

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

NAME DUPLICATE
 ADDRESS 100 WATERFALL PARKWAY
WINDYBROOK NJ 07093

FACILITY _____
 LOCATION _____

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

(2-16) (17-19)

PERMIT NUMBER 84000550
 DISCHARGE NUMBER 001 A

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)
09 10 01 09 10 31

P - FINAL LIMITS

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TEMPERATURE, WATER NEW CENTIGRADE 0000 0 0 RAW EFFLUENT	SAMPLE MEASUREMENT				13.8	16.7	19.5	0	cont.	
	PERMIT REQUIREMENT									
TEMPERATURE, WATER EQ. LEHTIGRADE 0000 1 0 EFFLUENT CROSS VALU	SAMPLE MEASUREMENT				13.9	16.7	19.6	0	cont.	
	PERMIT REQUIREMENT									
THERMAL DISCHARGE MILLION BTU PER MG 0000 2 0 EFFLUENT NET VALUE	SAMPLE MEASUREMENT	29	149	MLT/M						
	PERMIT REQUIREMENT		3420	MG						
TEMP. DIFF. BETWEEN SAMPLES AND OPERAND 0000 3 0 EFFLUENT NET VALUE	SAMPLE MEASUREMENT				0	1	1.1			
	PERMIT REQUIREMENT									
PH 0000 4 0 EFFLUENT CROSS VALU	SAMPLE MEASUREMENT				7.6		8.1			
	PERMIT REQUIREMENT				MINIMUM		MAXIMUM			
FLOW IN CONDUIT OR TREATMENT PLAN 0000 5 0 EFFLUENT CROSS VALU	SAMPLE MEASUREMENT	561	662	MGD						
	PERMIT REQUIREMENT									
CHLORINE, FREE AVAILABLE 0000 6 0 EFFLUENT CROSS VALU	SAMPLE MEASUREMENT			MG/L		.01*	.04			
	PERMIT REQUIREMENT			DAY						

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Peter B. Fiedler
Vice President & Director
Oyster Creek

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND PASSED 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.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
[Signature]

TELEPHONE: 609 971-4796
 DATE: 84 11 09

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

8411260172 841031
 PDR ADOCK 05000219
 R PDR

* see comments page

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS" (and facility name/location, if different), "PERMIT NUMBER" and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (arithmetic average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." NOTE to municipalities with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 2-day average of sample measurements obtained during monitoring period under "MAXIMUM."
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NOTES" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7 day average, if appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT" (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

(FOLD HERE FIRST)

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

This report is required by law (33 U.S.C. 1318, 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

(FOLD HERE SECOND)

PLACE
STAMP
HERE

(FOLD HERE THIRD)

STAPLE HERE

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

NAME EXECUTIVE VICE PRESIDENT
 ADDRESS GPU NUCLEAR
 100 INTERPACE PARKWAY
 PASSIPPANY NJ 07054
 FACILITY
 LOCATION LACEY /TWP/

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

(2-16) NJ0005550 I (17-19) 0L1
 PERMIT NUMBER DISCHARGE NUMBER
 MONITORING PERIOD
 FROM YEAR 84 MO 10 DAY 01 TO YEAR 84 MO 10 DAY 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

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 (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
81380 2 VELOCITY	SAMPLE MEASUREMENT	*****	*****			.88	1.42		0	1/31	NA
INFLUENT	PERMIT REQUIREMENT	*****	*****		*****	1.00	2.20	FT/SEC		1/31	NA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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 11 09
 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 CALCPINATION PERIODS.

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 W.P. WILLIAMS
 ADDRESS 100 WINTERPARK PARKWAY
PANORAMA, MD 20724
 FACILITY _____
 LOCATION _____

PERMIT NUMBER MD000330
 DISCHARGE NUMBER MLL A

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TEMPERATURE, WATER J86, CENTIGRADE 00010 1 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT				14.4	15.	15.6	0	2/31	GRAB
	PERMIT REQUIREMENT									
TEMPERATURE, WATER J86, CENTIGRADE 00010 7 0 INTAKE FROM STREAM	SAMPLE MEASUREMENT				15.3	15.9	16.6	0	2/31	GRAB
	PERMIT REQUIREMENT									
TOTAL DISCHARGE RELATION 6705 PER HA 00010 2 0 EFFLUENT NET VALUE	SAMPLE MEASUREMENT	-1.7	-1.8	MG/L				*		
	PERMIT REQUIREMENT									
TEMP. DIFF. BETWEEN SAMPLE AND UPSTREAM 00010 2 0 EFFLUENT NET VALUE	SAMPLE MEASUREMENT				-0.9	-0.9	-1.0	0	2/31	GRAB
	PERMIT REQUIREMENT									
PH 00000 1 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT				8.1		8.1	0	2/31	GRAB
	PERMIT REQUIREMENT				MINIMUM		MAXIMUM			
FLOW IN CONDUIT OR TRAY TREATMENT PLANT 00050 1 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	2.80	2.88	MG/L				0	2/31	GRAB
	PERMIT REQUIREMENT									
CHLORINE, TOTAL RESIDUAL 00000 1 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT			MG/L	NOT CHLORINATED					
	PERMIT REQUIREMENT			MG/L	MINIMUM		MAXIMUM			

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Vice President & Director
Oyster Creek
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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
[Signature]

TELEPHONE 909 971-4796
 DATE 84 11 09
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAKING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter date beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for biological parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE: to comply with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 3-day average of sample measurements obtained during monitoring period under "MAXIMUM.")
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. P." enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average, as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT" (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

FOLD HERE FIRST

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11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
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FOLD HERE SECOND

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STAMP
PLACE

FOLD HERE THIRD

STAPLE HERE

NAME OPU NUCLEAR
 ADDRESS 100 INTERPACE PARKWAY
PASADENA, CA 91104
 FACILITY _____
 LOCATION _____

(2-16) NJ0002330 PERMIT NUMBER
 (17-19) DMR A DISCHARGE NUMBER
 MONITORING PERIOD
 FROM YEAR 84 MO 10 DAY 01 TO YEAR 84 MO 10 DAY 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

P - FINAL LIMITS

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (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 (60-61)	AVERAGE (62-63)	MAXIMUM (64-65)			
FLOW RATE	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT	6700	6700	MGD				0	1/31	CP
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT			MG/L						
	PERMIT REQUIREMENT	10	10	MG/L		7.3	7.3	0	1/31	CP
	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 & Director
Oyster Creek
 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
[Signature]

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

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS" (and facility name/location, if different), "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified on permit. "AVERAGE" is normally arithmetic average (geometric average for biological parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE: to municipalities with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7 day average of sample measurements obtained during monitoring period under "MAXIMUM.")
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum and/or minimum or 7-day average as appropriate permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit, (e.g., Enter "CONT." for continuous monitoring, "1/W" for one day per week, "1/M" for one day per month, "1/Q" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT" (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

FOLD HERE FIRST

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
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PLACE

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NAME: WPU NUCLEAR
 ADDRESS: LOW INTERPALE PARKWAY
PASSICANT NJ 07324
 FACILITY: _____
 LOCATION: _____

PERMIT NUMBER: AJ000555W

DISCHARGE NUMBER: 317 A


MONITORING PERIOD
 FROM: YEAR 87 MO 01 DAY 15 TO YEAR 87 MO 01 DAY 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 PERMIT REQUIREMENT	(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) 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	SAMPLE MEASUREMENT										
00056 1.78 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	0.00000	0.00000	GPD	0.00000	0.00000	0.00000	0.00000		ONCE/MONTH	
00057 3.00 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT										
00058 1.00 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	1.14	1.70	GAL	0.00000	0.00000	0.00000	0.00000		ONCE/MONTH	COMPO
PH	SAMPLE MEASUREMENT										
00400 8.0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	0.00000	0.00000	MG/L	MINIMUM	MAXIMUM	MAXIMUM	MAXIMUM		ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT										
00500 1.0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	1.14	1.70	GAL	0.00000	0.00000	0.00000	0.00000		ONCE/MONTH	COMPO
CODIFORN, FICAL GENERAL	SAMPLE MEASUREMENT										
74025 1.0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	0.00000	0.00000	MG/L	0.00000	0.00000	0.00000	0.00000		ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		NO		DISCHARGE						
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


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

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

GENERAL INSTRUCTIONS

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2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
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12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

This report is required by law (33 U.S.C. 1318, 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

FOLD HERE SECOND

HERE
 STAMP
 PLACE

FOLD HERE THIRD

STAPLE HERE

Nuclear

GPU Nuclear Corporation

Post Office Box 388
Route 9 South
Forked River, New Jersey 08731-0388
609 971-4000
Writer's Direct Dial Number:

November 9, 1984

Mr. John Gaston, Director
Division of Water Resources
Department of Environmental Protection,
P.O. Box CN-029
Trenton, NJ 08625

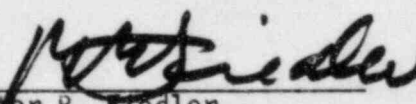
Dear Mr. Gaston:

Subject: GPU Nuclear Corporation
Oyster Creek Nuclear Generating Station
NJPDES Permit No. NJ 000 5550

Enclosed is the Discharge Monitoring Report for the subject permit for the month of October 1984. Please note that there were no noncompliances with any maximum or minimum effluent limitation during this reporting period.

If you have any further questions concerning this report, please contact Mr. Douglas Moore of our Licensing and Regulatory Affairs Department at (609) 971-4630.

Very truly yours,


Peter B. Fiedler
Vice President & Director
Oyster Creek

PBF:DFM:dsm
Enclosures

(cc: Page 2)

IE25
1/1

To: John Gaston, Director
Dept. of Environmental Protection
Re: Discharge Monitoring Report
Page 2

cc: U.S. Environmental Protection Agency
Room 432
26 Federal Plaza
New York, NY 10278
Attn: Permits Administration Branch
Marion Burger

U.S. Army Corps of Engineers
Custom House
Second & Chestnut Streets
Philadelphia, PA 19106

Dr. Thomas E. Murley, Administrator
Region I
U.S. Nuclear Regulatory Commission
631 Park Avenue
King of Prussia, PA 19406

Director
Office of Nuclear Reactor Regulations
U.S. Nuclear Regulatory Commission
Washington, DC 20555
c/o Distribution Services Branch, DDC, ADM

NJPDES PERMIT 000 5550

GPU Nuclear Corporation

Comments for Oyster Creek - October 1984

1. The Oyster Creek Nuclear Generating Station, after an extended maintenance/refueling outage is currently in the process of conducting startup activities to bring the station back up to full power.
2. Circulating water pumps 1-1 was operated all days during the month except October 18, 1984.
Circulating water pump 1-2 was operated all days during the month except October 10, 11, 15, 16, 26, 27, and 28, 1984.
Circulating water pumps 1-3 and 1-4 were operated all days during October.
3. Dilution pumps 1-1, 1-2 were operated on October 23-31, 1984.
Dilution pump 1-3 was operated on October 23, 1984.
4. The main condensers were chlorinated 13 days during the month on October 1, 2, 4-9, and 24-31, 1984.
5. The dilution factor for Oyster Creek was six for all days during the month.
6. Due to operating and calibration problems with the Continuous Chlorine Monitor, daily grab samples are taken with the analytical results determined by amperometric titration. These data are supplied with the monthly monitoring report as detailed in the letter to your office dated July 25, 1977.
7. The value reported for total suspended solids, discharge DMW is the average value of the analysis of two aliquots of the same sample.