



LR-E04-0581

December 16, 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 8923

**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 November 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,

*MH*  
Michael H. Brothers  
Vice President  
Site Operations

Attachments

*IEES*

NJPDES Report  
November 2004

- C Executive Director – DRBC  
USNRC – Document Control Desk Unit#1-50-272 Unit#2-50-311  
Director – Nuclear Safety & Licensing  
C. McAuliffe, Esq.  
D. Hurka  
E. Keating  
SCH04-043

NJPDES Report  
Explanation of Deviations  
November 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.

<u>DSN NO.</u>	<u>EXPLANATION</u>
----------------	--------------------

None	
------	--

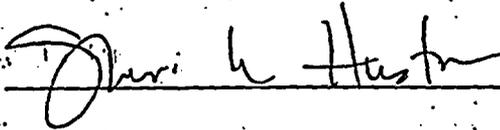
COUNTY OF SALEM  
STATE OF NEW JERSEY

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 14 day of Dec. 2004

  
\_\_\_\_\_

SHERI L. HUSTON  
NOTARY PUBLIC OF NEW JERSEY  
My Commission Expires 1-15-09

New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
NJ0005622	Month	Day	Year	To	Month	Day	Year	FACA - SW Outfall FACA
	11	1	2004		11	30	2004	

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

**LOCATION OF ACTIVITY:**  
PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**  
PSE&G NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

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

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

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

Michael H. Brothers, Vice President Operations	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
	12/16/2004
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE
	856-339-2900
	AREA CODE/PHONE NUMBER

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

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

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

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: FACA SW Outfall FACA MONITORING PERIOD: 11/1/2004 TO 11/30/2004 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 G Raw Sew/Influent	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.9	15.2	DEG.C	Ø	Continuous	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
	QL	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	21.1	24.6	DEG.C	Ø	Continuous	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
	QL	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Temperature, oC 00010 2 Effluent Net Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.2	10.3	DEG.C	Ø	1/Day	CalCTD
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CalCTD
	QL	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	14327	06431		PA343	17451					
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****

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

New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

<b>NJPDES PERMIT</b>	<b>MONITORING PERIOD</b>						<b>MONITORED LOCATION:</b>	
<b>NJ0005622</b>	Month	Day	Year	To	Month	Day	Year	<b>FACB - SW Outfall FACB</b>
	11	1	2004		11	30	2004	

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

**LOCATION OF ACTIVITY:**  
PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**  
PSE&G NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

**REGION / COUNTY:** Southern / Salem County

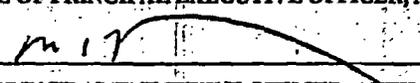
**CHECK IF APPICABLE:**

No Discharge this Monitoring Period

Monitoring Report Comments Attached

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

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

<u>Michael H. Brothers, Vice President Operations</u>	<u>N/A</u>
<b>NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR</b>	<b>GRADE AND REGISTRY NUMBER (IF APPLICABLE)</b>
<u></u>	<u>12/16/2004</u> <u>856-339-2900</u>
<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR</b>	<b>DATE</b> <b>AREA CODE/PHONE NUMBER</b>

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

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

<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<b>NAME AND TITLE</b>	<b>SIGNATURE</b>	<b>DATE</b>	<b>AREA CODE/PHONE NUMBER</b>

# Surface Water Discharge Monitoring Report

PI 46814

**PERMIT NUMBER:** NJ0005622     
 **MONITORED LOCATION:** FACB SW Outfall FACB     
 **MONITORING PERIOD:** 11/1/2004 TO 11/30/2004     
 **FACILITY NAME:** PSEG NUCLEAR LLC

PARAMETER	X SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
		*****	*****		*****						
Temperature, °C		*****	*****		*****	11.9	15.2		Ø	Continuous	CONTIN
00010 G Raw Sew/Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
	QL	*****	*****		*****	*****	*****				
Temperature, °C		*****	*****		*****	21.6	25.4		Ø	Continuous	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
	QL	*****	*****		*****	*****	*****				
Temperature, °C		*****	*****		*****	9.6	10.3		Ø	1/DAY	Calctd
00010 2 Effluent Net Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	Calctd
	QL	*****	*****		*****	*****	*****				
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		PA343	17451					
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOTAP
	QL	*****	*****		*****	*****	*****				

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

New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT  NJ0005622	MONITORING PERIOD						MONITORED LOCATION:  FACC - SW Outfall FACC
	Month 11	Day 1	Year 2004	To	Month 11	Day 30	

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

**LOCATION OF ACTIVITY:**  
PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

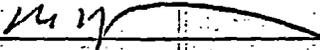
**REPORT RECIPIENT:**  
PSE&G NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

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

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

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

Michael H. Brothers, Vice President Operations	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
	12/16/2004 856-339-2900
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER

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

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

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

# Surface Water Discharge Monitoring Report

PI 46814

**PERMIT NUMBER:** NJ0005622     
 **MONITORED LOCATION:** FACC SW Outfall FACC     
 **MONITORING PERIOD:** 11/1/2004 TO 11/30/2004     
 **FACILITY NAME:** PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE			
Flow, in Conduit or Thru Treatment Plant 50050 G Raw Sew/Influent	SAMPLE MEASUREMENT	2289	2490	MGD	*****	*****	*****	*****	Ø	1/DAY	CALCTD			
	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX		*****	*****	*****					*****	1/Day	CALCTD
	QL	*****	*****		*****	*****	*****					*****	*****	*****
Thermal Discharge Million BTUs per Hr 00015 2 Effluent Net Value	SAMPLE MEASUREMENT	13849	14492	MBTU/HR	*****	*****	*****	*****	Ø	1/DAY	CALCTD			
	PERMIT REQUIREMENT	REPORT 01MOAV	30600 01DAMX		*****	*****	*****					*****	1/Day	CALCTD
	QL	*****	*****		*****	*****	*****					*****	*****	*****
Lab Certification #  99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		PA343	17451								
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #					REPORT Lab #	Not Applic	NOT AP
	QL	*****	*****		*****	*****	*****					*****	*****	*****

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 "srosenw1@dep.state.nj.us".

New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
NJ0005622	Month	Day	Year	To	Month	Day	Year	048C - SW Outfall 48C
	11	1	2004		11	30	2004	

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

**LOCATION OF ACTIVITY:**  
PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

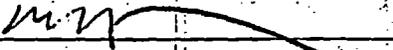
**REPORT RECIPIENT:**  
PSE&G NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

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

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

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

Michael H. Brothers, Vice President Operations	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
	12/16/2004      856-339-2900
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE      AREA CODE/PHONE NUMBER

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

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

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

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 048C SW Outfall 48C MONITORING PERIOD: 11/1/2004 TO 11/30/2004 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	0.1889	0.4102	MGD	*****	*****	*****	*****	Ø	1/DAY	CALC'D	
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****					
	QL	*****	*****		*****	*****	*****					
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	6	8	MG/L	Ø	2/MONTH	COMPOS	
	PERMIT REQUIREMENT	*****	*****		*****	30 01MOAV	100 01DAMX					
	QL	*****	*****		*****	*****	*****					
Nitrogen, Ammonia Total (as N) 00610 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	3	MG/L	Ø	2/MONTH	COMPOS	
	PERMIT REQUIREMENT	*****	*****		*****	35 01MOAV	70 01DAMX					
	QL	*****	*****		*****	*****	*****					
Petroleum Hydrocarbons 00551 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	20.5	21	MG/L	Ø	2/MONTH	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	10 01MOAV	15 01DAMX					
	QL	*****	*****		*****	*****	*****					
Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	9	12	MG/L	Ø	2/MONTH	COMPOS	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	50 01DAMX					
	QL	*****	*****		*****	*****	*****					
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		PA343	17451						
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		*****	REPORT Lab #	REPORT Lab #					REPORT Lab #
	QL	*****	*****		*****	*****	*****					*****

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

New Jersey Department of Environmental Protection  
 Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
NJ0005622	Month 11	Day 1	Year 2004	To	Month 11	Day 30	Year 2004	481A - SW. Outfall 481A

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

**LOCATION OF ACTIVITY:**  
 PSE&G NUCLEAR LLC  
 ALLOWAY CREEK NECK RD  
 LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**  
 PSE&G NUCLEAR LLC  
 PO BOX 236/N21  
 HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

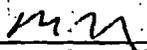
CHECK IF APPICABLE:

No Discharge this Monitoring Period

Monitoring Report Comments Attached

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

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

Michael H. Brothers, Vice President Operations	N/A	
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)	
	12/16/2004	856-339-2900
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER

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

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

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

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 481A SW Outfall 481A MONITORING PERIOD: 11/1/2004 TO 11/30/2004 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	448	484	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.7	SU	0	1/Week	Grab
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX				
	QL	*****	*****		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.8	SU	0	1/Week	Grab
00400 7 Intake From Stream	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX				
	QL	*****	*****		*****	*****	*****				
LC50 Statro 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	Code=N	*****	*****	%EFFL	0	code=N	Code=N
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****				
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	20.1	20.1	MG/L	0	3/Week	Grab
	PERMIT REQUIREMENT	*****	*****		*****	0.5 01MOAV	0.5 01DAMX				
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	20.1	20.1	MG/L	0	3/Week	Grab
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX				
	QL	*****	*****		*****	*****	*****				

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

# Surface Water Discharge Monitoring Report

PI 46814

**PERMIT NUMBER:** NJ0005622     
 **MONITORED LOCATION:** 481A SW Outfall 481A     
 **MONITORING PERIOD:** 11/1/2004 TO 11/30/2004     
 **FACILITY NAME:** PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	21.3	26.3		0	1/Day	Contin
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	QL	*****	*****		*****	*****	*****				
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		PA343	17451					
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	*****	*****		*****	*****	*****				

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

New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

<b>NJPDES PERMIT</b>	<b>MONITORING PERIOD</b>						<b>MONITORED LOCATION:</b>	
<b>NJ0005622</b>	Month	Day	Year	To	Month	Day	Year	<b>482A - SW Outfall 482A</b>
	11	1	2004		11	30	2004	

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

**LOCATION OF ACTIVITY:**  
PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**  
PSE&G NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

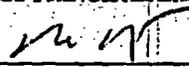
REGION / COUNTY: Southern / Salem County

CHECK IF APPICABLE:

- No Discharge this Monitoring Period       Monitoring Report Comments Attached.

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

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

Michael H. Brothers, Vice President Operations	N/A	
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)	
	12/16/2004	856-339-2900
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER

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

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

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

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 482A SW Outfall 482A MONITORING PERIOD: 11/1/2004 TO 11/30/2004 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER	<input checked="" type="checkbox"/>	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE		
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	299	453	MGD	*****	*****	*****	*****	Ø	1/Day	CALCTD		
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			*****	1/Day	CALCTD	
	QL	*****	*****		*****	*****	*****			*****			
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.7	SU	Ø	1/Week	Grab		
	PERMIT REQUIREMENT	*****	*****		*****	6.0 01DAMN	*****			9.0 01DAMX	*****	1/Week	GRAB
	QL	*****	*****		*****	*****	*****			*****	*****		
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.8	SU	Ø	1/Week	Grab		
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01DAMN	*****			REPORT 01DAMX	*****	1/Week	GRAB
	QL	*****	*****		*****	*****	*****			*****	*****		
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	Code = N	*****	*****	%EFFL	Ø	Code = N	Code = N		
	PERMIT REQUIREMENT	*****	*****		*****	50 01DAMN	*****			*****	*****	1/2Year	COMPOS
	QL	*****	*****		*****	*****	*****			*****	*****		
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	Code = N	Code = N	MGL	Ø	Code = N	Code = N		
	PERMIT REQUIREMENT	*****	*****		*****	*****	30 01MOAV			70.5 01DAMX	*****	3/Week	GRAB
	QL	*****	*****		*****	*****	*****			*****	*****		
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	20.1	20.1	MGL	Ø	3/Week	Grab		
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT 01MOAV			30.2 01DAMX	*****	3/Week	GRAB
	QL	*****	*****		*****	*****	*****			*****	*****		

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

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622     
 MONITORED LOCATION: 482A SW Outfall 482A     
 MONITORING PERIOD: 11/1/2004 TO 11/30/2004     
 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, °C 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	21.6	30.7		Ø	1/DAY	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	QL	*****	*****		*****						
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		FA343	17451					
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	*****	*****		*****	*****	*****				

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

New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

<b>NJPDES PERMIT</b>	<b>MONITORING PERIOD</b>						<b>MONITORED LOCATION:</b>	
<b>NJ0005622</b>	Month	Day	Year	To	Month	Day	Year	<b>483A - SW Outfall 483A</b>
	11	1	2004		11	30	2004	

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

**LOCATION OF ACTIVITY:**  
PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**  
PSE&G NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

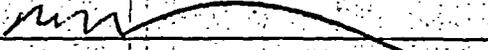
CHECK IF APPICABLE:

No Discharge this Monitoring Period

Monitoring Report Comments Attached

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

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

Michael H. Brothers, Vice President Operations	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
	12/16/2004 856-339-2900
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER

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

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

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

# Surface Water Discharge Monitoring Report

PI 46814

**PERMIT NUMBER:** NJ0005622    
 **MONITORED LOCATION:** 483A SW Outfall 483A    
 **MONITORING PERIOD:** 11/1/2004 TO 11/30/2004    
 **FACILITY NAME:** PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	445	454		*****	*****	*****		Ø	1 DAY	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		7.4	*****	7.8		Ø	1/Week	Grab
	PERMIT REQUIREMENT	*****	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	SU		1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****		7.6	*****	7.8		Ø	1/Week	Grab
	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01DAMN	*****	REPORT 01DAMX	SU		1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****		*****	Code=N	Code=N		Ø	Code=N	Code=N
	PERMIT REQUIREMENT	*****	*****	*****	*****	40.3 01MOAV	0.5 01DAMX	MGL		3/Week	GRAB
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****		*****	20.1	20.1		Ø	3/Week	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	0.2 01DAMX	MGL		3/Week	GRAB
	QL	*****	*****		*****	*****	*****				
Temperature, °C 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	20.8	25.3		Ø	1 DAY	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	QL	*****	*****		*****	*****	*****				

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

# Surface Water Discharge Monitoring Report

PI 46814

**PERMIT NUMBER:** NJ0005622     
 **MONITORED LOCATION:** 483A SW Outfall 483A     
 **MONITORING PERIOD:** 11/1/2004 TO 11/30/2004     
 **FACILITY NAME:** PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		PA343	17451					
99999 99	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
Lab	Q/L										

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

New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT  NJ0005622	MONITORING PERIOD						MONITORED LOCATION:  484A - SW Outfall 484A
	Month 11	Day 1	Year 2004	To	Month 11	Day 30	

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

**LOCATION OF ACTIVITY:**  
PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**  
PSE&G NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE:

No Discharge this Monitoring Period

Monitoring Report Comments Attached

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

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

Michael H. Brothers, Vice President Operations	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
	12/16/2004 856-339-2900
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER

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

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

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

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

484A SW Outfall 484A

11/1/2004 TO 11/30/2004

PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	331	445	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.8	SU	9	1/Week	Grab
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX				
	QL	*****	*****		*****	*****	*****				
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.7	SU	0	1/Week	Grab
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX				
	QL	*****	*****		*****	*****	*****				
LC50 Stare 96hr Acu Cyprinodori TAN6A 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	Code=N	*****	*****	%EFFL	0	Code=N	Code=N
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****				
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	Code=N	Code=N	MG/L	0	Code=N	Code=N
	PERMIT REQUIREMENT	*****	*****		*****	0.5 01MOAV	0.5 01DAMX				
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/Week	Grab
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX				
	QL	*****	*****		*****	*****	*****				

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

# Surface Water Discharge Monitoring Report

PI 46814

**PERMIT NUMBER:** NJ0005622     
 **MONITORED LOCATION:** 484A SW Outfall 484A     
 **MONITORING PERIOD:** 11/1/2004 TO 11/30/2004     
 **FACILITY NAME:** PSEG NUCLEAR LLC

PARAMETER	X SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
		*****	*****		*****	*****	*****				
Temperature, °C		*****	*****	*****	*****	23.5	26.7	DEG.C	0	1/Day	CONTIN
00010-1 Effluent Gross Value		*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX			1/Day	CONTIN
	QL	*****	*****	*****	*****	*****	*****				
Lab Certification #		17327	06431		7A343	17451					
99999-99 Lab		REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applicable	NOT AP
	QL	*****	*****	*****	*****	*****	*****				

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

New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT  NJ0005622	MONITORING PERIOD						MONITORED LOCATION:  485A - SW Outfall 485A
	Month 11	Day 1	Year 2004	To	Month 11	Day 30	

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

**LOCATION OF ACTIVITY:**  
PSE&G NUCLEAR LLC  
ALLOWAY CRBEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**  
PSE&G NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE:

No Discharge this Monitoring Period

Monitoring Report Comments Attached

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

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

Michael H. Brothers, Vice President Operations

N/A

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR \*LICENSED OPERATOR

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

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

DATE

AREA CODE/PHONE NUMBER

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

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

N/A  
NAME AND TITLE

N/A  
SIGNATURE

N/A  
DATE

N/A  
AREA CODE/PHONE NUMBER

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

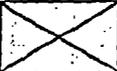
FACILITY NAME:

NJ0005622

485A SW Outfall 485A

11/1/2004 TO 11/30/2004

PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	411	427	MGD	*****	*****	*****	*****	Ø	1/day	CALCTD
50050 1	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****				
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.7	SU	Ø	1/week	Grab
00400 1	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX				
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.8	SU	Ø	1/week	Grab
00400 7	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX				
Intake From Stream	QL	*****	*****		*****	*****	*****				
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****	*****	>100	*****	*****	%EFFL	Ø	2/year	COMPOS
TAN6A 1	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****				
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****	*****	*****	code=N	code=N	MG/L	Ø	code=N	code=N
*CPOX 1	PERMIT REQUIREMENT	*****	*****		*****	0.5 01MOAV	1.0 01DAMX				
Effluent Gross Value Option 1	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	Ø	3/week	Grab
*CPOX 1	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	1.0 01DAMX				
Effluent Gross Value Option 2	QL	*****	*****		*****	*****	*****				

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

# Surface Water Discharge Monitoring Report

PI 46814

**PERMIT NUMBER:** NJ0005622     
 **MONITORED LOCATION:** 485A SW Outfall 485A     
 **MONITORING PERIOD:** 11/1/2004 TO 11/30/2004     
 **FACILITY NAME:** PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, °C 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	21.5	28.2		0	1/Day	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	QL	*****	*****		*****						
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		PA343	17451	QT405				
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	*****	*****		*****	*****	*****				

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

New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT  NJ0005622	MONITORING PERIOD						MONITORED LOCATION:  486A - SW Outfall 486A
	Month 11	Day 1	Year 2004	To	Month 11	Day 30	

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

**LOCATION OF ACTIVITY:**  
PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**  
PSE&G NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE:

No Discharge this Monitoring Period

Monitoring Report Comments Attached

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

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

Michael H. Brothers, Vice President Operations	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
	12/16/2004 856-339-2900
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER

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

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

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

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 486A SW Outfall 486A MONITORING PERIOD: 11/1/2004 TO 11/30/2004 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	429	458	MGD	*****	*****	*****	*****	0	1/DAY	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.7	SU	0	1/WEEK	Grab
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX				
	QL	*****	*****		*****	*****	*****				
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.8	SU	0	1/WEEK	Grab
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX				
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	Code=N	Code=N	MGL	0	Code=N	Code=N
	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX				
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MGL	0	3/WEEK	Grab
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX				
	QL	*****	*****		*****	*****	*****				
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	20.9	25.5	DEG.C	0	1/DAY	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX				
	QL	*****	*****		*****	*****	*****				

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

# Surface Water Discharge Monitoring Report

PI 46814

**PERMIT NUMBER:** NJ0005622     
 **MONITORED LOCATION:** 486A SW Outfall 486A     
 **MONITORING PERIOD:** 11/1/2004 TO 11/30/2004     
 **FACILITY NAME:** PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		PA343	17451					
99999 99	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applicable	NOT AP
Lab	QUALITY	*****	*****		*****	*****	*****				

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

New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
NJ0005622	Month 11	Day 1	Year 2004	To	Month 11	Day 30	Year 2004	487B - SW Outfall 487B

**PERMITTEE:**

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

**LOCATION OF ACTIVITY:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**

PSE&G NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

**CHECK IF APPLICABLE:**

No Discharge this Monitoring Period

Monitoring Report Comments Attached

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

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

Michael H. Brothers, Vice President Operations	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
	12/16/2004 856-339-2900
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER

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

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

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

New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
	Month	Day	Year	To	Month	Day		Year
NJ0005622	11	1	2004		11	30	2004	489A - SW Outfall 489A

**PERMITTEE:**

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

**LOCATION OF ACTIVITY:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**

PSE&G NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

**CHECK IF APPLICABLE:**

No Discharge this Monitoring Period

Monitoring Report Comments Attached

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

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

Michael H. Brothers, Vice President Operations	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
	12/16/2004 856-339-2900
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER

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

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

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

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 489A SW Outfall 489A MONITORING PERIOD: 11/1/2004 TO 11/30/2004 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	0.1232	0.1232	MGD	*****	*****	*****	*****	Ø	1/Month	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.3	SU	Ø	1/Month	Grab
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMX	*****	9.0 01DAMX				
	QL	*****	*****		*****	*****	*****				
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	<4	<4	*****	MG/L	Ø	1/Month	Grab
	PERMIT REQUIREMENT	*****	*****		100 01DAMX	30 01MOAV	*****				
	QL	*****	*****		*****	*****	*****				
Petroleum Hydrocarbons 00551 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	<1	<1	MG/L	Ø	1/Month	Grab
	PERMIT REQUIREMENT	*****	*****		*****	10 01MOAV	15 01DAMX				
	QL	*****	*****		*****	*****	*****				
Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	11	11	MG/L	Ø	1/Month	Grab
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	50 01DAMX				
	QL	*****	*****		*****	*****	*****				
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431	*****	PA343	17451	*****	*****	Not Applicable	NOT AP	
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		*****	REPORT Lab #	REPORT Lab #				
	QL	*****	*****		*****	*****	*****				

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".