

LR-E04-0270

June 22, 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 8879

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 May 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

Attachments

IEAS

NJPDES Report May 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
SCH04-020

NJPDES Report Explanation of Deviations May 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

None

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 12 day of line 2004

Commission expires 1/15/09 Notary Public, State of M.J.

MAPLEWOOD TESTING SERVICES REPORT



TO: David Hurka Nuclear Specialist PSEG

June 4, 2004 Report No. TP04032

SUBJECT: DETERMINATION OF CIRCULATING WATER FLOW AT

SALEM GENERATING STATION

CONDUCTED BY: Victor Simpson

Sr. Test Engineer, Maplewood Testing Services

SUMMARY

The Mechanical Division of Maplewood Testing Services conducted a series of test runs at Salem Unit No. 2 to determine the capacities of the circulating water pumps shown in the table below.

Work was performed under SAP work orders: 30088066, 30088046, 30088103, 30088359, 30088067, 30088034

Final results are as follows:

SUMMARY OF TEST RESULTS

Pump	CMS	Test	Measured	Pump	Pump	Total
No.	Pump	Date	Pump	Suction	Discharge	Static
Ì	Desig.		Capacity	Head	Head	Head
}			(gpm)	(ft h2o)	(ft h2o)	(ft h2o)
21A	· D	05/18/04	139491	-9.8	19.3	29.1
21B	C.	05/18/04	151955	-10.1	12.8	22.8
22A	K	05/18/04	145649	-10.6	14.0	24.6
22B	G	05/18/04	147735	-11.2	9.3	20.5
23A	J	05/18/04	158317	-11.8	7.8	19.5
23B	L	05/18/04	146717	-12.2	9.8	21.9

Note: Pump suction heads and discharge heads corrected to elevation 100'

David Hurka Nuclear Specialist PSEG

June 4, 2004 Report No. TP04032

TEST METHOD

The circulating water flow rate was determined by fluorometry using MTS Mechanical Division Work Instruction TPG-19 Rev. 7 "Water Flow Using The Turner Fluorometer". Rhodamine WT dye was injected into the bell mouth of each pump using 1/2 inc PVC pipe with a carrier flow of screen wash water at 3 gallons per minute.

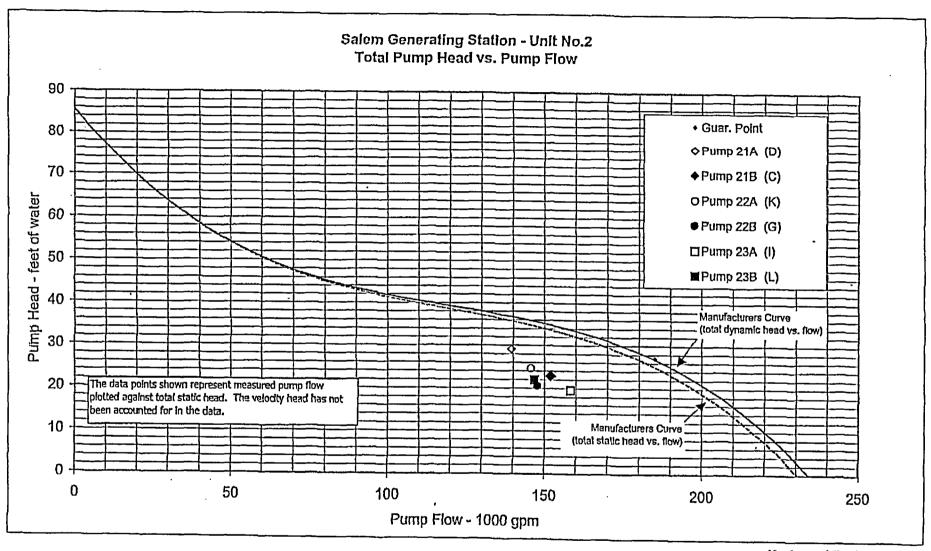
The dye was injected at a known rate using a peristaltic pump and a class A burette to measure rate. The diluted sample was retrieved and monitored by taking a sample from the inlet water box piping. The ratio of the injected concentration to the sample concentration multiplied by the injection flow rate yielded the circulator flow rate.

The total static head was obtained by measuring the pump suction head in feet from elevation 100' and the pump discharge head in feet of water at the water box inlet. After correcting for elevation, the total pump head was calculated as the pump discharge head minus the pump suction head.

Senior Supervising Test Engineer

MTS Mechanical Division

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Maplewood Testing Services
Report No. TP04032
5/ 2004

MAPLEWOOD TESTING SERVICES REPORT



TO:

David Hurka

Nuclear Specialist

PSEG

June 4, 2004 Report No. TP04032A

SUBJECT: RECORD OF RHODAMINE WT DYE INJECTION FOR CIRCULATING WATER FLOW TEST AT SALEM GENERATING STATION

CONDUCTED BY:

Victor Simpson - Sr. Test Engineer, Maplewood Testing Services

PURPOSE

To report the date, time, amount and concentration of Rhodamine WT dye released to the river while testing at Salem Generating Station.

SUMMARY

Listed in the table below are the data pertinent to the injection of Rhodamine WT dye at Salem Generating Station - Unit No. 2. Testing is complete at this station.

Test	Pump	Inje	ction	Pure	Number of	Total	Effluent
Date	No.	Ti	ne	Dye	Pumps in	System	Concentration
				Injected	Service	Flow	
		(start)	(stop)	(ml)	:	(1000 gpm)	(ppb)
05/18/04	21A	1302	1321	28.87	7	1295.0	0.31
05/18/04	21B	1337	1356	28.77	7	1295.0	0.31
05/18/04	22A	1407	1426	28.62	7	1295.0	0.31
05/18/04	22B	1429	1450	31.61	7_	1295.0	0.31
05/18/04	23A	1511	1531	30.38	7	1295.0	0.31
05/18/04	23B	1541	1603	33.35	7	1295.0	0.31
							
							

Senior Supervising Test Engineer

MTS Mechanical Division

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	Month Day Year Month Day Year 5 1 2004 To 5 31 2004	FACA - SW Outfall FACA
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 HANCOCKS BRIDGE, NJ 08038
	REGION / COUNTY: Southern / Salem County	
CHECK IF APPLICABLE:	☐ No Discharge this Monitoring Period ☐ Monitoring	Report Comments Attached
the certification or, in his absence the certification. Where the higher reponsibility or person designated	ranking official having day-to-day managerial and operational resp a person designated by that person. For a local agency, the highest at ranking operator does not have the ability to authorize capital exp by that person shall also sign the second certification at the bottom ment works, the highest-ranking official of the contracted entity shall	ranking operator of the treatment works shall sign enditures and hire personnel, a person having that of this page. If the local agency has contracted with
that, based on my inquiry of thos complete. I am aware that there	t I have personally examined and am familiar with the information e individuals immediately responsible for obtaining the information are significant penalties for submitting false information, including the water Pollution Control Act provides for penalties up to	on, I believe that the information is true, accurate and the possibility of fine and/or imprisonment, pursuant
·-	ice-President-Site-Operations	N/A
	XECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	•
m 11		06/22/2004 856-339-2900
	TIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER
*For a local agency where the higher person designated by that person sha	st ranking operator does not have the ability to authorize capital expend Il sign the following certification:	itures and hire personnel, a person having that responsibility or
I certify under penalty of law and in a	ccordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed t	he attached discharge monitoring reports.
N/A	N/A	N/A N/A

DATE

AREA CODE/PHONE NUMBER

SIGNATURE

NAME AND TITLE

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACA SW Outfall FACA

5/1/2004 TO 5/31/2004

PSEG NUCLEAR LLC

PARAMETER	$\overline{}$	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTE	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature,	SAMPLE MEASUREMENT	*****	*****		*****	21.2	24.2		0	Continuious	CONTIN
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Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us".

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT NJ0005622 PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NECK HANCOCKS BRIDGE, NJ CHECK IF APPLICABLE: WHO MUST SIGN The high	MONITORING PERIOD		ED LOCATION:		
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PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NECK HANCOCKS BRIDGE, NJ CHECK IF APPLICABLE: WIIO MUST SIGN The high		EACD - SW OUU	all FACB		
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	No Discharge this Monitoring Period Monitoring 1	Report Comments Attac	ched		
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	-, Vice-President-Site-Operations	N/A			
NAME AND TITLE OF PRINCIPA	AL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	R GRADE AND REGIS	TRY NUMBER (IF APPLICABLE) 856-339-2900		
SIGNATURE OF PRINCIPAL EX	ECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER		
*For a local agency where the h	ighest ranking operator does not have the ability to authorize capital expendit shall sign the following certification:	ures and hire personnel, a	person having that responsibility		
I certify under penalty of law and	in accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed th	_			
N/A	N/A	N/A N/A			
NAME AND TITLE			·		

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACB SW Outfall FACB

5/1/2004 TO 5/31/2004

PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
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Surface Water Discharge Monitoring Report Submittal Form

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Michael-H-Brothers-	Vice-Preside	ent-Site-0	Operatio	กร	·				N/A	
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SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICI	ER, AUTI	IORIZED	AGEN	T, OR *LIC	ENSED OI	PERATOR		DATE	AREA CODE/PHONE NUMBER
*For a local agency where the high person designated by that person sh	est ranking op all sign the foll	perator doe lowing ceri	es not had tification:	re the	ability to a	ithorize ca	pital expen	ditures (and hire personnel, a	person having that responsibility or
I certify under penalty of law and in	accordance wi	th N.J.S.A	. 58:10A	6F(5)	that I have	received ar	nd reviewed	the atta	ched discharge monito	ring reports.
N/A				N/A					N/A	N/A

DATE

AREA CODE/PHONE NUMBER

SIGNATURE

NAME AND TITLE

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACC SW Outfall FACC

5/1/2004 TO 5/31/2004

PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
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Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us".

Surface Water Discharge Monitoring Report Submittal Form

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NJPDES PERMIT	MONITORING PERIO	D	MONITOR	ED LOCATION:
NJ0005622	MonthDayYearMonth512004To5	Day Year 31 2004	048C - SW Outfa	ll 48C
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NECK RI HANCOCKS BRIDGE, NJ 080		CK RD	REPORT REC PSEG NUCLEAR PO BOX 236/N21 HANCOCKS BRI	LLC
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CHECK IF APPLICABLE:	No Discharge this Monitoring Period	Monitoring	Report Comments Attac	ched
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Michael H. Brothers, Vi	ice President Site Operations	··· ···	N/A	•
NAME AND TITLE OF PRINCIPAL E	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *	LICENSED OPERATO	OR GRADE AND REGIS 06/22/2004	FRY NUMBER (IF APPLICABLE) 856-339-2900
*For a local agency where the higher person designated by that person shall		horize capital expend	•	
I certify under penalty of law and in a N/A	accordance with N.J.S.A. 58:10A-6F(5) that I have re-	ceived and reviewed t	he attached discharge monito N/A	ring reports. N/A
NAME AND TITLE	SIGNATURE		DATE	AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

048C SW Outfall 48C

5/1/2004 TO 5/31/2004

PSEG NUCLEAR LLC

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

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITOR	ED LOCATION:
NJ0005622	Month Day Year 5 1 2004 To 5 31 2004	481A - SW Outfa	II 481A
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 HANCOCKS BRI	LLC
	REGION / COUNTY: Southern / Salem County		
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 treat I certify under penalty of law that that, based on my inquiry of tho- 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 rest ranking operator does not have the ability to authorize capital exped 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 see 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 Second	anking operator of the treenditures and hire personned this page. If the local as a sign the certification. submitted in this document, I believe that the informathe possibility of fine and	atment works shall sign rel, a person having that regency has contracted with rent and all attachments, and mation is true, accurate and
	/ice-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)
MN		06/22/2004	856-339-2900
SIGNATURE OF PRINCIPAL EXECU	UTIVE OFFICER, AUTIORIZED 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 expendial sign the following certification:	tures and hire personnel, a p	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

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

5/1/2004 TO 5/31/2004

PSEG NUCLEAR LLC

PARAMETER		QUANTITY O	OR LOADING	UNITS	QUALI	TY OR CONCENTR	IATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	142	484		*****	*****	*****		Ø	1/Pay	CALOTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD				*****	A company	1/Day	CALCTD
pH	MDL	<u> </u>			PREMINDENSE		数据数据的		# 12 m		
	SAMPLE MEASUREMENT	*****	*****		7.4	*****	7.6		0	1/weok	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT.	ter-Bungaryan (s. 1) Pangaryan sangaryan (s. 1) Pangaryan Sangaryan Sangaryan		*****	01DAMN		9.0 Ó1DAMX	su		1/Week	GRAB
	MDL MA	A THE RESERVE OF THE STATE OF T	Distance of the state of the st				ALL SECTIONS		200		
pH	SAMPLE MEASUREMENT	****	*****		7.6	*****	7.8		0	Ilweek	GRAB
00400 7 Intake From Stream	PERMIT AT REQUIREMENT,			*****	REPORT 01DAMN		REPORT 01DAMX	su	· 表	1/Week	GRAB
	AT MOLY SE				Section of the sectio		land expertences, or continue commensus.		1		N. C. Santana
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****		CODE= N	*****	*****		0	CODE = N	COUFIN
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	######################################	****		50 01DAMN			%EFFL	在1000年 大学社	2/Year	COMPOS
	MDL ***	A STATE OF THE		<u> </u>		The fall was an about 100 and a second	Element Constitution		22.3		
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	0.1	0.2		0	3/Wook	GRAB
*CPOX 1	PERMIT				500 GARBORAN	4550 0.35 4550	(1.35 × 0.5 × 75.4)	MG/L	3.55	3/Week	GRAB
Effluent Gross Value	REQUIREMENT.		6.60 A 4.60 A 75.00		OFFICE AND A STATE OF THE STATE	01MOAV	01DAMX	MG/L	\$		
Option 1	MDL	国和特殊数据	BISH HOUSE			SALE OF THE SALES OF THE SALES	Marin of the best				San San Line
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	<0./	<0.1		0	3 Work	GRAB
*CPOX 1 Effluent Gross Value	PERMIT	100 A	The state of the s	·····		REPORT 01MOAV	0.2 01DAMX	MG/L	447447 12 33 A	3/Week	GRAB
Option 2	MDL	William I				Marine Park Towns	SWAIN-				NA COLE

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

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

5/1/2004 TO 5/31/2004

PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUALI	ry or concentr	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature,	SAMPLE MEASUREMENT	*****	*****		*****	23. 4	27.4		0	1/Day	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****		*****		REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	1 3 4 5 m 5 5 4 2 4 4 m 5 m 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Lab Certification #	SAMPLE	The state of the s			A CONTRACTOR OF THE STATE OF TH	anticonal land and the services	THE SECTION OF THE SE		2000	Employee States	
99999 99	MEASUREMENT	/7327	O G 431		PA343	©V0REPORT⊝©	*on REPORT		10 A S	Not Applie	NOT AP
Lab	REQUIREMENT	Lab#	Lab#		Lab #	Lab#	Lab#		1000		

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 Submittal Form

NJPDES PERMIT	MONITORING PERIOD		MONITORED LOCATION	₹:			
NJ0005622		Day Year 31 2004	482A - SW Outfall 482A				
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NECK R HANCOCKS BRIDGE, NJ 08		RD	REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038				
	REGION / COUNTY: Southern / Sale	m County					
CHECK IF APPLICABLE:	No Discharge this Monitoring Period	☐ Monitoring	g Report Comments Attached				
the certification. Where the higher reponsibility or person designate another entity to operate the treat I certify under penalty of law the that, based on my inquiry of the complete. I am aware that there	a person designated by that person. For a local agest ranking operator does not have the ability to aud by that person shall also sign the second certification ment works, the highest-ranking official of the cort I have personally examined and am familiar wise individuals immediately responsible for obtain are significant penalties for submitting false inforfew Jersey Water Pollution Control Act provides for	horize capital explication at the bottom tracted entity shault the information of the information, including	penditures and hire personnel, a person having to of this page. If the local agency has contracted all sign the certification. In submitted in this document and all attachment on, I believe that the information is true, accuring the possibility of fine and/or imprisonment, p	that d with nts, and rate and			
•	/ice_President_Site_Operations		N/A				
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LI	CENSED OPERAT	OR GRADE AND REGISTRY NUMBER (IF APP	'LICABLE)			
~17			06/22/2004 856-339-2	900			
	ITIVE OFFICER, AUTHORIZED AGENT, OR *LICENS est ranking operator does not have the ability to autho ll sign the following certification:		DATE AREA CODE/PHONI litures and hire personnel, a person having that res				
- ·	accordance with N.J.S.A. 58:10A-6F(5) that I have rece	ved and reviewed		.			
N/A	N/A		. N/A N/.	<u> </u>			
NAME AND TITLE	SIGNATURE		DATE AREA CODE/PHONE	AREA CODE/PIIONE NUMBER			

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

482A SW Outfall 482A

5/1/2004 TO 5/31/2004

PSEG NUCLEAR LLC

1100003022											
PARAMETER	\times	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	171	454		*****	*****	*****		0	1/Day	CALCID
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	100 100 100 100 100 100 100 100 100 100			*****		1/Day	CALCTD
-11	MOL	CELLIFICATION AND ADDRESS OF THE PERSON AND	SERVICE OF THE SERVIC	<u> </u>		<u> स्टेश्स्ट्रियोस्ट्रिय</u>			91 H. A. B	\$40.00 m	
pH	SAMPLE MEASUREMENT	*****	*****		7.5	*****	7.6		0	Threek	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT		EN THE PROPERTY OF THE PROPERT	•••••	6.0 01DAMN		9.0 01DAMX	ຣບ		1/Weék	GRAB
	MDL 23		Marke Military		THE ACCOUNT	HAMMAN	PERCENTAGE.				
pH	SAMPLE MEASUREMENT	****	*****		7.6	*****	7.8		o	Ihreak	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT			•••••	REPORT 01DAMN		REPORT: 01DAMX	ຣບ	発送が	1/Week	GRAB
	MDL TO	SENETE NAME	PACHED LEGI		方的特殊發展經濟				200	The state of the s	
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****		COPE= N	*****	*****	-	0	CODE:N	CODE = N
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT			*****	50 01DAMN			%EFFL	\$ 18. \$ 18.	2/Year	COMPOS
	MDL		Control of the State of the Sta	1	A CONTRACTOR OF THE PARTY OF TH	HALFEL AND THE			13.72		
Chlorine Produced	SAMPLE MEASUREMENT	. *****	*****	<u> </u>	*****	0.1	0.3		0	3/week	CRAB
Oxidants		er teads of the	7	4	y a weather may be a subsection of why			ļ	1		
*CPOX 1	PERMIT	1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A		******	1.00 mm	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Effluent Gross Value	5 12 June 5 - 2	The state of the same of the same	The state of the s	-	TANDAN SALA	L. S. F. & Rock and B. S. Mary on	All the state of t		mys J. Werk		
Option 1	SE MOLES		No. of the second second		B. C. Strategi	arestrares es	NORTH WATER	ļ	12.12.13	<u>अधारिक स्ट्रिक्टिक</u>	TELEFFE CONTR
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	<0.1	0.1		0	3/week	GRAB
*CPOX 1	PERMIT	THE WAY WANTED	DESTRUCTION OF THE PARTY OF THE		Second Carlo	REPORT	0.2	MG/L	1. 2. 3. 2. 1. 2. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	3/Week	GRAB:
Effluent Gross Value	REQUIREMENT	To the second	**************************************]	a grade og å acce occ i age i kall and are å alle occurrence allege e filo and a color of the acceptance of	01MOAV.	01DAMX	11100	6.0		
Option 2	MDL	ETERNISHED IN	Mirinate Prints.		AND MERCHA	Mary Traces	STATE OF THE		it is		

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

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

482A SW Outfall 482A

5/1/2004 TO 5/31/2004

PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY (QUANTITY OR LOADING UN		UNITS QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature,	SAMPLE MEASUREMENT	*****	*****		*****	23.3	27.0		0	1/Day	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT.	#544.75 Access		*****		REPORT 01MOAV	REPORT 01DAMX	DEG.C	1.00 E	1/Day	CONTIN
Lab Certification #	MDL 2								स्टब		
	SAMPLE MEASUREMENT	17327	06431		PA 343						
99999 99 Lab	PERMIT REQUIREMENT	REPORT	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT			Not Applic	NOT AP
	MOL			<u> </u>			HANNEYE.			in the second	

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 Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	Month Day Year Month Day Year 5 1 2004 To 5 31 2004	483A - SW Outfall 483A
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NECK RE HANCOCKS BRIDGE, NJ 080		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 Cor	nments Attac	hed
the certification or, in his absence the certification. Where the highes reponsibility or person designated	ranking official having day-to-day managerial an a person designated by that person. For a local ag t ranking operator does not have the ability to aut by that person shall also sign the second certifica tent works, the highest-ranking official of the cor	ency, the highest ranking oper horize capital expenditures an tion at the bottom of this page	ator of the tre d hire personr . If the local a	atment works shall sign nel, a person having that
that, based on my inquiry of those complete. I am aware that there a	I have personally examined and am familiar with individuals immediately responsible for obtaining significant penalties for submitting false inforced by Jersey Water Pollution Control Act provides for submitting false inforced by Jersey Water Pollution Control Act provides for submitting false inforced by Jersey Water Pollution Control Act provides for submitting false inforced by Jersey Water Pollution Control Act provides for submitting false inforced by Jersey Water Pollution Control Act provides for submitting false inforced by Jersey Water Pollution Control Act provides for submitting false inforced by Jersey Water Pollution Control Act provides for submitting false inforced by Jersey Water Pollution Control Act provides for submitting false inforced by Jersey Water Pollution Control Act provides for submitting false inforced by Jersey Water Pollution Control Act provides for submitting false inforced by Jersey Water Pollution Control Act provides for submitting false inforced by Jersey Water Pollution Control Act provides false inforced by Jersey Water Pollution Control Act provides false inforced by Jersey Water Pollution Control Act provides false inforced by Jersey Water Pollution Control Act provides false inforced by Jersey Water Pollution Control Act provides false inforced by Jersey Water Pollution Control Act provides false inforced by Jersey Water Pollution Control Act provides false	ng the information, I believe mation, including the possibil	that the informity of fine and	mation is true, accurate and
Michael H_Brothers_Vi	ce President Site Operations		N/A	
NAME AND TITLE OF PRINCIPAL E	XECUTIVE OFFICER, AUTHORIZED AGENT, OR *LI	CENSED OPERATOR GRAD	E AND REGIS	TRY NUMBER (IF APPLICABLE)
MIN			06/22/2004	856-339-2900
SIGNATURE OF PRINCIPAL EXECU	TIVE OFFICER, AUTHORIZED AGENT, OR *LICENS	ED OPERATOR DATE		AREA CODE/PIIONE NUMBER
*For a local agency where the higher person designated by that person shall	st ranking operator does not have the ability to autho I sign the following certification:	rize capital expenditures and hire	r personnel, a p	person having that responsibility or
I certify under penalty of law and in a	ccordance with N.J.S.A. 58:10A-6F(5) that I have rece	ived and reviewed the attached di	scharge monito	ring reports.
N/A	N/A		N/A	N/A
NAME AND TITLE	SIGNATURE	DATE		AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

483A SW Outfall 483A

5/1/2004 TO 5/31/2004

PSEG NUCLEAR LLC

		CII Guttan 40	· · ·		0 3/3 1/2004	. 024 11001	LLAN LLU				
PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, in Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	109	403		*****	*****	*****		0	1/Day	CALCTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD		And the second s		*****		1/Day	CALCTD
	MDL	ide Laid Harabalanda	A Comment Secretarial de Legin anger a		ASSECTATION OF		学期间的实现的		\$2.5	16732	
pH	SAMPLE MEASUREMENT	. *****	*****		7.2	*****	7.6	i	0	1/west	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT			*****	6.0 O1DAMN		9.0 01DAMX	su		1/Week	GRAB
	A MDL					MEDITE STA					
pH	SAMPLE MEASUREMENT	*****	*****		7.6	*****	7.8		0	Ilweak	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT			*****	REPORT 01DAMN		REPORT.	ຮບ		1/Week	GRAB
	MOL								4		
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****	· · ·		<0.1	0.2			3/work	
*CPOX 1	9.31 51.25%	The State of the Name of the State of the St			No with moderna	(30), (0.3)	(1.00.5 (1.00.5)		17.00	: 3/Week	GRAB
Effluent Gross Value	PERMIT REQUIREMENT	The feet agence of the	**************************************	*****	And the same of th	01MOAV,	01DAMX	MG/L		The gradient of the	AS CHESTON
Option 1	MDL (YAMENYAMITA A				HATTHE			3		
Chlorine Produced		March 201 Comment of Section	Service Hotel Control of Control of Control		or the last of the out of them with a set of	E date dispersional receptor	The state of the Contract of the		見れが	G SMLTEVELSCARA!	<u>विन्यात स्वयंत्रीत्य व्ययः । वृत्त</u>
Oxidants	SAMPLE MEASUREMENT	******	*****		*****	<0.1	40.1	:	0	3/week	GRAD
*CPOX 1	PERMIT			*****		REPORT	0.2	****		3/Week	GRÁB
Effluent Gross Value	REQUIREMENT				「一個」という。 本語の意味を のでは、「一個」という。 は、「一個」という。 のでは、「一個」という。 は、「一個」という。 になっている。 になっていなっている。 になっている。 になってい。	01MOAV	01DAMX	MG/L	13.00		
Option 2	MDL	PRINTERIES			RECEIPTED TO	SECRETARIA SE					
Temperature,	SAMPLE MEASUREMENT	*****	*****		*****	2/./	26.4		o	1/04	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT			*****		REPORT 01MOAV	REPORT 01DAMX	DEG.C	\$200 A	1/Day	CONTIN
<u> </u>	MDL						Alampeter was as well-alam and income	_ <u>. </u>	300 A		

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

483A SW Outfall 483A

5/1/2004 TO 5/31/2004

PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTE	IATION	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	REPORT Lab#	REPORT			Not Applic.	NOT AP

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

Surface Water Discharge Monitoring Report Submittal Form

	MONITORING PERIOD	MONITOR	ED LOCATION:
NJ0005622	Month Day Year To Month Day Year 486	4A - SW Outfa	II 484A
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
	REGION / COUNTY: Southern / Salem County		
CHECK IF APPLICABLE:	No Discharge this Monitoring Period Monitoring Rep	ort Comments Attac	hed
the certification. Where the higher eponsibility or person designated another entity to operate the treatment of law that that, based on my inquiry of those complete. I am aware that there	e a person designated by that person. For a local agency, the highest rank ist ranking operator does not have the ability to authorize capital expending that person shall also sign the second certification at the bottom of the ment works, the highest-ranking official of the contracted entity shall sign at I have personally examined and am familiar with the information subsection immediately responsible for obtaining the information, I are significant penalties for submitting false information, including the lew Jersey Water Pollution Control Act provides for penalties up to \$50,	tures and hire personnation page. If the local and the certification. In the certification, in this docume believe that the information possibility of fine and	el, a person having that gency has contracted with nt and all attachments, and nation is true, accurate and
to N.J.A.C. 7:14A-6.9(B). The N	tew sersey water rollition Control Act provides for penalties up to \$50,	ooo per violation.	or imprisonment, pursuant
	lice President Site Operations	N/A	· · · · · · · · · · · · · · · · · · ·
Michael H. Brothers, V		N/A	TRY NUMBER (IF APPLICABLE)
Michael H. Brothers, V	/ice President Site Operations	N/A	
Michael H. Brothers, V NAME AND TITLE OF PRINCIPAL I	/ice President Site Operations	N/A GRADE AND REGIST	RY NUMBER (IF APPLICABLE)
Michael H. Brothers, V NAME AND TITLE OF PRINCIPAL I SIGNATURE OF PRINCIPAL EXECU	Vice President Site Operations EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR est ranking operator does not have the ability to authorize capital expenditures	N/A GRADE AND REGIST 06/22/2004 DATE	RY NUMBER (IF APPLICABLE) 856-339-2900 AREA CODE/PHONE NUMBER
Michael H. Brothers, V. NAME AND TITLE OF PRINCIPAL I SIGNATURE OF PRINCIPAL EXECU *For a local agency where the higher person designated by that person shall	Vice President Site Operations EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR est ranking operator does not have the ability to authorize capital expenditures	N/A GRADE AND REGIST 06/22/2004 DATE s and hire personnel, a p	RY NUMBER (IF APPLICABLE) 856-339-2900 AREA CODE/PHONE NUMBER person having that responsibility of

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

484A SW Outfall 484A

5/1/2004 TO 5/31/2004

PSEG NUCLEAR LLC

11000000022		Oir Outlan 40	.,,		0 0/0 1/2004	, 024	LAN LLO				
PARAMETER	X	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	396	478		*****	*****	*****		0	11Day	CALCID
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD			## 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*****		1/Day	CALCTD
pH	(high Molth Hall					And the state of t	Maria de la companya della companya della companya della companya de la companya della companya		EME.	Addards and a second	and the street
, p	SAMPLE MEASUREMENT	****	*****		7.4	***** .	7.6		0	1/weak	GRAB
00400 1 Effluent Gross Value	PERMIT. REQUIREMENT			*****	6.0 01DAMN	And The State of t	9.0 01DAMX	SU		1/Week	GRAB
	MDL		Fire Character			Garageria.	ATT TO THE PARTY AND ADDRESS.		1		
рН	SAMPLE MEASUREMENT	*****	*****		7.6	*****	7.8		0	1/work	GRAB
00400 7 Intake From Stream	PERMIT			•••••	REPORT 01DAMN		REPORT 01DAMX	ຮບ	# 25 \$25 \$25 \$3	1/Week	GRAB
	SE MOLECULE	经的基本的	运送机器系统运输			Lan Marine	MARKET TANKS		11111		
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	****		CODE = N	*****	*****		0	CODETN	CODETA
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT			•••••	50 01DAMN			%EFFL	and the state of t	2/Year	COMPOS
	MDL	TESHTSHEET.] 	ANTHERE		\$199.6\$\$\$\$\$\$\$\$\$				The state of the s
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	CODE= N	CODE > IV		0	CODESN	CODE = N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT		**************************************	*****	3 12 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	MOL]	The first property				1		
Chlorine Produced	SAMPLE MEASUREMENT	*****	*****		*****	<0./	<0./		0	3/Wook	GRAB
Oxidants *CPOX 1 Effluent Gross Value	PERMIT TO REQUIREMENT.			*****		REPORT	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	MDL DEVE										Company of the Compan

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:	
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MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

484A SW Outfall 484A

5/1/2004 TO 5/31/2004

PSEG NUCLEAR LLC

PARAMETER		QUANTITY O	QUANTITY OR LOADING UN		TS QUALITY OR CONCENTRATION				NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	27.4	37.4		0	IlDay	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT		g lighter themself glockers a glockers and a finite for the fill a fill the fill of the	*****	10 10 10 10 10 10 10 10 10 10 10 10 10 1	the state of the state of the	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Lab Certification #	ADL SA		The second section of the second seco		Control of the second of the s	الله المراجعة المراجعة المراجعة المراجعة ال			H.		
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		'PA343						
99999 99 Lab	PERMIT REQUIREMENT	REPORT	REPORT Lab #		REPORT	REPORT	REPORT			Not Applic	NOT AP
	MÓL	"双手"和"数数"	THE RELIGION						14.3		

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 Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITOR	ED LOCATION:
NJ0005622	Month Day Year Month Day Year 5 1 2004 To 5 31 2004	185A - SW Outfa	I 485A
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 BRII	LLC
	REGION / COUNTY: Southern / Salem County		
HECK IF APPLICABLE:	No Discharge this Monitoring Period Monitoring F	Report Comments Attac	hed
e certification or, in his absence e certification. Where the higher ponsibility or person designated	ranking official having day-to-day managerial and operational responsa person designated by that person. For a local agency, the highest rast ranking operator does not have the ability to authorize capital expense by that person shall also sign the second certification at the bottom content works, the highest-ranking official of the contracted entity shall	nking operator of the treanditures and hire personn of this page. If the local a	ntment works shall sign el, a person having that
at, based on my inquiry of thos implete. I am aware that there	t I have personally examined and am familiar with the information are 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 \$.	, I believe that the information he possibility of fine and	nation is true, accurate and
Michael.H_Brothers_V	ice President Site Operations	N/A	
ME AND TITLE OF PRINCIPAL F	XECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	R GRADE AND REGIST	RY NUMBER (IF APPLICABLE
		06/22/2004	856-339-2900

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

NAME AND TITLE SIGNATURE

DATE

AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

485A SW Outfall 485A

5/1/2004 TO 5/31/2004

PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY C	OR LOADING	UNITS	QUALI	TY OR CONCENTR	IATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	356	456		*****	*****	*****		0	1/Day	CALCID
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	RÉPORT 01DAMX	MGD	1000 A 1000 TO			*****		1/Day	CALCTD
pH	SAMPLE MEASUREMENT	100 A 20 A	Container of Contract to an an and		7.4	Shaha wala di Salaha ()	7.6		0	Muck	GRAB
00400 1 Effluent Gross Value	PERMIT			*****	6.0 O1DAMN	######################################	9.0 01DAMX	SU	100mm 100mm 100mm 100mm	1/Week	GRAB
	MDL WELL	the state of the s			State Contracting	WEST STREET	ETHERWICH IN				
pn	SAMPLE MEASUREMENT	*****	*****		7.6	*****	7.8		0	Ilwook	GRAB
00400 7 Intake From Stream	PERMIT PROUIREMENT.			*****	REPORT 01DAMN		REPORT.	su	100 mm 10	1/Week	GRAB
	MOL				THE PARTY OF THE P	经验证 的证据	到的特殊的			No. of the last of	
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****		CODE = N	*****	. *****		0	COUESN	CODETN
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	AND THE STATE OF T		*****	50 O1DAMN			%EFFL		2/Year	COMPOS
	MDL 3	NAKAMAN PER	Herman		SASMASIA	ATTENDED TO	FIG. BARRIES				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		·····	CODEZN	CODESN		0	000 × N	CODETN
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT			*****	The state of the s	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	MOL		The second secon		老孩妹妹班看 樣	THEFTHE	建建数型引线		3		
Chiorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	<0.1	<0./		0	3/weok	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT			•••••	17 19 20 19 19 19 19 19 19 19 19 19 19 19 19 19	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	SE MOUSE SE	WITCH HARRIST WAR	REPRESENTATION OF THE PROPERTY	<u> </u>	THE PROPERTY	经联络各种 的			17.6	LAME TO A	MARKET MARK

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

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

485A SW Outfall 485A

5/1/2004 TO 5/31/2004

PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTE	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	27.2	35.9		0	May	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT.		Angeleiche der Geschaften der Gescha	*****		REPORT 01MOAV	REPORT 01DAMX	DEG.C			CONTIN
Lab Certification #	MDL (S)	A CALONICA AND AND AND AND AND AND AND AND AND AN	A Section of the sect		Cotted on a tractic wise - 10 mg. Stock to your PST have back of Fagorit	र माने द्वार कर कर्षा है है है कर करेंग़ एक का क्यांनियार एक नेट्रीय के स्क्रीय में क		·	93.163 93.443		
Lab Gerandanon #	SAMPLE MEASUREMENT	173 27	06431		PA 343						
99999 99 Lab	PERMIT REQUIREMENT.	REPORT Leb#	REPORT		REPORT	REPORT	REPORT,			Not Applic	NOT AP
	MOL		THE SHEET SEE		MARTINE	RESIDENCE.	Baaran ka			ASSESS:	

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 Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORI	ED LOCATION:				
NJ0005622	Month Day Year 5 1 2004 To Month Day Year 5 31 2004	186A - SW Outfall 486A					
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NECK RI HANCOCKS BRIDGE, NJ 080		PSEG NUCLEAR I PO BOX 236/N21 HANCOCKS BRID	LLC				
	REGION / COUNTY: Southern / Salem County						
CHECK IF APPLICABLE:	No Discharge this Monitoring Period Monitoring I	Report Comments Attacl	ned .				
the certification or, in his absence the certification. Where the higher reponsibility or person designated	ranking official having day-to-day managerial and operational responsa person designated by that person. For a local agency, the highest rast ranking operator does not have the ability to authorize capital expert by that person shall also sign the second certification at the bottom cannot works, the highest-ranking official of the contracted entity shall	anking operator of the treanditures and hire personnof this page. If the local a	atment works shall sign				
that, based on my inquiry of thos complete. I am aware that there	t I have personally examined and am familiar with the information are 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 \$.	, I believe that the inform he possibility of fine and	nation is true, accurate and				
Michael H. Brothers, V	ce President Site Operations	N/A	<u> </u>				
NAME AND TITLE OF PRINCIPAL F	XECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	R GRADE AND REGIST	RY NUMBER (IF APPLICABLE)				
MI		06/22/2004	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 highe person designated by that person sha	est ranking operator does not have the ability to authorize capital expendite ll sign the following certification:	ares and hire personnel, a p	erson having that responsibility of				
Tandiform Income to a Charles	accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed the	attacked discharge monitor					

DATE

AREA CODE/PHONE NUMBER

SIGNATURE

NAME AND TITLE

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

486A SW Outfall 486A

5/1/2004 TO 5/31/2004

PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTR	IATION	UNITS	NO. EX,	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, in Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	269	416		*****	*****	*****		0	1/Day	CALCID
50050 1 Effluent Gross Value	PERMIT REQUIREMENT.	REPORT 01MOAV	REPORT 01DAMX	MGD	********	And the second s		*****		1/Day	CALCTD
На	MOL 2	With the second second			建物的基础的				游漫	British Bade	74. (419.8.0-1005)
pri	SAMPLE MEASUREMENT	*****	*****		7.4	*****	7.5		0	Ilweck	GRAB
00400 1 Effluent Gross Value	* PERMIT REQUIREMENT			*****	6.0 01DAMN		9.0 01DAMX	. ៩ប		1/Week	GRAB
	MOL FEET	NAMES OF STREET	THE STATES OF THE STATES.		EFFERENCES.	MER PER WINDER	多的的情報機能		200		
pH ·	SAMPLE MEASUREMENT	****	*****		7.6	*****	7.8		0	1 hrock	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	******	3 3 44444 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*****	REPORT 01DAMN	*******	REPORT 01DAMX	SU		1/Week	GRAB
	MOL		tings and in Their deposits as Their and 1881 and 1884		THE CONTRACT		MARINE SANCE		1 4 6 4 5 4 5 4 5 6 5 6 5 6 5 6 5 6 5 6 5	1511 N. 1	
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	CODE = N	CODE=N		0	CODETN	CODEZN
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT			*****		0.3 01MOAV	0.5 01DAMX	MG/L	20 / CE	3/Week	GRAB
Option 1	J., MDL	元的监狱。 英语	RESERVE AND THE			ivinganamen	NURSE HE SHIELD		, Y. 3		
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****			<0.1	10.1		0	3/wock	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	Asses	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*****		REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	MDL		Service de la constitución de la			A Transfer of the second			هام ماکر چه او د سام	127	
Temperature,	SAMPLE MEASUREMENT	*****			*****	28./	35.3		o	11Day	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT,			*****	100 100 100 100 100 100 100 100 100 100	REPORT 01MOAV	REPORT 01DAMX	DEG.C	等。 第二章	1/Day	CONTIN
,	MDL	MERCHIOCHE	7927-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		STOLENSTONES	ER-TH-MIGHT	Edward Control of the Control				A STATE OF THE STA

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

5/1/2004 TO 5/31/2004

PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		PA343						
99999 99 Lab	PERMIT REQUIREMENT.		REPORT		REPORT	REPORT Lab #					NOT AP

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

Surface Water Discharge Monitoring Report Submittal Form

		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	,
NJPDES PERMIT	MONITORING PERIOD	MONITOR	ED LOCATION:
NJ0005622	Month Day Year Month Day Year 5 1 2004 To 5 31 2004	487B - SW Outfa	II 487B
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 IIANCOCKS BRID	LLC
	REGION / COUNTY: Southern / Salem County	•	
CHECK IF APPLICABLE:	No Discharge this Monitoring Period Monitoring	Report Comments Attac	Hed
the certification. Where the higher eponsibility or person designated another entity to operate the treat. I certify under penalty of law that, based on my inquiry of those complete. I am aware that there	e a person designated by that person. For a local agency, the highest rest ranking operator does not have the ability to authorize capital expels 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 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 infor- the possibility of fine and	el, a person having that gency has contracted with ent and all attachments, and mation is true, accurate and
	/ice President Site Operations	N/A	•
	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO		TRY NUMBER (IF APPLICABLE)
mn		06/22/2004	856-339-2900
SIGNATURE OF PRINCIPAL EXECU	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 expendiall sign the following certification:	tures and hire personnel, a p	person having that responsibility o
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	ne attached discharge monitor	ring reports.
N/A	N/A	N/A	N/A

DATE

AREA CODE/PHONE NUMBER

SIGNATURE

NAME AND TITLE

Surface Water Discharge Monitoring Report Submittal Form

	•		•	•
NJPDES PERMIT	MONITORING PERIOD		MONITOR	ED LOCATION:
NJ0005622	Month Day Year Month Day 5 1 2004 To 5 31	Year 2004	489A - SW Outfa	ll 489A
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NECK F HANCOCKS BRIDGE, NJ 08			REPORT REC PSEG NUCLEAR PO BOX 236/N21 HANCOCKS BRI	LLC
,	REGION / COUNTY: Southern / Salem C	ounty		
CHECK IF APPLICABLE:	No Discharge this Monitoring Period	Monitoring 1	Report Comments Attac	ched
the certification or, in his absence the certification. Where the higher reponsibility or person designate another entity to operate the treat I certify under penalty of law the that, based on my inquiry of the complete. I am aware that there	t ranking official having day-to-day managerial and operation and person designated by that person. For a local agency est ranking operator does not have the ability to authorized by that person shall also sign the second certification ment works, the highest-ranking official of the contract at I have personally examined and am familiar with the se individuals immediately responsible for obtaining the are significant penalties for submitting false informations.	the highest recapital expent the bottom ed entity shall information the information on, including	anking operator of the tre enditures and hire persons of this page. If the local a l sign the certification. submitted in this docume n, I believe that the inforthe 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
Michael H. Brothers, \	/ice President Site Operations		N/A	
	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICEN	ED OPERATO	R GRADE AND REGIS	TRY NUMBER (IF APPLICABLE)
MIX			06/22/2004	856-339-2900
SIGNATURE OF PRINCIPAL EXEC	utive officer, authorized agent, or *Licensed o	PERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the high person designated by that person sho	est ranking operator does not have the ability to authorize a all sign the following certification:	apital expendit	ures and hire personnel, a	person having that responsibility o
	accordance with N.J.S.A. 58:10A-6F(5) that I have received	nd reviewed th	-	
N/A	N/A		N/A	N/A
NAME AND TITLE	SIGNATURE		DATE	AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

489A SW Outfall 489A

5/1/2004 TO 5/31/2004

PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTR	IATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.066	0.066		*****	*****	*****		0	1/wnt	CALOTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT.	REPORT 01MOAV	REPORT. 01DAMX	MGD		Acces		*****		1/Month	CALCTD
рН	SAMPLE				The state of the s				The sp	Zert Flank Turk Line	
00400 1 Effluent Gross Value	PERMIT REQUIREMENT			*****	7. / 6.0 01DAMN		7. / 9.0 01DAMX	SU	0	//Month	GRAB:
Solids, Total Suspended	SAMPLE MEASUREMENT		ACTIVITY OF THE STATE OF THE ST		17	17	*****			1/Month	GRAB
00530 1 Effluent Gross Value	PERMIT REQUIREMENT			•••••	100 01DAMX	30 01MOAV		MG/L	がある	1/Month	GRAB
Petroleum	SAMPLE	The Control of the Co							Visit		Action 5
Hydrocarbons 00551 1	MEASUREMENT	**************************************		*****	2	/ 	450000	MG/L	0	1/Month	GRAB GRAB
Effluent Gross Value	REQUIREMENT,					01MOAV	OIDAMX				The state of the s
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	****		****	7	7		0	1/Month	GRAB
00680 1 Effluent Gross Value	PERMIT. REQUIREMENT	CART STATE OF STATE O				REPORT 01MOAV	50 01DAMX	MG/L		1/Month	GRAB
Lab Certification #	SAMPLE MEASUREMENT	/7327	0643/		PA343	THE STATE OF THE S	Stage Stage September 1994		44.274	TERMINA PRO	THE STATE OF SECOND
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT		REPORT Lab #	REPORT	REPORT Lab #			Not Applic	NOT AP
	MDL		SHEET WAS	1	WALKER WAS	Maria de Caracteria de la companya della companya della companya de la companya della companya d	Section with the section				

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".