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



LR-E05-0034 January 20, 2005

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 8947

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 December 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.

Thomas P. Joyce / Site Vice President - Salem



95-2168 REV 7/99

NJPDES Report December 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

SCH05-002

NJPDES Report Explanation of Deviations December 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

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COUNTY OF SALEM STATE OF NEW JERSEY

I, Thomas P. Joyce, of full age, being duly sworn according to law, upon my oath depose and say:

- 1. I Thomas P. Joyce, Site Vice President –Salem 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.

Thomas P. Jovc

Site Vice President - Salem

Sworn and subscribed before me 71) day of min 12005 SHERIL. HUSTON NOTARY PUBLIC OF NEW JERSEY My Commission Expires

Surface Water Discharge Monitoring Report Submittal Form

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NJPDES PERMIT	MONITORING	PERIOD	MONITO	RED LOCATION:						
NJ0005622	MonthDayYear1212004	MonthDayYear12312004	FACA – SW Ou	tfall FACA						
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 LLCBOX 236/N21ALLOWAY CREEK NECK RDPO BOX 236/N21LOWAY CREEK NEAK RDLOWER ALLOWAYS CREEK, NJ 08038-0000HANCOCKS BRIDGE, NJ 08038									
	REGION / C	COUNTY: Southern / Salem	County							
CHECK IF APPICABLE:	🗌 No Discharge this Monitor	ing Period] Monitoring Report Com	ments Attached						
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Thomas P. Joyce	Site Vice President - Salem		<u></u>	<u>N/A</u>						
Thomask	EXECUTIVE OFFICER, AUTHORIZED A		DR GRADE AND REG 01/20/2005 DATE	ISTRY NUMBER (IF APPLICABLE) 856-339-2086 AREA CODE/PHONE NUMBER						
	hest-ranking operator does not have the shall sign the following certification:	ability to authorize capital expe	enditures and hire personnel,	a person having that responsibility or						
I certify under penalty of law and	in accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attac	ched discharge monitoring re	ports.						
N/A		N/A	<u></u>	<u>N/A</u>						
NAME AND TITLE	SIGNATURE		DATE AREA CODE/PHONE NUM							

Garrace Water I		go mornion	ing ropert	~			·				<u>PI 46814</u>
<u>PERMIT NUMBER:</u> NJ0005622		IITORED LOCA A SW Outfall F/			NNG PERIOD: TO 12/31/2004	FACILITY N. PSEG NUCL				,	· .
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99999 99 Lab	ALL DEPAILS	REPORT L'AD#			Z HREPORT	REIORI LID#	REPORT LED	• •		NolApplic	NOTAP 1
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Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us".

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Page 1 of 1

PI 46814

Surface Water Discharge Monitoring Report Submittal Form

			RED LOCATION:			
NJPDES PERMIT	MONITORING PERIOD		RED LOCATION:			
NJ0005622	MonthDayYearMonthDay1212004To1231	YearFACB – SW Ou2004FACB – SW Ou	tfall FACB			
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NEAK RD HANCOCKS BRIDGE, NJ 0803			LLC			
	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 trea I certify under penalty of law th that, based on my inquiry of the complete. I am aware that ther	ce a person designated by that person. For a local agency thest ranking operator does not have the ability to authori ted by that person shall also sign the second certification atment works, the highest-ranking official of the contract at I have personally examined and am familiar with the is se individuals immediately responsible for obtaining the e are significant penalties for submitting false information New Jersey water Pollution Control Act provides for per	ze capital expenditures and hire per at the bottom of this page. If the ed entity shall sign the certification information submitted in this docu information, I believe that the information, including 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			
Thomas P. Jovce.	Site Vice President - Salem		N/A			
	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICENSED	OPERATOR GRADE AND REG	ISTRY NUMBER (IF APPLICABLE) 856-339-2086			
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPEN	LATOR DATE	AREA CODE/PHONE NUMBER			
*For a local agency where the hig person designated by that person .	hest-ranking operator does not have the ability to authorize ca shall sign the following certification: n accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed	pital expenditures and hire personnel	-			
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NAME AND TITLE		DATE AREA CODE/PHONE NUM				

SIGNATURE

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PERMIT NUMBER;	MON	ITORED LOCA		MONITOF	RING PERIOD:	FACILITY N	AME:		PI 468		
NJ0005622	FACE	3 SW Outfall F.	ACB 1	2/1/2004	TO 12/31/2004	PSEG NUCI	LEAR LLC				•
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	Stall Bar										
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00010 1 Effluent Gross Value	REQUIREMENT			•••••		REPORT H	14915 01DAMX	DEG.C		Continuousi	CONTIN
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Temperature, oC	SAMPLE NEASUREMENT	*****	*****		******	5.8	9.1			HAY	O al my
00010-2 Effluent Net Value	A TRANSPORT			******		TAREPORTATION CONTRACTOR	CIDAMX	DEG.C		i i/Dayza	THCALCID
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Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us". ٠.

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Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:						
NJ0005622	MonthDayYear1212004To12312004	FACC – SW Outfall FACC						
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NEAK RD HANCOCKS BRIDGE, NJ 0803	EAR LLCPSE&G NUCLEAR LLCPSE&G NUCLEAR LLC21ALLOWAY CREEK NECK RDPO BOX 236/N21EEK 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 Comments Attached						
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Thomas P. Joyce,	Site Vice President - Salem	<u>N/A</u>						
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICENSED OPERATO	R GRADE AND REGISTRY NUMBER (IF APPLICABLE) 01/20/2005 856-339-2086						
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 expe shall sign the following certification:	nditures and hire personnel, a person having that responsibility o						
I certify under penalty of law and	in accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attac	hed discharge monitoring reports.						
· N/A	N/A	N/A N/A						

NAME AND TITLE

DATE

AREA CODE/PHONE NUMBER

argo Monitoring Doport

	Surface Water D	ischarg	je Monitor	ing Report								PI 46814
	PERMIT NUMBER:	MON	ITORED LOCA	TION:	MONITOR	ING PERIOD:	FACILITY N	AME:	•			
2	NJ0005622	FACO	CSW Outfall F	ACC ·	12/1/2004	TO 12/31/2004	PSEG NUCL	EAR LLC		·····	·	
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	Thermal Discharge Million BTUs per Hr	SAMPLE MEASUREMENT	7526	14889		*****	*****	******		Ø	VDA4	CALCTO
	00015_2 Effluent Net Value			4 0106001 M	MBTU/HR						1/Day	
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Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us".

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Surface Water Discharge Monitoring Report Submittal Form

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NJPDES PERMIT	MONITORING PERIOD	MONITO	RED LOCATION:
NJ0005622	MonthDayYear1212004ToMonthDayYear123120042004Year] 048C – SW Ou	tfall 48C
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NEAK RD HANCOCKS BRIDGE, NJ 0803	LOCATION OF ACTIVITY: PSE&G NUCLEAR LLC ALLOWAY CREEK NECK RD LOWER ALLOWAYS CREEK, NJ 08038-0	REPORT REC PSE&G NUCLEAR PO BOX 236/N21 000 HANCOCKS BRID	LLC
	REGION / COUNTY: Southern / Sale	m County	
CHECK IF APPICABLE:	No Discharge this Monitoring Period] Monitoring Report Co	nments Attached
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Thomas P. Joyce,	Site Vice President -Salem		<u>N/A</u>
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICENSED OPERA	GRADE AND REC 01/20/2005	SISTRY NUMBER (IF APPLICABLE) 856-339-2086
	UTIVE OFFICER, AUTHORIZED AGENT, OR +LICENSED OPERATOR		AREA CODE/PHONE NUMBER
*For a local agency where the hig person designated by that person a	hest-ranking operator does not have the ability to authorize capital ex shall sign the following certification: n accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the att	penditures and hire personne	
N/A	N/A	N/A	N/A
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

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PERMIT NUMBER:		ITORED LOCA			ING PERIOD:	FACILITY N		·					
NJ0005622	048C	SW Outfall 48		2/1/2004	TO 12/31/2004	PSEG NUCL	PSEG NUCLEAR LLC						
PARAMETER	\bowtie	QUANTITY (DR LOADING	UNITS	UNITS QUALITY		Y OR CONCENTRATION			FREQ. OF ANALYSIS	SAMPLE TYPE		
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Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4680 or via email at "srosenwi@dep.state.nj.us".

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PI 46814

Surface Water Discharge Monitoring Report Submittal Form

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NJPDES PERMIT	M	IONITORING	PERIO	D			MONITOR	ED LOCATION:
NJ0005622	MonthDay121	Year 2004 To	Month 12	Day 31	Year 2004		481A – SW Outfa	all 481A
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NEAK RD HANCOCKS BRIDGE, NJ 0803	•	LOCATION PSE&G NUCLEA ALLOWAY CRE LOWER ALLOW	AR LLC EK NECK	RD	-	00	REPORT RECIP PSE&G NUCLEAR L PO BOX 236/N21 HANCOCKS BRIDG	LC
		REGION / O	COUNTY:	Southe	rn / Salen	n Ć	County	
CHECK IF APPICABLE:	🗌 No Disch	arge this Monitor	ing Period	1	Ε	ב נ	Monitoring Report Com	nents 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	The highest ranking official having day-to-day managerial and operational respin his absence a person designated by that person. For a local agency, the highest ranking operator does not have the ability to authorize capital expression designated by that person shall also sign the second certification at the bottom erate the treatment works, the highest-ranking official of the contracted entity shall lty of law that I have personally examined and am familiar with the information surquiry of those individuals immediately responsible for obtaining the information, are that there are significant penalties for submitting false information, including 5.9(B). The New Jersey water Pollution Control Act provides for penalties up to \$						test ranking operator of the expenditures and hire per thom of this page. If the less shall sign the certification on submitted in this docum ion, I believe that the info ling 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
	Site Vice Presiden							N/A
NAME AND TITLE OF PRINCIPAL	\mathcal{L}	R, AUTHORIZED A	GENT, OR	ICENSE	D OPERAT	TOR	GRADE AND REGIS	STRY NUMBER (IF APPLICABLE) 856-339-2086
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AU	THORIZED AGENT	, OR *LICE	NSED O	PERATOR		DATE	AREA CODE/PHONE NUMBER
• *For a local agency where the hig person designated by that person			ability to a	uthorize	capital exp	pen	ditures and hire personnel, a	a person having that responsibility
I certify under penalty of law and i	in accordance with N	I.J.S.A. 58:10A-6F(5) that I hav	ve reviev	ved the atta	ach	ed discharge monitoring rep	orts.
			N/A				N/A	N/A

NAME AND TITLE

AREA CODE/PHONE NUMBER

PERMIT NUMBER:		ITORED LOCA			RING PERIOD:	FACILITY N	IAME:				
NJ0005622	-481A	SW Outfall 48	1A 1	2/1/2004	TO 12/31/2004			•			
, PARAMETER	\succ	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	384	484		******	******	*****		Ø	LIAY	CALCTD
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*CPOX_1 Effluent Gross Value Option 2	A COLORED AND A			*****		REPORT TOMOAV	A DIDAMX	MG/L		As Weak As	GRABUAT

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

PI 46814

Surface water											PI 46814
PERMIT NUMBER:	<u> MON</u>	IITORED LOCA	<u>TION: N</u>	IONITOF	RING PERIOD:	FACILITY N	IAME:				
VJ0005622 481A SW Outfall 481A 12/1/2004 TO 12/31/2004 PSEG NUCLEAR LLC							LEAR LLC				
	\bowtie	QUANTITY	OR LOADING	UNITS	QUALIT	ry or concent	NOITAS	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
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Lab	- 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.

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Pre-Print Creation Date: 10/1/2004

Surface Water Discharge Monitoring Report Submittal Form

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NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:							
NJ0005622	MonthDayYear1212004To12312004	482A – SW Outfall 482A							
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: IN No Discharge this Monitoring Period IMonitoring 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 w 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. 									
Thomas P. Joyce	Thomas P. Joyce, Site Vice President - Salem N/A								
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICIER, AUTHORIZED AGENT, OR *ICENSED OPERATOR GRADE AND REGISTRY NUMBER (IF APPLICABLE)									
Th	omasti Joc	01/20/2005 856-339-2086							
SIGNATURE OF PRINCIPAL EXEC	CUTIVE OFFICER, ALTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER							
*For a local agency where the hig person designated by that person	hest-ranking operator does not have the ability to authorize capital expe shall sign the following certification:	enditures and hire personnel, a person having that responsibility or							
I certify under penalty of law and	in accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attac	hed discharge monitoring reports.							

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

Surface Water D	ischar	je Monitori	ing Report	•	·						PI 46814
PERMIT NUMBER:	MON	ITORED LOCA	TION:	NONITOR	NING PERIOD:	FACILITY N	AME:				
NJ0005622	<u></u> 482A	SW Outfall 482	2A 1	2/1/2004	TO 12/31/2004	PSEG NUCL	EAR LLC		•		•
PARAMETER	\bowtie	QUANTITY C	OR LOADING	UNITS	QUALIT	Y OR CONCENTR	ATION	UNITS	NO. EX.	FREQ, OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SÁMPLE NEASUREMENT	380	454		*****	****	*****		Ø	HAY	Calcro
50050 1 Effluent Gross Value		REPORT DIMOAV		MGD				••••			CALCED
pH	SAMPLE NEASUREMENT	* ##****	*****		7.6	*****	7.6		Ø	LUCE K	Grab
00400 1 Effluent Gross Value					601 01DAMN		905 LOIDAMXSS	SU		Italiweeka Italiweeka Italiwaa	UGRAB
нq	SAMPLE MEASUREMENT	<u>, .</u>	****	FI	7, 7.	######################################	2, 7		Ø	/week	Grab
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Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****	<u>¥</u>	*****	2011	20.1	· ·	<u>iderrak</u>	Fuer k	Grab
*CPOX 1 Effluent Gross Value Option 1						03/ 01MQAV		MG/L		Division of the second s	GRADI
Chlorine Produced	SAMPLE NEASUREMENT	****	****		*****	20.1	20.1		Ø	3 WEEK	Grab
•CPOX 1 Effluent Gross Value Option 2						REPORD T-JOIMOAV-1	TOTOTAL	MG/L			

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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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PERMIT NUMBER:	MON	ITORED LOCA	<u>TION: Λ</u>	IONITOR	NING PERIOD:	FACILITY N	AME:				
NJ0005622	482A	SW Outfall.48	2A 1	2/1/2004	TO 12/31/2004	PSEG NUCI	LEAR LLC				
PARAMETER	\square		OR LOADING	UNITS	QUALIT	TY OR CONCENTR	NOITAN	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	******		· •••••	10.9	23.6		Ø.	1/044	Contin
00010 1 Effluent Gross Value				******		IREPORTA 01MOAV	HEREPORT TOTDAMX	DEG.C		s tl(Day -	CONTIN
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		PA343	17451			anteres 1		
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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 . .

Pre-Print Creation Date: 10/1/2004

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Surface Water Discharge Monitoring Report Submittal Form

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NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:							
NJ0005622	MonthDayYearMonthDayYear1212004To12312004	483A – SW Outfall 483A							
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NEAK RD HANCOCKS BRIDGE, NJ 0803	LOCATION OF ACTIVITY: PSE&G NUCLEAR LLC ALLOWAY CREEK 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. 									
Thomas P. Joyce	Site Vice President - Salem	N/A							
- A	NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICENSED OPERATOR GRADE AND REGISTRY NUMBER (IF APPLICABLE)								
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:	nditures and hire personnel, a person having that responsibility or							

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

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

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PERMIT NUMBER:		ITORED LOCA SW Outfall 483			ING PERIOD: TO 12/31/2004	FACILITY N/				`	
PARAMETER	· X·	QUANTITY (DR LOADING	UNITS	QUALIT	Y OR CONCENTR	ATION ,	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	312.	448		SAAAA SAAAAA	*****	\$\$\$\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		Ø	+/ /ПАЧ	CALCTD.
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pH	SAMPLE MEASUREMENT	*****	****		7.5	*****	7.7		Ø	YWEEK	brab
00400 1 Effluent Gross Value				•••••• •	GOLANNA CIDAMNA CIRCUM		110,2190 1010AMX	ຣປ		TiWeek Tikke Tikke	
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT SEPERMINAS REQUIREMENT REQUIREMENT		•••••	******	7.7 MAREPORTALIS		· 7.7	su .	Ø	Kitek	Grab GRAB
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value	SAMPLE MEASUREMENT HIPERNIT HIPERNIT HIPERNIT HIPERNIT HIPERNIT			******		Corfe = N	<i>Code=N</i>	Mg/L	Ø M	Cock=N	Gde=N GRABRID
Option 1 Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value	SAMPLE MEASUREMENT TERMINE TRENUTE TRENUTE TRENUTE TRENUTE TRENUTE		·····					MG/L	No mark	Witch	Grab Grab
Option 2 Temperature, oC 00010 1 Effluent Gross Value		······				10.C	28.4 MREEORTE	DEG.C	Ø	1/04 Y	Contin

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 D		ITORED LOCA			ING PERIOD:	FACILITY N	AME			PI 46814
NJ0005622		SW Outfall 48			TO 12/31/2004	PSEG NUCI				
PARAMETER	\searrow		OR LOADING	UNITS	r	TY OR CONCENT		UNITS NO.	FREQ. OF ANALYSIS	SAMPLE TYPE
ab Certification #	SANPLE NEASUREMENT	17327	06431		PA343	17451				
9999 99 .ab		REPORT	REPORT PLINE		REPORT Lab	REPORT TLab# Cab# Cab# Cab# Cab# Cab# Cab# Cab# C	TREPORT		NotApplic	H NOTAPT
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Pre-Print Creation Date: 10/1/2004

Surface Water Discharge Monitoring Report Submittal Form

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NJPDES PERMIT	MONITORING PERIOD	MONITOR	ED LOCATION:						
NJ0005622	MonthDayYear1212004ToMonthDayYear12312004	484A – SW Outf	all 484A						
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NEAK RD HANCOCKS BRIDGE, NJ 0803		REPORT RECIP PSE&G NUCLEAR I PO BOX 236/N21 HANCOCKS BRIDG	LC						
	REGION / COUNTY: Southern / Salem	County							
CHECK IF APPICABLE;	No Discharge this Monitoring Period	Monitoring Report Com	nents Attached						
<u>WHO MUST SIGN</u> 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.									
that, based on my inquiry of the complete. I am aware that the	at I have personally examined and am familiar with the informations individuals immediately responsible for obtaining the information are significant penalties for submitting false information, incluive New Jersey water Pollution Control Act provides for penalties up	tion, I believe that the info ding the possibility of and	rmation is true, accurate and /or imprisonment, pursuant						
Thomas P. Joyce.	Site Vice President - Salem		N/A						
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICENSED OPERATO	R GRADE AND REGIS	STRY NUMBER (IF APPLICABLE)						
Thom	us f forg	01/20/2005	856-339-2086						
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:	nditures and hire personnel, a	a person having that responsibility or						

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

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

Flow, in Conduit or Thru Treatmont Plant Control of Contro of Control of Control of Control of Control of Control of Control	Surface Water	Dischar	ge Monitor	ing Report			•					PI 46814
PARAMETER QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS NO. FREQ. OF AMALTONS SAMT TYPE Flow, In Conduit or Thru Treatment Plant 60050 1 MARKET 35.5 43.7 MARKET ARKET MARKET	PERMIT NUMBER:	MON	ITORED LOCA	TION:	MONITOR	RING PERIOD:	FACILITY N	AME:	•			
How in Conduit or Flow, in Conduit or Units Example Subject of the Conduit of t	NJ0005622	4844	SW Outfall 48	4A 1	2/1/2004	TO 12/31/2004	PSEG NUC	LEAR LLC				
Thru Treatment Plant Beconceller $3.9.8$ 43.7 4000 $7/44$ 0.000 100000 10000 10000 100000 100000 100000 100000 100000 100000 100000 100000 100000 100000 100000 100000 1000000 1000000 10000000 10000000 100000000 1000000000 10000000000	PARAMETER	\bowtie	. QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
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pH MARKE 7.5 7.6 8000 D0400 1 Image: State of the s		PERSONAL PROPERTY OF A PERSON	REPORTS 101MOAVI		MGD		A. 1993年1993年1993年1993年1993年1993年1993年1993		******		1/Daysi-	CALCTD
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Cyprinodon MEASUREMENT ******* ******* ******* ******* ******* ******* ******* ************************************	1				******	REPORT F		and "I saw all theney of strengtheney	5U		1Week0	GRAB
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Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1 Chlorine Produced ****** ****** ****** ****** ******	1				******	450141 2010AMNAS			%effl		27/01/	GOMPOSI-
Effluent Gross Value	1.1	SAMPLE	*****	*****		*****	<01	20.1	····	Ø	FUEEK	Grab
	Effluent Gross Value	PERMIT A			******			0154 0110AMX01	MG/L		STWOOR ST	IGRABY.
Oxidants MEASUREMENT ****** ***** 20.1 20.1 UKEK G20	4	SAMPLE MEASUREMENT	******	******	· · ·	44234		10:1		Ø	FUERK	Grah
*CPOX 1 Figure	Effluent Gross Value	REQUIREMENT					LICIMOAV,	CONTRACTOR DESCRIPTION OF THE OWNER OWNER OWNER OF THE OWNER	MG/L		-BWCekry	GRABA

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 I	Jischar	ge Monitor	ing Report			<u></u>		· · · · · · · · · · · · · · · · · · ·			PI 46814
PERMIT NUMBER:	MON	IITORED LOCA	<u>TIÓN: M</u>	IONITOR	RING PERIOD:	FACILITY N	AME:				
NJ0005622 · ·	484 <u>A</u>	SW Outfall 48	4A 1	2/1/2004	TO 12/31/2004	PSEG NUC	LEAR LLC				
PARAMETER	\bowtie	QUANTITY	OR LOADING	UNITS	- QUALI	TY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE NEASUREMENT	*****	******		******	12.5	. 20.3		Ø	YAAY	ConTID
00010 1 Effluent Gross Value	THE PERMIT			••••••		PREPORI POIMOAV	01DAMX	DEG.Ç		e alioay.	CONTIN
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		74343	17451				·	
99999 99		REPORT	D TAREPORTER		REPORT	IF REPORT	ELVREPORT.			-Not-Applica	NOTIAPLE
Lab .	Sec.										

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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Pre-Print Creation Date: 10/1/2004

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Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT MONITORING PERIOD MONITORED LOCATION:											
NJPDES PERMIT											
NJ0005622	MonthDayYearMonthDayYear1212004To12 · 312004	485A – SW Outfa	all 485A								
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NEAK RD HANCOCKS BRIDGE, NJ 0803		REPORT RECIP PSE&G NUCLEAR L PO BOX 236/N21 HANCOCKS BRIDG	LC								
	REGION / COUNTY: Southern / Salem	County									
CHECK IF APPICABLE:	No Discharge this Monitoring Period] Monitoring Report Com	nents Attached								
the certification or, in his abset the certification. Where the hi responsibility or person design another entity to operate the tr I certify under penalty of law t that, based on my inquiry of th complete. I am aware that the	hest ranking official having day-to-day managerial and operationa nce a person designated by that person. For a local agency, the hi ghest ranking operator does not have the ability to authorize capit ated by that person shall also sign the second certification at the b eatment works, the highest-ranking official of the contracted entit hat I have personally examined and am familiar with the informa- nose individuals immediately responsible for obtaining the informa- ere are significant penalties for submitting false information, inclu- e New Jersey water Pollution Control Act provides for penalties u	al expenditures and hire per pottom of this page. If the le y shall sign the certification tion submitted in this docum lation, I believe that the info uding the possibility of and	rsonnel, a person having that ocal agency has contracted with the ment and all attachments, and ormation is true, accurate and l/or imprisonment, pursuant								
Thomas P. Joyce	e, Site Vice President - Salem		<u>N/A</u>								
	L EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICENSED OPERAT	OR GRADE AND REGI	STRY NUMBER (IF APPLICABLE)								
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	CUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER								
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		N/A	N/A								
N/A	N/A SIGNATURE	DATE ·	AREA CODE/PHONE NUMBER								

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Surface Water I	urface Water Discharge Monitoring Report									FI 400 I	
PERMIT NUMBER:	MONITORED LOCATION: MONITORING PERIOD: FACILITY NAME:								•		
NJ0005622	485A	SW Outfall 485	5A 1:	2/1/2004	TO 12/31/2004	PSEG NUCL	EAR LLC	•		•	
PARAMETER .	\searrow	QUANTITY C	DR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Condult or Thru Treatment Plant	SAMPLE MEASUREMENT	364	425		*****	*****	*****	•	Ø	1/DAY	Calcit
50050 1 Effluent Gross Value	RECURENCES	REPORT DIMOAV	A MREPORT	MGD				*****		n 1/Day 11 Day 12 Day	
ън	SAMPLE MEASUREMENT	*****	*****		7.5	*****	7.7		Ø	Lutek	Grab
00400 1 Effluent Gross Value	Distant Distan			******	terrent (1960) 1010AMN			SU		LiWeek Li	GRAB 4
рН 	SAMPLE MEASUREMENT	****	*****		7.7	*****	7.7		Ø	YUEEK	Grab
00400 7 Intake From Stream				· •••••			REPORT ID	ទប		a 1 Week	GRĂB
LC50 Statre 96hr Acu	SAMPLE MEASUREMENT	5.	*****		Cocleti	*****	*****		Ø	Code=N	Code=N
TAN6A 1 Effluent Gross Value								%ĘFFĻ			S-ICOMPOS
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	******	· ·	*****	Code = N	Code = N		Ø	Rode=N	Code=N
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Chlorine Produced Oxidants	SAMPLE NEASUREMENT		*****	· ·	444444	20.1	<0,1	· .	Ø	3/wrek	Grab
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Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfail while DSN 48C is being routed to that outfail.

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Pre-Print Creation Date: 10/1/2004

Page 1 of 2

Surface Water Discharge Monitoring Report									PI 46814		
PERMIT NUMBER:	MON	ITORED LOCA	TION: <u>N</u>	NONITOR	RING PERIOD:	FACILITY N	FACILITY NAME:				
NJ0005622	485A	SW Outfall 48	5A 1	2/1/2004	TO 12/31/2004	PSEG NUCI	LEAR LLC				•
PARAMETER	\triangleright		DR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE NEASUREMENT	*****	******			12.5	21.5		Ø	1 DAY	Contin
00010 1 Effluent Gross Value	REQUIREMENT			*****		UREPORT T	REPORT	DEG.C		1/Days 1	CONTIN
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Lab Certification #	SAMPLE NEASUREMENT	17.327	06431		PA343	17451				•	
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	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.

Pre-Print Creation Date: 10/1/2004

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Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:							
. NJ0005622	Month Day Year 12 1 2004 To Month Day Year 486A - SW Outfall 486A								
PERMITTEE: LOCATION OF ACTIVITY: REPORT RECIPIENT: PSE&G NUCLEAR LLC PSE&G NUCLEAR LLC PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NECK RD PO BOX 236/N21 ALLOWAY CREEK NEAK RD LOWER ALLOWAYS CREEK, NJ 08038-0000 HANCOCKS BRIDGE, NJ 08038 REGION / COUNTY: Southern / Salem County									
CHECK IF APPICABLE;		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 state certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having the 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 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, that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate complete. I am aware that there are significant penalties for submitting false information, including the possibility of and/or imprisonment, pursuato 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. 									
Thomas P. Joyce,	Site Vice President - Salem	N/A							
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICENSED OPERATOR GRADE AND REGISTRY NUMBER (IF APPLICABLE									
SIGNATURE OF FRINCIPAL EXECUTIVE ØFFICER, 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 of 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 attach	ed discharge monitoring reports.							
N/A	N/A	N/A N/A							

			······
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

<u>PERMIT NUMBER:</u> NJ0005622						FACILITY NAME: PSEG NUCLEAR LLC					. •
PARAMETER	$\mathbf{\mathbf{X}}$	QUANTITY (DR LOADING	UNITS	QUALIT	TY OR CONCENTR	IATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, in Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT PERMIT REQUIREMENT INFORMATION SAMPLE INFORMATION	356 REFORT	452 REPORT	MGD				*****	Ø	1/Day	Culcro
рН 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT				7.5 1.5 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.5			รบ	Ø	/weck	Grab Grab
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT			******	7-7		7.7 REPORT	ຣບ	No.	Weak Inverk	Grab GRABI
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT AMPERATING INCOMPANY INCOMPANY INCOMPANY INCOMPANY			•••••		LÖ.I Dimoaven Littering	LOII Mission Manager M	MG/L	I IIII	Furek Somestig	Gral SIGRABU
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	•••••				<01) SREEORIJE STATOIMOAVEA		MG/L	Ø	Horsk Tomaki	Gral
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT THE STATE OF A THE STATE OF A THE STATE OF A STATE OF A ST						19.3 AREPORT	. DEG.C	Ø	YDAY .	CONTIN CONTIN

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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PI 46814

Surface Water Discharge Monitoring Report										PI 46814	
PERMIT NUMBER:	MON	IITORED LOCA	<u>ТІОN: Л</u>	MONITOR	NING PERIOD:	FACILITY N	AME:	•			
NJ0005622	4864	SW Outfall 48	6A 1	2/1/2004	TO 12/31/2004	PSEG NUC	EAR LLC				
PARAMETER	\bigtriangledown	QUANTITY	OR LOADING	UNITS	QUAL	TY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		PA343	17451					
99999 99	STRERMITAN	CAREPORT -	REPORTER		REPORT	REPORT	A REPORT	`		Not Applic	NOTAP
Lab	OURENEN	Lap 7						• •			

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.

Pre-Print Creation Date: 10/1/2004

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Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITOF	ED LOCATION:					
NJ0005622	MonthDayYearMonthDayYear1212004To12312004	489A – SW Outf	all 489A					
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NEAK RD HANCOCKS BRIDGE, NJ 0803	18	•	LLC					
·	REGION / COUNTY: Southern / Salem	County	· ·					
CHECK IF APPICABLE:	No Discharge this Monitoring Period] Monitoring Report Com	ments Attached					
the certification or, in his abser the certification. Where the hig responsibility or person design another entity to operate the tre I certify under penalty of law th that, based on my inquiry of th complete. I am aware that the	hest ranking official having day-to-day managerial and operationatice a person designated by that person. For a local agency, the highest ranking operator does not have the ability to authorize capit ated by that person shall also sign the second certification at the beatment works, the highest-ranking official of the contracted entities individuals immediately responsible for obtaining the informative are significant penalties for submitting false information, include New Jersey water Pollution Control Act provides for penalties up to the second certification of the contracted entities the second second certification at the second certification at the second certification at the second works, the highest-ranking official of the contracted entities that I have personally examined and am familiar with the informations individuals immediately responsible for obtaining the information includes the second certification control Act provides for penalties up to the second certification in the second certification control Act provides for penalties up to the second certification certification.	ghest ranking operator of the al expenditures and hire per pottom of this page. If the y shall sign the certification tion submitted in this docu- nation, I believe that the infuding the possibility of an	ne treatment works shall sign rsonnel, a person having that local agency has contracted with n. ment and all attachments, and ormation is true, accurate and d/or imprisonment, pursuant					
Thomas P. Joyce	, Site Vice President - Salem		N/A					
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICENSED 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 hi	ghest-ranking operator does not have the ability to authorize capital exp 1 shall sign the following certification:	penditures and hire personnel	a person having that responsibility o					
I certify under penalty of law and	l in accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the atta	iched discharge monitoring re	ports.					
N/A	N/A	N/A	<u>N/A</u>					
NAME AND TITLE								

DATE

NAME AND TITLE

M140014

PERMIT NUMBER:	. MON	ITORED LOCA	TION: M	MONITOR	ING PERIOD:	FACILITY N	AME:	·			
NJ0005622	489A	SW Outfall 48	9A [,] 1	2/1/2004	TO 12/31/2004	PSEG NUCL	EAR LLC	•			
PARAMETER	\bowtie	QUANTITY C	OR LOADING	UNITS	· QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0,0541	0,0541		*****	*****	. ******		Ø	Month.	CALCOR
60050 1 Effluent Gross Value	REQUIREMENTS REQUIREMENTS	TREPORT		MGD ·				******		E Monthie Anna anna anna anna anna anna anna anna	CALCTD
Н	SAMPLE MEASUREMENT		*****	1	7.1	*****	7.1		Ø	Juloirth	Grab
00400 1 Effluent Gross Value							RIT I SOLUTE LOIDAMX II	SU		Anti- Month- Entry Martin-	GRAB
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	######################################		21	21	*****		Ø	Yujont 1	Grab
00530 1 Effluent Gross Valuø	TAL PERMIT			****** ******	AUDIDAMX 10-101DAMX 11-1111	30 DIMOAV		MG/L		1/Month National States	GRAB
Petroleum Hydrocarbons	BAMPLE BAMPLE MEASUREMENT		*****		*****	3	3		Ø	Ymonth	Grab
00551 1 Effluent Gross Value	A CONTRACTOR					CIMOAV/	P-0.DAMXP	MG/L		a AMGintin Si	GRAB-
Carbon, Tot Organic (TOC)	SANDLE MEASUREMENT	1	*****		*****	3	3		Ø	1/ Ulouth	Grab
00680 1 Effluent Gross Value	THE PERMITAL			·····			501 	MG/L		1/Month	GRAB
Lab Certification #	SAMPLE MEASUREMENT		06431	<u>يماريم</u> ا	77.4543	17451		1 			
99999 99 Lab		REPORT			KAREPORTATI	A REPORT A				NotAppile	NOTA NOTA

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".

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Pre-Print Creation Date: 10/1/2004 -

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Surface Water Discharge Monitoring Report Submittal Form

	MONITORING PERIOD	MONITORED LOCATION:
NJPDES PERMIT		
NJ0005622	MonthDayYear1212004ToMonthDayYear12312004200412312004	487B – SW Outfall 487B
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236/N21 ALLOWAY CREEK NEAK RD HANCOCKS BRIDGE, NJ 0803		REPORT RECIPIENT: PSE&G NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038
	REGION / COUNTY: Southern / Salem	County
CHECK IF APPICABLE:	No Discharge this Monitoring Period	Monitoring Report Comments Attached
the certification or, in his absent the certification. Where the his responsibility or person design another entity to operate the tro I certify under penalty of law t that, based on my inquiry of the	nest ranking official having day-to-day managerial and operational ace a person designated by that person. For a local agency, the hig ghest ranking operator does not have the ability to authorize capita ated by that person shall also sign the second certification at the b eatment works, the highest-ranking official of the contracted entity that I have personally examined and am familiar with the informat ose individuals immediately responsible for obtaining the informat re are significant penalties for submitting false information, inclu- se New Jersey water Pollution Control Act provides for penalties up	al expenditures and hire personnel, a person having that ottom of this page. If the local agency has contracted with y shall sign the certification. ion submitted in this document and all attachments, and ation, I believe that the information is true, accurate and uding the possibility of and/or imprisonment, pursuant
Thomas P. Joyce	, Site Vice President - Salem	<u>N/A</u>
	. EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *ICENSED OPERATO	OR GRADE AND REGISTRY NUMBER (IF APPLICABLE)
1	\mathcal{L}	01/20/2005 856-339-2086
SIGNATURE OF PRINCIPAL EXE	CUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER
*For a local agency where the h person designated by that person	ghest-ranking operator does not have the ability to authorize capital exp 1 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 atta	
<u>N/A</u>	<u>N/A</u>	
NAME AND TITLE	SIGNATURE	DATE AREA CODE/PHONE NUMBER