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

REPORT RECIPIENT:

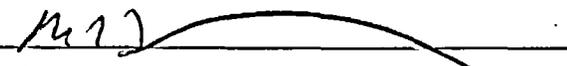
PSEG NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

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

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

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

Michael H. Brothers, Vice President Site Operations	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
	05/21/2004 856-339-2900
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER

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

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

N/A	N/A	N/A	N/A
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 43814

PERMIT NUMBER: NJ0005622
 MONITORED LOCATION: FACC SW Outfall FACC
 MONITORING PERIOD: 4/1/2004 TO 4/30/2004
 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 G Raw Sew/Influent	SAMPLE MEASUREMENT	1265	1539	MGD	*****	*****	*****	*****	0	1/DAY	CALCTD
	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX		*****	*****	*****		1/Day	CALCTD	
	MDL										
Thermal Discharge Million BTUs per Hr 00015 2 Effluent Net Value	SAMPLE MEASUREMENT	6765	7325	MBTU/HR	*****	*****	*****	*****	0	1/DAY	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	30600 01DAMX		*****	*****	*****		1/Day	CALCTD	
	MDL										
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		PA343						
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #		Not Applic	NOT AP	
	MDL										

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

New Jersey Department of Environmental Protection
Division of Water Quality

PI 46814

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
	Month	Day	Year	To	Month	Day		Year
NJ0005622	4	1	2004		4	30	2004	048C - SW Outfall 48C

PERMITTEE:

PSE&G NUCLEAR LLC
PO BOX 236/N21
ALLOWAY CREEK NECK RD
HANCOCKS BRIDGE, NJ 08038

LOCATION OF ACTIVITY:

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

REPORT RECIPIENT:

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

REGION / COUNTY: Southern / Salem County

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

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

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

Michael H. Brothers, Vice-President Site Operations
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR

N/A
GRADE AND REGISTRY NUMBER (IF APPLICABLE)

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

05/21/2004
DATE

856-339-2900
AREA CODE/PHONE NUMBER

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

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

N/A
NAME AND TITLE

N/A
SIGNATURE

N/A
DATE

N/A
AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622
 MONITORED LOCATION: 048C SW Outfall 48C
 MONITORING PERIOD: 4/1/2004 TO 4/30/2004
 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	.1439	.4070	MGD	*****	*****	*****	*****	0	1/DAY	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****	1/Day	CALCTD
	MDL										
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	22	34	MG/L	0	2/MONTH	COMPOS
	PERMIT REQUIREMENT	*****	*****		*****	30 01MOAV	100 01DAMX		*****	2/Month	COMPOS
	MDL										
Nitrogen, Ammonia Total (as N) 00610 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	5	7	MG/L	0	2/MONTH	COMPOS
	PERMIT REQUIREMENT	*****	*****		*****	35 01MOAV	70 01DAMX		*****	2/Month	COMPOS
	MDL										
Petroleum Hydrocarbons 00551 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.5	<0.5	MG/L	0	2/MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	10 01MOAV	15 01DAMX		*****	2/Month	GRAB
	MDL										
Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	12	15	MG/L	0	2/MONTH	COMPOS
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	50 01DAMX		*****	2/Month	COMPOS
	MDL										
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		PA343						
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #		REPORT Lab #	Not Applic	NOT AP
	MDL										

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

New Jersey Department of Environmental Protection
Division of Water Quality

PI 46814

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
	Month	Day	Year	To	Month	Day		Year
NJ0005622	4	1	2004	To	4	30	2004	481A - SW Outfall 481A

PERMITTEE:

PSE&G NUCLEAR LLC
PO BOX 236/N21
ALLOWAY CREEK NECK RD
HANCOCKS BRIDGE, NJ 08038

LOCATION OF ACTIVITY:

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

REPORT RECIPIENT:

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

REGION / COUNTY: Southern / Salem County

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

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

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

Michael H. Brothers, Vice-President Site Operations
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR

N/A
GRADE AND REGISTRY NUMBER (IF APPLICABLE)

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

05/21/2004
DATE

856-339-2900
AREA CODE/PHONE NUMBER

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

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

N/A
NAME AND TITLE

N/A
SIGNATURE

N/A
DATE

N/A
AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

4/1/2004 TO 4/30/2004

PSEG NUCLEAR LLC

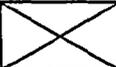
PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	17	19	MGD	*****	*****	*****	*****	0	1/DAY	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****	1/Day	CALCTD
	MDL										
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.8	SU	0	1/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX		*****	1/Week	GRAB
	MDL										
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.9	SU	0	1/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX		*****	1/Week	GRAB
	MDL										
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	CODE = N	*****	*****	%EFFL	0	CODE = N	CODE = N
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****		*****	2/Year	COMPOS
	MDL										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Oplon 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX		*****	3/Week	GRAB
	MDL										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	CODE = N	CODE = N	MG/L	0	CODE = N	CODE = N
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX		*****	3/Week	GRAB
	MDL										

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

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622
 MONITORED LOCATION: 481A SW Outfall 481A
 MONITORING PERIOD: 4/1/2004 TO 4/30/2004
 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	16.8	21.8	DEG.C	0	1/DAY	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX		1/Day	CONTIN	
	MDL										
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		PA343						
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #		Not Applic	NOT AP	
	MDL										

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

New Jersey Department of Environmental Protection
Division of Water Quality

PI 46814

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
	Month	Day	Year	To	Month	Day		Year
NJ0005622	4	1	2004	To	4	30	2004	482A - SW Outfall 482A

PERMITTEE:

PSE&G NUCLEAR LLC
PO BOX 236/N21
ALLOWAY CREEK NECK RD
HANCOCKS BRIDGE, NJ 08038

LOCATION OF ACTIVITY:

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

REPORT RECIPIENT:

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

REGION / COUNTY: Southern / Salem County

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

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

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

Michael H. Brothers, Vice President Site Operations
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR

N/A
GRADE AND REGISTRY NUMBER (IF APPLICABLE)

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

05/21/2004
DATE

856-339-2900
AREA CODE/PHONE NUMBER

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

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

N/A
NAME AND TITLE

N/A
SIGNATURE

N/A
DATE

N/A
AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622
 MONITORED LOCATION: 482A SW Outfall 482A
 MONITORING PERIOD: 4/1/2004 TO 4/30/2004
 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	25	233	MGD	*****	*****	*****	*****	0	1/DAY	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****	1/Day	CALCTD
	MDL										
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.8	SU	0	1/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX		*****	1/Week	GRAB
	MDL										
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.9	SU	0	1/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX		*****	1/Week	GRAB
	MDL										
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	CODE = N	*****	*****	%EFFL	0	CODE = N	CODE = N
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****		*****	2Year	COMPOS
	MDL										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	0.1	MGL	0	3/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX		*****	3/Week	GRAB
	MDL										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	CODE = N	CODE = N	MGL	0	CODE = N	CODE = N
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX		*****	3/Week	GRAB
	MDL										

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

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622
 MONITORED LOCATION: 482A SW Outfall 482A
 MONITORING PERIOD: 4/1/2004 TO 4/30/2004
 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	16.2	21.2	DEG.C	0	1/DAY	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX		1/Day	CONTIN	
	MDL										
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		PA343						
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #	REPORT Lab #	Not Applic	NOT AP	
	MDL										

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

New Jersey Department of Environmental Protection
Division of Water Quality

PI 46814

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
	Month	Day	Year	To	Month	Day		Year
NJ0005622	4	1	2004	To	4	30	2004	483A - SW Outfall 483A

PERMITTEE:

PSE&G NUCLEAR LLC
PO BOX 236/N21
ALLOWAY CREEK NECK RD
HANCOCKS BRIDGE, NJ 08038

LOCATION OF ACTIVITY:

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

REPORT RECIPIENT:

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

REGION / COUNTY: Southern / Salem County

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

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

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

Michael H. Brothers, Vice-President-Site Operations	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
	05/21/2004 856-339-2900
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER

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

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

N/A	N/A	N/A	N/A
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

483A SW Outfall 483A

4/1/2004 TO 4/30/2004

PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, in Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	12	14	MGD	*****	*****	*****	*****	0	1/DAY	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		1/Day	CALCTD	
	MDL										
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.8	SU	0	1/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX		1/Week	GRAB	
	MDL										
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.9	SU	0	1/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX		1/Week	GRAB	
	MDL										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MGL	0	3/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX		3/Week	GRAB	
	MDL										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	CODE = N	CODE = N	MGL	0	CODE = N	CODE = N
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX		3/Week	GRAB	
	MDL										
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.7	15.2	DEG.C	0	1/DAY	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX		1/Day	CONTIN	
	MDL										

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

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622
 MONITORED LOCATION: 483A SW Outfall 483A
 MONITORING PERIOD: 4/1/2004 TO 4/30/2004
 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	X										
99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		PA 343						
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	MDL										

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

New Jersey Department of Environmental Protection
 Division of Water Quality

PI 46814

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
	Month	Day	Year	To	Month	Day		Year
NJ0005622	4	1	2004	To	4	30	2004	484A - SW Outfall 484A

PERMITTEE:

PSE&G NUCLEAR LLC
 PO BOX 236/N21
 ALLOWAY CREEK NECK RD
 HANCOCKS BRIDGE, NJ 08038

LOCATION OF ACTIVITY:

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

REPORT RECIPIENT:

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

REGION / COUNTY: Southern / Salem County

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

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

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

Michael H. Brothers, Vice President Site Operations N/A
 NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR GRADE AND REGISTRY NUMBER (IF APPLICABLE)

M.H.B. 05/21/2004 856-339-2900
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR DATE AREA CODE/PHONE NUMBER

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

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

N/A N/A N/A N/A
 NAME AND TITLE SIGNATURE DATE AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

484A SW Outfall 484A

4/1/2004 TO 4/30/2004

PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	428	481	MGD	*****	*****	*****	*****	0	1/DAY	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		1/Day	CALCTD	
	MDL										
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.5	SU	0	1/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX		1/Week	GRAB	
	MDL										
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.9	SU	0	1/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX		1/Week	GRAB	
	MDL										
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	CODE = N	*****	*****	%EFFL	0	CODE = N	CODE = N
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****		2/Year	COMPOS	
	MDL										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	CODE = N	CODE = N	MG/L	0	CODE = N	CODE = N
	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX		3/Week	GRAB	
	MDL										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX		3/Week	GRAB	
	MDL										

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

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622
 MONITORED LOCATION: 484A SW Outfall 484A
 MONITORING PERIOD: 4/1/2004 TO 4/30/2004
 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	21.0	31.0	DEG.C	0	1/DAY	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX		1/Day	CONTIN	
	MDL										
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		PA343						
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #		Not Applic	NOT AP	
	MDL										

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

New Jersey Department of Environmental Protection
Division of Water Quality

PI 46814

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
	Month	Day	Year	To	Month	Day		Year
NJ0005622	4	1	2004	To	4	30	2004	485A - SW Outfall 485A

PERMITTEE:

PSE&G NUCLEAR LLC
PO BOX 236/N21
ALLOWAY CREEK NECK RD
HANCOCKS BRIDGE, NJ 08038

LOCATION OF ACTIVITY:

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

REPORT RECIPIENT:

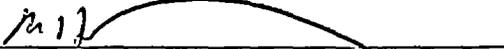
PSEG NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

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

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

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

Michael H. Brothers, Vice President Site Operations	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
	05/21/2004 856-339-2900
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER

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

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

N/A	N/A	N/A	N/A
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

485A SW Outfall 485A

4/1/2004 TO 4/30/2004

PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	448	457	MGD	*****	*****	*****	*****	0	1/DAY	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****	1/Day	CALCTD
	MDL										
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.7	SU	0	1/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX		*****	1/Week	GRAB
	MDL										
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.9	SU	0	1/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX		*****	1/Week	GRAB
	MDL										
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	CODE = N	*****	*****	%EFFL	0	CODE = N	CODE = N
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****		*****	2/Year	COMPOS
	MDL										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	CODE = N	CODE = N	MG/L	0	CODE = N	CODE = N
	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX		*****	3/Week	GRAB
	MDL										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX		*****	3/Week	GRAB
	MDL										

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

Surface Water Discharge Monitoring Report

PI 46814 "

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 485A SW Outfall 485A MONITORING PERIOD: 4/1/2004 TO 4/30/2004 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	20.2	28.0	DEG.C	0	1/DAY	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX		1/Day	CONTIN	
	MDL										
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		PA343						
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #		REPORT Lab #	Not Applic	NOT AP
	MDL										

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

Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
	Month	Day	Year	To	Month	Day		Year
NJ0005622	4	1	2004		4	30	2004	486A - SW Outfall 486A

PERMITTEE:

PSE&G NUCLEAR LLC
 PO BOX 236/N21
 ALLOWAY CREEK NECK RD
 HANCOCKS BRIDGE, NJ 08038

LOCATION OF ACTIVITY:

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

REPORT RECIPIENT:

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

REGION / COUNTY: Southern / Salem County

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

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

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

Michael H. Brothers, Vice President Site Operations	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
	05/21/2004 856-339-2900
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER

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

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

N/A	N/A	N/A	N/A
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

486A SW Outfall 486A

4/1/2004 TO 4/30/2004

PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	388	418	MGD	*****	*****	*****	*****	0	1/DAY	CALCTD	
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****	0	1/Day	CALCTD
	MDL											
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.6	SU	0	1/WEEK	GRAB	
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX		*****	0	1/Week	GRAB
	MDL											
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.9	SU	0	1/WEEK	GRAB	
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX		*****	0	1/Week	GRAB
	MDL											
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	CODE = N	CODE = N	MGL	0	CODE = N	CODE = N	
	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX		*****	0	3/Week	GRAB
	MDL											
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	40.1	40.1	MGL	0	3/WEEK	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX		*****	0	3/Week	GRAB
	MDL											
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	19.9	25.9	DEG.C	0	1/DAY	CONTIN	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX		*****	0	1/Day	CONTIN
	MDL											

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

Surface Water Discharge Monitoring Report

PI 46814

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

NJ0005622 486A SW Outfall 486A 4/1/2004 TO 4/30/2004 PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		PA343						
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	MDL										

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

New Jersey Department of Environmental Protection
Division of Water Quality

PI 46814

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
	Month	Day	Year	To	Month	Day		Year
NJ0005622	4	1	2004		4	30	2004	487B - SW Outfall 487B

PERMITTEE:

PSE&G NUCLEAR LLC
PO BOX 236/N21
ALLOWAY CREEK NECK RD
HANCOCKS BRIDGE, NJ 08038

LOCATION OF ACTIVITY:

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

REPORT RECIPIENT:

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

REGION / COUNTY: Southern / Salem County

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

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

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

Michael H. Brothers, Vice President Site Operations	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
	05/21/2004 856-339-2900
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER

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

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

N/A	N/A	N/A	N/A
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

New Jersey Department of Environmental Protection
Division of Water Quality

PI 46814

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
	Month	Day	Year	To	Month	Day		Year
NJ0005622	4	1	2004		4	30	2004	489A - SW Outfall 489A

PERMITTEE:
PSE&G NUCLEAR LLC
PO BOX 236/N21
ALLOWAY CREEK NECK RD
HANCOCKS BRIDGE, NJ 08038

LOCATION OF ACTIVITY:
PSEG NUCLEAR LLC
ALLOWAY CREEK NECK RD
LOWER ALLOWAYS CREEK, NJ 08038-0000

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

REGION / COUNTY: Southern / Salem County

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

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

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

Michael H. Brothers, Vice President Site Operations
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR

N/A
GRADE AND REGISTRY NUMBER (IF APPLICABLE)

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

05/21/2004 856-339-2900
DATE AREA CODE/PHONE NUMBER

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

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

N/A N/A
NAME AND TITLE SIGNATURE

N/A N/A
DATE AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 489A SW Outfall 489A MONITORING PERIOD: 4/1/2004 TO 4/30/2004 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	.1216	.1216	MGD	*****	*****	*****	*****	0	1/MONTH	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****	1/Month	CALCTD
	MDL										
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2	SU	0	1/MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX		*****	1/Month	GRAB
	MDL										
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	8	8	*****	MG/L	0	1/MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		100 01DAMX	30 01MOAV	*****		*****	1/Month	GRAB
	MDL										
Petroleum Hydrocarbons 00551 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.5	<0.5	MG/L	0	1/MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	10 01MOAV	15 01DAMX		*****	1/Month	GRAB
	MDL										
Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	12	12	MG/L	0	1/MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	50 01DAMX		*****	1/Month	GRAB
	MDL										
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		PA343						
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #		REPORT Lab #	Not Applic	NOT AP
	MDL										

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