

LR-E04-0308

July 21, 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 8886

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 June 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

95-2168 REV 7/99

1

NJPDES Report June 2004

SCH04-024

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

NJPDES Report Explanation of Deviations June 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 <u>20</u> day of <u>July</u> 2004

DEBBIE A. BOOZ

Notary Public of New Jersey

My Commission Exp. 01/02/2009

ID # 2220768

| NJPDES PERMIT | MONITORING PERIOD | MONITORED LOCATION: | | | | | | | |
|--|--|---|--|--|--|--|--|--|--|
| NJ0005622 | Month Day Year 6 1 2004 To Month Day Year 6 30 2004 | FACA – SW Outfall FACA | | | | | | | |
| PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NEAK RD HANCOCKS BRIDGE, NJ 0803 | | REPORT RECIPIENT: PSE&G NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038 | | | | | | | |
| | REGION / COUNTY: Southern / Salem | County | | | | | | | |
| CHECK IF APPICABLE: No Discharge this Monitoring Period Monitoring Report Comments Attached | | | | | | | | | |
| the certification or, in his absent the certification. Where the hig responsibility or person designs | nest ranking official having day-to-day managerial and operationa nee a person designated by that person. For a local agency, the hig ghest ranking operator does not have the ability to authorize capita ated by that person shall also sign the second certification at the b eatment works, the highest-ranking official of the contracted entity | shest ranking operator of the treatment works shall sign al expenditures and hire personnel, a person having that ottom of this page. If the local agency has contracted with | | | | | | | |
| that, based on my inquiry of the complete. I am aware that the | hat I have personally examined and am familiar with the informationse individuals immediately responsible for obtaining the information are are significant penalties for submitting false information, include New Jersey water Pollution Control Act provides for penalties up | ion submitted in this document and all attachments, and ation, I believe that the information is true, accurate and ading the possibility of and/or imprisonment, pursuant | | | | | | | |
| that, based on my inquiry of the complete. I am aware that the to N.J.A.C. 7:14A-6.9(B). The | hat I have personally examined and am familiar with the informations ose individuals immediately responsible for obtaining the information are are significant penalties for submitting false information, included | ion submitted in this document and all attachments, and ation, I believe that the information is true, accurate and ading the possibility of and/or imprisonment, pursuant | | | | | | | |
| that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The Michael H. Broth | hat I have personally examined and am familiar with the informationse individuals immediately responsible for obtaining the information are significant penalties for submitting false information, include New Jersey water Pollution Control Act provides for penalties up | ion submitted in this document and all attachments, and atton, I believe that the information is true, accurate and ading the possibility of and/or imprisonment, pursuant to to \$50,000 per violation. N/A | | | | | | | |
| that, based on my inquiry of the complete. I am aware that the to N.J.A.C. 7:14A-6.9(B). The Michael H. Broth | hat I have personally examined and am familiar with the informationse individuals immediately responsible for obtaining the information are are significant penalties for submitting false information, include New Jersey water Pollution Control Act provides for penalties uppers, Vice President Operations | ion submitted in this document and all attachments, and atton, I believe that the information is true, accurate and ading the possibility of and/or imprisonment, pursuant to to \$50,000 per violation. N/A | | | | | | | |
| that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The Michael H. Broth NAME AND TITLE OF PRINCIPAL | hat I have personally examined and am familiar with the informationse individuals immediately responsible for obtaining the information are are significant penalties for submitting false information, include New Jersey water Pollution Control Act provides for penalties uppers, Vice President Operations | ion submitted in this document and all attachments, and atton, I believe that the information is true, accurate and ading the possibility of and/or imprisonment, pursuant to to \$50,000 per violation. N/A GRADE AND REGISTRY NUMBER (IF APPLICABLE) | | | | | | | |
| that, based on my inquiry of the complete. I am aware that their to N.J.A.C. 7:14A-6.9(B). The Michael H. Broth NAME AND TITLE OF PRINCIPAL SIGNATURE OF PRINCIPAL EXECT *For a local agency where the hig | hat I have personally examined and am familiar with the informationse individuals immediately responsible for obtaining the information are are significant penalties for submitting false information, include New Jersey water Pollution Control Act provides for penalties uppers, Vice President Operations EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICENSED OPERATORS. | ion submitted in this document and all attachments, and attion, I believe that the information is true, accurate and ading the possibility of and/or imprisonment, pursuant to to \$50,000 per violation. N/A OR GRADE AND REGISTRY NUMBER (IF APPLICABLE) 07/21/2004 856-339-2900 DATE AREA CODE/PHONE NUMBER | | | | | | | |
| that, based on my inquiry of the complete. I am aware that then to N.J.A.C. 7:14A-6.9(B). The Michael H. Broth NAME AND TITLE OF PRINCIPAL SIGNATURE OF PRINCIPAL EXECT *For a local agency where the hig person designated by that person | hat I have personally examined and am familiar with the informationse individuals immediately responsible for obtaining the information are are significant penalties for submitting false information, include New Jersey water Pollution Control Act provides for penalties uppers, Vice President Operations EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICENSED OPERATOR CONTROL OF STREET CONTROL OF STREET AUTHORIZED AGENT, OR *LICENSED OPERATOR CONTROL OPERATOR CONTROL OPERATOR CONTROL OPERATOR CONTROL OPERATOR CONTROL OPERATOR CONTROL OPERAT | ion submitted in this document and all attachments, and ation, I believe that the information is true, accurate and ading the possibility of and/or imprisonment, pursuant to to \$50,000 per violation. N/A OR GRADE AND REGISTRY NUMBER (IF APPLICABLE) 07/21/2004 856-339-2900 DATE AREA CODE/PHONE NUMBER and the personnel, a person having that responsibility of the submitted in this document and all attachments, and attachments, and all attachments, and a | | | | | | | |
| that, based on my inquiry of the complete. I am aware that then to N.J.A.C. 7:14A-6.9(B). The Michael H. Broth NAME AND TITLE OF PRINCIPAL SIGNATURE OF PRINCIPAL EXECT *For a local agency where the hig person designated by that person | hat I have personally examined and am familiar with the informationse individuals immediately responsible for obtaining the information are are significant penalties for submitting false information, include New Jersey water Pollution Control Act provides for penalties uppers, Vice President Operations EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICENSED OPERATOR CONTROL OF STREET AUTHORIZED AGENT, OR *LICENSED OPERATOR CONTROL OPERATO | ion submitted in this document and all attachments, and ation, I believe that the information is true, accurate and ading the possibility of and/or imprisonment, pursuant to to \$50,000 per violation. N/A OR GRADE AND REGISTRY NUMBER (IF APPLICABLE) 07/21/2004 856-339-2900 DATE AREA CODE/PHONE NUMBER and the personnel, a person having that responsibility of the submitted in this document and all attachments, and attachments, and all attachments, and a | | | | | | | |

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACA SW Outfall FACA

6/1/2004 TO 6/30/2004

PSEG NUCLEAR LLC

| PARAMETER | X | QUANTITY (| OR LOADING | UNITS | QUALIT | Y OR CONCENTR | ATION | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|---------------------------------|-----------------------|--|--------------------|--------|---------|------------------|--|-------|---|----------------------|----------------|
| Temperature, oC | SAMPLE MEASUREMENT | **** | ***** | | ***** | 24.2 | 25.7 | | 0 | Continuous | CONTIN |
| 00010 G Raw Sew/influent | PERMIT REQUIREMENT | ************************************** | *** | ****** | Antalas | REPORT 01MOAV | REPORT 01DAMX | DEG.C | \$2.50% \$1.02 \$5.00 | Continuous | CONTIN |
| | MOL | | | | | | | | 1122 | | |
| Temperature, oC | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 29.8 | 33.4 | | 0 | Continuos | CONTIN |
| 00010 1 Effluent Gross Value | PERMIT REQUIREMENT | | | ***** | | REPORT 01MOAV | 46.1 01DAMX | DEG.C | | Continuous | CONTIN |
| | MDL | | | | | | | | | | |
| Temperature, | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 5, 6 | 8.1 | | 0 | 1/Day | CALCTO |
| 00010 2 Effluent Net Value | PERMIT REQUIREMENT | ***** | | ****** | | REPORT 01MOAV | 15.3 01DAMX | DEG.C | | 1/Day | CALCTD |
| | MOL | | | 1 | | | | | Preposition (Control of Control o | | |
| Lab Certification # | SAMPLE MEASUREMENT | 17327 | 06431 | | PA 3 43 | | Reference of the State of The S | | | | |
| 99999 99 Lab | PERMIT REQUIREMENT | REPORT | REPORT Lab # | | REPORT | REPORT | REPORT Lab# | | 19.47.5 | Not Applie | NOT AP |
| | And a MOL, Hara | all them over della | felitar man mellin | | | | | | 4 | * (70.4 | Mark . |

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

| NJPDES PERMIT | MONITORING PERIOD | MONITORED LOCATION: | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| NJ0005622 | Month Day Year 6 1 2004 To Month Day Year 6 30 200 | | | | | | | | |
| PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NEAK RD HANCOCKS BRIDGE, NJ 0803 | · · · · · · · · · · · · · · · · · · · | REPORT RECIPIENT: PSE&G NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038 | | | | | | | |
| | REGION / COUNTY: Southern / S | alem County | | | | | | | |
| CHECK IF APPICABLE: | HECK IF APPICABLE: | | | | | | | | |
| | ated by that person shall also sign the second certification at | apital expenditures and hire personnel, a person having that the bottom of this page. If the local agency has contracted to | | | | | | | |
| responsibility or person designanother entity to operate the tree. I certify under penalty of law that, based on my inquiry of the complete. I am aware that the | | the bottom of this page. If the local agency has contracted entity shall sign the certification. Transition submitted in this document and all attachments, and ormation, I believe that the information is true, accurate an including the possibility of and/or imprisonment, pursuant | | | | | | | |
| responsibility or person designanother entity to operate the tree. I certify under penalty of law that, based on my inquiry of the complete. I am aware that the to N.J.A.C. 7:14A-6.9(B). The | ated by that person shall also sign the second certification at a satment works, the highest-ranking official of the contracted chat I have personally examined and am familiar with the infoose individuals immediately responsible for obtaining the information, are significant penalties for submitting false information, | the bottom of this page. If the local agency has contracted entity shall sign the certification. Transition submitted in this document and all attachments, and ormation, I believe that the information is true, accurate an including the possibility of and/or imprisonment, pursuant | | | | | | | |
| responsibility or person designanother entity to operate the tree. I certify under penalty of law that, based on my inquiry of the complete. I am aware that the to N.J.A.C. 7:14A-6.9(B). The Michael H. Broth | ated by that person shall also sign the second certification at catment works, the highest-ranking official of the contracted cat I have personally examined and am familiar with the infoose individuals immediately responsible for obtaining the inforce are significant penalties for submitting false information, New Jersey water Pollution Control Act provides for penaltic | che bottom of this page. If the local agency has contracted entity shall sign the certification. Transition submitted in this document and all attachments, and ormation, I believe that the information is true, accurate an including the possibility of and/or imprisonment, pursuant es up to \$50,000 per violation. N/A | | | | | | | |
| responsibility or person designanother entity to operate the tree. I certify under penalty of law that, based on my inquiry of the complete. I am aware that the to N.J.A.C. 7:14A-6.9(B). The Michael H. Broth | ated by that person shall also sign the second certification at eatment works, the highest-ranking official of the contracted enat I have personally examined and am familiar with the infoose individuals immediately responsible for obtaining the infore are significant penalties for submitting false information, New Jersey water Pollution Control Act provides for penalting the information, New Jersey water Pollution Control Act provides for penalting the information, New Jersey water Pollution Control Act provides for penalting the information. | che bottom of this page. If the local agency has contracted entity shall sign the certification. Transition submitted in this document and all attachments, and ormation, I believe that the information is true, accurate and including the possibility of and/or imprisonment, pursuant es up to \$50,000 per violation. N/A | | | | | | | |
| responsibility or person designanother entity to operate the tree. I certify under penalty of law to that, based on my inquiry of the complete. I am aware that the to N.J.A.C. 7:14A-6.9(B). The Michael H. Brott NAME AND TITLE OF PRINCIPAL | ated by that person shall also sign the second certification at eatment works, the highest-ranking official of the contracted enat I have personally examined and am familiar with the infoose individuals immediately responsible for obtaining the infore are significant penalties for submitting false information, New Jersey water Pollution Control Act provides for penalting the information, New Jersey water Pollution Control Act provides for penalting the information, New Jersey water Pollution Control Act provides for penalting the information. | the bottom of this page. If the local agency has contracted rentity shall sign the certification. Transition submitted in this document and all attachments, and ormation, I believe that the information is true, accurate an including the possibility of and/or imprisonment, pursuant es up to \$50,000 per violation. N/A | | | | | | | |
| I certify under penalty of law that, based on my inquiry of the complete. I am aware that the to N.J.A.C. 7:14A-6.9(B). The Michael H. Broth NAME AND TITLE OF PRINCIPAL SIGNATURE OF PRINCIPAL EXECUTE. | atted by that person shall also sign the second certification at a satment works, the highest-ranking official of the contracted chat I have personally examined and am familiar with the info ose individuals immediately responsible for obtaining the inforce are significant penalties for submitting false information, New Jersey water Pollution Control Act provides for penaltitiers, Vice President Operations EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICENSED OPE | che bottom of this page. If the local agency has contracted entity shall sign the certification. Transition submitted in this document and all attachments, and cormation, I believe that the information is true, accurate an including the possibility of and/or imprisonment, pursuant es up to \$50,000 per violation. N/A | | | | | | | |
| I certify under penalty of law that, based on my inquiry of the complete. I am aware that the to N.J.A.C. 7:14A-6.9(B). The Michael H. Broth NAME AND TITLE OF PRINCIPAL SIGNATURE OF PRINCIPAL EXECUTE. | atted by that person shall also sign the second certification at catment works, the highest-ranking official of the contracted catter works, the highest-ranking operator does not have the ability to authorize capital catter works. | the bottom of this page. If the local agency has contracted entity shall sign the certification. Transition submitted in this document and all attachments, and cormation, I believe that the information is true, accurate an including the possibility of and/or imprisonment, pursuant es up to \$50,000 per violation. N/A | | | | | | | |
| I certify under penalty of law that, based on my inquiry of the complete. I am aware that the to N.J.A.C. 7:14A-6.9(B). The Michael H. Broth NAME AND TITLE OF PRINCIPAL SIGNATURE OF PRINCIPAL EXECUTE. | atted by that person shall also sign the second certification at catment works, the highest-ranking official of the contracted catment works, the highest-ranking official of the contracted catter works, the highest-ranking official of the contracted catter works, the highest-ranking official of the contracted catter works, the highest-ranking catter works, the highest-ranking operator does not have the ability to authorize capital shall sign the following certification: | the bottom of this page. If the local agency has contracted entity shall sign the certification. Transition submitted in this document and all attachments, and cormation, I believe that the information is true, accurate an including the possibility of and/or imprisonment, pursuant es up to \$50,000 per violation. N/A | | | | | | | |

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACB SW Outfall FACB

6/1/2004 TO 6/30/2004

PSEG NUCLEAR LLC

| PARAMETER | | QUANTITY C | OR LOADING | UNITS | QUALI | TY OR CONCENTR | ATION | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|---------------------------------|-----------------------|--|----------------|--------|--|------------------|------------------|-------|---|----------------------|----------------|
| Temperature, oC | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 24.2 | 25.7 | | 0 | Con Tinuous | CONTIN |
| 00010 G Raw Sew/influent | PERMIT REQUIREMENT | ••• | | ****** | | REPORT 01MOAV | REPORT 01DAMX | DEG.C | | Continuous | CONTIN |
| | MOL | | | 1 | | | | | 10 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| Temperature, oC | SAMPLE MEASUREMENT | **** | ***** | | ***** | 32.6 | 33.6 | | 0 | Continuous | |
| 00010 1 Effluent Gross Value | PERMIT REQUIREMENT | | | ***** | | REPORT 01MOAV | 46.1 01DAMX | DEG.C | | Continuous | CONTIN |
| | MOL | Carry Agents (Santa Santa Sant | | | | | | | | | |
| Temperature, oC | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 8. 3 | 9.7 | | 0 | 1/Day | CALCTO |
| 00010 2 Effluent Net Value | PERMIT REQUIREMENT | | | ****** | | REPORT 01MOAV | 15.3 01DAMX | DEG.C | | 1/Day | CALCTD |
| • | MDL | | | 1 . | de la companya de la La companya de la co | | | | 10. 37 20.44 | | |
| Lab Certification # | SAMPLE MEASUREMENT | 17327 | 06431 | | PA 343 | | | | | | |
| 99999 99 Lab | PERMIT REGUIREMENT | REPORT Lab# | REPORT Lab# | | REPORT Lab # | REPORT Lab# | REPORT | | | Not Applic | NOT AP |
| | MOL | W | | | | 100 / A & C | + 10 · 100+ | i | | | 46 |

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

| NJPDES PERMIT | MONITORING PERIOD MONITORED LOCATION: | | | | | | | | | |
|---|--|--|---|--|--|--|--|--|--|--|
| NJ0005622 | | ay Year 30 2004 | FACC – SW Ou | tfall FACC | | | | | | |
| PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NEAK RD HANCOCKS BRIDGE, NJ 0803 | LOCATION OF ACTIVION OF ACTIVI | | REPORT RECII PSE&G NUCLEAR I PO BOX 236/N21 HANCOCKS BRIDG | LLC | | | | | | |
| | REGION / COUNTY: So | thern / Salem | County | | | | | | | |
| CHECK IF APPICABLE: | No Discharge this Monitoring Period | | Monitoring Report Com | ments Attached | | | | | | |
| responsibility or person designal another entity to operate the tree. I certify under penalty of law that, based on my inquiry of the complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The | hest ranking operator does not have the ability to a ted by that person shall also sign the second certificatment works, the highest-ranking official of the coat I have personally examined and am familiar with se individuals immediately responsible for obtaine are significant penalties for submitting false infollowed Jersey water Pollution Control Act provides the sers, Vice President Operations | cation at the boots intracted entity in the informating the informa ormation, inclu | ottom of this page. If the less shall sign the certification on submitted in this documention, I believe that the infoding the possibility of and | ocal agency has contracted with nent and all attachments, and ormation is true, accurate and | | | | | | |
| NAME AND TITLE OF PRINCIPAL | EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICE | NSED OPERATO | OR GRADE AND REGIS | STRY NUMBER (IF APPLICABLE) | | | | | | |
| nl | | | 07/21/2004 | 856-339-2900 | | | | | | |
| | UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSE | | DATE | AREA CODE/PHONE NUMBER | | | | | | |
| *For a local agency where the high person designated by that person s | test-ranking operator does not have the ability to autho hall sign the following certification: | rize capital expe | nditures and hire personnel, (| a person having that responsibility or | | | | | | |
| I certify under penalty of law and i | n accordance with N.J.S.A. 58:10A-6F(5) that I have re | riewed the attacl | ned discharge monitoring repo | orts. | | | | | | |
| N/A | N/A | <u></u> | <u> </u> | <u>N/A</u> | | | | | | |
| NANE AND TITLE | SIGNATURE | | DATE | AREA CODE/PHONE NUMBER | | | | | | |

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

NJ0005622 FACC SW Outfall FACC 6/1/2004 TO 6/30/2004 PSEG NUCLEAR LLC

| 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 | 2541 | 2625 | | ***** | ***** | ***** | | 0 | 1/Day | CALOTO |
| 50050 G Raw Sew/influent | PERMIT REQUIREMENT | 3024 01MOAV | REPORT 01DAMX | MGD | | | | | | 1/Day | CALCTD |
| | WDL | | | | | | | | N. Pr | | |
| Thermal Discharge Million BTUs per Hr | SAMPLE MEASUREMENT | 11406 | 13627 | | ***** | **** | ***** | | 0 | 1/Day | CALCTO |
| 00015 2 Effluent Net Value | PERMIT REQUIREMENT | REPORT 01MOAV | 30600 01DAMX | MBTU/HR | *************************************** | | | ****** | | 1/Day | CALCTD |
| | MDL | | | 1 | | | | | 30 | | |
| Lab Certification # | SAMPLE MEASUREMENT | 17327 | 06431 | | P H 343 | | | | | | |
| 99999 99 Lab | PERMIT REQUIREMENT | REPORT Lab# | REPORT Lab# | | REPORT Lab # | REPORT Lab# | REPORT Lab # | | | Not Applic | NOT AP |
| | MDL | | And the Samuel of the Samuel | 1 | | | | | | | |

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

| NJPDES PERMIT | N | IONITORIN | G PERIO | D | | MONITORED LOCATION: | | | | | | |
|--|---|---|---|---|--|--|--|--|--|--|--|--|
| NJ0005622 | Month Day 6 1 | Year To | Month 6 | Day 30 | Year 2004 | 048C – SW Out | fall 48C | | | | | |
| PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NEAK RE HANCOCKS BRIDGE, NJ 0803 | | LOCATION PSE&G NUCL ALLOWAY CI LOWER ALLO | EAR LLC REEK NEAK | RD | | REPORT RECI PSE&G NUCLEAR PO BOX 236/N21 HANCOCKS BRIDO | LLC | | | | | |
| REGION / COUNTY: Southern / Salem County | | | | | | | | | | | | |
| CHECK IF APPICABLE: | | | | | | | | | | | | |
| another entity to operate the tree I certify under penalty of law that, based on my inquiry of the complete. I am aware that the to N.J.A.C. 7:14A-6.9(B). The | ated by that person eatment works, the land hat I have personall ose individuals imr re are significant p | shall also sign thighest-ranking y examined and nediately respondentities for substitution Control | he second co official of the am familian sible for ob nitting false | ertification te contra with the taining the informa | on at the bected entity informatine information, inclu | ottom of this page. If the shall sign the certification on submitted in this document, I believe that the infiding the possibility of an | local agency has contracted with n. ment and all attachments, and ormation is true, accurate and different imprisonment, pursuant | | | | | |
| NAME AND TITLE OF PRINCIPAL | | | AGENT, OR | ICENSEI | OPERATO | R GRADE AND REGI | STRY NUMBER (IF APPLICABLE) | | | | | |
| n 1 | ~ | , | | | | 07/21/2004 | 856-339-2900 | | | | | |
| SIGNATURE OF PRINCIPAL EXEC | CUTIVE OFFICER, AU | THORIZED AGEN | T, OR *LICE | NSED OP | ERATOR | DATE | AREA CODE/PHONE NUMBER | | | | | |
| person designated by that person | shall sign the followi | ng certification: | • | | | · | a person having that responsibility or | | | | | |
| I certify under penalty of law and | in accordance with N | .J.S.A. 58:10A-6 | F(5) that I hav | e review | d the attacl | hed discharge monitoring rep | oorts. | | | | | |
| <u>N/A</u> | | · | <u>N/A</u> | | | <u>N/A</u> | <u>N/A</u> | | | | | |
| NANE AND TITLE | | SIGNATURE | | | | DATE | AREA CODE/PHONE NUMBER | | | | | |

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

048C SW Outfall 48C

6/1/2004 TO 6/30/2004

PSEG NUCLEAR LLC

| PARAMETER | X | QUANTITY O | R LOADING | UNITS | QUALI | TY OR CONCENTE | RATION | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|--|------------------|--------|---|------------------|----------------------|-------|------------|----------------------|----------------|
| Flow, In Conduit or Thru Treatment Plant | SAMPLE MEASUREMENT | 0.1812 | 0.4574 | | ***** | ****** | ***** | | 0 | 1/004 | CALCTO |
| 50050 1 Effluent Gross Value | PERMIT REQUIREMENT | REPORT 01MOAV | REPORT 01DAMX | MGD | | ***** | | ***** | | 1/Day | CALCTD |
| | MDL. | | | | egalitikasi: | | | | | | |
| Solids, Total Suspended | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 6 | 7 | | 0 | 2/Month | COMPOS |
| 00530 1 Effluent Gross Value | PERMIT REQUIREMENT | | | ***** | | 30 01MOAV | 100 01DAMX | MG/L | | 2/Month | COMPOS |
| | MDL | | | | the form of the second of the | | | | | | |
| Nitrogen, Ammonia Total (as N) | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 8 | 10 | | 0 | 2/Month | COMPAS |
| 00610 1 Effluent Gross Value | PERMIT REQUIREMENT | | | ***** | | 35 01MOAV | 70 01DAMX | MG/L | | 2/Month | COMPOS |
| | MDL | | | | | | Carata Villa Control | | 3 | | |
| Petroleum Hydrocarbons | SAMPLE MEASUREMENT | ***** | ***** | | **** | <0.5 | ≺0.5 | | 0 | 2/Month | GRAB |
| 00551 1 Effluent Gross Value | PERMIT REQUIREMENT | | ****** | ****** | -i-t-t-t | 10 OIMOAV | 15 01DAMX | MG/L | 7 1 2 2 2 | 2/Month | GRAB |
| | NOL. | | | Š | | | | | V. | | • |
| Carbon, Tot Organic (TOC) | SAMPLE MEASUREMENT | **** | **** | | ***** | 5 | 6 | | O | 2/Month | compos |
| 00680 1 Effluent Gross Value | PERMIT REQUIREMENT | ************************************** | | ***** | | REPORT 01MOAV | 50 01DAMX | MG/L | | 2/Month | COMPOS |
| | MDL | | | | | | | | 27.7 | | |
| Lab Certification # | SAMPLE MEASUREMENT | /7327 | 06431 | | PA 343 | | | | | | |
| 99999 99 Lab | PERMIT REQUIREMENT | REPORT Lab# | REPORT Lab# | | REPORT Lab # | REPORT | 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".

| NJPDES PERMIT | MONITORING PERIOD MONITORED LOCATION: | | | | | | | | | | |
|---|--|---|---|--|--|--|--|--|--|--|--|
| NJ0005622 | Month Day Year 6 1 2004 To Month Day 6 30 | Year 2004 | 481A – SW Out | fall 481A | | | | | | | |
| PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NEAK RI HANCOCKS BRIDGE, NJ 080 | · · · · · · · · · · · · · · · · · · · | _ | REPORT RECI PSE&G NUCLEAR PO BOX 236/N21 HANCOCKS BRID | LLC | | | | | | | |
| · | REGION / COUNTY: South | ern / Salem | County | | | | | | | | |
| CHECK IF APPICABLE: | No Discharge this Monitoring Period | | Monitoring Report Con | nments Attached | | | | | | | |
| the certification. Where the his responsibility or person design another entity to operate the troe. I certify under penalty of law to that, based on my inquiry of the complete. I am aware that the to N.J.A.C. 7:14A-6.9(B). The | chee a person designated by that person. For a local age of the second certificate attention by that person shall also sign the second certificate eatment works, the highest-ranking official of the contract I have personally examined and am familiar with those individuals immediately responsible for obtaining re are significant penalties for submitting false informations. New Jersey water Pollution Control Act provides for the series, Vice President Operations | orize capita ion at the bo acted entity te informati the informa ation, inclu | I expenditures and hire pottom of this page. If the shall sign the certification on submitted in this docution, I believe that the infiding the possibility of an | ersonnel, a person having that local agency has contracted with on. ment and all attachments, and formation is true, accurate and d/or imprisonment, pursuant | | | | | | | |
| | EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICENSI | D OPERATO | R GRADE AND REG | ISTRY NUMBER (IF APPLICABLE) | | | | | | | |
| r 18 | Zamootti a otti otti otti otti otti otti ot | o o maio | 07/21/2004 | 856-339-2900 | | | | | | | |
| SIGNATURE OF PRINCIPAL EXEC | CUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED O | PERATOR | DATE | AREA CODE/PHONE NUMBER | | | | | | | |
| person designated by that person | hest-ranking operator does not have the ability to authorize 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 review | ed the attach | ned discharge monitoring re | ports. | | | | | | | |
| <u>N/A</u> | <u>N/A</u> | | <u>N/A</u> | <u>N/A</u> | | | | | | | |
| NANE AND TITLE | SIGNATURE | | DATE | AREA CODE/PHONE NUMBER | | | | | | | |

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

6/1/2004 TO 6/30/2004

PSEG NUCLEAR LLC

| PARAMETER | \sim | QUANTITY | OR LOADING | UNITS | QUALI | TY OR CONCENT | RATION | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|---|-----------------------|------------------|------------------|--------|------------------|--|------------------|-------|---|----------------------|----------------|
| Flow, In Conduit or Thru Treatment Plant | SAMPLE MEASUREMENT | 466 | 484 | | ****** | ***** | ***** | | 0 | 1/Day | CALOTO |
| 50050 1 Effluent Gross Value | PERMIT REQUIREMENT | REPORT 01MOAV | REPORT 01DAMX | MGD | **** | ***** | ***** | ***** | | 1/Day | CALCTD |
| | WDL. | | | | | | | | 31 (3.0) | | |
| Н | SAMPLE MEASUREMENT | ****** | ***** | | 7.6 | ***** | 7.6 | | 0 | 1/week | GRAB |
| 00400 1 Effluent Gross Value | PERMIT REQUIREMENT | | | ***** | 6.0 01DAMN | | 9.0 O1DAMX | su | | 1/Week | GRAB |
| | MDL | | | 1 | | | | | | | |
| рН | SAMPLE MEASUREMENT | ***** | ***** | | 7.7 | ***** | 7.9 | | 0 | 1/week | GRAB |
| 00400 7 Intake From Stream | PERMIT REQUIREMENT | | | ***** | REPORT 01DAMN | ***** | REPORT 01DAMX | su | WATER ALL | 1/Week | GRAB |
| | MDL. | | | | | Carrier in the contract of the | | | - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| LC50 Statre 96hr Acu Cyprinodon | SAMPLE MEASUREMENT | **** | **** | | CODE=N | ***** | ***** | | 0 | CODESN | CONEIN |
| TAN6A 1 Effluent Gross Value | PERMIT REQUIREMENT | | | ••••• | 50 01DAMN | | ***** | %EFFL | | 2/Year | COMPOS |
| · | JADIL (Spin) | التوادر خرطاني | | | | Magneto-Pro-Augo | | | ~. | tem and | *** |
| Chlorine Produced Oxidants | SAMPLE MEASUREMENT | ***** | **** | | **** | CODE - N | CODF = N | | 0 | CORFIN | CODE=N |
| *CPOX 1 Effluent Gross Value | PERMIT REQUIREMENT | | | ****** | | 0.3 01MOAV | 0.5 01DAMX | MG/L | | 3/Week | GRAB |
| Option 1 | MDL | | | | 225424.046.484 | in children | | | | | |
| Chlorine Produced Oxidants | SAMPLE MEASUREMENT | ***** | ***** | | ***** | <0.1 | <0.1 | | 0 | 3/week | GRAB |
| *CPOX 1 Effluent Gross Value | PERMIT REQUIREMENT | | | | | REPORT 01MOAV | 0.2 01DAMX | MG/L | | 3/Week | GRAB |
| Option 2 | AIDL | | | 1 | Productivity | | | | | | |

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

6/1/2004 TO 6/30/2004

PSEG NUCLEAR LLC

| PARAMETER | X | QUANTITY (| OR LOADING | UNITS | QUALI | TY OR CONCENTE | ATION | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|---------------------------------|-----------------------|----------------|----------------|-------|---|------------------|------------------|-------|---|----------------------|----------------|
| Temperature, | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 30.4 | 37.3 | | 0 | 1/Pay | CONTIN |
| 00010 1 Effluent Gross Value | PERMIT | •••• | *** | ***** | • | REPORT 01MOAV | REPORT 01DAMX | DEG.C | | 1/Day | CONTIN |
| | MDL | | | | ing pagasan ang kalang ang kalang Kalang ang kalang ang | | | | | | |
| Lab Certification # | SAMPLE MEASUREMENT | /7327 | 06431 | | PA 343 | | | | | | |
| 99999 99 Lab | PERMIT REQUIREMENT | REPORT Lab# | REPORT Lab# | | REPORT Lab# | REPORT Lab# | REPORT Lab# | | | Not Applic | NOT AP |
| <u> </u> | MDL | | | | | | | | 2 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |

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

| NJPDES PERMIT | MONITORING PERIOD | | MONITO | RED LOCATION: |
|---|--|--|---|---|
| NJ0005622 | Month Day Year 6 1 2004 To Month Day 6 3 | 4 | 82A – SW Out | fall 482A |
| PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NEAK RI HANCOCKS BRIDGE, NJ 080 | | | REPORT RECI PSE&G NUCLEAR PO BOX 236/N21 HANCOCKS BRIDO | LLC |
| | REGION / COUNTY: Sout | nern / Salem Cou | unty | |
| CHECK IF APPICABLE: | No Discharge this Monitoring Period | □м | Ionitoring Report Com | ments Attached |
| I certify under penalty of law that, based on my inquiry of the complete. I am aware that the to N.J.A.C. 7:14A-6.9(B). The | ated by that person shall also sign the second certific eatment works, the highest-ranking official of the cortest hat I have personally examined and am familiar with ose individuals immediately responsible for obtaining are are significant penalties for submitting false inform New Jersey water Pollution Control Act provides for the provided of the | tracted entity shat the information of the information mation, includin | all sign the certification submitted in this documen, I believe that the information of and the possibility of and | n. ment and all attachments, and primation is true, accurate and d/or imprisonment, pursuant |
| | EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICEN | SED OPERATOR | GRADE AND REGI | STRY NUMBER (IF APPLICABLE) |
| ne VI | | | 07/21/2004 | 856-339-2900 |
| SIGNATURE OF PRINCIPAL EXEC | CUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED | OPERATOR | DATE | AREA CODE/PHONE NUMBER |
| person designated by that person | thest-ranking operator does not have the ability to authoric shall sign the following certification: | • | • | , |
| , | in accordance with N.J.S.A. 58:10A-6F(5) that I have revi | ewed the attached | | |
| N/A | N/A | | N/A | N/A |
| NANE AND TITLE | SIGNATURE | | DATE | AREA CODE/PHONE NUMBER |

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

482A SW Outfall 482A

6/1/2004 TO 6/30/2004

PSEG NUCLEAR LLC

| 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 | 454 | 454 | - | ***** | ***** | ***** | | 0 | 1/Pay | CALCTD |
| 50050 1 Effluent Gross Value | PERMIT REQUIREMENT | REPORT 01MOAV | REPORT 01DAMX | MGD | •••• | ***** | ***** | ***** | | 1/Day | CALCTD |
| | MOL | | | | | | | | | | |
| Н | SAMPLE MEASUREMENT | ***** | ***** | | 7.3 | ***** | 7.7 | | 0 | 1/work | GRAB |
| 00400 1 Effluent Gross Value | PERMIT REQUIREMENT | | ***** | ***** | 6.0 01DAMN | | 9.0 01DAMX | su | | 1/Week | GRAB |
| | MDL. | | | | | | | | | | |
| рН | SAMPLE MEASUREMENT | ***** | ***** | | 7. 7 | **** | 7.9 | SU | 0 | 1 hovek | GRAB |
| 00400 7 Intake From Stream | PERMIT REQUIREMENT | | | ***** | REPORT 01DAMN | | REPORT 01DAMX | | | 1/Week | GRAB |
| | MDL | | | | | | | | | | |
| LC50 Statre 96hr Acu Cyprinodon | SAMPLE MEASUREMENT | ***** | ***** | | CODE=N | ***** | ***** | | 0 | CODETN | CODE=N |
| TAN6A 1 Effluent Gross Value | PERMIT REQUIREMENT | • | ***** | ****** | 50 01DAMN | ***** | • | %EFFL | | 2/Year | COMPOS |
| | No. | | | | | Implemental Company | | 1 | | | |
| Chlorine Produced Oxidants | SAMPLE MEASUREMENT | ***** | ***** | | ***** | CONE: N | CODE=N | | 0 | CODE=N | CODEEN |
| *CPOX_1 Effluent Gross Value | PERMIT REQUIREMENT | | | | | 0.3 01MOAV | 0.5 01DAMX | MG/L | | 3/Week | GRAB |
| Option 1 | MOL | | |] | | | | | | | |
| Chlorine Produced Oxidants | SAMPLE MEASUREMENT | ***** | ***** | | ***** | <0.1 | <0.1 | | 0 | 3/week | GRAB |
| *CPOX 1 Effluent Gross Value | PERMIT REQUIREMENT | | ###################################### | ****** | ****** | REPORT 01MOAV | 0.2 01DAMX | MG/L | | 3/Week | GRAB |
| Option 2 | WDL - | | | 1 | | | | 1 | AT | | |

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:NJ0005622482A SW Outfall 482A6/1/2004 TO 6/30/2004PSEG NUCLEAR LLC

| PARAMETER | \times | QUANTITY O | OR LOADING | UNITS | QUALI | TY OR CONCENTE | RATION | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|---------------------------------|-----------------------|----------------|----------------|-------|----------------|------------------|------------------|-------|------------|----------------------|----------------|
| Temperature, oC | SAMPLE MEASUREMENT | ***** | ***** | | ****** | 29.2 | 33.9 | | 0 | 1/Day | CONTIN |
| 00010 1 Effluent Gross Value | PERMIT REQUIREMENT | | | ***** | | REPORT 01MOAV | REPORT 01DAMX | DEG.C | | 1/Day | CONTIN |
| | MOL | | | | | | | | 1 | | |
| Lab Certification # | SAMPLE MEASUREMENT | 17327 | 06431 | | PA3 43 | | | | | | |
| 99999 99 Lab | 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. .

| | MONITORING PERIOD | MONITO | RED LOCATION: |
|---|---|--|--|
| NJ0005622 | Month Day Year 6 1 2004 To Month Day Year 6 30 2004 | 483A – SW Out | fall 483A |
| PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NEAK RD HANCOCKS BRIDGE, NJ 0803 | | REPORT RECI PSE&G NUCLEAR PO BOX 236/N21 HANCOCKS BRIDG | LLC |
| | REGION / COUNTY: Southern / Salem Co | ounty | |
| CHECK IF APPICABLE: | ☐ No Discharge this Monitoring Period ☐ N | Monitoring Report Com | ments Attached |
| responsibility or person designs another entity to operate the tre I certify under penalty of law th that, based on my inquiry of the complete. I am aware that the | shest ranking operator does not have the ability to authorize capital extending that person shall also sign the second certification at the bott atment works, the highest-ranking official of the contracted entity shat I have personally examined and am familiar with the information use individuals immediately responsible for obtaining the information are are significant penalties for submitting false information, including New Jersey water Pollution Control Act provides for penalties up to | tom of this page. If the hall sign the certification is submitted in this document, I believe that the infing the possibility of and | docal agency has contracted with in. ment and all attachments, and ormation is true, accurate and door imprisonment, pursuant |
| to N.J.A.C. 7:14A-6.9(B). The | | | |
| , , | ers, Vice President Operations | | <u>N/A</u> |
| Michael H. Broth | ers, Vice President Operations EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICENSED OPERATOR | GRADE AND REGI | |
| Michael H. Broth | EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICENSED OPERATOR | GRADE AND REGI 07/21/2004 | N/A |
| Michael H. Broth NAME AND TITLE OF PRINCIPAL | EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICENSED OPERATOR | | N/A STRY NUMBER (IF APPLICABLE) |
| Michael H. Broth NAME AND TITLE OF PRINCIPAL SIGNATURE OF PRINCIPAL EXECT *For a local agency where the hig person designated by that person | EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICENSED OPERATOR UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR hest-ranking operator does not have the ability to authorize capital expends shall sign the following certification: | 07/21/2004 DATE litures and hire personnel, | N/A STRY NUMBER (IF APPLICABLE) 856-339-2900 AREA CODE/PHONE NUMBER a person having that responsibility of |
| Michael H. Broth NAME AND TITLE OF PRINCIPAL SIGNATURE OF PRINCIPAL EXECT *For a local agency where the hig person designated by that person | EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICENSED OPERATOR UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR hest-ranking operator does not have the ability to authorize capital expend | 07/21/2004 DATE litures and hire personnel, | N/A STRY NUMBER (IF APPLICABLE) 856-339-2900 AREA CODE/PHONE NUMBER a person having that responsibility of |

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

483A SW Outfall 483A

6/1/2004 TO 6/30/2004

PSEG NUCLEAR LLC

| PARAMETER | \sim | QUANTITY (| OR LOADING | UNITS | QUALI | TY OR CONCENTR | ATION | UNITS | NO. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|---|-----------------------|--|--|-------|------------------|------------------|---|-------|-------|----------------------|----------------|
| Flow, In Conduit or Thru Treatment Plant | SAMPLE MEASUREMENT | 447 | 454 | | ***** | ***** | ***** | | o | 1/Day | CALOTO |
| 50050 1 Effluent Gross Value | PERMIT REQUIREMENT | REPORT 01MOAV | REPORT 01DAMX | MGD | | | ***** | ••••• | | 1/Day | CALCTD |
| -11 | , MDL | e gaine, all agree for the artistic soft gargin and the state of the s | or and analysis of the first of | | | | | | | | |
| PΗ | SAMPLE MEASUREMENT | ***** | ***** | | 7.4 | ***** | 7.7 | | 0 | 1/week | GRAB |
| 00400 1 Effluent Gross Value | PERMIT REQUIREMENT | | | ***** | 6.0 01DAMN | | 9.0 01DAMX | su | | 1/Week | GRAB |
| | MDL | | | | | | 11 Sept 3 3 2 2 2 2 2 2 3 3 3 3 2 2 2 2 2 2 2 | | | | |
| рН | SAMPLE MEASUREMENT | ***** | ***** | | 7.7 | ***** | 7.9 | su | 0 | Ilwest | GRAB |
| 00400 7 Intake From Stream | PERMIT REQUIREMENT | | | ***** | REPORT 01DAMN | | REPORT 01DAMX | | | 1/Week | GRAB |
| | MDL. | | | | | | | | 22.00 | | |
| Chlorine Produced Oxidants | SAMPLE MEASUREMENT | ***** | ***** | | ***** | CODE: N | COOE =N | | 0 | COOFEN | CODEIN |
| *CPOX 1 Effluent Gross Value | PERMIT RECUREMENT | | ************************************** | | | 0.3 - 01MOAV | 0.5 01DAMX | MG/L | | 3/Week | GRAB |
| Option 1 | MOL | | 2 1 1.57 P-1000 | | RATION SIN | | | | • | | ** |
| Chlorine Produced Oxidants | SAMPLE MEASUREMENT | ***** | **** | | ***** | <0.1 | <0.1 | | o | 3 hreck | GRAB |
| *CPOX 1 Effluent Gross Value | PERMIT REQUIREMENT | | | | | REPORT 01MOAV | 0.2 01DAMX | MG/L | | 3/Week | GRAB |
| Option 2 | MDL | | The same of the same |] | | | | 7 | 2.5% | | |
| Temperature, oC | SAMPLE MEASUREMENT | ***** | ***** | | . ***** | 30.0 | 34.4 | | 0 | 1/Day | CONTIN |
| 00010 1 Effluent Gross Value | PERMIT REQUIREMENT | | *** | | | REPORT 01MOAV | REPORT 01DAMX | DEG.C | | 1/Day | CONTIN |
| | WDL : | | 28.073.27157.5.1672F. | 1 | . Excelesión de | | | - | | | |

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: | MON | IITORED LOCA | TION: | MONITOF | RING PERIOD: | FACILITY N | AME: | | | | |
|---------------------|-----------------------|----------------|----------------|----------|---------------------|-----------------|-----------------|-------|------------|----------------------|----------------|
| NJ0005622 | 483 <i>A</i> | SW Outfall 48 | 3A | 6/1/2004 | ro 6/30/2004 | PSEG NUCI | LEAR LLC | | | | |
| PARAMETER | \supset | QUANTITY | OR LOADING | UNITS | QUAL | ITY OR CONCENTE | RATION | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
| Lab Certification # | SAMPLE MEASUREMENT | 17327 | 06431 | | PA 343 | | | | | | |
| 99999 99 | PERMIT REQUIREMENT | REPORT Lab# | REPORT Lab# | | Ille REPORT | REPORT Lab.# | REPORT Lab.# | | | Not Applic | NOT AP |

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

| | PDES PERMIT MONITORING PERIOD | | | | | | | | MONITORED LOCATION: | | | | | |
|--|---|--|---|---|--|--|--|---|--|---|--|--|--|--|
| NJ0005622 | Month Da | | То | Month 6 | Day 30 | Year 2004 | | 484A – S | W Out | fall 484A | | | | |
| PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NEAK RD HANCOCKS BRIDGE, NJ 0803 | | LOCATI PSE&G NU ALLOWAY LOWER A | JCLEA Y CREI | R LLC EK NEAK | RD | - | 0000 | REPOR' PSE&G N' PO BOX 2 HANCOC | UCLEAR 36/N21 | | | | | |
| | | REGIO | ON/C | OUNTY: | Souther | rn / Sal | em C | County | | | | | | |
| CHECK IF APPICABLE: | □ No D | ischarge this M | onitori | ing Period | ! | | | Monitoring Re | port Con | nments Attached | | | | |
| the certification. Where the hig responsibility or person designs another entity to operate the tre | ated by that pers | on shall also si | gn the | second ce | rtificati | on at th | e bot | ttom of this pag | ge. If the | local agency has contracted with | | | | |
| that, based on my inquiry of the complete. I am aware that the | ose individuals: re are significan | immediately res it penalties for | sponsit submit | n familiar ole for obt ting false | with the aining t informa | e inform he infor ation, in | matio rmati nclud | n submitted in ion, I believe thing the possib | this docu nat the inf lity of an | ment and all attachments, and formation is true, accurate and id/or imprisonment, pursuant | | | | |
| that, based on my inquiry of the complete. I am aware that the | ose individuals : re are significan New Jersey wa | immediately res at penalties for ter Pollution Co | sponsib submit ontrol A | n familiar ole for obt ting false | with the aining t informa | e inform he infor ation, in | matio rmati nclud | n submitted in ion, I believe thing the possib | this docu nat the inf lity of an | ment and all attachments, and formation is true, accurate and id/or imprisonment, pursuant | | | | |
| that, based on my inquiry of the complete. I am aware that the to N.J.A.C. 7:14A-6.9(B). The Michael H. Broth | ose individuals re are significant New Jersey wa | immediately result penalties for the ter Pollution Collections | sponsib submit ontrol A | n familiar ole for obt ting false Act provid | with the aining t informates for p | e inform he information, in enalties | matio rmati nclud s up | on submitted in ion, I believe the ling the possibite \$50,000 per | this docunat the infility of an violation. | ment and all attachments, and formation is true, accurate and ad/or imprisonment, pursuant. | | | | |
| that, based on my inquiry of the complete. I am aware that the to N.J.A.C. 7:14A-6.9(B). The Michael H. Broth | ose individuals re are significant New Jersey waners, Vice President EXECUTIVE OFF | immediately result penalties for the ter Pollution Collections | sponsib submit ontrol A | n familiar ole for obt ting false Act provid | with the aining t informates for p | e inform he information, in enalties | matio rmati nclud s up | on submitted in ion, I believe thing the possible to \$50,000 per | this docunat the infility of an violation. | ment and all attachments, and formation is true, accurate and ad/or imprisonment, pursuant. N/A | | | | |
| that, based on my inquiry of the complete. I am aware that the to N.J.A.C. 7:14A-6.9(B). The Michael H. Broth NAME AND TITLE OF PRINCIPAL | ose individuals re are significant New Jersey waters, Vice Presiduex EXECUTIVE OFF | immediately result penalties for state Pollution Collent Operations | sponsib submit ontrol A ZED AG | n familiar ole for obt ting false Act provid | with the aining t informa les for p | e inform he information, in enalties | matio rmati nclud s up | on submitted in ion, I believe thing the possible to \$50,000 per | this docu nat the inf lity of an violation. | ment and all attachments, and formation is true, accurate and ad/or imprisonment, pursuant N/A ISTRY NUMBER (IF APPLICABLE) | | | | |
| NAME AND TITLE OF PRINCIPAL SIGNATURE OF PRINCIPAL EXECT *For a local agency where the hig person designated by that person | ose individuals re are significant energy was ners, Vice Presidues EXECUTIVE OFFICER, thest-ranking open shall sign the following states. | immediately restricted penalties for state Pollution Collent Operations FICER, AUTHORIZED A AUTHORIZED A rator does not had lowing certification | sponsibs submit ontrol AZED AG | n familiar ole for obt ting false Act provid SENT, OR * OR *LICEN ability to au | with the aining to information the second particles for pa | e information, in enalties O OPERA ERATOR Capital e | matio rmatio nclud s up t ATOR | on submitted in ion, I believe the possibite \$50,000 per GRADE OT DATE ditures and hire | this document the infility of an violation. AND REGIONAL | ment and all attachments, and formation is true, accurate and ad/or imprisonment, pursuant N/A ISTRY NUMBER (IF APPLICABLE) 856-339-2900 AREA CODE/PHONE NUMBER , a person having that responsibility | | | | |
| that, based on my inquiry of th complete. I am aware that the to N.J.A.C. 7:14A-6.9(B). The Michael H. Broth NAME AND TITLE OF PRINCIPAL SIGNATURE OF PRINCIPAL EXECT *For a local agency where the high | ose individuals re are significant energy was ners, Vice Presidues EXECUTIVE OFFICER, thest-ranking open shall sign the following states. | immediately restricted penalties for state Pollution Collent Operations FICER, AUTHORIZED A AUTHORIZED A rator does not had lowing certification | sponsibs submit ontrol AZED AG | n familiar ole for obt ting false Act provid SENT, OR * OR *LICEN ability to au | with the aining to information the second particles for pa | e information, in enalties O OPERA ERATOR Capital e | matio rmatio nclud s up t ATOR | on submitted in ion, I believe the possibite \$50,000 per GRADE OT DATE ditures and hire | this document the infulity of an violation. AND REGIONAL | ment and all attachments, and formation is true, accurate and ad/or imprisonment, pursuant N/A ISTRY NUMBER (IF APPLICABLE) 856-339-2900 AREA CODE/PHONE NUMBER , a person having that responsibility | | | | |

| PERM | ИT | NU | MBI | ≅R: |
|------|----|----|-----|-----|
|------|----|----|-----|-----|

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

484A SW Outfall 484A

6/1/2004 TO 6/30/2004

PSEG NUCLEAR LLC

| 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 | 444 | 453 | | ***** | ***** | ***** | - | 0 | 1/Pay | CALOTD |
| 50050 1 Effluent Gross Value | PERMIT REQUIREMENT | REPORT 01MOAV | REPORT 01DAMX | MGD | | | | ***** | | 1/Day | CALCTD |
| | MDL | Street with the state of | 77,593s | | | | | | | | |
| Н | SAMPLE MEASUREMENT | ***** | ***** | | 7.5 | ***** | 7.6 | | 0 | 1/week | GRAB |
| 00400 1 Effluent Gross Value | PERMIT REQUIREMENT | | | ***** | 6.0 01DAMN | **** | 9.0 01DAMX | SU | | 1/Week | GRAB |
| | MDL | | | | | Warke-Krasaniya | | | | | |
| рH | SAMPLE MEASUREMENT | ***** | ***** | | 7.7 | ***** | 7.9 | | o | Muck | GRAB |
| 00400 7 Intake From Stream | PERMIT REQUIREMENT | | | ***** | REPORT 01DAMN | ••• | REPORT 01DAMX | SU | 100 AND | 1/Week | GRAB |
| | MOL | | | | | | | | 1 | W. Sank in the second | |
| LC50 Statre 96hr Acu Cyprinodon | SAMPLE MEASUREMENT | ***** | ***** | | CODE = N | ***** | ***** | | 0 | CODF: N | CODETH |
| TAN6A 1 Effluent Gross Value | PERMIT RECUREMENT | ****** | | ****** | 50 O1DÁMN | ***** | • | %EFFL | | 2/Year | COMPOS |
| | MOY A | | -magajih nghip pemilik | | 4 | - | | | | | |
| Chlorine Produced Oxidants | SAMPLE MEASUREMENT | ***** | ***** | | ***** | CODE=N | CODE=N | | 0 | COPE=N | COPETN |
| *CPOX 1 Effluent Gross Value | PERMIT REQUIREMENT | ************************************** | ***** | ••••• | ***** | 0.3 01MOAV | 0.5 01DAMX | MG/L | | 3/Week | GRAB |
| Option 1 | MDL | | | 1 | | | | | 200.00 | | |
| Chlorine Produced Oxidants | SAMPLE MEASUREMENT | | ***** | | ***** | <0.1 | <0. / | 1 | 0 | 3/week | GRAB |
| *CPOX 1 Effluent Gross Value | PERMIT REQUIREMENT | | | ****** | | REPORT 01MOAV | 0.2 01DAMX | MG/L | | 3/Week | GRAB |
| Option 2 | MOL CO | | | 1 | | | | | 22 10 27 3 25 25 | | |

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

| PERMIT NUMBER: | MONITORED LOCATION: | MONITORING PERIOD: | FACILITY NAME: |
|----------------|----------------------|-----------------------|------------------|
| NJ0005622 | 484A SW Outfall 484A | 6/1/2004 TO 6/30/2004 | 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 | ***** | **** | | ***** | 32.9 | 35./ | | 0 | 1/Day | CONTIN |
| 00010 1 Effluent Gross Value | PERMIT REQUIREMENT | | | ***** | **** | REPORT 01MOAV | REPORT 01DAMX | DEG.C | | 1/Day | CONTIN |
| Effluent Gross Value | MOL | | | | | | | | | | |
| Lab Certification # | SAMPLE MEASUREMENT | 17327 | 06431 | | PA 343 | | | | | | |
| 99999 99 Lab | PERMIT REQUIREMENT | REPORT Lab# | REPORT Lab# | | REPORT Lab# | REPORT Lab# | REPORT Lab# | | | Not Applic | NOT AP |
| | MDL | | | | | ingspiest views | | | | | |

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

| NJPDES PERMIT | MONITORING PERIOD | MONITORED LOCATION: | | | | |
|---|--|--|---|--|--|--|
| NJ0005622 | Month Day Year 6 1 2004 To Month Day Year 6 30 2004 | 485A – SW Out | fall 485A | | | |
| PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NEAK RD HANCOCKS BRIDGE, NJ 0803 | LOCATION OF ACTIVITY: PSE&G NUCLEAR LLC ALLOWAY CREEK NEAK RD LOWER ALLOWAYS CREEK, NJ 08038-000 | REPORT RECI PSE&G NUCLEAR PO BOX 236/N21 HANCOCKS BRIDG | LLC | | | |
| | REGION / COUNTY: Southern / Salem | County | | | | |
| CHECK IF APPICABLE: | No Discharge this Monitoring Period | Monitoring Report Com | ments Attached | | | |
| the certification. Where the hig responsibility or person designa 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 | ce a person designated by that person. For a local agency, the highest ranking operator does not have the ability to authorize capitated by that person shall also sign the second certification at the battment works, the highest-ranking official of the contracted entity at I have personally examined and am familiar with the informationse individuals immediately responsible for obtaining the information are significant penalties for submitting false information, included New Jersey water Pollution Control Act provides for penalties up | al expenditures and hire per ottom of this page. If the shall sign the certification ion submitted in this documentation, I believe that the infection of an original the possibility of and | rsonnel, a person having that local agency has contracted with n. ment and all attachments, and primation is true, accurate and lor imprisonment, pursuant | | | |
| Michael H. Brothe | ers, Vice President Operations | | N/A | | | |
| NAME AND TITLE OF PRINCIPAL | EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICENSED OPERATO | OR GRADE AND REGI | STRY NUMBER (IF APPLICABLE) | | | |
| ny | | 07/21/2004 | 856-339-2900 | | | |
| SIGNATURE OF PRINCIPAL EXEC | UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR | DATE | AREA CODE/PHONE NUMBER | | | |
| *For a local agency where the high person designated by that person s | nest-ranking operator does not have the ability to authorize capital expe chall sign the following certification: | nditures and hire personnel, | a person having that responsibility or | | | |
| I certify under penalty of law and is | n accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attack | hed discharge monitoring rep | orts. | | | |
| <u>N/A</u> | | <u>N/A</u> | <u>N/A</u> | | | |
| NANE AND TITLE | SIGNATURE | DATE | AREA CODE/PHONE NUMBER | | | |

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

485A SW Outfall 485A

6/1/2004 TO 6/30/2004

PSEG NUCLEAR LLC

| PARAMETER | \supset | 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 | 366 | 428 | | ***** | ***** | ****** | | 0 | IDay | CALCTO |
| 50050 1 Effluent Gross Valu e | PERMIT REQUIREMENT | REPORT 01MOAV | REPORT 01DAMX | MGD | | • | | ***** | | 1/Day | CALCTD |
| | WDL | | | | | | | | | | |
| рН | SAMPLE MEASUREMENT | ***** | ***** | | 7.5 | ***** | 7.7 | | 0 | 1/week | GRAB |
| 00400 1 Effluent Gross Value | PERMIT REQUIREMENT | **** | | ***** | 6.0 01DAMN | ** | 9.0 01DAMX | su | # WF | 1/Week | GRAB |
| | MDL | | | | \$440.038.W#3# | | | | 3.25. | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | | 7.7 | **** | 7.9 | | 0 | 1/week | GRAB |
| 00400 7 Intake From Stream | PERMIT REQUIREMENT | | | ***** | REPORT 01DAMN | The second secon | REPORT 01DAMX | su | | 1/Week | GRAB |
| , | WDL | | | | | | | | | | |
| LC50 Statre 96hr Acu Cyprinodon | SAMPLE MEASUREMENT | ***** | ***** | | COPE=N | ***** | ***** | | 0 | COPEIN | CODEEN |
| TAN6A 1 Effluent Gross Value | PERMIT RECUIREMENT | ***** | ****** | ****** | 50 D1DAMN | ****** | | %EFFL | | 2/Year | COMPOS |
| | MOL. | F 1)Madrif rain (Mph. ad., | 71. 4 1041 pr mm* | | | | aryan-anyang disanggananya yan A | | | | |
| Chlorine Produced Oxidents | SAMPLE MEASUREMENT | ***** | ***** | | **** | CODE = N | COPE = N | | 0 | COPEIN | CODE=N |
| *CPOX 1 Effluent Gross Value | PERMIT REQUIREMENT | ************************************** | | ***** | ****** | 0.3 01MOAV | 0.5 01DAMX | MG/L | | 3/Week | GRAB |
| Option 1 | MOL | THE PERSON AND THE | | | | \$ 2 Cold \$ Line 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | i | 3 3.05 | | |
| Chlorine Produced Oxidants | SAMPLE MEASUREMENT | ***** | | | | <0.1 | <0./ | | 0 | 3/work | GRAB |
| *CPOX 1 Effluent Gross Value | PERMIT REQUIREMENT | | 7.5 (A) | | | REPORT 01MOAV | 0.2 01DAMX | MG/L | | 3/Week | GRAB |
| Option 2 | MOL | As Jewan War Se | Sandari Villa | 1 | ATATO COMPA | | Line Line of the Control of the Cont | | | | |

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

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

NJ0005622 485A SW Outfall 485A 6/1/2004 TO 6/30/2004 PSEG NUCLEAR LLC

| PARAMETER | $\overline{}$ | QUANTITY (| OR LOADING | UNITS | QUALI | TY OR CONCENTE | RATION | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|-----------------|----------------|-------|--------------|------------------|-----------------|-------|------------|----------------------|----------------|
| Temperature, oC 00010 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 32.5 | 34.7 | | 0 | May | CONTIN |
| | PERMIT | | | ***** | | REPORT 01MOAV | REPORT DEG.C | DEG.C | | 1/Day | CONTIN |
| | MOL. | | | | | | | | | | |
| Lab Certification # | SAMPLE MEASUREMENT | /7327 | 0 643/ | | PA 343 | | | į | | | |
| 99999 99 Lab | 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.

| NJPDES PERMIT | MONITORING PERIOD | | MONITO | RED LOCATION: | | | | | |
|--|--|---|---|--|--|--|--|--|--|
| NJ0005622 | Month Day Year 6 1 2004 To Month Day 6 30 | Year 2004 | 486A – SW Out | fall 486A | | | | | |
| PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NEAK RD HANCOCKS BRIDGE, NJ 0803 | | 038-0000 | REPORT RECI PSE&G NUCLEAR PO BOX 236/N21 HANCOCKS BRIDO | LLC | | | | | |
| | REGION / COUNTY: Southern | / Salem C | County | | | | | | |
| CHECK IF APPICABLE: | | | | | | | | | |
| responsibility or person designanother entity to operate the tree. I certify under penalty of law that, based on my inquiry of the complete. I am aware that the to N.J.A.C. 7:14A-6.9(B). The | thest ranking operator does not have the ability to authoristed by that person shall also sign the second certification atment works, the highest-ranking official of the contract at I have personally examined and am familiar with the is use individuals immediately responsible for obtaining the erac significant penalties for submitting false information. New Jersey water Pollution Control Act provides for persers, Vice President Operations | at the bot ed entity s nformatio information, includ | ttom of this page. If the shall sign the certification submitted in this docution, I believe that the infling the possibility of an | local agency has contracted with n. ment and all attachments, and formation is true, accurate and d/or imprisonment, pursuant | | | | | |
| | EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICENSED (| PERATOR | R GRADE AND REG | ISTRY NUMBER (IF APPLICABLE) | | | | | |
| h 11/ | | | 07/21/2004 | 856-339-2900 | | | | | |
| SIGNATURE OF PRINCIPAL EXEC | UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPER | ATOR | DATE | AREA CODE/PHONE NUMBER | | | | | |
| | hest-ranking operator does not have the ability to authorize ca shall sign the following certification: | oital expend | ditures and hire personnel, | a person having that responsibility or | | | | | |
| I certify under penalty of law and | n accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed | the attache | ed discharge monitoring rep | ports. | | | | | |
| <u>N/A</u> | <u>N/A</u> | _ | <u>N/A</u> | <u>N/A</u> | | | | | |
| NANE AND TITLE | SIGNATURE | | DATE | AREA CODE/PHONE NUMBER | | | | | |

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

486A SW Outfall 486A

6/1/2004 TO 6/30/2004

PSEG NUCLEAR LLC

| PARAMETER | | QUANTITY (| OR LOADING | UNITS | QUALI | TY OR CONCENTE | RATION | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|---|-----------------------|------------------|--|---------------|--|------------------------------------|--|--------|---|----------------------|----------------|
| Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value | SAMPLE MEASUREMENT | 457 | 464 | ***** | ***** | | | 0 | 11 Day | CALCID | |
| | PERMIT REQUIREMENT | REPORT 01MOAV | REPORT 01DAMX | MGD | *** | | ************************************** | ****** | | 1/Day | CALCTD |
| | UDL: | | | | | | | , | | | WLAIN. |
| pH | Sample Measurement | ***** | ***** | | 7. 6 | ***** | 7.7 | | 0 | 1/week | GRAB |
| 00400 1 Effluent Gross Value | PERMIT REQUIREMENT | | ************************************** | ***** | 6.0 01DAMN | • | 9.0 01DAMX | SU | | 1/Week | GRAB |
| | MOL | | | | Section of the sectio | State of the state of the state of | | | | | |
| pH 00400 7 Intake From Stream | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7. 7 | ***** | 7.9 | SU | 0 | 1/week | GRAB |
| | PERMIT REQUIREMENT | ***** | | | REPORT 01DAMN | ••• | REPORT 01DAMX | | 500 6 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | 1/Week | GRAB |
| | MOL | | | | | | | | 5 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 | | |
| Chlorine Produced Oxidants | SAMPLE MEASUREMENT | ***** | ***** | ***** | **** | COPE = N | CODE=N | MG/L | 0 | OODESN | CORESN |
| *CPOX 1 Effluent Gross Value | PERMIT RECURRENT | · · | | | ****** | 0.3 01MOAV | 0.5 01DAMX | | | 3/Week | GRAB |
| Option 1 | MDL. | | | | | | | 4 | 3.5.25.93 | | |
| Chlorine Produced Oxidents | SAMPLE MEASUREMENT | ***** | ***** | •••••• (2) | ***** | <0.1 | <0.1 | MG/L | 0 | 3/weak | GRAB |
| *CPOX 1 Effluent Gross Value | PERMIT REQUIREMENT | | | | ****** | REPORT 01MOAV | 0.2 01DAMX | | | 3/Week | GRAB |
| Option 2 | MOC | | | | | | 1.33e | | | | |
| Temperature, | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 32.4 | 34.5 | | 0 | 11 Pay | CONTIN |
| 00010 1 Effluent Gross Value | PERMIT REQUIREMENT | | *** | ***** | ***** | REPORT 01MOAV | REPORT 01DAMX | DEG.C | | 1/Day | CONTIN |
| | SINDL | | | 1 | | | | 1 | | | |

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 6/1/2004 TO 6/30/2004 PSEG NUCLEAR LLC

| PARAMETER | \sim | QUANTITY C | QUANTITY OR LOADING UNITS QUALITY OR CO | | | | RATION | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|---------------------|------------------------------|----------------|---|--|----------------|-----------------|----------------|-------|------------|----------------------|----------------|
| Lab Certification # | SAMPLE MEASUREMENT | 17327 | 06431 | | PA 343 | | | | | | |
| 99999 99 Lab | PERMIT REQUIREMENT MDL | REPORT Lab# | REPORT Lab# | | REPORT Lab# | REPORT Lab # | REPORT Lab# | | | Not Applic | NOT AP |

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

| | MONITORING PERIOD MONITORED LOCATION: | | | | | | | | | |
|--|---|--|---|--|--|--|--|--|--|--|
| NJ0005622 | Month Day Year 6 1 2004 To Month Day Year 6 30 2004 | 487B – SW Outf | all 487B | | | | | | | |
| PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NEAK RD HANCOCKS BRIDGE, NJ 0803 | LOCATION OF ACTIVITY: PSE&G NUCLEAR LLC ALLOWAY CREEK NEAK RD LOWER ALLOWAYS CREEK, NJ 08038-0000 | REPORT RECII PSE&G NUCLEAR I PO BOX 236/N21 HANCOCKS BRIDG | LLC | | | | | | | |
| | REGION / COUNTY: Southern / Salem | County | | | | | | | | |
| CHECK IF APPICABLE: | No Discharge this Monitoring Period | Monitoring Report Com | ments Attached | | | | | | | |
| responsibility or person designa another entity to operate the tree I certify under penalty of law th | hest ranking operator does not have the ability to authorize capital ted by that person shall also sign the second certification at the boatment works, the highest-ranking official of the contracted entity at I have personally examined and am familiar with the informations individuals immediately responsible for obtaining the informations. | ottom of this page. If the l shall sign the certification on submitted in this docur | ocal agency has contracted with nent and all attachments, and | | | | | | | |
| - | e are significant penalties for submitting false information, included New Jersey water Pollution Control Act provides for penalties up | | | | | | | | | |
| to N.J.A.C. 7:14A-6.9(B). The | e are significant penalties for submitting false information, include | | | | | | | | | |
| to N.J.A.C. 7:14A-6.9(B). The Michael H. Broth | e are significant penalties for submitting false information, included New Jersey water Pollution Control Act provides for penalties up | to \$50,000 per violation. | 1/or imprisonment, pursuant | | | | | | | |
| to N.J.A.C. 7:14A-6.9(B). The Michael H. Broth | e are significant penalties for submitting false information, included New Jersey water Pollution Control Act provides for penalties uppers, Vice President Operations | to \$50,000 per violation. | N/A | | | | | | | |
| Michael H. Broth NAME AND TITLE OF PRINCIPAL | e are significant penalties for submitting false information, included New Jersey water Pollution Control Act provides for penalties uppers, Vice President Operations | to \$50,000 per violation. R GRADE AND REGI | N/A STRY NUMBER (IF APPLICABLE) | | | | | | | |
| Michael H. Broth Michael H. Broth NAME AND TITLE OF PRINCIPAL SIGNATURE OF PRINCIPAL EXEC *For a local agency where the high | e are significant penalties for submitting false information, include New Jersey water Pollution Control Act provides for penalties up ers, Vice President Operations EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICENSED OPERATOR | r GRADE AND REGIONATE O7/21/2004 DATE | N/A STRY NUMBER (IF APPLICABLE) 856-339-2900 AREA CODE/PHONE NUMBER | | | | | | | |
| Michael H. Broth Michael H. Broth NAME AND TITLE OF PRINCIPAL SIGNATURE OF PRINCIPAL EXEC *For a local agency where the high person designated by that person. | e are significant penalties for submitting false information, include New Jersey water Pollution Control Act provides for penalties up ers, Vice President Operations EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICENSED OPERATOR UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR thest-ranking operator does not have the ability to authorize capital expen | To \$50,000 per violation. R GRADE AND REGIONAL OF THE CONTROL OF | N/A STRY NUMBER (IF APPLICABLE) 856-339-2900 AREA CODE/PHONE NUMBER a person having that responsibility or | | | | | | | |
| Michael H. Broth Michael H. Broth NAME AND TITLE OF PRINCIPAL SIGNATURE OF PRINCIPAL EXEC *For a local agency where the high person designated by that person. | e are significant penalties for submitting false information, include New Jersey water Pollution Control Act provides for penalties up ers, Vice President Operations EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICENSED OPERATOR UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR thest-ranking operator does not have the ability to authorize capital expensional sign the following certification: | To \$50,000 per violation. R GRADE AND REGIONAL OF THE CONTROL OF | N/A STRY NUMBER (IF APPLICABLE) 856-339-2900 AREA CODE/PHONE NUMBER a person having that responsibility or | | | | | | | |

| NJPDES PERMIT | MONITORING PERIOD | MONITO | RED LOCATION: | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| NJ0005622 | Month Day Year 6 1 2004 To Month Day Year 6 30 2004 | 489A – SW Out | fall 489A | | | | | | | |
| | PSE&G NUCLEAR LLC PSE&G NUCLEAR LLC PSE&G NUCLEAR LLC | | | | | | | | | |
| | REGION / COUNTY: Southern / Salem C | County | | | | | | | | |
| CHECK IF APPICABLE: | No Discharge this Monitoring Period | Monitoring Report Con | ments Attached | | | | | | | |
| the certification. Where the hig responsibility or person designa another entity to operate the tree. I certify under penalty of law th that, based on my inquiry of the complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The | the a person designated by that person. For a local agency, the high hest ranking operator does not have the ability to authorize capital ted by that person shall also sign the second certification at the botatment works, the highest-ranking official of the contracted entity at I have personally examined and am familiar with the informations individuals immediately responsible for obtaining the information are significant penalties for submitting false information, include New Jersey water Pollution Control Act provides for penalties up | expenditures and hire per tom of this page. If the shall sign the certification on submitted in this docu- tion, I believe that the infi ding the possibility of an | ersonnel, a person having that local agency has contracted with n. ment and all attachments, and ormation is true, accurate and d/or imprisonment, pursuant | | | | | | | |
| | ers, Vice President Operations | | <u>N/A</u> | | | | | | | |
| NAME AND TITLE OF PRINCIPAL | EXECUTIVE OFFICER, AUTIIORIZED AGENT, OR *ICENSED OPERATOR | R GRADE AND REGI 07/21/2004 | STRY NUMBER (IF APPLICABLE) 856-339-2900 | | | | | | | |
| SIGNATURE OF PRINCIPAL EXEC | UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR | DATE | AREA CODE/PHONE NUMBER | | | | | | | |
| | nest-ranking operator does not have the ability to authorize capital expensibles and the following certification: | nditures and hire personnel, | a person having that responsibility or | | | | | | | |
| I certify under penalty of law and i | n accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attache | ed discharge monitoring rep | oorts. | | | | | | | |
| <u> N/A</u> | <u>N/A</u> | <u> </u> | <u> </u> | | | | | | | |
| NANE AND TITLE | SIGNATURE | DATE | AREA CODE/PHONE NUMBER | | | | | | | |

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

489A SW Outfall 489A

6/1/2004 TO 6/30/2004

PSEG NUCLEAR LLC

| PARAMETER | X | QUANTITY O | 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 | 0.104 | 0.104 | ** | ***** | ***** | ***** | | 0 | 1/Month | CALGID |
| 50050 1 Effluent Gross Value | PERMIT REQUIREMENT | REPORT 01MOAV | REPORT 01DAMX | MGD | | ***** | | ***** | | 1/Month | CALCTD |
| | MDL | | | | | | iin in heim | | | | |
| рН | SAMPLE MEASUREMENT | ***** | ***** | | 7.6 | ***** | 7.6 | SU | 0 | 1/Month | GRAB |
| 00400 1 Effluent Gross Value | PERMIT REQUIREMENT | | | ****** | 6.0 01DAMN | ************************************** | 9.0 01DAMX | | | 1/Month | GRAB |
| | MDL | | i da karan kar | | | | | | | | |
| Solids, Total Suspended | SAMPLE MEASUREMENT | ***** | **** | ***** | 10 | 10 | ***** | MG/L | 0 | 1/Month | GRAB |
| 00530 1 Effluent Gross Value | PERMIT REGUIREMENT | | | | 100 01DAMX | 30 01MOAV | ****** | | 7-7- | 1/Month | GRAB |
| | N/DL | | and the second s | | | The Same of the Sa | | | | Library Company | |
| Petroleum Hydrocarbons | SAMPLE MEASUREMENT | ***** | ***** | | ***** | <0.5 | <0.5 | | 0 | 1/MunTh | GRAB |
| 00551 1 Effluent Gross Value | PERMIT REGUREMENT | | | | | 10 OIMOAV | 15 01DAMX | MG/L | | 1/Month | GRAB |
| | MDL H | and the same of th | - | | | - Allerton | Market Landson | | | * | 40-4 A |
| Carbon, Tot Organic (TOC) | SAMPLE MEASUREMENT | ***** | * ***** | | ***** | /2 | 12 | | 0 | 1/Month | GRAB |
| 00680 1 Effluent Gross Value | PERMIT | 40000 | | ***** | | REPORT 01MOAV | 50 01DAMX | MG/L | | 1/Month | GRAB |
| | MDL | | | ' | | | | | 100 | | |
| Lab Certification # | SAMPLE MEASUREMENT | 17327 | 06431 | | PB 343 | | A CONTRACTOR OF THE CONTRACTOR | | | Transfer yang ang kilik Birkan Fila i | |
| 99999 99 Lab | PERMIT REQUIREMENT | REPORT Lab# | REPORT Lab # | | REPORT Lab # | REPORT Lab # | REPORT Lab# | | | Not Applic | NOT AP |
| | MDL . | | THE STATE OF THE S |] | | | | j | | | |

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".