



LR-E05-0230  
April 22, 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 8961

**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 March 2005.

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

JE25

- C Executive Director – DRBC  
USNRC – Document Control Desk Unit#1-50-272 Unit#2-50-311  
Director – Regulatory Assurance  
C. McAuliffe, Esq.  
D. Hurka  
E. Keating  
SCH05-013

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.

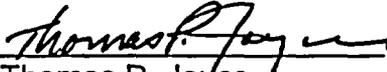
<u>DSN NO.</u>	<u>EXPLANATION</u>
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<u>None</u>	
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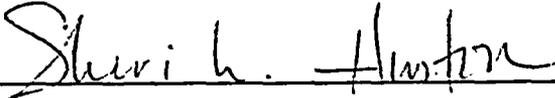
COUNTY OF SALEM  
STATE OF NEW JERSEY

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

1. 1. I Thomas P. Joyce, Site Vice President of 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. 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. 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 22 day of April 2005

  
\_\_\_\_\_

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

New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

<b>NJPDES PERMIT</b>	<b>MONITORING PERIOD</b>						<b>MONITORED LOCATION:</b>
<b>NJ0005622</b>	<u>Month</u>	<u>Day</u>	<u>Year</u>	To	<u>Month</u>	<u>Day</u>	<u>Year</u>
	03	1	2005		03	31	2005
							<b>FACA – SW Outfall FACA</b>

**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

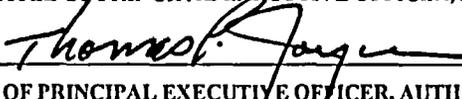
**REPORT RECIPIENT:**  
PSE&G NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

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)	
	04/22/2005	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:** FACA SW Outfall FACA     
 **MONITORING PERIOD:** 3/1/2005 TO 3/31/2005     
 **FACILITY NAME:** PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE				
Temperature, oC 00010 G Raw Sew/Influent	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.0	8.6	DEG.C	Q	Continuous	CONTIN				
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX			*****	Continuous	CONTIN			
	QL	*****	*****		*****	*****	*****			*****	*****	*****			
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	13.5	17.7	DEG.C	Q	Continuous	CONTIN				
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	43.3 01DAMX			*****	Continuous	CONTIN			
	QL	*****	*****		*****	*****	*****			*****	*****	*****			
Temperature, oC 00010 2 Effluent Net Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.4	9.6	DEG.C	Q	1/DAY	CALCTD				
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	15.3 01DAMX			*****	1/Day	CALCTD			
	QL	*****	*****		*****	*****	*****			*****	*****	*****			
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431	*****	PA343	17451		*****	*****	*****	*****				
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		*****	REPORT Lab #	REPORT Lab #					REPORT Lab #	*****	Not Applic	NOT AP
	QL	*****	*****		*****	*****	*****					*****	*****	*****	*****

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

New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT  NJ0005622	MONITORING PERIOD						MONITORED LOCATION:  FACB – SW Outfall FACB
	Month 03	Day 1	Year 2005	To	Month 03	Day 31	

**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)
	04/22/2005 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: 3/1/2005 TO 3/31/2005 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 G Raw Sew/Influent	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.0	8.6	DEG.C	Q	Continuous	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
	QL	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	14.0	17.6	DEG.C	Q	Continuous	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
	QL	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Temperature, oC 00010 2 Effluent Net Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.9	9.7	DEG.C	Q	1/DAY	CALCTD
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD
	QL	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		PA343	17451					
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****

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

New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDDES PERMIT  NJ0005622	MONITORING PERIOD						MONITORED LOCATION:  FACC – SW Outfall FACC
	Month 03	Day 1	Year 2005	To	Month 03	Day 31	

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

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

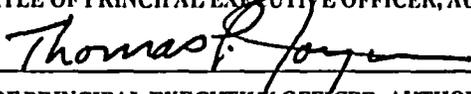
**REPORT RECIPIENT:**  
PSE&G NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

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

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

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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)	
	04/22/2005	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: 3/1/2005 TO 3/31/2005 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 G Raw Sew/Influent	SAMPLE MEASUREMENT	2539	2625	MGD	*****	*****	*****	*****	Q	1/DAY	CALCTD
	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX		*****	*****	*****		*****	1/Day	CALCTD
	QL	*****	*****		*****	*****	*****		*****		
Thermal Discharge Million BTUs per Hr 00015 2 Effluent Net Value	SAMPLE MEASUREMENT	14116	14680	MBTU/HR	*****	*****	*****	*****	Q	1/DAY	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	30600 01DAMX		*****	*****	*****		*****	1/Day	CALCTD
	QL	*****	*****		*****	*****	*****		*****		
Lab Certification #  99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		PA343	17451					
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #		REPORT Lab #	Not Applic	NOT AP
	QL	*****	*****		*****	*****	*****		*****		

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

New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT  NJ0005622	MONITORING PERIOD						MONITORED LOCATION:  048C - SW Outfall 48C
	Month 03	Day 1	Year 2005	To	Month 03	Day 31	

**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

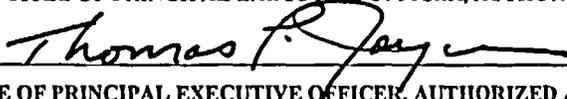
**REPORT RECIPIENT:**  
PSE&G NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

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)
	04/22/2005 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: 048C SW Outfall 48C MONITORING PERIOD: 3/1/2005 TO 3/31/2005 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	0.2261	0.5214	MGD	*****	*****	*****	*****	Q	1/DAY	CALCTD	
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD	
	QL	*****	*****		*****	*****	*****					
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	5	MG/L	Q	2/MONTH	COMPOS	
	PERMIT REQUIREMENT	*****	*****		*****	30 01MOAV	100 01DAMX			2/Month	COMPOS	
	QL	*****	*****		*****	*****	*****					
Nitrogen, Ammonia Total (as N) 00610 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	7	14	MG/L	Q	2/MONTH	COMPOS	
	PERMIT REQUIREMENT	*****	*****		*****	35 01MOAV	70 01DAMX			2/Month	COMPOS	
	QL	*****	*****		*****	*****	*****					
Petroleum Hydrocarbons 00551 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	MG/L	Q	2/MONTH	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	10 01MOAV	15 01DAMX			2/Month	GRAB	
	QL	*****	*****		*****	*****	*****					
Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	9	12	MG/L	Q	2/MONTH	COMPOS	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	50 01DAMX			2/Month	COMPOS	
	QL	*****	*****		*****	*****	*****					
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431	*****	PA343	17451		*****				
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		*****	REPORT Lab #	REPORT Lab #			REPORT Lab #	Not Applic.	NOT AP
	QL	*****	*****		*****	*****	*****			*****		

Comments: 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  NJ0005622	MONITORING PERIOD						MONITORED LOCATION:  481A – SW Outfall 481A
	Month 03	Day 1	Year 2005	To	Month 03	Day 31	

**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)
	04/22/2005 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:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

3/1/2005 TO 3/31/2005

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	462	476	MGD	*****	*****	*****	*****	Q	1/DAY	CALCTD	
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****		1/Day	CALCTD
	QL	*****	*****		*****	*****	*****		*****			
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.0	*****	7.8	SU	Q	1/WEEK	GRAB	
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX		*****		1/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****			
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.8	SU	Q	1/WEEK	GRAB	
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX		*****		1/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****			
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	CODE = N	*****	*****	%EFFL	Q	CODE = N	CODE = N	
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****		*****		2/Year	COMPOS
	QL	*****	*****		*****	*****	*****		*****			
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	CODE = N	CODE = N	MG/L	Q	CODE = N	CODE = N	
	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX		*****		3/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****			
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	Q	3/WEEK	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX		*****		3/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****			

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

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 481A SW Outfall 481A MONITORING PERIOD: 3/1/2005 TO 3/31/2005 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	13.7	18.0		0	1/DAY	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	QL	*****	*****		*****	*****	*****				
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		PA343	17451					
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	*****	*****		*****	*****	*****				

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

New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT  NJ0005622	MONITORING PERIOD						MONITORED LOCATION:  482A – SW Outfall 482A
	Month 03	Day 1	Year 2005	To	Month 03	Day 31	

**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

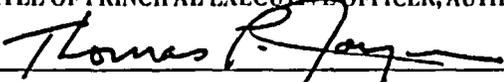
**REPORT RECIPIENT:**  
PSE&G NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

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)	
	04/22/2005	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: 482A SW Outfall 482A      MONITORING PERIOD: 3/1/2005 TO 3/31/2005      FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	422	453	MGD	*****	*****	*****	*****	Ø	1/DAY	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.0	*****	7.8	SU	Ø	1/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX			1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.8	SU	Ø	1/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX			1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	Code = N	*****	*****	%EFFL	Ø	Code = N	Code = N
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****			2/Year	COMPOS
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	Code = N	Code = N	MGL	Ø	Code = N	Code = N
	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX			3/Week	GRAB
	QL	*****	*****		*****	*****	*****				
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	0.2 01DAMX			3/Week	GRAB
	QL	*****	*****		*****	*****	*****				

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

# Surface water Discharge Monitoring Report

PI 46814

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

NJ0005622

482A SW Outfall 482A

3/1/2005 TO 3/31/2005

PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	13.4	20.6	DEG.C	Q	1/DAY	CONTIN	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX			1/Day	CONTIN	
	QL	*****	*****		*****	*****	*****			*****	*****	
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		PA 343	17451						
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			REPORT Lab #	Not Applic	NOT AP
	QL	*****	*****		*****	*****	*****			*****	*****	

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

New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT  NJ0005622	MONITORING PERIOD						MONITORED LOCATION:  483A – SW Outfall 483A
	Month 03	Day 1	Year 2005	To	Month 03	Day 31	

**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

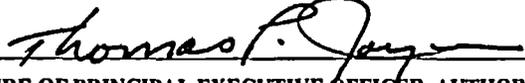
**REPORT RECIPIENT:**  
PSE&G NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

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)	
	04/22/2005	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

483A SW Outfall 483A

3/1/2005 TO 3/31/2005

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	427	448	MGD	*****	*****	*****	*****	Q	1/DAY	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****	1/Day	CALCTD
	QL	*****	*****		*****	*****	*****		*****		
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	8.0	SU	Q	1/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	6.0 01DAMN	*****		9.0 01DAMX	1/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****		
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.8	SU	Q	1/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01DAMN	*****		REPORT 01DAMX	1/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****		
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	CODE = N	CODE = N	MG/L	Q	CODE = N	CODE = N
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.3 01MOAV		0.5 01DAMX	3/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****		
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	Q	3/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT 01MOAV		0.2 01DAMX	3/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****		
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	13.8	22.8	DEG.C	Q	1/DAY	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT 01MOAV		REPORT 01DAMX	1/Day	CONTIN
	QL	*****	*****		*****	*****	*****		*****		

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

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622     
 MONITORED LOCATION: 483A SW Outfall 483A     
 MONITORING PERIOD: 3/1/2005 TO 3/31/2005     
 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 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	*****	*****		*****	*****	*****				

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

New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT  NJ0005622	MONITORING PERIOD						MONITORED LOCATION:  484A – SW Outfall 484A
	Month 03	Day 1	Year 2005	To	Month 03	Day 31	

**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

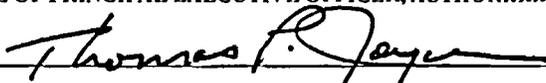
**REPORT RECIPIENT:**  
PSE&G NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

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)	
	04/22/2005	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: 484A SW Outfall 484A

MONITORING PERIOD: 3/1/2005 TO 3/31/2005

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	427	437	MGD	*****	*****	*****	*****	0	1/DAY	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.8	SU	0	1/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX			1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.8	SU	0	1/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX			1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	CODE = N	*****	*****	%EFFL	0	CODE = N	CODE = N
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****			2/Year	COMPOS
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	CODE = N	CODE = N	MG/L	0	CODE = N	CODE = N
	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX			3/Week	GRAB
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX			3/Week	GRAB
	QL	*****	*****		*****	*****	*****				

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

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622    
 MONITORED LOCATION: 484A SW Outfall 484A    
 MONITORING PERIOD: 3/1/2005 TO 3/31/2005    
 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, °C 00010 1 Effluent Gross Value	X	*****	*****		*****	14.3	21.8		0	1/DAY	CONTIN
	SAMPLE MEASUREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
	QL	*****	*****	*****	*****	*****	*****				
Lab Certification # 99999 99 Lab	X	17327	06431		PA 343	17451					
	SAMPLE MEASUREMENT	17327	06431		PA 343	17451					
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	*****	*****	*****	*****	*****	*****				

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

New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT  NJ0005622	MONITORING PERIOD						MONITORED LOCATION:  485A – SW Outfall 485A
	Month 03	Day 1	Year 2005	To	Month 03	Day 31	

**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)	
	04/22/2005	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

# Surface water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

485A SW Outfall 485A

3/1/2005 TO 3/31/2005

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	423	425	MGD	*****	*****	*****	*****	0	1/DAY	CALCTD	
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****		1/Day	CALCTD
	QL	*****	*****		*****	*****	*****		*****			
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.8	SU	0	1/WEEK	GRAB	
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX		*****		1/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****			
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.8	SU	0	1/WEEK	GRAB	
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX		*****		1/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****			
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	CODE=N	*****	*****	%EFFL	0	CODE=N	CODE=N	
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****		*****		2/Year	COMPOS
	QL	*****	*****		*****	*****	*****		*****			
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	CODE=N	CODE=N	MGL	0	CODE=N	CODE=N	
	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX		*****		3/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****			
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MGL	0	3/WEEK	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX		*****		3/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****			

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

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622    
 MONITORED LOCATION: 485A SW Outfall 485A    
 MONITORING PERIOD: 3/1/2005 TO 3/31/2005    
 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	14.2	20.3		0	1 DAY	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	QL	*****	*****		*****	*****	*****				
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		PA343	17451					
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	*****	*****		*****	*****	*****				

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

New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT  NJ0005622	MONITORING PERIOD						MONITORED LOCATION:  486A – SW Outfall 486A
	Month 03	Day 1	Year 2005	To	Month 03	Day 31	

**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

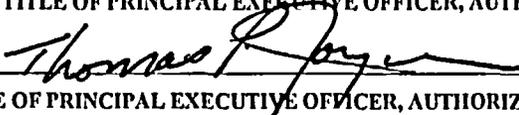
**REPORT RECIPIENT:**  
PSE&G NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

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)	
	04/22/2005	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:** 3/1/2005 TO 3/31/2005     
 **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	442	452	MGD	*****	*****	*****	*****	0	1/DAY	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****	1/Day	CALCTD
	QL	*****	*****		*****	*****	*****		*****		
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.8	SU	0	1/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX		*****	1/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****		
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.8	SU	0	1/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX		*****	1/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****		
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	CODE=N	CODE=N	MGL	0	CODE=N	CODE=N
	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX		*****	3/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****		
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 0.1	< 0.1	MGL	0	3/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX		*****	3/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****		
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	13.5	21.8	DEG.C	0	1/DAY	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX		*****	1/Day	CONTIN
	QL	*****	*****		*****	*****	*****		*****		

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

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 486A SW Outfall 486A MONITORING PERIOD: 3/1/2005 TO 3/31/2005 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	X										
	SAMPLE MEASUREMENT	17327	06431		PA 343	17451					
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	*****	*****		*****	*****	*****				

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

New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT  NJ0005622	MONITORING PERIOD						MONITORED LOCATION:  487B – SW Outfall 487B
	Month 03	Day 1	Year 2005	To	Month 03	Day 31	

**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)	
	04/22/2005	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

New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT  NJ0005622	MONITORING PERIOD						MONITORED LOCATION:  489A – SW Outfall 489A
	Month 03	Day 1	Year 2005	To	Month 03	Day 31	

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

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

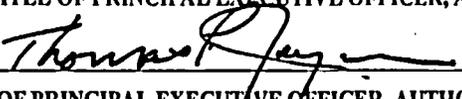
**REPORT RECIPIENT:**  
PSE&G NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

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

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

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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)
	04/22/2005 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

489A SW Outfall 489A

3/1/2005 TO 3/31/2005

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	.1494	.1494	MGD	*****	*****	*****	*****	Q	1/MONTH	CALCTD	
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****		1/Month	CALCTD
	QL	*****	*****		*****	*****	*****		*****			
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.0	*****	7.0	SU	Q	1/MONTH	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	6.0 01DAMN	*****		9.0 01DAMX	*****	1/Month	GRAB
	QL	*****	*****		*****	*****	*****		*****	*****		
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	4	4	*****	MG/L	Q	1/MONTH	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	100 01DAMX	30 01MOAV		*****	*****	1/Month	GRAB
	QL	*****	*****		*****	*****	*****		*****	*****		
Petroleum Hydrocarbons 00551 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.5	<0.5	MG/L	Q	1/MONTH	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	*****	10 01MOAV		15 01DAMX	*****	1/Month	GRAB
	QL	*****	*****		*****	*****	*****		*****	*****		
Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	5	5	MG/L	Q	1/MONTH	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT 01MOAV		50 01DAMX	*****	1/Month	GRAB
	QL	*****	*****		*****	*****	*****		*****	*****		
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		PA343	17451						
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		*****	REPORT Lab #	REPORT Lab #		REPORT Lab #	*****	Not Applic	NOT AP
	QL	*****	*****		*****	*****	*****		*****	*****		

Comments: 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".