

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 EXECUTIVE VICE PRESIDENT
ADDRESS SPN NUCLEAR
100 INTERPACE PARKWAY
PAKISIPANY NJ 07054
FACILITY
LOCATION LACEY TWP

NJ0005550
PERMIT NUMBER

001
DISCHARGE NUMBER

840601-840630

JP AT MI
17 7 I

| MONITORING PERIOD | | | | | | | |
|-------------------|---------|---------|---------|----|---------|---------|---------|
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | 84 | 06 | 01 | | 84 | 06 | 30 |
| | (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) | | (3 Card Only) QUANTITY OR LOADING (46-53) | | | (4 Card Only) QUALITY OR CONCENTRATION (46-53) | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|---|-----------------------|---|---------|--------|--|---------|---------|----------------------|--|---------------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | |
| 00010 1 TEMPERATURE, WATER (CENTIGRADES) EFFL CROSS | SAMPLE MEASUREMENT | ***** | | | NO DISCHARGE | | | | | |
| | PERMIT REQUIREMENT | ***** | | | ***** | ***** | ***** | | CONT | * |
| 00010 2 TEMPERATURE, WATER (CENTIGRADES) INFLUENT | SAMPLE MEASUREMENT | ***** | | | | | | | | |
| | PERMIT REQUIREMENT | ***** | | | ***** | ***** | ***** | | ** | ** |
| 00015 4 HEAT RATE (BTU X 10 ⁶ /HOUR) EFFL NET | SAMPLE MEASUREMENT | ***** | | | | | | | | |
| | PERMIT REQUIREMENT | ***** | | | ***** | ***** | ***** | | * | * |
| 00016 4 TEMPERATURE DIFF. EFFL NET | SAMPLE MEASUREMENT | ***** | | | | | | | | |
| | PERMIT REQUIREMENT | ***** | | | ***** | ***** | ***** | | * | * |
| 00400 1 PH EFFL CROSS | SAMPLE MEASUREMENT | ***** | | | | | | | | |
| | PERMIT REQUIREMENT | ***** | | | 6.00 | ***** | 9.00 | | 2/7 | CR |
| 00050 1 FLOW RATE (MILLION GALLONS/DY) EFFL CROSS | SAMPLE MEASUREMENT | ***** | | | | | | | | |
| | PERMIT REQUIREMENT | ***** | | | ***** | ***** | ***** | | CONT | * |
| 00064 1 CHLORINE, FREE AVAILABLE EFFL CROSS | SAMPLE MEASUREMENT | | | KG/DAY | | | | | | |
| | PERMIT REQUIREMENT | ***** | | | ***** | 0.20 | 0.50 | | CONT | * |

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.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

609 971-4796
AREA CODE NUMBER

84 7 10
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.

8407160203 840710
PDR ADOCK 05000219
R PDR

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 (geometric 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 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, "1/7" 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.).

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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. 123.27). 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.

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STAMP
PLACE

FOLD HERE THIRD

STAPLE HERE

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 EXECUTIVE VICE PRESIDENT
ADDRESS GPO NUCLEAR
100 INTERPACE PARKWAY
PASADENA CA 91705
FACILITY LACEY /TWP/
LOCATION LACEY /TWP/

(2-16) NJ0005550
PERMIT NUMBER
(17-19) 001
DISCHARGE NUMBER

840601-840630

SP AT MI
17 7 1

| MONITORING PERIOD | | | | | | | |
|-------------------|---------|---------|---------|----|---------|---------|---------|
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | (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) | | (3 Card Only) QUANTITY OR LOADING (46-53) | | | (4 Card Only) QUALITY OR CONCENTRATION (58-65) | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|----------------------|--------------------|--|---------|-------|---|---------|---------|----------------------|--|---------------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | |
| VELOCITY | SAMPLE MEASUREMENT | ***** | | | NO FLOW | | | | | |
| INFLUENT | PERMIT REQUIREMENT | ***** | | | ***** | 1.00 | 2.20 | | 1/31 | NA |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |
| | 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 | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREON 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.) | TELEPHONE | | DATE | | |
| <u>Peter B. Fiedler</u> <u>Vice President and Director</u> <u>Oyster Creek</u> TYPED OR PRINTED | | | | 609 | 971-4796 | 84 7 10 |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | 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 EXECUTIVE VICE PRESIDENT
ADDRESS EPF NUCLEAR
100 INTERPACE PARKWAY
PASSIPPANY NJ 07054
FACILITY _____
LOCATION LACEY TWP

(2-16) NJ0005530 PERMIT NUMBER
(17-19) HEC DISCHARGE NUMBER
MONITORING PERIOD
FROM YEAR 84 MO 4 DAY 1 TO YEAR 84 MO 5 DAY 0
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

840601-840630

OYSTER CREEK
COOLING WATER

NOTE: Read instructions before completing this form.

| PARAMETER (32-37) | | (3 Card Only) QUANTITY OR LOADING (46-53) | | | (4 Card Only) QUALITY OR CONCENTRATION (54-61) | | | NO. EX (52-53) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|---|--------------------|---|---------|-------|--|---------|---------|----------------------|--|---------------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | |
| 00010 - 8 TEMPERATURE, WATER (CENTIGRADE) STREAM INT | SAMPLE MEASUREMENT | ***** | ***** | | 19.6 | 21.4 | 23.3 | 0 | * | * |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | ***** | ***** | | * | * |
| 00010 - 1 TEMPERATURE, WATER (CENTIGRADE) EFFL GROSS | SAMPLE MEASUREMENT | ***** | ***** | | 18.6 | 20.3 | 21.7 | 0 | 2/30 | CR |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | ***** | ***** | | 2/30 | CR |
| 00015 - 4 HEAT RATE (BTU X 1000/HOUR) EFFL NET | SAMPLE MEASUREMENT | ***** | ***** | | -1.3 | -2.1 | -2.9 | 0 | * | * |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | ***** | ***** | | * | * |
| 00016 - 4 TEMPERATURE DIFF. EFFL NET | SAMPLE MEASUREMENT | ***** | ***** | | -1.8 | -1.1 | -1.6 | 0 | * | * |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | ***** | ***** | | * | * |
| 00400 - 1 PH EFFL GROSS | SAMPLE MEASUREMENT | ***** | ***** | | 7.1 | 7.4 | 7.6 | 0 | 2/30 | CR |
| | PERMIT REQUIREMENT | ***** | ***** | | 6.50 | ***** | 8.50 | | 2/30 | CR |
| 00030 - 1 FLOW RATE (MILLION GALLONS/DY) EFFL GROSS | SAMPLE MEASUREMENT | ***** | ***** | | 2.00 | 2.00 | 2.00 | 0 | 2/30 | NA |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | ***** | ***** | | 2/30 | NA |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |

| | | | | | | |
|--|--|--|------------------|--------------------|------------|---------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <u>Peber B. Fiedler</u> <u>Vice President and Director</u> <u>Oyster Creek</u> 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.) | TELEPHONE | | DATE | | |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <u>M. J. Fiedler</u> | 609 AREA CODE | 971-4796 NUMBER | 84 YEAR | 7 MO |

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

DIS HEC IS HEAT EXCHANGE COOLING WATER

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 (geometric 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 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, "1/7" 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.).

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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 to 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

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PLACE
STAMP
HERE

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STAPLE HERE

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

NJ0005560
PERMIT NUMBER

DMW
DISCHARGE NUMBER

840601-840630

GP AT NT
17 7 1

| MONITORING PERIOD | | | | | |
|-------------------|---------|---------|---------|---------|---------|
| YEAR | MO | DAY | YEAR | MO | DAY |
| FROM 8 | 4 | 0 | TO 8 | 4 | 0 |
| (20-21) | (22-23) | (24-25) | (26-27) | (28-29) | (30-31) |

OYSTER CREEK

NOTE: Read instructions before completing this form.

| PARAMETER (22-37) | X | (3 Card Only) QUANTITY OR LOADING (46-53) | | | (4 Card Only) QUALITY OR CONCENTRATION (38-45) | | | UNITS (54-61) | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|--|--------------------|---|---------|--------|--|---------|---------|------------------|-------------------|----------------------------------|------------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | | |
| 00054 1 FLOW RATE (GALLONS PER DAY) BFFL GROSS | SAMPLE MEASUREMENT | ***** | ***** | | 6700 | 6700 | 6700 | | 0 | 1/30 | CP |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | ***** | ***** | GPC | | 1/30 | CP |
| 00530 1 SOLIDS, SUSPENDED, TOTAL (TSS) BFFL GROSS | SAMPLE MEASUREMENT | .50 | .50 | | 19.8 | 19.8 | 19.8 | | 0 | 1/30 | CP |
| | PERMIT REQUIREMENT | 0.73 | 2.40 | KG/DAY | ***** | ***** | ***** | MG/L | | 1/30 | CP |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
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| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

| | | | | |
|---|---|--|----------------------------------|------------------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | 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.) | TELEPHONE | DATE | |
| Peter S. Fiedlar Vice President and Director Oyster Creek TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | 609 871-4796 AREA CODE NUMBER | 84 7 10 YEAR MO DAY |

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

OYSTER CREEK IS DEMINERALIZED WASTES

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.
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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".
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(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.
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HERE
STAMP
PLACE

(FOLD HERE THIRD)

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

4J0005550
PERMIT NUMBER
STP
DISCHARGE NUMBER

840601-840630


69 AT NJ
17-7-1

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

OYSTER CREEK
SANITARY

NOTE: Read instructions before completing this form.

| PARAMETER (32-37) | | (3 Card Only) QUANTITY OR LOADING (46-53) | | | (4 Card Only) QUALITY OR CONCENTRATION (48-55) | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|--|-----------------------|--|---------|--------|---|---------|---------|----------------------|--|---------------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | |
| 00050 1 FLOW RATE (GALLONS PER DAY) | SAMPLE MEASUREMENT | ***** | ***** | | NO DISCHARGE | | | | | |
| 00051 EFFL GROSS | PERMIT REQUIREMENT | ***** | ***** | | ***** | ***** | ***** | | 1/30 | * |
| 00310 1 BOD, 5-DAY (40051) | SAMPLE MEASUREMENT | | | KG/DAY | | | | | | |
| 00311 EFFL GROSS | PERMIT REQUIREMENT | 1.14 | 1.70 | | ***** | 30.00 | 45.00 | | 1/30 | CP |
| 00400 1 PH | SAMPLE MEASUREMENT | ***** | ***** | | | | | | | |
| 00401 EFFL GROSS | PERMIT REQUIREMENT | ***** | ***** | | ***** | 9.00 | 9.00 | | 1/30 | GR |
| 00530 1 SOLIDS, SUSPENDED, TOTAL (TSS) | SAMPLE MEASUREMENT | | | KG/DAY | | | | | | |
| 00531 EFFL GROSS | PERMIT REQUIREMENT | 1.14 | 1.70 | | ***** | 30.00 | 45.00 | | 1/30 | CP |
| 74030 1 COLIFORM, FECAL GENERAL | SAMPLE MEASUREMENT | ***** | ***** | | | | | | | |
| 74031 EFFL GROSS | PERMIT REQUIREMENT | ***** | ***** | | ***** | 200.00 | 400.00 | | 1/30 | GR |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |

| | | | | | | |
|---|--|--|------------------|--------------------|------------|---------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY WITH 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 | TELEPHONE | DATE | | |
| Peter B. Fiedler Vice President and Director Oyster Creek TYPED OR PRINTED | | | 609 AREA CODE | 971-4796 NUMBER | 84 YEAR | 7 MO |

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

DISCH STP IS SEWAGE TREATMENT PLANTWAST:

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 (geometric 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 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, "1/7" 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

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STAMP
PLACE

FOLD HERE THIRD

STAPLE HERE