



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,

A handwritten signature in black ink, appearing to read "Thomas P. Joyce".

Thomas P. Joyce
Site Vice President - Salem

Attachments

Handwritten initials "JES" in black ink.

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.


<u>DSN NO.</u>	<u>EXPLANATION</u>
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None	
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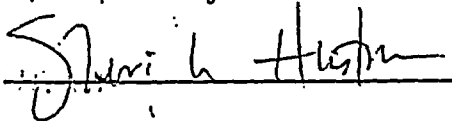
COUNTY OF SALEM
STATE OF NEW JERSEY

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. Joyce
Site Vice President - Salem

Sworn and subscribed before me
this 20 day of January 2005



SHERI L. HUSTON
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 11/15/09

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
	12	1	2004		12	31	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.

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Thomas P. Joyce, Site Vice President - Salem

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



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

N/A

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

01/20/2005

856-339-2086

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: NJ0005622 MONITORED LOCATION: FACA SW Outfall FACA MONITORING PERIOD: 12/1/2004 TO 12/31/2004 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, °C	SAMPLE MEASUREMENT	*****	*****		*****	6.3	10.1		Ø	Continuous	Contin
00010 G	PERMIT REQUIREMENT			*****		REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
Raw Sew/Influent	QL										
Temperature, °C	SAMPLE MEASUREMENT	*****	*****		*****	10.5	22.6		Ø	Continuous	Contin
00010 1	PERMIT REQUIREMENT			*****		REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
Effluent Gross Value	QL										
Temperature, °C	SAMPLE MEASUREMENT	*****	*****		*****	4.2	12.9		Ø	1/DAY	Calcto
00010 2	PERMIT REQUIREMENT			*****		REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/DAY	CALCTD
Effluent Net Value	QL										
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	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

NJPDDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:												
NJ0005622	<table border="1"><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td>12</td><td>1</td><td>2004</td></tr></table> To <table border="1"><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td>12</td><td>31</td><td>2004</td></tr></table>	Month	Day	Year	12	1	2004	Month	Day	Year	12	31	2004	FACB - SW Outfall FACB
Month	Day	Year												
12	1	2004												
Month	Day	Year												
12	31	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.


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Thomas P. Joyce, Site Vice President - Salem

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)



01/20/2005

856-339-2086

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: FACB SW Outfall FACB MONITORING PERIOD: 12/1/2004 TO 12/31/2004 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, °C	SAMPLE MEASUREMENT	*****	*****		*****	6.3	10.1			Continuous	CONTIN
00010 G Raw Sew/Influent	PERMIT REQUIREMENT			*****		REPORT 0.1MOAV	REPORT 0.1DAMX	DEG.C		Continuous	CONTIN
	QL										
Temperature, °C	SAMPLE MEASUREMENT	*****	*****		*****	12.2	18.9			Continuous	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT			*****		REPORT 0.1MOAV	REPORT 0.1DAMX	DEG.C		Continuous	CONTIN
	QL										
Temperature, °C	SAMPLE MEASUREMENT	*****	*****		*****	5.8	9.1			1/Day	CALC'D
00010 2 Effluent Net Value	PERMIT REQUIREMENT			*****		REPORT 0.1MOAV	REPORT 0.1DAMX	DEG.C		1/Day	CALC'D
	QL										
Lab Certification #	SAMPLE MEASUREMENT	17317	06431		71343	17451					
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab#		REPORT Lab#	REPORT Lab#	REPORT Lab#			Not Applicable	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

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:												
NJ0005622	<table border="1"><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td>12</td><td>1</td><td>2004</td></tr></table> To <table border="1"><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td>12</td><td>31</td><td>2004</td></tr></table>	Month	Day	Year	12	1	2004	Month	Day	Year	12	31	2004	FACC – SW Outfall FACC
Month	Day	Year												
12	1	2004												
Month	Day	Year												
12	31	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.

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Thomas P. Joyce, Site Vice President - Salem	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
	01/20/2005 856-339-2086
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: 12/1/2004 TO 12/31/2004 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	2090	2625	MGD	*****	*****	*****	*****	0	1/DAY	CALC'D
50050 G	PERMIT REQUIREMENT	3024	REPORT								
Raw Sew/Influent	QTY	01MOAV	01DAMX								
Thermal Discharge	SAMPLE MEASUREMENT	7526	14889	MBTU/HR	*****	*****	*****	*****	0	1/DAY	CALC'D
Million BTUs per Hr	PERMIT REQUIREMENT	REPORT	30600								
00015 2	QTY	01MOAV	01DAMX								
Effluent Net Value											
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		7A343	17451					
99999 99	PERMIT REQUIREMENT	REPORT	REPORT		REPORT	REPORT	REPORT				
Lab	QTY	Lab #	Lab #		Lab #	Lab #	Lab #				

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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
	12	1	2004		12	31	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

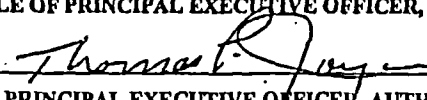
CHECK IF APPLICABLE:

☐ No Discharge this Monitoring Period

☐ Monitoring Report Comments Attached

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Thomas P. Joyce, Site Vice President -Salem	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
	01/20/2005 856-339-2086
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER

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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: 12/1/2004 TO 12/31/2004
 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	0.2059	0.3866	MGD	*****	*****	*****	*****	0	1/DAY	CALC TD
	PERMIT REQUIREMENTS	REPORT 0.1MOAV	REPORT 0.1DAMX							1/Day	CALGTD
	Q/L										
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2	MG/L		2/Month	Compos
	PERMIT REQUIREMENTS					130 0.1MOAV	100 0.1DAMX			2/Month	COMPOS
	Q/L										
Nitrogen, Ammonia Total (as N) 00610 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	4	MG/L		2/Month	Compos
	PERMIT REQUIREMENTS					35 0.1MOAV	70 0.1DAMX			2/Month	COMPOS
	Q/L										
Petroleum Hydrocarbons 00551 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	20.5	1.0	MG/L		3/Month	Grab
	PERMIT REQUIREMENTS					10 0.1MOAV	1 0.1DAMX			2/Month	GRAB
	Q/L										
Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	6	7	MG/L		2/Month	Compos
	PERMIT REQUIREMENTS					REPORT 0.1MOAV	50 0.1DAMX			2/Month	COMPOS
	Q/L										
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		PA343	17451					
	PERMIT REQUIREMENTS	REPORT Lab	REPORT Lab		REPORT Lab	REPORT Lab	REPORT Lab			Not Applic	NOT/AP
	Q/L										

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".

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	481A - SW Outfall 481A
	12	1	2004		12	31	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

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Monitoring Report Comments Attached

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	01/20/2005 856-339-2086
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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

481A SW Outfall 481A

12/1/2004 TO 12/31/2004

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	384	484		*****	*****	*****		0	1/DAY	CALC'D
50050 1	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Day	CALC'D
Effluent Gross Value	Q1										
pH	SAMPLE MEASUREMENT	*****	*****		7.5	*****	7.6		0	1/WEEK	Grab
00400 1	PERMIT REQUIREMENT	*****	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	SU		1/Week	GRAB
Effluent Gross Value	Q1										
pH	SAMPLE MEASUREMENT	*****	*****		7.7	*****	7.7		0	1/WEEK	Grab
00400 7	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01DAMN	*****	REPORT 01DAMX	SU		1/Week	GRAB
Intake From Stream	Q1										
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****		Code = N	*****	*****		0	Code = N	Code = N
TAN6A 1	PERMIT REQUIREMENT	*****	*****	*****	LC50 01DAMN	*****	*****	%EFFL		2/Year	COMPOS
Effluent Gross Value	Q1										
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	<0.1	<0.1		0	3/week	Grab
*CPOX 1	PERMIT REQUIREMENT	*****	*****	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Effluent Gross Value Option 1	Q1										
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	<0.1	<0.1		0	3/Week	Grab
*CPOX 1	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Effluent Gross Value Option 2	Q1										

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: 12/1/2004 TO 12/31/2004
 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, °C	SAMPLE MEASUREMENT	*****	*****		*****	11.2	25.2		Ø	1/Day	Cont'n
00010 1	PERMIT REQUIREMENT			*****		REPORT 01MOAV	REPORT 01DAMX	DEG.C			GONTIN
Effluent Gross Value	QU										
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		7A343	17451					
99999 99	PERMIT REQUIREMENT					REPORT Lab	REPORT Lab			Not Applicable	NOT AP
Lab	QU										

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	MONITORING PERIOD	MONITORED LOCATION:												
NJ0005622	<table border="1"><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td>12</td><td>1</td><td>2004</td></tr></table> To <table border="1"><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td>12</td><td>31</td><td>2004</td></tr></table>	Month	Day	Year	12	1	2004	Month	Day	Year	12	31	2004	482A – SW Outfall 482A
Month	Day	Year												
12	1	2004												
Month	Day	Year												
12	31	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:

☐

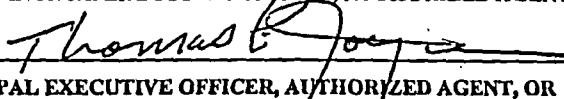
No Discharge this Monitoring Period

☐

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.

Thomas P. Joyce, Site Vice President - Salem	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
	01/20/2005 856-339-2086
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

482A SW Outfall 482A

12/1/2004 TO 12/31/2004

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	380	454	MGD	*****	*****	*****	*****	Ø	1/Day	Calcd
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX							1/Day	CALC'D
	Q/L										
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.6	SU	Ø	1/Week	Grab
	PERMIT REQUIREMENT				6.0 01DAMN		9.0 01DAMX			1/Week	GRAB
	Q/L										
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	7.7	SU	Ø	1/Week	Grab
	PERMIT REQUIREMENT				REPORT 01DAMN		REPORT 01DAMX			1/Week	GRAB
	Q/L										
LC50 Statre 96hr Acu Cyprinodon TANGA 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	Code = N	*****	*****	%EFFL	Ø	Code = N	Code = N
	PERMIT REQUIREMENT				50 01DAMN					2/Year	COMPOS
	Q/L										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	Ø	3/Week	Grab
	PERMIT REQUIREMENT					0.3 01MOAV	0.5 01DAMX			3/Week	GRAB
	Q/L										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	Ø	3/Week	Grab
	PERMIT REQUIREMENT					REPORT 01MOAV	0.2 01DAMX			3/Week	GRAB
	Q/L										

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: 12/1/2004 TO 12/31/2004
 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, °C	SAMPLE MEASUREMENT	*****	*****		*****	10.9	23.6		1	1/Day	Cont'd
00010 1	PERMIT REQUIREMENT			*****	REPORT TO MOA/V		REPORT TO DAMX	DEG.C			CONTIN
Effluent Gross Value	QL										
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	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	MONITORING PERIOD	MONITORED LOCATION:												
NJ0005622	<table border="1"><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td>12</td><td>1</td><td>2004</td></tr></table> To <table border="1"><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td>12</td><td>31</td><td>2004</td></tr></table>	Month	Day	Year	12	1	2004	Month	Day	Year	12	31	2004	483A – SW Outfall 483A
Month	Day	Year												
12	1	2004												
Month	Day	Year												
12	31	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.

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Thomas P. Joyce, Site Vice President - Salem
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR

N/A
GRADE AND REGISTRY NUMBER (IF APPLICABLE)


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

01/20/2005 856-339-2086
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: NJ0005622 MONITORED LOCATION: 483A SW Outfall 483A MONITORING PERIOD: 12/1/2004 TO 12/31/2004 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	312	448	MGD	*****	*****	*****	*****	Ø	1/Day	CALC'D
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX							1/Day	CALC'D
	Q/L										
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.7	SU	Ø	1/Week	Grab
	PERMIT REQUIREMENT				REPORT 01DAMN		9.0 01DAMX			1/Week	GRAB
	Q/L										
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	7.7	SU	Ø	1/Week	Grab
	PERMIT REQUIREMENT				REPORT 01DAMN		REPORT 01DAMX			1/Week	GRAB
	Q/L										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	Code = N	Code = N	MGL	Ø	Code = N	Code = N
	PERMIT REQUIREMENT					REPORT 01MOAV	REPORT 01DAMX			3/Week	GRAB
	Q/L										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MGL	Ø	3/Week	Grab
	PERMIT REQUIREMENT					REPORT 01MOAV	REPORT 01DAMX			3/Week	GRAB
	Q/L										
Temperature, °C 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	10.6	28.4	DEG.C	Ø	1/Day	CONTIN
	PERMIT REQUIREMENT					REPORT 01MOAV	REPORT 01DAMX			1/Day	CONTIN
	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.

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622
 MONITORED LOCATION: 483A SW Outfall 483A
 MONITORING PERIOD: 12/1/2004 TO 12/31/2004
 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 Applica	NOT AP
Lab	QI										

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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	484A – SW Outfall 484A
	12	1	2004		12	31	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:

☐

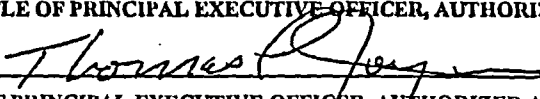
No Discharge this Monitoring Period

☐

Monitoring Report Comments Attached

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Thomas P. Joyce, Site Vice President - Salem	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
	01/20/2005 856-339-2086
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER

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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: 484A SW Outfall 484A
MONITORING PERIOD: 12/1/2004 TO 12/31/2004
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	358	437	MGD	*****	*****	*****	*****	Ø	1/Day	CALOTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX								
	QL										
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.6	SU	Ø	1/Week	Grab
	PERMIT REQUIREMENT				16.01 01DAMN		9.0 01DAMX				
	QL										
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	7.7	SU	Ø	1/Week	Grab
	PERMIT REQUIREMENT				REPORT 01DAMN		REPORT 01DAMX				
	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						
	QL										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	40.1	40.1	MG/L	Ø	3/Week	Grab
	PERMIT REQUIREMENT					10.3 01MOAV	0.5 01DAMX				
	QL										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	40.1	40.1	MG/L	Ø	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: 484A SW Outfall 484A MONITORING PERIOD: 12/1/2004 TO 12/31/2004 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, °C	SAMPLE MEASUREMENT	*****	*****		*****	12.5	20.3		0	1/Day	CONTIN
00010 1	PERMIT REQUIREMENT			*****		REPORT 01MOAV	REPORT 01DAMX	DEG.C			CONTIN
Effluent Gross Value	QL										
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	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	MONITORING PERIOD	MONITORED LOCATION:												
NJ0005622	<table border="1"><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td>12</td><td>1</td><td>2004</td></tr></table> To <table border="1"><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td>12</td><td>31</td><td>2004</td></tr></table>	Month	Day	Year	12	1	2004	Month	Day	Year	12	31	2004	485A -- SW Outfall 485A
Month	Day	Year												
12	1	2004												
Month	Day	Year												
12	31	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

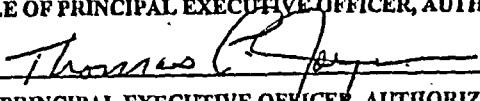
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Thomas P. Joyce, Site Vice President - Salem
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR

N/A
GRADE AND REGISTRY NUMBER (IF APPLICABLE)


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

01/20/2005 856-339-2086
DATE AREA CODE/PHONE NUMBER

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N/A
NAME AND TITLE

N/A
SIGNATURE

N/A
DATE

N/A
AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

P140014

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

485A SW Outfall 485A

12/1/2004 TO 12/31/2004

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	364	425		*****	*****	*****		0	1/DAY	Calc + P
50050 1	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD				*****		1/Day	CALC TD
Effluent Gross Value	Q1										
pH	SAMPLE MEASUREMENT	*****	*****		7.5	*****	7.7		0	1/Week	Grab
00400 1	PERMIT REQUIREMENT			*****	6.0 01DAMN		9.0 01DAMX	SU		1/Week	GRAB
Effluent Gross Value	Q1										
pH	SAMPLE MEASUREMENT	*****	*****		7.7	*****	7.7		0	1/Week	Grab
00400 7	PERMIT REQUIREMENT			*****	REPORT 01DAMN		REPORT 01DAMX	SU		1/Week	GRAB
Intake From Stream	Q1										
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****		Code=N	*****	*****		0	Code=N	Code=N
TAN6A 1	PERMIT REQUIREMENT			*****	50 01DAMN			%EFFL		2/Year	COMPOS
Effluent Gross Value	Q1										
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	Code=N	Code=N		0	Code=N	Code=N
*CPOX 1	PERMIT REQUIREMENT			*****		0.5 01MOAV	0.5 01DAMX	MGL		1/Week	GRAB
Effluent Gross Value Option 1	Q1										
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	<0.1	<0.1		0	3/Week	Grab
*CPOX 1	PERMIT REQUIREMENT			*****		REPORT 01MOAV	0.2 01DAMX	MGL		3/Week	GRAB
Effluent Gross Value Option 2	Q1										

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: 12/1/2004 TO 12/31/2004
 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, °C	SAMPLE MEASUREMENT	*****	*****		*****	12.5	21.8		Ø	1/DAY	Contin
00010 1	PERMIT REQUIREMENT			*****		REPORT 01MDAY	REPORT 01MDAY	DEG.C		1/Day	CONTIN
Effluent Gross Value	Q1										
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		7A343	17451					
99999 99	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab#		REPORT Lab#	REPORT Lab#	REPORT Lab#			Not Applicable	NOT AP
Lab	Q1										

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	MONITORING PERIOD						MONITORED LOCATION:	
NJ0005622	Month	Day	Year	To	Month	Day	Year	486A - SW Outfall 486A
	12	1	2004		12	31	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.

Thomas P. Joyce, Site Vice President - Salem	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
	01/20/2005 856-339-2086
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: 12/1/2004 TO 12/31/2004 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	356	452	MGD	*****	*****	*****	*****	0	1/Day	Calcd
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX								
	Q1										
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.6	SU	0	1/Week	Grab
	PERMIT REQUIREMENT				6.0 01DAMN		9.0 01DAMX				
	Q1										
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	7.7	SU	0	1/Week	Grab
	PERMIT REQUIREMENT				REPORT 01DAMN		REPORT 01DAMX				
	Q1										
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/Week	Grab
	PERMIT REQUIREMENT					0.5 01MOAV	0.5 01DAMX				
	Q1										
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				
	Q1										
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.7	19.3	DEG.C	0	1/Day	CONTIN
	PERMIT REQUIREMENT					REPORT 01MOAV	REPORT 01DAMX				
	Q1										

Comments: Any questions in regards to the monitoring report form can be directed to S. Rosenwinkel of the BPSP - Region 2 at (609)202-4860.

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622
 MONITORED LOCATION: 486A SW Outfall 486A
 MONITORING PERIOD: 12/1/2004 TO 12/31/2004
 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 APPLICABLE
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	Day	Year	To	Month	Day	Year	489A - SW Outfall 489A
	12	1	2004		12	31	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.

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Thomas P. Joyce, Site Vice President - Salem

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

01/20/2005

856-339-2086

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 400 14

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 489A SW Outfall 489A MONITORING PERIOD: 12/1/2004 TO 12/31/2004 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	0,0541	0,0541	MGD	*****	*****	*****	*****	✓	1/Month	Calcd
	PERMIT REQUIREMENT	REPORT 0.1MOAV	REPORT 0.1DAMX							1/Month	CALC'D
	QL										
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.1	SU	✓	1/Month	Grab
	PERMIT REQUIREMENT				6.0 0.1DAMX		9.0 0.1DAMX			1/Month	GRAB
	QL										
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	21	21	*****	MG/L	✓	1/Month	Grab
	PERMIT REQUIREMENT				100 0.1DAMX	30 0.1MOAV				1/Month	GRAB
	QL										
Petroleum Hydrocarbons 00551 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	3	MG/L	✓	1/Month	Grab
	PERMIT REQUIREMENT					10 0.1MOAV	15 0.1DAMX			1/Month	GRAB
	QL										
Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	3	MG/L	✓	1/Month	Grab
	PERMIT REQUIREMENT					REPORT 0.1MOAV	50 0.1DAMX			1/Month	GRAB
	QL										
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		771543	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 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	MONITORING PERIOD						MONITORED LOCATION:	
NJ0005622	Month	Day	Year	To	Month	Day	Year	487B – SW Outfall 487B
	12	1	2004		12	31	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

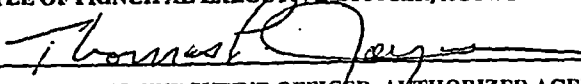
CHECK IF APPLICABLE:

☒ No Discharge this Monitoring Period

☐ Monitoring Report Comments Attached

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Thomas P. Joyce, Site Vice President - Salem	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
	01/20/2005 856-339-2086
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:*

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