PSEG Nuclear LLC PO. Box 236, Hancocks Bridge, New Jersey 08038-0236



LR-E04-0423

September 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 8909

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 August 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,

NIA Michael H. Brothers

Nichael H. Brothers Vice President Site Operations





NJPDES Report August 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 SCH04-033 NJPDES Report Explanation of Deviations August 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.

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Michael H. Brothers Vice President Site Operations

Sworn and subscribed before me this <u>21</u> day of <u>Nent</u> 2004

CIMINISSIM CADINGS 1115/2009

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONI	TORED LOCATION:							
NJ0005622	MonthDayYearMonthDay812004To831	Year 2004 FACA – SW	Outfall FACA							
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NEAK RD HANCOCKS BRIDGE, NJ 0803		PSE&G NUCL PO BOX 236/N	EAR LLC							
	REGION / COUNTY: South	ern / Salem County								
CHECK IF APPICABLE:	CHECK IF APPICABLE: IN No Discharge this Monitoring Period IMonitoring Report Comments Attached									
the certification or, in his absen 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 ther	test ranking official having day-to-day managerial and ce a person designated by that person. For a local age thest ranking operator does not have the ability to auth ted by that person shall also sign the second certificat atment works, the highest-ranking official of the contr at I have personally examined and am familiar with the ose individuals immediately responsible for obtaining te are significant penalties for submitting false inform New Jersey water Pollution Control Act provides for	ency, the highest ranking operato norize capital expenditures and hi ion at the bottom of this page. If racted entity shall sign the certifi- the information submitted in this the information, I believe that the nation, including the possibility of	r of the treatment works shall sign ire personnel, a person having that f the local agency has contracted with cation. document and all attachments, and he information is true, accurate and of and/or imprisonment, pursuant							
Michael H. Broth	ers, Vice President Operations		N/A							
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICENSI	ED OPERATOR GRADE AND	REGISTRY NUMBER (IF APPLICABLE)							
m		09/21/2	004 856-339-2900							
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED O	PERATOR DATE	AREA CODE/PHONE NUMBER							
	hest-ranking operator does not have the ability to authorize shall sign the following certification:	capital expenditures and hire perso	nnel, 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 review	ved the attached discharge monitoring	ig reports.							
<u>N/A</u>	<u>N/A</u>	N/A	<u>N/A</u>							
NANE AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER							

ourrace mater	Discharg		ing itepoir								PI 46814
PERMIT NUMBER:	<u>MON</u>	IITORED LOCA	<u>TION: N</u>	IONITOF	RING PERIOD:	FACILITY N	AME:		<u> </u>		
NJ0005622	FAC	A SW Outfall F/	ACA 8	/1/2004 7	O 8/31/2004	PSEG NUCL	.EAR LLC				
PARAMETER	\square	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	******		******	26.8	28.8		0	Continuous	CONTIN
00010 G Raw Sew/influent	PERMIT			•••••		REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
D.	MDL	HAR BEACHER	STREET, STREET		NAME OF COMPANY						
Temperature, oC	SAMPLE MEASUREMENT		******		*****	34.4	36.4		o	Continuous	CONTIN
00010 1 Effluent Gross Value	PERMIT					REPORT	46.1 01DAMX	DEG.C		Continuous	CONTIN (a)
	MOL				國的建立的影響		12 Hitchevic and				
Temperature, oC	SAMPLE MEASUREMENT	*****	******		******	7.6	7.8		0	1/Duy	CALCTO
00010 2 Effluent Net Value	PERMIT			•••••		REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Dày	CALCTD
	MDL						國家同業的設置				
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		PA 343	17451					
99999 99 Lab	PERMIT	REPORT	REPORT Lab #]	REPORT 40	REPORT	REPORT Lab #	-		Not Applic	NOT AP
· · · · · · · · · · · · · · · · · · ·	MOL		THE STATES	1		MAGAMERATE	NEW DATE				

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".

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Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITO	RED LOCATION:						
NJ0005622	MonthDayYear812004To831200431		utfall FACB						
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 0000 HANCOCKS BRID	LLC						
•	REGION / COUNTY: Southern / Sal	em County							
CHECK IF APPICABLE:	No Discharge this Monitoring Period	Monitoring Report Cor	nments Attached						
the certification or, in his absent the certification. Where the hig responsibility or person designat another entity to operate the tre I certify under penalty of law the that, based on my inquiry of the complete. I am aware that the	nest ranking official having day-to-day managerial and operation the a person designated by that person. For a local agency, the shest ranking operator does not have the ability to authorize can the d by that person shall also sign the second certification at the attent works, the highest-ranking official of the contracted en- that I have personally examined and am familiar with the infor- tose individuals immediately responsible for obtaining the infor- tent are significant penalties for submitting false information, in New Jersey water Pollution Control Act provides for penalties	highest ranking operator of pital expenditures and hire p e bottom of this page. If the tity shall sign the certification nation submitted in this docu rmation, I believe that the info cluding the possibility of an	the treatment works shall sign ersonnel, a person having that local agency has contracted with on. ment and all attachments, and formation is true, accurate and dd/or imprisonment, pursuant						
Michael H. Broth	ers, Vice President Operations		<u>N/A</u>						
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICENSED OPERA	ATOR GRADE AND REG	ISTRY NUMBER (IF APPLICABLE)						
mn		09/21/2004	856-339-2900						
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	R DATE	AREA CODE/PHONE NUMBER						
*For a local agency where the highest-ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall sign the following certification:									
I certify under penalty of law and i	in accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the a	tached 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						

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PI -	46814
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PERMIT NUMBER:	MON	ITORED LOCA	TION: N	IONITOR	NG PERIOD:	FACILITY N	AME:	·			
NJ0005622	FAC	B SW Outfall F/	ACB 8	ר 1/2004 1	O 8/31/2004	PSEG NUCL	EAR LLC				
PARAMETER	$\mathbf{>}$	QUANTITY (OR LOADING	UNITS	UNITS QUALITY OR CONCENTRATION					FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	******	*****		******	26.8	28.8		0	contenuous	CONTIN
00010 G Raw Sew/influent	PERMIT			•••••		REPORT	REPORT 01DAMX	DEG.C		Continuous	CONTIN
	MDL	1263773363	全的結果的高品牌	1		STERIO MA	新設設設置	<u> </u>			
Temperature, · oC	SAMPLE MEASUREMENT		******		******	34.8	36.9		0	Centin vuus	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT			******		REPORT 01MOAV	46.1 01DAMX	DEG.C		Continuous	CONTIN
	MDL		相论的问题的		NO. CONTRACTOR	影響的成合的理論					
Temperature, oC	SAMPLE MEASUREMENT	******	******	• .	*****	8.1	8.5		0	1/Day	CALCTO
00010 2 Effluent Net Value	PERMIT					REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD
	MDL			1			MARKET P		靈		
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		PA 343	17451					
99999 99 Lab	PERMIT, REQUIREMENT	REPORT	REPORT		REPORT	REPORT	REPORT C			Not Applic:	NOT AP
	MDL		WHERE SEE	1	和自己和自己的	MARCH MARK	NEGISTINE				

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 PERIOD	MONITO	RED LOCATION:						
NJ0005622	MonthDayYear812004ToMonthDayYear8312004Year312004	FACC – SW Ou	tfall FACC						
PERMITTEE:LOCATION OF ACTIVITY:REPORT RECIPIENT:PSE&G NUCLEAR LLCPSE&G NUCLEAR LLCPSE&G NUCLEAR LLCPO BOX 236/N21ALLOWAY CREEK NECK RDPO BOX 236/N21ALLOWAY CREEK NEAK RDLOWER ALLOWAYS CREEK, NJ 08038-0000HANCOCKS BRIDGE, NJ 08038									
	REGION / COUNTY: Southern / Salem (County							
CHECK IF APPICABLE:	CHECK IF APPICABLE: 🛛 No Discharge this Monitoring Period 💭 Monitoring Report Comments Attached								
the certification. Where the hig responsibility or person designa 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 then	the a person designated by that person. For a local agency, the high thest ranking operator does not have the ability to authorize capital atted by that person shall also sign the second certification at the bo atment works, the highest-ranking official of the contracted entity that I have personally examined and am familiar with the information ose individuals immediately responsible for obtaining the information re are significant penalties for submitting false information, including New Jersey water Pollution Control Act provides for penalties up	l expenditures and hire per ottom of this page. If the shall sign the certification on submitted in this docu- tion, I believe that the info ding the possibility of an	rsonnel, a person having that local agency has contracted with n. ment and all attachments, and prmation is true, accurate and						
Michael H. Broth	ers, Vice President Operations		<u>N/A</u>						
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICENSED OPERATOR	R GRADE AND REGI	STRY NUMBER (IF APPLICABLE)						
mn		09/21/2004	856-339-2900						
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER						
	hest-ranking operator does not have the ability to authorize capital expen shall sign the following certification:	ditures and hire personnel,	a person having that responsibility or						
I certify under penalty of law and i	in accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attach	ed discharge monitoring rep	orts.						
<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						

PERMIT NUMBER:	MON	ITORED LOCA	TION: I	MONITOR	NG PERIOD:	FACILITY N	AME:				
NJ0005622	FAC	C SW Outfall FA		8/1/2004 1	O 8/31/2004	PSEG NUCLEAR LLC					
PARAMETER	\mathbb{X}	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	2624	2625		******	******	*****		0	1/Day	CALCTD
50050 G Raw Sew/influent	PERMIT	3024 01MOAV	REPORT 01DAMX	MGD				******		1/Day	CALCTD
	MDL		法室の学生	700	SALE HERE	HALL SALENE					
Thermal Discharge Million BTUs per Hr	SAMPLE MEASUREMENT	13417	13 587		******	*****	*****	•	0	11Day	CALCTD
00015_2 Effluent Net Value	PERMIT	REPORT	30600 01DAMX	MBTU/HR				*****		1/Day	CALCTD
	MOL	State and state		3.	HEREN SHOW		新設設設施設設設		1.1		
Lab Certification #	SAMPLE MEASUREMENT	17 327	06431		PA 343	17451					
99999 99 Lab	PERMIT X2 REQUIREMENT,	REPORT	REPORT		REPORT	REPORT	REPORT			Not Applic:	NOT AP
	MDL		NEW REAL	έ.		MEANSHING STA					

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	MONITORING PERIOD	MONITOI	RED LOCATION:							
NJ0005622	MonthDayYear812004ToMonthDayYear8312004312004	048C – SW Out	fall 48C							
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NEAK RD HANCOCKS BRIDGE, NJ 0803	•	REPORT RECH PSE&G NUCLEAR I PO BOX 236/N21 0 HANCOCKS BRIDO	LLC							
	REGION / COUNTY: Southern / Salem	County								
CHECK IF APPICABLE:	CHECK IF APPICABLE: INO Discharge this Monitoring Period INO Monitoring Report Comments Attached									
the certification or, in his absen the certification. Where the hig responsibility or person designa another entity to operate the tre I certify under penalty of law the that, based on my inquiry of the complete. I am aware that ther	test ranking official having day-to-day managerial and operational ce a person designated by that person. For a local agency, the hig thest ranking operator does not have the ability to authorize capita atted by that person shall also sign the second certification at the bo atment works, the highest-ranking official of the contracted entity that I have personally examined and am familiar with the information ose individuals immediately responsible for obtaining the informa- te are significant penalties for submitting false information, inclu- New Jersey water Pollution Control Act provides for penalties up	chest ranking operator of the al expenditures and hire per- option of this page. If the lar shall sign the certification ion submitted in this docum- tion, I believe that the info- ding the possibility of and	the treatment works shall sign rsonnel, a person having that local agency has contracted with n. nent and all attachments, and pormation is true, accurate and							
Michael H. Broth	ers, Vice President Operations		<u>N/A</u>							
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICENSED OPERATO	R GRADE AND REGI	STRY NUMBER (IF APPLICABLE)							
My		09/21/2004	856-339-2900							
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER							
person designated by that person.	hest-ranking operator does not have the ability to authorize capital expe shall sign the following certification:									
I certify under penalty of law and i	n accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attach	ned discharge monitoring rep	orts.							
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u> </u>							
NANE AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER							

Surface Water L			ing Kepon								PI 46814
PERMIT NUMBER:	MON	ITORED LOCA	TION: N	IONITOF	RING PERIOD:	FACILITY N	AME:				
NJ0005622	0480	SW Outfall 48	C 8/	1/2004 7	O 8/31/2004	PSEG NUCL	EAR LLC				
PARAMETER	\bowtie	QUANTITY	DR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.1628	0.3794		******	******	******		0	1/Day	RALOYD
50050 1 Effluent Gross Value	PERMIT REQUIREMENT.	REPORT 01MOAV	REPORT	MGD				*****		1/Day	CALCTD
	MDC	Celes Meser	and a second		品社会社会活动				樹嶺		
Solids, Total Suspended	SAMPLE MEASUREMENT	· ******	******		******	6	8		0	2/Month	COMPOS
00530 1 Effluent Gross Value	PERMIT			******		30 01MOAV	100 01DAMX	MG/L	読む	2/Month	COMPOS
	MOLTON		werenen.		ALL				123		
Nitrogen, Ammonia Total (as N)	SAMPLE MEASUREMENT	*****	******		******	10	10		0	2/Month	COMPOS
00610 1 Effluent Gross Value				*****		35 01MOAV	70 01DAMX	MG/L		2/Month	COMPOS
	MOL		軍派員會調整		RECENTER	in the second			影		
Petroleum Hydrocarbons	SAMPLE MEASUREMENT	******	******		******	<0.5	< 0.5		0	2/Month	GRAB
00551 1 Effluent Gross Value	PERMIT			******		10 01MOAV	15 01DAMX	MG/L		2/Mönth	GRAB
<u></u>	MDL				343057486447		用可使同时的	<u></u>			
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	*****	:	******	10	12		0	2/Month	COMPOS
00680 1 Effluent Gross Value	PERMIT					REPORT	50 010AMX	MG/L		2/Month	COMPOS
	SA MOL				MATCH SALARS	AND					
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		PA 343	17451					
99999 99 Lab	PERMIT A	REPORT	REPORT	2	REPORT.	REPORT	REPORT		2004	Not Applic	NOT AP
	MDL						RUST CONTRACTO		1.10		

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

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NJPDES PERMIT	MONITORI	ING PERIOD	MONITO	RED LOCATION:					
NJ0005622	MonthDayYear812004	MonthDayYearTo8312004] 481A – SW Out	fall 481A					
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NEAK RD HANCOCKS BRIDGE, NJ 0803	PSE&G NUC ALLOWAY LOWER ALI	ON OF ACTIVITY: CLEAR LLC CREEK NECK RD LOWAYS CREEK, NJ 08038-0	REPORT RECI PSE&G NUCLEAR PO BOX 236/N21 000 HANCOCKS BRIDO	LLC					
	REGIO	ON / COUNTY: Southern / Sale	m County						
CHECK IF APPICABLE: IN No Discharge this Monitoring Period Internet Monitoring Report Comments Attached									
the certification or, in his absen the certification. Where the hig responsibility or person designa 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 ther	est ranking official having day-to ce a person designated by that per hest ranking operator does not he ted by that person shall also sign atment works, the highest-rankin hat I have personally examined ar ose individuals immediately resp re are significant penalties for su New Jersey water Pollution Con	berson. For a local agency, the l have the ability to authorize cap on the second certification at the ng official of the contracted ent and am familiar with the inform ponsible for obtaining the inform ubmitting false information, inc	nighest ranking operator of t ital expenditures and hire per bottom of this page. If the ity shall sign the certification ation submitted in this docu- nation, I believe that the infi- cluding the possibility of an	he treatment works shall sign 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					
Michael H. Broth	ers, Vice President Operations			N/A					
	EXECUTIVE OFFICER, AUTIIORIZE	ED AGENT, OR *ICENSED OPERA	FOR GRADE AND REGI	STRY NUMBER (IF APPLICABLE)					
mn	\geq		09/21/2004	856-339-2900					
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, MITHORIZED AGI	GENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER					
	hest-ranking operator does not have shall sign the following certification		penditures 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-	A-6F(5) that I have reviewed the att	ached discharge monitoring rep	ports.					
21/4		NI/A	NT/A	NT/ A					

<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

Surface Water Discharge Monitoring Report											PI 46814
PERMIT NUMBER:	MON	IITORED LOCA	TION: N	IONITOR	RING PERIOD:	FACILITY N	AME:				
NJ0005622	481A	SW Outfall 48	1A 8	ר 1/2004 1	FO 8/31/2004	PSEG NUCL	EAR LLC				
PARAMETER	\bigtriangledown	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	484	484			*****	******		0	, 1Day	CALOTD
50050 1 Effluent Gross Value	PERMIT	REPORT, 01MOAV	REPORT 01DAMX	MGD				******		1/Day	CALCTD
	A MOL ST		iteresetteriter		STREET STREET	SIMESTRA			52		
pH ·	SAMPLE MEASUREMENT	******			. 7.1	•••••	7.6	•	0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT			******	6.0 01DAMN		9.0. 01DAMX	SU		1/Week	GRAB
	MDL		Destate and		MARKANA				31634 21635		
pH	SAMPLE MEASUREMENT	******	******		7.6	*****	7.8		0	IWeck	GRAB
00400 7 Intake From Stream	PERMIT			******	REPORT 01DAMN		REPORT OIDAMX	SU		1/Week	GRAB
	MDL	語言語語語	ATTENDED AND A			as the real sector of the real s					
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	******	******		CODE = N	*****	*****		0	COOESN	CODESN
TAN6A 1 Effluent Gross Value	PERMIT			•••••	50 01DAMN			%EFFL		2/Year	COMPOS
	MDL	的建築建築	AND STREET		and the second second	の支援の	和行政的建立		1.54		
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	******		******	א = בומס	CODEEN		0	N : تر مام	CCPF=N
*CPOX 1 Effluent Gross Value	PERMIT			******		0.3 01MOAV	0.5 01DAMX	MG/L ·		3/Week	GRAB
Option 1	MDL				· · · · · · · · · · · · · · · · · · ·	的国际建立					
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	******	******			×0,1	×0.1		0	3/week	GRAB
*CPOX_1 Effluent Gross Value	PERMIT			•••••		REPORT	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	MDL				王家科学生学校				0		
				·							

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:	<u></u> <u>MON</u>	IITORED LOCA	<u>TION: ۸</u>	IONITOF	RING PERIOD:	FACILITY NAME:					
NJ0005622	481A SW Outfall 481A 8/		8/1/2004 TO 8/31/2004		PSEG NUCLEAR LLC						
PARAMETER	\bigtriangledown	QUANTITY (UNITS	QUALI	TY OR CONCENTR	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	******		******	34,5	36.9		0	1/Day	CONTIN
00010 1 Effluent Gross Value	PERMIT			******		REPORT	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	MDL					of the state of th	変換にはない		10.17		
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		PA 343	17451					
99999 99 Lab	PERMIT	REPORT	REPORT		REPORT	REPORT	REPORT			Not Applic	NOT AP
		CENCER INDER	NEWSCHART							P.L.A.	

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

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:					
NJ0005622	MonthDayYearYearYear4812004To8312004	82A – SW Out	all 482A				
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NEAK RD HANCOCKS BRIDGE, NJ 0803		REPORT RECH PSE&G NUCLEAR PO BOX 236/N21 HANCOCKS BRIDC	LLC				
	REGION / COUNTY: Southern / Salem Co	ounty					
CHECK IF APPICABLE:	🗋 No Discharge this Monitoring Period 🛛 🗍 M	Monitoring Report Comments Attached					
the certification or, in his absen 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 ther	est ranking official having day-to-day managerial and operational re- ce a person designated by that person. For a local agency, the highes hest ranking operator does not have the ability to authorize capital ex- ted by that person shall also sign the second certification at the botto atment works, the highest-ranking official of the contracted entity sha hat I have personally examined and am familiar with the information bee individuals immediately responsible for obtaining the information re are significant penalties for submitting false information, includin New Jersey water Pollution Control Act provides for penalties up to	st ranking operator of the xpenditures and hire pe om of this page. If the hall sign the certification submitted in this docum n, I believe that the infor- ng the possibility of and	the treatment works shall sign rsonnel, a person having that ocal agency has contracted with h. ment and all attachments, and permation is true, accurate and				
Michael H, Broth	ers, Vice President Operations		<u>N/A</u>				
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICENSED OPERATOR	GRADE AND REGI	STRY NUMBER (IF APPLICABLE)				
mit		09/21/2004	856-339-2900				
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER				
person designated by that person s	hest-ranking operator does not have the ability to authorize capital expendit shall sign the following certification:	•					
I certify under penalty of law and i	n accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attached	discharge monitoring rep	orts.				
<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				

Surface water Discharge Wonitoring Report								PI 46814			
PERMIT NUMBER:	MON	ITORED LOCA	TION: N	IONITOF	RING PERIOD:	FACILITY N	AME:				. <u></u>
NJ0005622	482A	A SW Outfall 48	2A 8	/1/2004 1	FO 8/31/2004	PSEG NUCL	EAR LLC				
PARAMETER	$\mathbf{>}$	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTR	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	454	454		******	******	******		0	IlDay	CALOTO
50050 1 Effluent Gross Value	REQUIREMENT	REPORT	REPORT 01DAMX	MGD				*****		1/Day	CALCTD
	MDL	常同开展出的方	法部署代制管		PARTICIA PUPPARALEN	THE STREET	STREES BAR				
рН	SAMPLE MEASUREMENT		•••••		7. 2.	•••••	7.6		0	1/weok	GRAB
00400 1 Effluent Gross Value	PERMIT			•••••	6.0 01DAMN		9.0 01DAMX	รบ		1/Week	GRAB
	MDL TO A		HERE I	1		特性的目前和增			应蓬		
pH	SAMPLE MEASUREMENT	******	******		7.6	******	7.8		0	Ilwock	GRAB
00400 7 Intake From Stream	PERMIT			•••••	CREPORT CONTRACT OF THE OTDAMN		REPORT 01DAMX	ຣບ		1/Week	GRAB
	MDL	NE SOUTH STATES	NE STREET		THE ADARD	Bellin and the second					
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	******	******		CODE=N	******	******		0	CODE=N	CODISEN
TAN6A 1 Effluent Gross Value	REQUIREMENT			•••••	50 01DAMN			%EFFL		2/Year	COMPOS
	MDL	NO FEIGHT	CANCELE AND		WERE AND A		同志的には、「ない」				New Aller He
Chiorine Produced Oxidants	SAMPLE MEASUREMENT	******	******		******	00018 = N	C01785N		0	CODESN	CODEEN
*CPOX 1 Effluent Gross Value	PERMIT			******		0.3 01MOAV	0.5 01DAMX	MG/L		3/Weeki	GRAB
Option 1	MDL	THE PARTY OF			STREETS BAR		NORMARK				
Chlorine Produced	SAMPLE	*****	*****		******						
Oxidants ·	MEASUREMENT]		20.1	20.1		0	3/week	GRAB
*CPOX 1	PERMIT					REPORT	0.2	MG/L		3/Week	GRAB
Effluent Gross Value	REQUIREMENT			Į	And the second s	01MOAV	01DAMX		第三十五		
Option 2	MDL	A CARLE		1	Line and the		的正规和中国和中国		新学	明治这些思	25761年18月7

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

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<u> </u>									1110011		
PERMIT NUMBER:	<u>MON</u>	IITORED LOCA	TION:	MONITOP	RING PERIOD:	FACILITY NAME:					
NJ0005622	482A	SW Outfall 48	2A 8	B/1/2004 T	TO 8/31/2004 PSEG NUCLEAR LLC						
PARAMETER	\mathbb{N}	QUANTITY	ORLOADING	UNITS	QUALI	TY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE	******			*****	34.7	38,/		0	IlDay	CONTIN
00010_1 Effluent Gross Value	REQUIREMENT			•••••		REPORT	REPORT 01DAMX	DEG.C		1/Dàỹ	CONTIN
	MOL	SHARE FOR			E-HARMANA					國語主义	
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		PA 343	17451					
99999 99 Lab	PERMIT	REPORT Lab #	REPORT Lab #		REPORT, Lab #	REPORT	REPORT.			Not Applic:	NOT AP
	MOL				My Barene	STATISTICS.	AUSE HERE				

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

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NJPDES PERMIT	MONITORING PERIOD	MONITO	RED LOCATION:					
NJ0005622	MonthDayYear812004ToMonthDayYear8312004Year2004Year	483A – SW Out	fall 483A					
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NEAK RD HANCOCKS BRIDGE, NJ 0803	&G NUCLEAR LLCPSE&G NUCLEAR LLCPSE&G NUCLEAR LLC30X 236/N21ALLOWAY CREEK NECK RDPO BOX 236/N21OWAY CREEK NEAK RDLOWER ALLOWAYS CREEK, NJ 08038-0000HANCOCKS BRIDGE, NJ 08038ICOCKS BRIDGE, NJ 08038ICOCKS BRIDGE, NJ 08038							
	REGION / COUNTY: Southern / Salem	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 treas 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 hig hest ranking operator does not have the ability to authorize capital ted by that person shall also sign the second certification at the bo atment works, the highest-ranking official of the contracted entity at I have personally examined and am familiar with the information se individuals immediately responsible for obtaining the information e are significant penalties for submitting false information, inclue New Jersey water Pollution Control Act provides for penalties up	I expenditures and hire po- bottom of this page. If the shall sign the certificatio on submitted in this docu tion, I believe that the inf 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					
Michael H. Broth	ers, Vice President Operations		<u>N/A</u>					
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICENSED OPERATOR	R GRADE AND REG	STRY NUMBER (IF APPLICABLE)					
mm		09/21/2004	856-339-2900					
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUCTIORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER					
person designated by that person s	hest-ranking operator does not have the ability to authorize capital expension shall sign the following certification:							
I certify under penalty of law and i	n accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attach	ed discharge monitoring rep	ports.					
<u>N/A</u>	N/A	<u>N/A</u>	<u>N/A</u>					
NANE AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER					

							······				F140014
PERMIT NUMBER:		IITORED LOCA			RING PERIOD:	FACILITY N					
NJ0005622	483A	SW Outfall 48	3A 8	ר 1/2004 ו	FO 8/31/2004	PSEG NUCL	EAR LLC				
PARAMETER	\bowtie	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, in Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	454	454		*****	******	******		0	11044	CALCTO
50050 1 Effluent Gross Value	PERMIT	REPORT 01MOAV	REPORT	MGD				******	10.100	1/Day	CALCTD
•	MDL		Stranger St			WARDEN REAL	TERMINE S	<u> </u>	CA12	ANNER	
рH	SAMPLE MEASUREMENT	******			7.3	•••••	7.6	•	0	Ilweak	GRAB
00400 1 Effluent Gross Value	PERMIT			*****	6.0 01DAMN		9.0 01DAMX	SU		1/Week	GRAB
	MDL	关于社会主义 体	RESTRICT	L	al and a second s	In state	STATES STATES				
pH	SAMPLE MEASUREMENT	******	******		7.6	******	7.8		0	Ilweek	GRAB
00400 7 Intake From Stream	PERMIT			•••••	REPORT 01DAMN		REPORT 01DAMX	รบ		1/Week	GRAB
	MDL	WERE REAL	FEBERARI'S H	1							
Chlorine Produced Oxidants	SAMPLE MEASUREMENT		******		******	CODE = N	CODE =N		0	CODF=N	CODE = N
*CPOX 1 Effluent Gross Value				•••••		0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	MDL				MARANAN				112 (A.		
Chiorine Produced Oxidants	SAMPLE MEASUREMENT	••••••	******		******	< 0.1	x0.1		0	3/weak	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT			•••••		REPORT.	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	MOL		THE PARTY]	122 Market Bark	and the second se				的。我们	68.25.36%
Temperature, oC	SAMPLE MEASUREMENT	******	*****		******	34.1	36.6		0	110a.J	CONTIN
00010 1 Effluent Gross Value	PERMIT			•••••		REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	MOL	Contraction of the second	CRISTING .	1 ·	KARA		exercited		5.4.5		

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.

PERMIT NUMBER: NJ0005622		ITORED LOCA	· · ·		RING PERIOD: TO 8/31/2004	FACILITY N PSEG NUCI					
PARAMETER	$\mathbf{\nabla}$	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		PA 343	17451					
99999 99 Lab	REQUIREMENT	REPORT	REPORT		REPORT	REPORT	REPORT			Not Applic	NOT AP
	MOL	EXTRA STR				Service R	Pitel Section				2 Manager

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

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Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITOI	RED LOCATION:						
NJ0005622	MonthDayYear812004ToMonthDayYear8312004Year12004Year	484A – SW Outf	all 484A						
PERMITTEE:LOCATION OF ACTIVITY:REPORT RECIPIENT:PSE&G NUCLEAR LLCPSE&G NUCLEAR LLCPSE&G NUCLEAR LLCPO BOX 236/N21ALLOWAY CREEK NECK RDPO BOX 236/N21ALLOWAY CREEK NEAK RDLOWER ALLOWAYS CREEK, NJ 08038-0000HANCOCKS BRIDGE, NJ 08038									
REGION / COUNTY: Southern / Salem County									
CHECK IF APPICABLE:	No Discharge this Monitoring Period	Monitoring Report Com	ments Attached						
the certification or, in his absent the certification. Where the hig responsibility or person designation another entity to operate the tree I certify under penalty of law the that, based on my inquiry of the complete. I am aware that there	test ranking official having day-to-day managerial and operational ce a person designated by that person. For a local agency, the high thest ranking operator does not have the ability to authorize capital tied by that person shall also sign the second certification at the bo atment works, the highest-ranking official of the contracted entity that I have personally examined and am familiar with the information ose individuals immediately responsible for obtaining the information te are significant penalties for submitting false information, include New Jersey water Pollution Control Act provides for penalties up	hest ranking operator of the expenditures and hire per- tor of this page. If the lishall sign the certification on submitted in this docur- tion, I believe that the info- ling the possibility of and	the treatment works shall sign rsonnel, a person having that ocal agency has contracted with h. nent and all attachments, and prmation is true, accurate and						
Michael H. Broth	ers, Vice President Operations		N/A						
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICENSED OPERATOR	R GRADE AND REGI	STRY NUMBER (IF APPLICABLE)						
my		09/21/2004	856-339-2900						
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER						
	hest-ranking operator does not have the ability to authorize capital expen shall sign the following certification:	ditures and hire personnel, a	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	orts.						
N/A	N/A	N/A	N/A						

DATE

AREA CODE/PHONE NUMBER

SIGNATURE

NANE AND TITLE

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eanage mater		<u>je</u>	<u>ing topon</u>					·			PI 40014
PERMIT NUMBER:	<u>MON</u>	IITORED LOCA	<u>ТІОЛ: Л</u>	IONITOF	RING PERIOD:	FACILITY N	AME:				
NJ0005622	484A	SW Outfall 48	4A 8	ר <mark>/1/2004</mark>	TO 8/31/2004	PSEG NUCI	EAR LLC				
PARAMETER	\bowtie	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	450	453		*****	******	******		0	IlDay	CAGOTO
50050 1 Effluent Gross Value	PERMIT	REPORT 20 01MOAV	REPORT 01DAMX	MGD				******	潮源	1/Day	CALCTD
	MDL	MERCE SAME	ALLEN REAL	<u> </u>	HICSAH SE	SECTOR STREET	STATES STATES				
pH ·	SAMPLE MEASUREMENT	•••••	******		7.4	••••	7.6		0	Ilweek	GRAB
00400 1 Effluent Gross Value	PERMIT			•••••	6.0 01DAMN		9.0 01DAMX	SU		1/Week	GRAB
	12100	NER CONTRACT	BRANKER		包括新聞新闻研	DESCRIPTION	STREET ST		Trail and		
Н	SAMPLE MEASUREMENT	******	•••••		7.6	******	7.8		0	I/Nec/C	GRAD
00400 7 Intake From Stream	PERMIT			•••••	REPORT 01DAMN		REPORT 1	ទប		1/Week	GRAB
<u></u>	MDL	NEX CONTER	STATE OF THE		EXCEPTION AND A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIP	HAND STATES AND STATES					
.C50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	******	1	CODE = D	******	******		0	CODETN	CODEEN
TAN6A 1 Effluent Gross Value	PERMIT			•	50 01DAMN			%EFFL		2/Year	COMPOS
	MDL	STREET STREET		<u>_</u>	MORE BARE	THE SECOND	BARDENES				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	******		******	CODE = N	CODE = N		0	OODESN	CODESN
CPOX 1 Effluent Gross Value	PERMIT			•••••		0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	MDL	ENERGY	STATES STATE		19 March 19	是日本的主要的				12:4	
Chlorine Produced	SAMPLE MEASUREMENT		******		*****	<0.1	×0.1		0	3/work	GRAB
CPOX 1 Effluent Gross Value	PERMIT			•••••		REPORT.	0.2 01DAMX	MG/L		3/Wéek	GRAB
Option 2	MDL	1.000-201-5112191-574	WATERSTEIN T	1	III IIII IIIIIIIIIIIIIIIIIIIIIIIIIIIII	POSTANE	UNSTRUCTION.				

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

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Page 1 of 2

Surface Water Discharge Monitoring Report							PI 46814				
PERMIT NUMBER:	<u>MON</u>	IITORED LOCA	TION:	MONITOF	RING PERIOD:	FACILITY N	AME:				
NJ0005622	484A	SW Outfall 48	4A 8	8/1/2004 TO 8/31/2004 PSEG NUCLEAR LLC					_		
PARAMETER	\bowtie	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, SAMPLE oC		******	******		*****	35.2	37.6		0	IlPay	CONTIN
00010 1 Effluent Gross Value	PERMIT	A SALES OF PROPERTY				REPORT. 01MOAV	REPORT 01DAMX	DEG.C	编	1/Day	CONTIN
	MOL		HERE AND A	2		和副語語語的	startaren a				
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		PA 343	17451				•	
99999 99 Lab	PERMIT	REPORT	REPORT		REPORT, Lab#	REPORT	REPORT. Lab #			Not Applic:	NOT AP
	MDL		Stephen and			58555555FH					

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

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Surface Water Discharge Monitoring Report Submittal Form

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NJPDES PERMIT	MONITORING PERIOD MONITORED LOCATION:							
NJ0005622	MonthDayYear812004To	DayYear312004	485A – SW Outf	all 485A				
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NEAK RD HANCOCKS BRIDGE, NJ 0803	LOCATION OF ACTIV PSE&G NUCLEAR LLC ALLOWAY CREEK NECK F LOWER ALLOWAYS CREE	D	REPORT RECIP PSE&G NUCLEAR I PO BOX 236/N21 HANCOCKS BRIDG	ILC				
REGION / COUNTY: Southern / Salem County								
CHECK IF APPICABLE:	No Discharge this Monitoring Period		Monitoring Report Com	ments Attached				
the certification or, in his absent the certification. Where the hig responsibility or person designat another entity to operate the treat I certify under penalty of law th that, based on my inquiry of the complete. I am aware that ther	est ranking official having day-to-day manageria ce a person designated by that person. For a loca hest ranking operator does not have the ability to ted by that person shall also sign the second cert atment works, the highest-ranking official of the at I have personally examined and am familiar w se individuals immediately responsible for obtai e are significant penalties for submitting false ir New Jersey water Pollution Control Act provides	agency, the high authorize capital fication at the bot contracted entity s ith the information ning the information formation, includi	est ranking operator of th expenditures and hire per tom of this page. If the leshall sign the certification n submitted in this docum on, I believe that the info ing the possibility of and	e treatment works shall sign sonnel, a person having that ocal agency has contracted with nent and all attachments, and rmation is true, accurate and				
Michael H. Broth	ers, Vice President Operations			<u>N/A</u>				
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *10	ENSED OPERATOR	GRADE AND REGIS	TRY NUMBER (IF APPLICABLE)				
mA			09/21/2004	856-339-2900				
	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENS		DATE	AREA CODE/PHONE NUMBER				
	hest-ranking operator does not have the ability to auth hall sign the following certification:	orize capital expend	ditures and hire personnel, a	n 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 a	eviewed the attache	ed discharge monitoring repo	orts.				
<u>N/A</u>	<u>N/A</u>		<u>N/A</u>	<u>N/A</u>				
NANE AND TITLE	NE AND TITLE DATE DATE		DATE	AREA CODE/PHONE NUMBER				

NANE AND TITLE

ΡI	468	14

PERMIT NUMBER:	MON	ITORED LOCA	TION: N	IONITOF	RING PERIOD:	FACILITY N	AME:		_		
NJ0005622	485A	SW Outfall 48	5A 8	1/2004 1	FO 8/31/2004	PSEG NUCL	EAR LLC	•			
PARAMETER	\bowtie	QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION				UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE		
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	426	428		******	*****	******		0	11Day	CALOTD
50050 1 Effluent Gross Value	PERMIT	REPORT 01MOAV	REPORT 01DAMX	MGD				******		1/Day	CALCTD
	MOL		語語が		inserves and					HARRY	
pH	SAMPLE MEASUREMENT	•••••	******		7.3	******	7.5		0	1/weak	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT.			******	6.0 101DAMN		9.0 01DAMX	รบ		1/Week	GRAB
pH	SAMPLE MEASUREMENT				7.6		7.8		· · · ·	1/weak	GRAN
00400 7 Intake From Stream	PERMIT			******	REPORT 01DAMN		REPORT-	รบ	Section of	1/Week	GRAB
	MDL	NEW YORK			He states and the second second		的思考的				
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	******	*****		CODEEN	******	*****	1	0	COOF=N	CODESN
TAN6A 1 Effluent Gross Value	PERMIT			•••••	50 01DAMN			%EFFL	Sec. S	2/Year	COMPOS
	MDL	S MARTINE A									
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	******		******	CODE = N	COREEN		0	CODEIN	CODESN
*CPOX 1 Effluent Gross Value	PERMIT			******		0.3 01MOAV,	0.5 01DAMX	MG/L	in the second	. 3/Week	GRAB
Option 1	MDL	我不是你不能			之间的法计划和公	HALF REAL FOR	行影响的目的				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	******		******	<0.1	x0.1		0	3/week	GRAB
*CPOX 1 Effluent Gross Value	REQUIREMENT			•••••		REPORT 01MOAV	0.2- 01DAMX	MG/L		3/Week	GRAB
Option 2	MOL				言学识到这些错误。				民族		

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:			AME:				
NJ0005622	485A	485A SW Outfall 485A 8/			8/1/2004 TO 8/31/2004		PSEG NUCLEAR LLC				
PARAMETER	\bowtie	QUANTITY (OR LOADING	UNITS	UNITS QUALITY OR CONCENTRATION				NO. EX,	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE *****		*****		*****	34.6	37.7		0	1/Day	CONTIN
00010 1 Effluent Gross Value	PERMIT			•••••		REPORT	REPORT 01DAMX	DEG.C		这些人,我们	12 4
	MDL			f.]			
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		P# 343	17451					
99999 99 Lab	PERMIT	REPORT	REPORT		REPORT	REPORT/	REPORT			Not Applic	NOT AP ;;-
	MOL				in the second					NO.	

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	RED LOCATION:						
NJ0005622	MonthDayYear812004To83120048								
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NEAK RD HANCOCKS BRIDGE, NJ 0803	8		LLC						
	, REGION / COUNTY: Southern / Salem (County							
CHECK IF APPICABLE:	□ No Discharge this Monitoring Period □	Monitoring Report Com	ments Attached						
the certification or, in his absent the certification. Where the hig responsibility or person designs another entity to operate the tree I certify under penalty of law the that, based on my inquiry of the complete. I am aware that the	test ranking official having day-to-day managerial and operational ce a person designated by that person. For a local agency, the high thest ranking operator does not have the ability to authorize capital atted by that person shall also sign the second certification at the bo atment works, the highest-ranking official of the contracted entity that I have personally examined and am familiar with the information ose individuals immediately responsible for obtaining the information re are significant penalties for submitting false information, include New Jersey water Pollution Control Act provides for penalties up	hest ranking operator of the l expenditures and hire per- ottom of this page. If the l shall sign the certification on submitted in this docum tion, I believe that the info ding the possibility of and	the treatment works shall sign resonnel, a person having that ocal agency has contracted with the ment and all attachments, and prmation is true, accurate and						
Michael H. Broth	ers, Vice President Operations		N/A						
	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICENSED OPERATO	R GRADE AND REGIS	STRY NUMBER (IF APPLICABLE)						
ml	\sim	09/21/2004	856-339-2900						
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER						
	hest-ranking operator does not have the ability to authorize capital expension shall sign the following certification:	ditures and hire personnel, a	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 attach	ed discharge monitoring repo	orts.						
. <u>N/A</u>	N/A	<u>N/A</u>	<u>N/A</u>						

w ... *

.

 N/A
 N/A
 N/A

 NANE AND TITLE
 SIGNATURE
 DATE
 AREA CODE/PHONE NUMBER

PERMIT NUMBER:		ITORED LOCA			RING PERIOD:	FACILITY N					PI 46814
NJ0005622		SW Outfall 48			TO 8/31/2004	PSEG NUCL					
PARAMETER	\mathbb{N}	QUANTITY OR LOADING			QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	461	464		******	******	*****		0	11Day	CALOTD
50050 1 Effluent Gross Value	REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD				*****		71/Day	CALCTD
	MDL	MEANERS	REAL PROPERTY AND A P		iling for the		SAN				
pH	SAMPLE MEASUREMENT		******		7.4	******	7.6	1	0	I week	GRAB
00400 1 Effluent Gross Value	PERMIT			*****	6.0 01DAMN		9.0 01DAMX	SU		1/Week	GRÁB
	MOL	REPORTED F	rather and the		調査部務に対応						
pH	SAMPLE MEASUREMENT	•••••	******		7.6	******	7.8	1 - -	0	1/week	GRAR
00400 7 Intake From Stream	PERMIT			******	REPORT-		REPORT	รบ		• 1/Week	GRAB
	A MOL		BESKESSES		RANGERS	Manager and	STATISTICS IN		道法		
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	******	******		******	CODESN	CODEIN		0	CODESN	CODEIN
*CPOX 1 Effluent Gross Value	PERMIT			******		0.3 01MOAV	0.5 01DAMX	MG/L		3/Weék	GRAB
Option 1	MDL	STREE SHOW					MAXABER				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	******	******		******	<0.1	K0./		0	3/week	GRAA
*CPOX 1 Effluent Gross Value	PERMIT			******		REPORT	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	MDL				MURREY	萨拉斯拉德的英国	REPAIRS FR			國語差望	
Temperature, oC	SAMPLE MEASUREMENT	******	******		******	34.7	37.3		0	1/Day	CONTIN
00010 1 Effluent Gross Value	PERMIT			******			REPORT	DEG.C	No. 1	1/Day ::	G CONTIN 5
	MDL		NAMES OF A DESCRIPTION OF A DESCRIPTION OF A DESCRIPTIONO		REFERENCE IN	NEW PROPERTY OF			16 H 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.

PERMIT NUMBER: NJ0005622			MONITORING PERIOD:FACILITY NAME:8/1/2004 TO 8/31/2004PSEG NUCLEAR LLC								
PARAMETER		QUANTITY (DR LOADING	UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		PA 343	11451					
99999 99 Lab	PERMIT	REPORT	REPORT		REPORT	REPORT	REPORT			Not Applic	NOT AP
	MDL	BREEKE	REFERENCE		LIBRIDE	NAME OF BRIDE					

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

		· · · ·								
NJPDES PERMIT	MONITORING PERIOD	MONITOR	RED LOCATION:							
ŃJ0005622	MonthDayYear812004To83120048									
PERMITTEE:LOCATION OF ACTIVITY:REPORT RECIPIENT:PSE&G NUCLEAR LLCPSE&G NUCLEAR LLCPSE&G NUCLEAR LLCPO BOX 236/N21ALLOWAY CREEK NECK RDPO BOX 236/N21ALLOWAY CREEK NEAK RDLOWER ALLOWAYS CREEK, NJ 08038-0000HANCOCKS BRIDGE, NJ 08038										
	REGION / COUNTY: Southern / Salem C	County .								
CHECK IF APPICABLE:	No Discharge this Monitoring Period	Monitoring Report Com	ments Attached							
the certification or, in his absen 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 ther	est ranking official having day-to-day managerial and operational ce 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 bot atment works, the highest-ranking official of the contracted entity s hat I have personally examined and am familiar with the information be individuals immediately responsible for obtaining the information re are significant penalties for submitting false information, includ New Jersey water Pollution Control Act provides for penalties up to the second terms and the second se	hest ranking operator of the expenditures and hire per ttom of this page. If the le shall sign the certification on submitted in this docum ion, I believe that the info ling the possibility of and	the treatment works shall sign resonnel, a person having that local agency has contracted with the ment and all attachments, and formation is true, accurate and							
Michael H. Broth	ers, Vice President Operations		<u>N/A</u>							
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICENSED OPERATOR	GRADE AND REGIS	STRY NUMBER (IF APPLICABLE)							
	MIL	09/21/2004	856-339-2900							
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGENT, OR. *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER							
	hest-ranking operator does not have the ability to authorize capital expensions and the following certification:	ditures and hire personnel, c	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 repo	orts.							
<u>N/A</u>	<u>N/A</u>	N/A	<u>N/A</u>							

NANE AND TITLE

•• • _

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITOI	RED LOCATION:							
NJ0005622	MonthDayYear812004To831200431	489A – SW Outfall 489A								
PERMITTEE:LOCATION OF ACTIVITY:REPORT RECIPIENT:PSE&G NUCLEAR LLCPSE&G NUCLEAR LLCPSE&G NUCLEAR LLCPO BOX 236/N21ALLOWAY CREEK NECK RDPO BOX 236/N21ALLOWAY CREEK NEAK RDLOWER ALLOWAYS CREEK, NJ 08038-0000HANCOCKS BRIDGE, NJ 08038										
	REGION / COUNTY: Southern / Salem C	County								
CHECK IF APPICABLE:	No Discharge this Monitoring Period	Monitoring Report Com	ments Attached							
the certification or, in his absent 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 ther	nest ranking official having day-to-day managerial and operational in the a person designated by that person. For a local agency, the high thest ranking operator does not have the ability to authorize capital atted by that person shall also sign the second certification at the bot atment works, the highest-ranking official of the contracted entity s that I have personally examined and am familiar with the information ose individuals immediately responsible for obtaining the information re are significant penalties for submitting false information, includ New Jersey water Pollution Control Act provides for penalties up to	hest ranking operator of the expenditures and hire pe- ttom of this page. If the li- shall sign the certification on submitted in this docur- tion, I believe that the info- ling the possibility of and	he treatment works shall sign rsonnel, a person having that local agency has contracted with n. ment and all attachments, and prmation is true, accurate and 1/or imprisonment, pursuant							
Michael H. Broth	ers, Vice President Operations		<u>N/A</u>							
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICENSED OPERATOR	GRADE AND REGI	STRY NUMBER (IF APPLICABLE)							
M	m	09/21/2004	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	hest-ranking operator does not have the ability to authorize capital expensions shall sign the following certification:	ditures and hire personnel,	a person having that responsibility or							
I certify under penalty of law and i	in accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attache	ed discharge monitoring rep	orts.							
<u>N/A</u>	<u>N/A</u>	<u> </u>	<u>N/A</u>							
NANE AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER							

•:

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PERMIT NUMBER:	MON	IITORED LOCA	TION: N	IONITOR	RING PERIOD:	FACILITY N	AME:				
NJ0005622	489A	SW Outfall 48	9A 8	1/2004 7	O 8/31/2004	PSEG NUCL	EAR LLC				
PARAMETER	\bowtie	QUANTITY		UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, in Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.0968	0.0968		******	******	******				
50050 1 Effluent Gross Value	PERMIT	REPORT 01MOAV	REPORT	MGD				*****	大学	1/Month	CALCTD
 рН	SAMPLE	STERIES STE	REPIEM	 	國國語來自時						
00400 1 Effluent Gross Value	MEASUREMENT PERMIT REQUIREMENT MOL		••••••	******	7. 4 6.0 01DAMN		7. 4 9.0 01DAMX	รบ		1/Month.	GRAB
Solids, Total Suspended	SAMPLE	******	*****		3	3	<u>******</u>		37723	*******	
00530 1 Effluent Gross Value	PERMIT			•••••	100 01DAMX	-30 01MOAV		MG/L	Section of the sectio	E 1/Month	GRAB
Petroleum Hydrocarbons	SAMPLE MEASUREMENT		••••••			<0.5	<0.5		istr.		
00551 1 Effluent Gross Value	PERMIT			•••••		10 01MOAV	15 01DAMX	MG/L		1/Month	GRAB
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT		•••••		177575777855555 	10	10				<u> Santa Ang</u> ra Santa Santa Santa Santa
00680 1 Effluent Gross Value	PERMIT			******		REPORT 01MOAV	50 01DAMX	MG/L		1/Month	GRAB
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		PA 343	1745-1	Single and the second sec				
99999 99 Lab	PERMIT	REPORT	REPORT		REPORT	REPORT	REPORT			Not Applic:	NOT AP
	MDL				HE CONTRACTOR				藝		

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