



**LR-E03-0256**

**June 24, 2003**

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 7001 1140 0003 0724 6240

**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 May 2003

This report is required by and prepared specifically for the Environmental Protection Agency (EPA) and the New Jersey Department of Environmental Protection (NJDEP). It presents only the observed results of measurements and analyses required to be performed by the above agencies. The choice of the measurement devices and analytical methods is controlled by EPA and NJDEP, not by the company, and there are limitations on the accuracy of such measurement devices and analytical techniques even when used and maintained as required. Accordingly, this report is not intended as an assertion that any instrument has measured, or any reading or analytical result represents, the true value with absolute accuracy, nor is it an endorsement of the suitability of any analytical or measurement procedure.

Sincerely,

A handwritten signature in black ink, appearing to read "Timothy J. O'Connor".

Timothy J. O'Connor  
Vice President Operations

Attachments

*JE25*



NJPDES Report  
May 2003

C     Executive Director – DRBC  
       USNRC – Document Control Desk Unit#1-50-272 Unit#2-50-311  
       Vice President Operations  
       Manager – Nuclear Safety & Licensing  
       C. McAuliffe, Esq.  
       D. Hurka  
       SCH03-022



NJPDES Report  
Explanation of Deviations  
May 2003

The following excursions are included in the attached report and are explained below. Excursions have not endangered nor significantly impacted public health or the environment.

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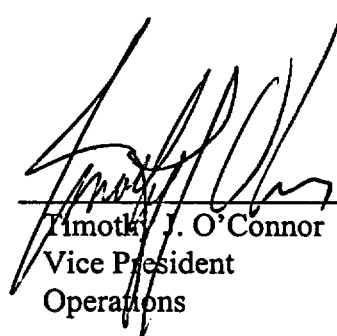
None	
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COUNTY OF SALEM  
STATE OF NEW JERSEY

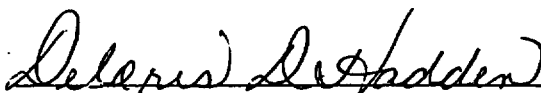
I, Timothy J. O'Connor, of full age, being duly sworn according to law, upon my oath depose and say:

1. I Timothy J. O'Connor, Vice President of Operations 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.



Timothy J. O'Connor  
Vice President  
Operations

Sworn and subscribed before me  
this 21<sup>st</sup> day of June 2003



DELORIS D. HADDEN  
Notary Public of New Jersey  
My Commission Expires 03-29-2005  
ID # 2073649





TO: David Hurka  
Nuclear Specialist  
PSEG

June 12, 2003  
Report No. TP03029

**SUBJECT: DETERMINATION OF CIRCULATING WATER FLOW AT  
SALEM GENERATING STATION**

CONDUCTED BY: Victor Simpson  
Sr. Test Engineer, Maplewood Testing Services

**SUMMARY**

The Mechanical Division of Maplewood Testing Services conducted a series of test runs at Salem Unit No. 2 to determine the capacities of the circulating water pumps shown in the table below.

Work was performed under SAP work orders:  
30070506, 30070562, 30070279, 30070581, 30070589, 30070579

Final results are as follows:

**SUMMARY OF TEST RESULTS**

Pump No.	CMS Pump Desig.	Test Date	Measured Pump Capacity (gpm)	Pump Suction Head (ft h <sub>2</sub> o)	Pump Discharge Head (ft h <sub>2</sub> o)	Total Static Head (ft h <sub>2</sub> o)
21A	D	05/13/03	159459	-7.8	12.5	20.3
21B	C	05/13/03	157356	-8.6	14.5	23.1
22A	J	05/13/03	157593	-11.2	7.3	18.5
22B	G	05/22/03	156815	-11.2	10.0	21.2
23A	DL3295	05/13/03	127339	-11.9	14.5	26.4
23B	L	05/14/03	150462	-12.3	9.5	21.8

Note: Pump suction heads and discharge heads corrected to elevation 100'



David Hurka  
Nuclear Specialist  
PSEG

June 12, 2003  
Report No. TP03029

### TEST METHOD

The circulating water flow rate was determined by fluorometry using MTS Mechanical Division Work Instruction TPG-19 Rev. 6 "Water Flow Using The Turner Fluorometer". Rhodamine WT dye was injected into the bell mouth of each pump using 1/2 inc PVC pipe with a carrier flow of screen wash water at 3 gallons per minute.

The dye was injected at a known rate using a peristaltic pump and a class A burette to measure rate. The diluted sample was retrieved and monitored by taking a sample from the inlet water box piping. The ratio of the injected concentration to the sample concentration multiplied by the injection flow rate yielded the circulator flow rate.

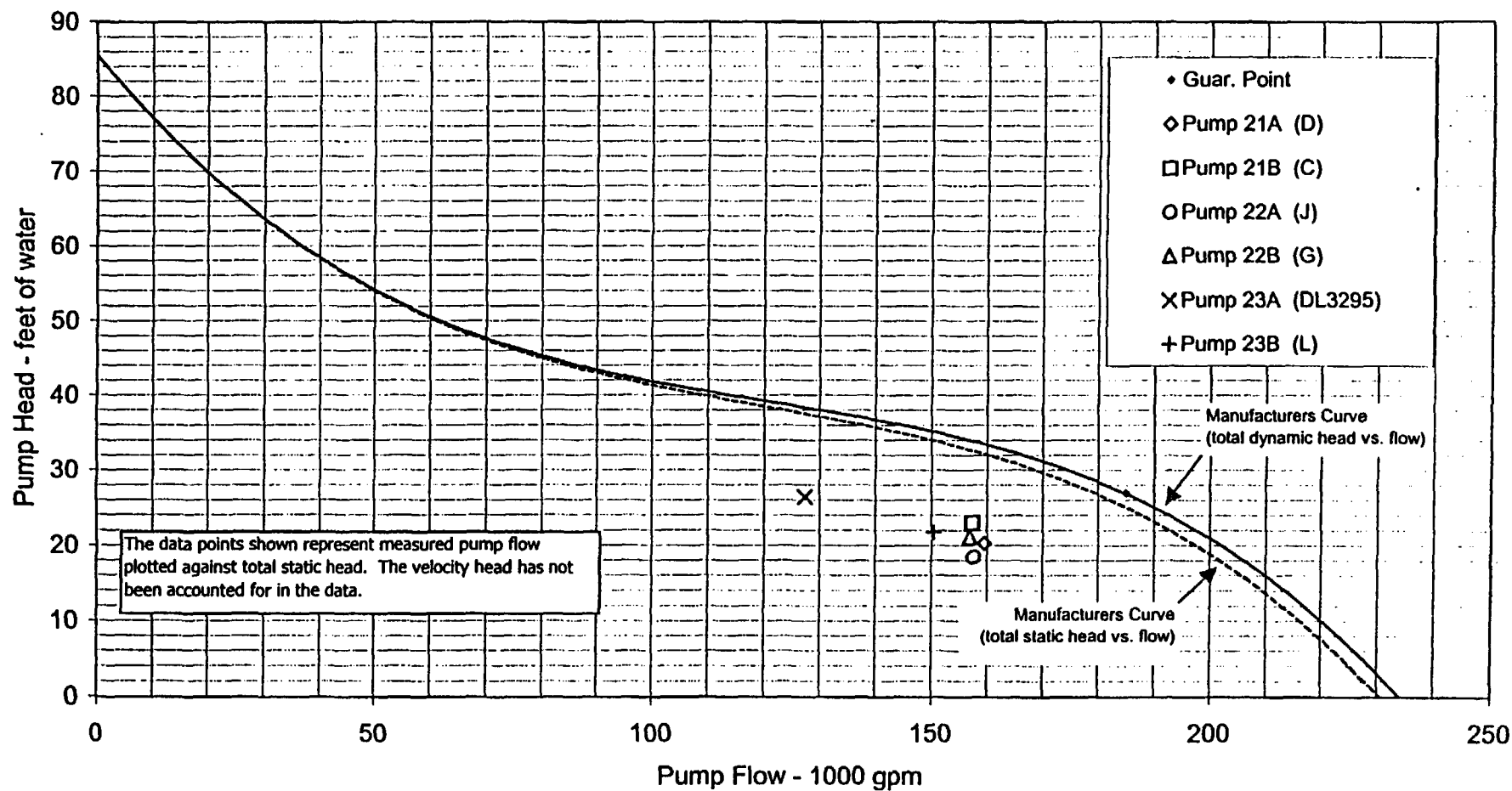
The total static head was obtained by measuring the pump suction head in feet from elevation 100' and the pump discharge head in feet of water at the water box inlet. After correcting for elevation, the total pump head was calculated as the pump discharge head minus the pump suction head.



Senior Supervising Test Engineer  
MTS Mechanical Division



# Salem Generating Station - Unit No.2 Total Pump Head vs. Pump Flow



Maplewood Testing Services

Report No. TP03029

5/ 2003



New Jersey Department of Environmental Protection  
Division of Water Quality  
Surface Water Discharge Monitoring Report Submittal Form

PI 46814

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
NJ0005622	Month	Day	Year	To	Month	Day	Year	FACA - SW Outfall FACA
	5	1	2003		5	31	2003	

**PERMITTEE:**

PSEG CO  
80 PARK PLZ  
MAIL CODE - T17  
NEWARK, NJ 07102

**LOCATION OF ACTIVITY:**

PSEG NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**

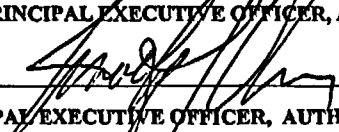
PSEG NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

**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 fine 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.

Timothy J. O'Connor, Vice President - Operations	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
	06/24/03                      856-339-2900
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 received and 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 45814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:


FACILITY NAME:

NJ0005622

FACA SW Outfall FACA

5/1/2003 TO 5/31/2003

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	*****	*****	*****	*****	17.5	18.6	DEG.C	0	Continuous	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX			Continuous	CONTIN
	MDL										
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	25.9	27.6	DEG.C	0	Continuous	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	43.3 01DAMX			Continuous	CONTIN
	MDL										
Temperature, oC 00010 2 Effluent Net Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.4	9.9	DEG.C	0	1/Day	CALCTD
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	15.3 01DAMX			1/Day	CALCTD
	MDL										
Lab Certification #  99999 99 Lab	SAMPLE MEASUREMENT	17327	06431	*****	46405	77343					
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	MDL										

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

PI 46814

NJPDES PERMIT	MONITORING PERIOD				MONITORED LOCATION:		
NJ0005622	Month	Day	Year	To	Month	Day	Year
	5	1	2003			5	31
FACB - SW Outfall FACB							

**PERMITTEE:**

PSEG CO  
80 PARK PLZ  
MAIL CODE - T17  
NEWARK, NJ 07102

**LOCATION OF ACTIVITY:**

PSEG NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**

PSEG 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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\_\_\_\_\_  
Timothy J. O'Connor, Vice-President – Operations

\_\_\_\_\_  
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

\_\_\_\_\_  
06/24/03

\_\_\_\_\_  
856-339-2900

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 received and 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 45514

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACB SW Outfall FACB

5/1/2003 TO 5/31/2003

PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	17.5	18.6		0	Continuous	CONTIN
00010 G	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
Raw Sew/Influent	MDL										
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	25.9	27.6		0	Continuous	CONTIN
00010 1	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
Effluent Gross Value	MDL										
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	8.4	10.1		0	1/Day	CMLCTD
00010 2	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD
Effluent Net Value	MDL										
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
99999 99	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
Lab	MDL										

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

PI 46814

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
NJ0005622	Month	Day	Year	To	Month	Day	Year	FACC - SW Outfall FACC
	5	1	2003		5	31	2003	

**PERMITTEE:**

PSEG CO  
80 PARK PLZ  
MAIL CODE - T17  
NEWARK, NJ 07102

**LOCATION OF ACTIVITY:**

PSEG NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**

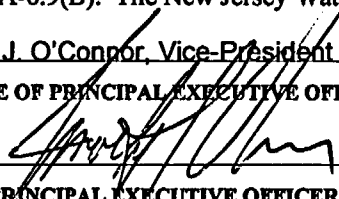
PSEG NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

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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Timothy J. O'Connor, Vice-President - Operations	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
	06/24/03 856-339-2900
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 40514

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACC SW Outfall FACC

5/1/2003 TO 5/31/2003

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	2450	2726	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
	MDL										
Thermal Discharge Million BTUs per Hr 00015 2 Effluent Net Value	SAMPLE MEASUREMENT	13201	14124	MBTU/HR	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	30600 01DAMX		*****	*****	*****			1/Day	CALCTD
	MDL										
Lab Certification #  99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		46405	77343					
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	MDL										

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New Jersey Department of Environmental Protection  
Division of Water Quality

PI 46814

**Surface Water Discharge Monitoring Report Submittal Form**

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:
NJ0005622	Month	Day	Year	To	Month	Day	Year
	5	1	2003		5	31	2003
048C - SW Outfall 48C							

**PERMITTEE:**

PSEG CO  
80 PARK PLZ  
MAIL CODE - T17  
NEWARK, NJ 07102

**LOCATION OF ACTIVITY:**

PSEG NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**

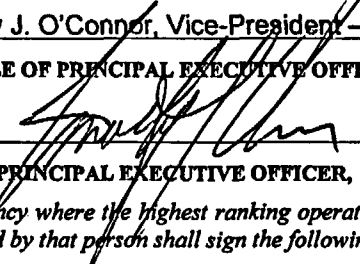
PSEG NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

**REGION / COUNTY: Southern / Salem County**

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Timothy J. O'Connor, Vice-President - Operations	N/A
<b>NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR</b>	<b>GRADE AND REGISTRY NUMBER (IF APPLICABLE)</b>
	06/24/03      856-339-2900
<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR</b>	<b>DATE      AREA CODE/PHONE NUMBER</b>

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



# Surface Water Discharge Monitoring Report

PI 43814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:


FACILITY NAME:

NJ0005622

048C SW Outfall 48C

5/1/2003 TO 5/31/2003

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	0.1539	0.4006	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
	MDL										
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	14	17	MGL	0	2/Month	COMPOS
	PERMIT REQUIREMENT	*****	*****		*****	30 01MOAV	100 01DAMX			2/Month	COMPOS
	MDL										
Nitrogen, Ammonia Total (as N) 00610 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	12	14	MGL	0	2/Month	COMPOS
	PERMIT REQUIREMENT	*****	*****		*****	35 01MOAV	70 01DAMX			2/Month	COMPOS
	MDL										
Petroleum Hydrocarbons 00551 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.5	1	MGL	0	2/Month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	10 01MOAV	15 01DAMX			2/Month	GRAB
	MDL										
Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	34	42	MGL	0	2/Month	COMPOS
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	50 01DAMX			2/Month	COMPOS
	MDL										
Lab Certification #  99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		46405	77243					
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	MDL										

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

PI 46814

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
NJ0005622	Month	Day	Year	To	Month	Day	Year	481A - SW Outfall 481A
	5	1	2003		5	31	2003	

**PERMITTEE:**

PSEG CO  
80 PARK PLZ  
MAIL CODE - T17  
NEWARK, NJ 07102

**LOCATION OF ACTIVITY:**

PSEG NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**

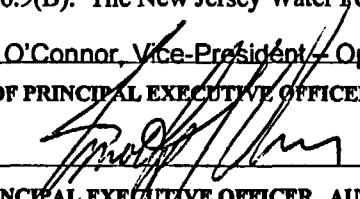
PSEG NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

**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 fine 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.

Timothy J. O'Connor, Vice-President - Operations	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
	06/24/03                      856-339-2900
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 received and 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

481A SW Outfall 481A

5/1/2003 TO 5/31/2003

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	502	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
	MDL										
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX			1/Week	GRAB
	MDL										
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.8	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX			1/Week	GRAB
	MDL										
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
	MDL										
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
	MDL										
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
	MDL										

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 45814

**PERMIT NUMBER:** NJ0005622     
 **MONITORED LOCATION:** 481A SW Outfall 481A     
 **MONITORING PERIOD:** 5/1/2003 TO 5/31/2003     
 **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	*****	*****		*****	26.9	32.4		0	1/Day	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	MDL										
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		46405	77343					
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	MDL										

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

PI 46814

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
NJ0005622	Month	Day	Year	To	Month	Day	Year	482A - SW Outfall 482A
	5	1	2003		5	31	2003	

**PERMITTEE:**

PSEG CO  
80 PARK PLZ  
MAIL CODE - T17  
NEWARK, NJ 07102

**LOCATION OF ACTIVITY:**

PSEG NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**

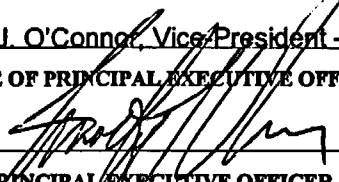
PSEG NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

**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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Timothy J. O'Connor, Vice President - Operations	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
	06/24/03      856-339-2900
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 received and 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

5/1/2003 TO 5/31/2003

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	436	472	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
	MDL										
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.5	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		8.0 01DAMN	*****	9.0 01DAMX			1/Week	GRAB
	MDL										
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.8	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX			1/Week	GRAB
	MDL										
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
	MDL										
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
	MDL										
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
	MDL										


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 45814

**PERMIT NUMBER:** NJ0005622     
 **MONITORED LOCATION:** 482A SW Outfall 482A     
 **MONITORING PERIOD:** 5/1/2003 TO 5/31/2003     
 **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	*****	*****	*****	*****	25.8	30.0	DEG.C	0	1/Day	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX			1/Day	CONTIN
	MDL										
Lab Certification #  99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		46405	77343					
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applicable	NOT AP
	MDL										

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

PI 46814

Surface Water Discharge Monitoring Report Submittal Form

NJPDDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:																	
NJ0005622	<table border="1"> <tr> <th>Month</th> <th>Day</th> <th>Year</th> </tr> <tr> <td>5</td> <td>1</td> <td>2003</td> </tr> </table>	Month	Day	Year	5	1	2003	<table border="1"> <tr> <th>Month</th> <th>Day</th> <th>Year</th> </tr> <tr> <td>5</td> <td>31</td> <td>2003</td> </tr> </table>	Month	Day	Year	5	31	2003	To	<table border="1"> <tr> <th>Month</th> <th>Day</th> <th>Year</th> </tr> <tr> <td>5</td> <td>31</td> <td>2003</td> </tr> </table>	Month	Day	Year	5	31	2003		483A - SW Outfall 483A
Month	Day	Year																						
5	1	2003																						
Month	Day	Year																						
5	31	2003																						
Month	Day	Year																						
5	31	2003																						

**PERMITTEE:**

PSEG CO  
80 PARK PLZ  
MAIL CODE - T17  
NEWARK, NJ 07102

**LOCATION OF ACTIVITY:**

PSEG NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**

PSEG 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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Timothy J. O'Connor, Vice-President - Operations

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

06/24/03

856-339-2900

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

5/1/2003 TO 5/31/2003

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	419	455	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
	MDL										
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.5	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX			1/Week	GRAB
	MDL										
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.8	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX			1/Week	GRAB
	MDL										
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
	MDL										
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
	MDL										
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	25.7	30.4	DEG.C	0	1/Day	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX			1/Day	CONTIN
	MDL										


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 49814

**PERMIT NUMBER:** NJ0005622     
 **MONITORED LOCATION:** 483A SW Outfall 483A     
 **MONITORING PERIOD:** 5/1/2003 TO 5/31/2003     
 **FACILITY NAME:** PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #  99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		46405	77343					
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not/Apply	NOT/AP
	MDL										

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

PI 46814

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
NJ0005622	Month	Day	Year	To	Month	Day	Year	484A - SW Outfall 484A
	5	1	2003		5	31	2003	

**PERMITTEE:**

PSEG CO  
80 PARK PLZ  
MAIL CODE - T17  
NEWARK, NJ 07102

**LOCATION OF ACTIVITY:**

PSEG NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**

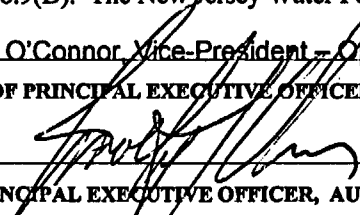
PSEG NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE:    ☐ No Discharge this Monitoring Period    ☐ Monitoring Report Comments Attached

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Timothy J. O'Connor, Vice-President - Operations	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
	06/24/03                      856-339-2900
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

484A SW Outfall 484A

5/1/2003 TO 5/31/2003

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	489	497	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
	MDL										
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	SU	0	1/week	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX			1/Week	GRAB
	MDL										
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.8	SU	0	1/week	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX			1/Week	GRAB
	MDL										
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
	MDL										
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
	MDL										
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
	MDL										

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 45814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:


FACILITY NAME:

NJ0005622

484A SW Outfall 484A

5/1/2003 TO 5/31/2003

PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, °C	SAMPLE MEASUREMENT	*****	*****		*****	25.8	29.5		0	1/Day	CONTIN
00010 1	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Effluent Gross Value	MDL										
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	71343					
99999 99	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
Lab	MDL										

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

PI 46814

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD							MONITORED LOCATION:
NJ0005622	Month	Day	Year	To	Month	Day	Year	485A - SW Outfall 485A
	5	1	2003		5	31	2003	

**PERMITTEE:**

PSEG CO  
80 PARK PLZ  
MAIL CODE - T17  
NEWARK, NJ 07102

**LOCATION OF ACTIVITY:**

PSEG NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**

PSEG 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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Timothy J. O'Connor, Vice-President - Operations

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

06/24/03

856-339-2900

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 received and 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

5/1/2003 TO 5/31/2003

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	344	455	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
	MDL										
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	SU	0	1/week	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX			1/Week	GRAB
	MDL										
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.8	SU	0	1/week	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX			1/Week	GRAB
	MDL										
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	>100	*****	*****	%EFFL	0	2/Year	COMPOS
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****			2/Year	COMPOS
	MDL										
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
	MDL										
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
	MDL										


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



# Surface Water Discharge Monitoring Report

PI 46814

**PERMIT NUMBER:** NJ0005622     
**MONITORED LOCATION:** 485A SW Outfall 485A     
**MONITORING PERIOD:** 5/1/2003 TO 5/31/2003     
**FACILITY NAME:** PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
<b>Temperature,</b> <b>oC</b> <b>00010 1</b> <b>Effluent Gross Value</b>	SAMPLE MEASUREMENT	*****	*****	*****	*****	26.6	30.8	DEG.C	0	1/Day	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX			1/Day	CONTIN
	MDL										
<b>Lab Certification #</b> <b>99999 99</b> <b>Lab</b>	SAMPLE MEASUREMENT	17327	06431		46405	77343					
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	MDL										

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

PI 46814

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:
NJ0005622	Month	Day	Year	To	Month	Day	Year
	5	1	2003		5	31	2003
486A - SW Outfall 486A							

**PERMITTEE:**

PSEG CO  
80 PARK PLZ  
MAIL CODE - T17  
NEWARK, NJ 07102

**LOCATION OF ACTIVITY:**

PSEG NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**

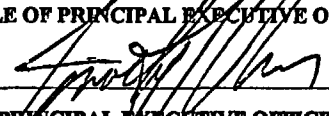
PSEG NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

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 fine 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.

Timothy J. O'Connor, Vice President - Operations	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
	06/24/03 856-339-2900
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 received and 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 45814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

486A SW Outfall 486A

5/1/2003 TO 5/31/2003

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	420	434	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
	MDL										
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.5	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX			1/Week	GRAB
	MDL										
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.8	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX			1/Week	GRAB
	MDL										
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
	MDL										
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
	MDL										
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	25.7	30.9	DEG.C	0	1/Day	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX			1/Day	CONTIN
	MDL										

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:

MONITORED LOCATION:

MONITORING PERIOD:


FACILITY NAME:

NJ0005622

486A SW Outfall 486A

5/1/2003 TO 5/31/2003

PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT	17327	06427		46405	77343					
99999 99	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT/AP
Lab	MDL										

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New Jersey Department of Environmental Protection  
Division of Water Quality  
Surface Water Discharge Monitoring Report Submittal Form

PI 46814

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
NJ0005622	Month	Day	Year	To	Month	Day	Year	487B - SW Outfall 487B
	5	1	2003		5	31	2003	

**PERMITTEE:**

PSEG CO  
80 PARK PLZ  
MAIL CODE - T17  
NEWARK, NJ 07102

**LOCATION OF ACTIVITY:**

PSEG NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**

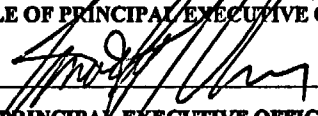
PSEG NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

**REGION / COUNTY:** Southern / Salem County

**CHECK IF APPLICABLE:**    ☒ **No Discharge this Monitoring Period**    ☐ **Monitoring Report Comments Attached**

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Timothy J. O'Connor, Vice-President - Operations	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
	06/24/03                      856-339-2900
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

487B SW Outfall 487B

5/1/2003 TO 5/31/2003

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				*****	*****	*****				
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Batch	CALCTD
	MDL										
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****			*****					
	PERMIT REQUIREMENT	*****	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	SU		1/Batch	GRAB
	MDL										
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	100 01DAMX	MG/L		1/Batch	GRAB
	MDL										
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	43.3 01DAMX	DEG.C		1/Batch	GRAB
	MDL										
Petroleum Hydrocarbons 00551 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	15 01DAMX	MG/L		1/Batch	GRAB
	MDL										
Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	50 01DAMX	MG/L		1/Batch	GRAB
	MDL										


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".



# Surface Water Discharge Monitoring Report

PI 46814

**PERMIT NUMBER:** NJ0005622      **MONITORED LOCATION:** 487B SW Outfall 487B      **MONITORING PERIOD:** 5/1/2003 TO 5/31/2003      **FACILITY NAME:** PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT										
99999 99	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applicable	NOT AP
Lab	MDL										

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

PI 46814

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:												
NJ0005622	<table border="1"> <tr> <th>Month</th> <th>Day</th> <th>Year</th> </tr> <tr> <td>5</td> <td>1</td> <td>2003</td> </tr> </table>	Month	Day	Year	5	1	2003			To	<table border="1"> <tr> <th>Month</th> <th>Day</th> <th>Year</th> </tr> <tr> <td>5</td> <td>31</td> <td>2003</td> </tr> </table>	Month	Day	Year	5	31	2003		489A - SW Outfall 489A
Month	Day	Year																	
5	1	2003																	
Month	Day	Year																	
5	31	2003																	

**PERMITTEE:**

PSEG CO  
80 PARK PLZ  
MAIL CODE - T17  
NEWARK, NJ 07102

**LOCATION OF ACTIVITY:**

PSEG NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**

PSEG 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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Timothy J. O'Connor, Vice-President - Operations

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

06/24/03

856-339-2900

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

489A SW Outfall 489A

5/1/2003 TO 5/31/2003

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	0.0999	0.0999	MGD	*****	*****	*****	*****	0	1/Month	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Month	CALCTD
	MDL										
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	7.7	SU	0	1/Month	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX			1/Month	GRAB
	MDL										
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	10	10	*****	MG/L	0	1/Month	GRAB
	PERMIT REQUIREMENT	*****	*****		100 01DAMX	30 01MOAV	*****			1/Month	GRAB
	MDL										
Petroleum Hydrocarbons 00551 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2	MG/L	0	1/Month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	10 01MOAV	15 01DAMX			1/Month	GRAB
	MDL										
Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2	MG/L	0	1/Month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	50 01DAMX			1/Month	GRAB
	MDL										
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		46405	77343					
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	MDL										

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