

NAME OPC WILCOX
 ADDRESS 121 INTERPACE PARKWAY
PASIPPANY NJ 07054

NPDES PERMIT NUMBER
00000000

DISCHARGE NUMBER
001A

F - FINAL LIMITS

FACILITY
 LOCATION

MONITORING PERIOD						
FROM			TO			
YEAR	MO	DAY	YEAR	MO	DAY	
84	09	01	84	09	01	
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)	

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (54-55)	MAXIMUM (56-57)	UNITS (58-59)	MINIMUM (38-40)	AVERAGE (41-43)	MAXIMUM (44-46)	UNITS (47-49)			
TEMPERATURE, WATER DEG. CENTIGRADE 00010 0 0 RAW SEW INFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	NO DISCHARGE						
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DEG.C		CONTINUOUS	
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	41.10	DEG.C		CONTINUOUS	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		CONTINUOUS	
THERMAL DISCHARGE MILLION BTU PER HR. 00010 2 0 EFFLUENT NET VALUE	SAMPLE MEASUREMENT			MBTU/HR	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	5420	HR	*****	*****	*****	*****		SEE PERMIT	
TEMP. DIFF. BETWEEN SAMPLE AND UPSTREAM 00010 2 0 EFFLUENT NET VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	12.80	DEG.C		SEE PERMIT	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		SEE PERMIT	
PH 00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.50	SU		TWICE A GRAB WEEK	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		CONTINUOUS	
FLUOR. IN CONDUIT OR THROUGH TREATMENT PLANT 50000 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	MGD	*****	*****	*****	*****		CONTINUOUS	
	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****		CONTINUOUS	
CHEMICALS, FREE AVAILABLE 50004 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	KG/	*****	*****	*****	*****		CONTINUOUS	
	PERMIT REQUIREMENT	*****	*****	DAY	*****	0.20	0.50	KG/L		CONTINUOUS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Peter B. Fiedler
 Vice President and Director
 Oyster Creek
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY 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 SEE 18 USC § 1001 AND 18 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.

P. Fiedler
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
609	971-4796	84	09	11
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):
 FREQUENCY OF ANALYSIS IS FOR FREE AVAILABLE CHEMICALS SHALL BE CONTINUOUS DURING CHEMICALIZATION PERIODS.

8409240333 840911
 PDR ADCK 05000219
 R PDR

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME EXECUTIVE VICE PRESIDENT
 ADDRESS GPU NUCLEAR
 100 INTERPACE PARKWAY
 PARSIPPANY NJ 07054

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

WJ0005550 I 001
 PERMIT NUMBER DISCHARGE NUMBER

Form Approved
 OMB No. 2040-0004
 Expires 2-29-84

FACILITY LACEY /TWP/
 LOCATION

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	08	01		84	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

OYSTER CREEK
 COOLING WATER

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (34-41)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
81380 2 VELOCITY		*****	*****		NO FLOW					
INFLUENT		*****	*****		*****	1.00	2.20		1/31	NA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Peter B. Fiedler
 Vice President and Director
 Oyster Creek
 TYPED OR PRINTED

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P. Fiedler
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE
609 971-4796	84 09 11
AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 FREQUENCY OF ANALYSIS FOR FREE AVAILABLE CHLORINE SHALL BE CONTINUOUS DURING CHLORINATION PERIODS.

NAME W. B. FIEDLER
 ADDRESS 100 INTERFACE PARKWAY
PARLISSEANT NJ 08054-0104
 FACILITY _____
 LOCATION _____

NPDES PERMIT NUMBER
ND000050

DISCHARGE NUMBER
REG A

F - FINAL LIMITS

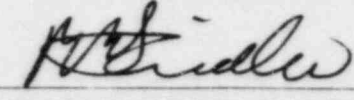
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	03	01		84	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (54-55)	MAXIMUM (54-56)	UNITS (54-57)	MINIMUM (58-59)	AVERAGE (58-60)	MAXIMUM (58-61)				
TEMPERATURE, WATER DEG. CENTIGRADE 0010 1 0 EFFLUENT CROSS VALU	SAMPLE MEASUREMENT	*****	*****	*****	24	24.8	25.3		0	2/31	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	45	DEG.C		TWICE/MONTH	GRAB
TEMPERATURE, WATER DEG. CENTIGRADE 0010 7 0 INLET FROM STREAM	SAMPLE MEASUREMENT	*****	*****	*****	23	23.3	23.8		0	2/31	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DEG.C		SEE PERMIT	
THERMAL DISCHARGE MILLION BTUS PER HR 0010 2 0 EFFLUENT NET VALUE	SAMPLE MEASUREMENT			MBTU	*****	*****	*****	*****	0	2/31	
	PERMIT REQUIREMENT	*****	49.40	HR	*****	*****	*****	*****		SEE PERMIT	
TEMP. DIFF. BETWEEN SAMPLE AND UPSTREAM 0010 2 0 EFFLUENT NET VALUE	SAMPLE MEASUREMENT	*****	*****	*****	1.1	1.3	1.4		0	2/31	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15	DEG.C		SEE PERMIT	
PH 0040 1 0 EFFLUENT CROSS VALU	SAMPLE MEASUREMENT	*****	*****	*****	7.4		7.9		0	2/31	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6.50	*****	8.50	SU		TWICE/MONTH	GRAB
FLOW IN CONDUIT OR THRU TREATMENT PLAN 5000 1 0 EFFLUENT CROSS VALU	SAMPLE MEASUREMENT				*****	*****	*****	*****	0	2/31	
	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****		TWICE/MONTH	
CHEMICAL, TOTAL RESIDUAL 5000 1 0 EFFLUENT CROSS VALU	SAMPLE MEASUREMENT			CG	NOT CHLORINATED						
	PERMIT REQUIREMENT	*****	*****	DAY	*****	0.20	6.50	MG/L		SEE PERMIT	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Peter B. Fiedler
Vice President and Director
Oyster Creek
 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER: 609 971-4796
 DATE: 84 09 11

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 DISREG TO HEAT EXCHANGE COOLING WATER

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 2-29-84

NAME OPU NUCLEAR
ADDRESS 110 INTERPACE PARKWAY
KANSAS CITY, MO 64114

(12-16) NJ0000000 (17-19) DMR A
PERMIT NUMBER DISCHARGE NUMBER

F - FINAL LIMITS

FACILITY _____
LOCATION _____

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
84	03	01		84	08	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-52)			QUALITY OR CONCENTRATION (4 Card Only) (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE	SAMPLE MEASUREMENT				***** 3930	***** 3930	***** 3930	***** 3930	0	1/31	CP
EFFLUENT CROSS VALU	PERMIT REQUIREMENT	*****	*****	GPD	*****	*****	*****	*****		ONCE/MONTH	COMPOS
SOLIDS TOTAL SUSPENDED	SAMPLE MEASUREMENT	.20	.20	MG/L	***** 13.4	***** 13.4	***** 13.4	***** 13.4	0	1/31	CP
EFFLUENT CROSS VALU	PERMIT REQUIREMENT	0.73	2.40	DAY	*****	*****	*****	*****		ONCE/MONTH	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Peter B. Fiedler
Vice President and Director
Oyster Creek
TYPED OR PRINTED

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Peter B. Fiedler
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 609 971-4796
DATE: 84 09 11
AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
DISCHARGE IS DEMINERALIZER WASTES

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

F - FINAL LIMITS

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME OPU NUCLEAR
ADDRESS 100 INTERPALE PARKWAY
KARLIPPANY NJ 07054

(2-16)
NJ0005531
PERMIT NUMBER

(17-19)
STP A
DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	03	01		84	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: EX. OUTSIDE VICE PRESIDENT

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-51)			QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE					*****	*****	*****	*****			
00000 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	OPD	*****	*****	*****	*****		ONCE/MONTH	
800, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT			KG/	*****						
00510 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.14	1.70	DAY	*****	30	45	MG/L		ONCE/MONTH	COMPOS
PH	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6	*****	9	5U		ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT			KG/	*****						
00550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.14	1.70	DAY	*****	30	45	MG/L		ONCE/MONTH	COMPOS
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****	*****	*****			#/			
74055 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	200	400	100ML		ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT		NO		DISCHARGE						
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Peter B. Fiedler
Vice President and Director
Oyster Creek
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY 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 SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.

P. B. Fiedler
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE		
609 971-4796	84	09	11
AREA CODE NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Refer to all attachments here)
DISCH STP IS SEWAGE TREATMENT PLANT WASTE