



LR-E05-0285
May 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 8978

**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 April 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 dark ink that reads "George P. Barnes".

George P. Barnes
Site Vice President - Hope Creek

Attachments

Handwritten initials "IE2S" in a stylized, cursive font.

- 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
SCH05-014

NJPDES Report
Explanation of Deviations
April 2005

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>
487	See attached 5-day report

DB



APR 13 2005

LR-E05-0212

Certified Mail
Return Receipt Requested
Article Number: 7004 2510 0005 2135 9305

Administrator of Water Compliance and Enforcement
New Jersey Department of Environmental Protection
401 East State Street, 4th Floor East
PO Box 422
Trenton, New Jersey 08625-0422

RE: PSEG Nuclear LLC - Salem Generating Station
NJPDES Permit No. NJ0005622
NJDEP Case No. 05-04-08-1909-09
Five-Day Report

Dear Sir/Madam:

In accordance with N.J.A.C. 7:14A-6.10, PSEG Nuclear has prepared this report confirming the discharge to the Delaware River of approximately 5,000 gallons of water containing a concentration of 7 mg/l of Hydrazine, (CAS # 302-01-2). This is equivalent to approximately 2.0 ounces of pure hydrazine. The discharge was reported to the New Jersey Department of Environmental Protection (NJDEP) hotline and assigned case number 05-04-08-1909-09. This discharge was also reported to the Nuclear Regulatory Commission. This report contains the following information as known at the time of this report. In accordance with the regulations, additional information regarding this discharge will be provided if and when it becomes available.

1. A description of the discharge, including the time of the discharge, the location of discharge, the volume of the discharge, the concentration of pollutants discharged, and the receiving water of the discharge;

Early in the morning of April 8, 2005, as part of a current refueling outage, the Salem Unit 2 number 22 Steam Generator (22 SG) was isolated in preparation for maintenance. At 0415 hours plant operators observed that the 22 SG water level was decreasing even though the 22 SG had been isolated. A team was dispatched to investigate the cause of the decreasing water level. At approximately 0600 hours it was determined that the decreasing water level was the result of water leaking back through a malfunctioning check valve. The discharge flow path of the leaking water was not

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readily apparent and was further complicated by the significant rain that was occurring during this time period. As the investigation progressed throughout the day, it was determined at approximately 1700 hours that a flow path had been created such that the water that leaked back through the check valve eventually was discharged out a vent on the Auxiliary Building roof and entered a roof drain via a hose that had been installed on the vent. This roof drain has a direct connection to the north yard drain system which discharges to the Delaware River via Discharge Serial Number (DSN) 487. At approximately 1710 hours Fire Protection personnel installed a bladder in the yard drain and operators rerouted the hose connected to the vent so that the discharge was directed to the Industrial Wastewater Treatment System to prevent any further discharge. Samples obtained at approximately 1755 hours from the last manhole prior to discharge to the river indicated the presence of Hydrazine at a concentration of 7 mg/l. It is estimated that no more than approximately 5,000 gallons of water containing the Hydrazine was discharged.

2. Steps being taken to determine the cause of the permit noncompliance;

It has been determined that the cause of the non-compliance was due to a malfunctioning check valve that allowed Hydrazine treated water to be released to the environment.

3. Steps being taken to reduce, remediate, and eliminate the noncomplying discharge and any damage to the environment, and the anticipated time frame to initiate and complete the steps to be taken;

The source of the discharge was discovered and eliminated. A bladder was placed in the storm drain system and the hose connected to the vent was directed to the Industrial Wastewater Treatment System to prevent any further discharge until the remaining Hydrazine could be remediated. No damage to the environment was observed.

4. The duration of the discharge, including the dates and times of the commencement and, for an unanticipated bypass, the dates and times of the end or anticipated end of the discharge, and if the discharge has not been corrected, the anticipated time when the permittee will correct the situation and return the discharge to compliance;

The discharge began at approximately 0415 hours on April 8, 2005 when Operations personnel observed the water level dropping in 22 SG. The discharge ended at approximately 1710 hours on April 8, 2005 when a bladder was placed in the storm drain system and the hose connected to the vent was directed to the Industrial Wastewater Treatment System. The presence of Hydrazine was not detected in the yard drain until approximately 1755 hours on April 8, 2005.

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5. The cause of the noncompliance;

It has been determined that the cause of the non-compliance was due to a malfunctioning check valve that allowed Hydrazine treated water to be released to the environment.

6. Steps being taken to reduce, eliminate, and prevent reoccurrence of the noncomplying discharge;

The noncomplying discharge has been eliminated. Steps to prevent reoccurrence are inspection of the malfunctioning check valve, routing of the vent path to the Industrial Wastewater Treatment System, and coaching of Operations personnel on potential conditions which may occur during outages resulting in the cross connection of systems.

7. An estimate of the threat to human health or the environment posed by the discharge; and

Based upon visual observation and in light of the small amount of Hydrazine actually discharged, it is estimated there was little to no threat to human health or the environment.

8. The measures the permittee has taken or is taking to remediate the problem and any damage or injury to human health or the environment, and to avoid a repetition of the problem.

To date the permittee has eliminated the discharge, rerouted the vent path to a permitted treatment works, provided coaching to Operations personnel, scheduled an inspection for the check valve in question and neutralized the residual Hydrazine in the yard drain system. As stated above, based upon visual observation and in light of the small amount of Hydrazine discharged, it is estimated there was little to no threat to human health or the environment.

APR 13 2005

Administrator of Water Compliance and Enforcement
LR-E05-0212

If you have any questions regarding this information, please contact Mr. David K. Hurka
of my staff at (856) 339-1275.

Sincerely,



Christina L. Peino
Director - Regulatory Assurance

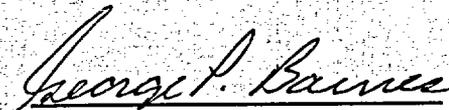
C NJDEP
Southern Enforcement Office
One Port Center
2 Riverside Drive, Suite 201
Camden, NJ 08102
Attn: Mr. Steven Mathis

U. S. Nuclear Regulatory Commission
Document Control Desk
Washington, DC 20555

COUNTY OF SALEM
STATE OF NEW JERSEY

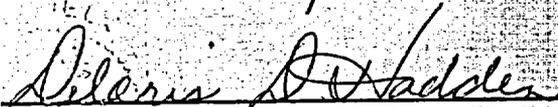
I, George P. Barnes, of full age, being duly sworn according to law, upon my oath depose and say:

1. I George P. Barnes, Site Vice President of Hope Creek 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.



George P. Barnes
Site Vice President - Hope Creek

Sworn and subscribed before me
this 24th day of MAY 2005



DELORIS D. HADDEN
Notary Public of New Jersey
My Commission Expires 03/29/2010
ID # 2073649

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT NJ0005622	MONITORING PERIOD						MONITORED LOCATION: FACA – SW Outfall FACA
	Month 04	Day 1	Year 2005	To	Month 04	Day 30	

PERMITTEE:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NEAK RD - PO BOX
236/N21
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.

George P. Barnes, Site Vice President – Hope Creek

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

George P. Barnes

05/24/2005

856-339-1952

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: 4/1/2005 TO 4/30/2005 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, °C 00010 G Raw Sew/Influent	SAMPLE MEASUREMENT	*****	*****		*****	12.4	14.9		0	Continuous	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
	QL	*****	*****		*****	*****	*****				
Temperature, °C 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	20.5	24.9		0	Continuous	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
	QL	*****	*****		*****	*****	*****				
Temperature, °C 00010 2 Effluent Net Value	SAMPLE MEASUREMENT	*****	*****		*****	8.1	10.5		0	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		PA 343	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

NJPDES PERMIT NJ0005622	MONITORING PERIOD						MONITORED LOCATION: FACB - SW Outfall FACB
	Month 04	Day 1	Year 2005	To	Month 04	Day 30	

PERMITTEE:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NEAK RD - PO BOX
236/N21
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.

George P. Barnes, Site Vice President - Hope Creek

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

George P. Barnes

05/24/2005

856-339-1952

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:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACB SW Outfall FACB

4/1/2005 TO 4/30/2005

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	*****	*****		*****	12.4	14.9		0	CONTINUOUS	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
	QL	*****	*****		*****	*****	*****				
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	16.0	20.5		0	CONTINUOUS	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
	QL	*****	*****		*****	*****	*****				
Temperature, oC 00010 2 Effluent Net Value	SAMPLE MEASUREMENT	*****	*****		*****	3.5	11.4		0	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		PA 343	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: FACC - SW Outfall FACC
	Month 04	Day 1	Year 2005	To	Month 04	Day 30	

PERMITTEE:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NEAK RD - PO BOX
236/N21
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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George P. Barnes, Site Vice President - Hope Creek

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

George P. Barnes

05/24/2005

856-339-1952

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: FACC SW Outfall FACC MONITORING PERIOD: 4/1/2005 TO 4/30/2005 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	1472	2569	MGD	*****	*****	*****	*****	0	1/Day	CALCTP
	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX		*****	*****	*****		*****	1/Day	CALCTD
	QL	*****	*****		*****	*****	*****		*****		
Thermal Discharge Million BTUs per Hr 00015 2 Effluent Net Value	SAMPLE MEASUREMENT	7471	15188	MBTU/HR	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	30600 01DAMX		*****	*****	*****		*****	1/Day	CALCTD
	QL	*****	*****		*****	*****	*****		*****		
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	17451		06431	PA 343					
	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 04	Day 1	Year 2005	To	Month 04	Day 30	

PERMITTEE:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NEAK RD - PO BOX
236/N21
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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George P. Barnes, Site Vice President - Hope Creek	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE
	05/24/2005
	AREA CODE/PHONE NUMBER
	856-339-1952

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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:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

048C SW Outfall 48C

4/1/2005 TO 4/30/2005

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	0.1988	0.6150	MGD	*****	*****	*****	*****	0	1/Day	CALCTD	
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****	1/Day	CALCTD	
	QL	*****	*****		*****	*****	*****		*****			
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	8	10	MG/L	0	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	*****	*****	*****	*****	0	1	MG/L	0	2/Month	COMPOS	
	PERMIT REQUIREMENT	*****	*****		*****	35 01MOAV	70 01DAMX		*****	2/Month	COMPOS	
	QL	*****	*****		*****	*****	*****		*****			
Petroleum Hydrocarbons 00551 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.5	<0.5	MG/L	0	2/Month	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	10 01MOAV	15 01DAMX		*****	2/Month	GRAB	
	QL	*****	*****		*****	*****	*****		*****			
Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	7	8	MG/L	0	2/Month	COMPOS	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	50 01DAMX		*****	2/Month	COMPOS	
	QL	*****	*****		*****	*****	*****		*****			
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		PA 343	17.451						
	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)292-4680 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 04	Day 1	Year 2005	To	Month 04	Day 30	

PERMITTEE:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NEAK RD - PO BOX
236/N21
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

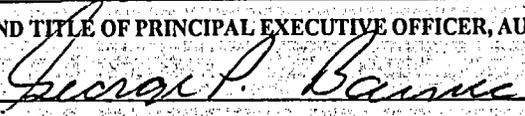
CHECK IF APPLICABLE:

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.

George P. Barnes, Site Vice President - Hope Creek	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
	05/24/2005 856-339-1952
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER

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

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

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

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 481A SW Outfall 481A MONITORING PERIOD: 4/1/2005 TO 4/30/2005 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	453	484	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.6	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX				
	QL	*****	*****		*****	*****	*****				
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.9	SU	0	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	0	CODE=N	CODE=N
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****				
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	CODE=N	CODE=N	MGL	0	CODE=N	CODE=N
	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX				
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MGL		3/week	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX				
	QL	*****	*****		*****	*****	*****				

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

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 481A SW Outfall 481A MONITORING PERIOD: 4/1/2005 TO 4/30/2005 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	*****	*****	*****	*****	20.3	26.2	DEG.C	0	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 #			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 04	Day 1	Year 2005	To	Month 04	Day 30	

PERMITTEE:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NEAK RD - PO BOX
236/N21
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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George P. Barnes, Site Vice President - Hope Creek

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

George P. Barnes

05/24/2005

856-339-1952

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:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

482A SW Outfall 482A

4/1/2005 TO 4/30/2005

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	412	453	MGD	*****	*****	*****	*****	0	1/Day	CALCTD		
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****	*****	1/Day	CALCTD	
	QL	*****	*****		*****	*****	*****		*****	*****	*****	*****	
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.6	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	*****	*****	*****	7.2	*****	7.9	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:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

482A SW Outfall 482A

4/1/2005 TO 4/30/2005

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	*****	*****		*****	20.7	30.3			1/Day	CONTIN
	PERMIT REQUIREMENT			*****		REPORT O/MOAV	REPORT O/DAMX	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: 483A – SW Outfall 483A
	Month 04	Day 1	Year 2005	To	Month 04	Day 30	

PERMITTEE:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NEAK RD - PO BOX
236/N21
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

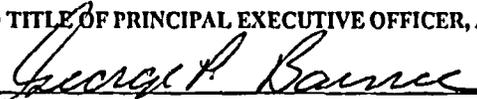
CHECK IF APPICABLE:

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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George P. Barnes, Site Vice President - Hope Creek	N/A	
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)	
	05/24/2005	856-339-1952
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

483A SW Outfall 483A

4/1/2005 TO 4/30/2005

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	390	448	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	*****	7.7	SU	0	1/Week	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	8.0 01DAMN	*****		9.0 01DAMX	*****	1/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****	*****	*****	
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.9	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	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	*****	*****		*****	*****	*****		*****	*****	*****	
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	21.1	31.7	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: 483A SW Outfall 483A
 MONITORING PERIOD: 4/1/2005 TO 4/30/2005
 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #											
99999 99	SAMPLE MEASUREMENT	17327	06431		PA 343	17451					
Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	Q1										

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 04	Day 1	Year 2005	To	Month 04	Day 30	

PERMITTEE:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NEAK RD - PO BOX
236/N21
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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George P. Barnes, Site Vice President - Hope Creek

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

George P. Barnes

05/24/2005

856-339-1952

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

DATE

AREA CODE/PHONE NUMBER

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N/A

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N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

484A SW Outfall 484A

4/1/2005 TO 4/30/2005

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	108	436	MGD	*****	*****	*****	*****	0	1/Day	CALCTD	
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****	1/Day	CALCTD	
	QL	*****	*****		*****	*****	*****		*****	*****	*****	
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	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	*****	*****	*****	7.2	*****	7.9	SU	0	1/Week	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01DAMN	*****		REPORT 01DAMX	*****	1/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****	*****	*****	
LC50 Statre 96hr Acu Cyprinodon TANGA 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	*****	*****	*****	*****	<0.1	<0.1	MGL	0	3/week	GRAB	
	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: 484A SW Outfall 484A MONITORING PERIOD: 4/1/2005 TO 4/30/2005 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	SAMPLE MEASUREMENT	*****	*****		*****	17.1	24.8		0	1/Day	CONTIN
	PERMIT REQUIREMENT			*****		REPORT 01MOAV	REPORT 01DAMX	DEG.C		3/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 #			Not Apply	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	MONITORING PERIOD						MONITORED LOCATION:	
	Month	Day	Year	To	Month	Day		Year
NJ0005622	04	1	2005		04	30	2005	485A - SW Outfall 485A

PERMITTEE:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NEAK RD - PO BOX
236/N21
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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George P. Barnes, Site Vice President - Hope Creek

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

George P. Barnes

05/24/2005

856-339-1952

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

485A SW Outfall 485A

4/1/2005 TO 4/30/2005

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	92	425	MGD	*****	*****	*****	*****	0	1/Day	CALCTD	
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****	1/Day	CALCTD	
	QL	*****	*****		*****	*****	*****		*****	*****	*****	
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	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	*****	*****	*****	7.2	*****	7.9	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	*****	*****	*****	*****	<0.1	<0.1	MGL	0	3/week	GRAB	
	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:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

485A SW Outfall 485A

4/1/2005 TO 4/30/2005

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	*****	*****		*****	17.4	21.2		0	1/Day	CONTIN
	PERMIT REQUIREMENT			*****		REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	QI										
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		PA 343	17451					
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT/AP
	QI										

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:	
	Month	Day	Year	To	Month	Day		Year
NJ0005622	04	1	2005		04	30	2005	486A – SW Outfall 486A

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

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

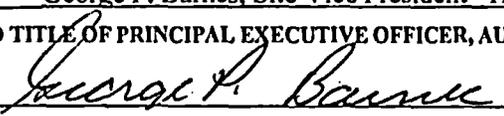
REPORT RECIPIENT:
PSE&G NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

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.

George P. Barnes, Site Vice President - Hope Creek	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
	05/24/2005 856-339-1952
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

486A SW Outfall 486A

4/1/2005 TO 4/30/2005

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	91	451	MGD	*****	*****	*****	*****	0	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	0	1/Week	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	6.0 01DAMN	*****		9.0 01DAMX	*****	1/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****	*****	*****	
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.9	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	*****	*****	*****	*****	*****	*****	MG/L	0	3/Week	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	*****		0.5 01DAMX	*****	3/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****	*****	*****	
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	MG/L	0	3/Week	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	*****		0.2 01DAMX	*****	3/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****	*****	*****	
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	DEG.C	0	1/Day	CONTIN	
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****		*****	*****	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: 4/1/2005 TO 4/30/2005
 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	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
	DIS										

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 04	Day 1	Year 2005	To	Month 04	Day 30	

PERMITTEE:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NEAK RD - PO BOX
236/N21
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

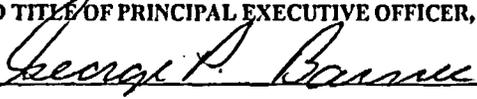
CHECK IF APPLICABLE:

No Discharge this Monitoring Period

Monitoring Report Comments Attached

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George P. Barnes, Site Vice President - Hope Creek	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE
	AREA CODE/PHONE NUMBER
	05/24/2005
	856-339-1952

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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 04	Day 1	Year 2005	To	Month 04	Day 30	

PERMITTEE:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NEAK RD - PO BOX
236/N21
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:

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Monitoring Report Comments Attached

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<u>George P. Barnes, Site Vice President - Hope Creek</u>	<u>N/A</u>
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
<u><i>George P. Barnes</i></u>	<u>05/24/2005</u> <u>856-339-1952</u>
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER

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<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
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

4/1/2005 TO 4/30/2005

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	SAMPLE MEASUREMENT	0.1072	0.1072	MGD	*****	*****	*****	*****	0	1/Month	CALCTD
50050 1	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****	1/Month	CALCTD
Effluent Gross Value	QL	*****	*****		*****	*****	*****		*****	*****	*****
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.9	*****	7.9	SU	0	1/Month	GRAB
00400 1	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX		*****	1/Month	GRAB
Effluent Gross Value	QL	*****	*****		*****	*****	*****		*****	*****	*****
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****	*****	2	2	*****	MGL	0	1/Month	GRAB
00530 1	PERMIT REQUIREMENT	*****	*****		100 01DAMG	30 01MOAV	*****		*****	1/Month	GRAB
Effluent Gross Value	QL	*****	*****		*****	*****	*****		*****	*****	*****
Petroleum Hydrocarbons	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.5	<0.5	MGL	0	1/Month	GRAB
00551 1	PERMIT REQUIREMENT	*****	*****		*****	10 01MOAV	15 01DAMX		*****	1/Month	GRAB
Effluent Gross Value	QL	*****	*****		*****	*****	*****		*****	*****	*****
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	*****	*****	*****	8	8	MGL	0	1/Month	GRAB
00680 1	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	50 01DAMX		*****	1/Month	GRAB
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: 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 "srosenw@dep.state.nj.us".