

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 UPC NUCLEAR
ADDRESS 100 INTERPACE PARKWAY
PASIPPANY NJ 07054

(2-16) NPDES 000000 (17-19) 0-1-A
PERMIT NUMBER DISCHARGE NUMBER

F - FINAL LIMITS

FACILITY
LOCATION

MONITORING PERIOD
FROM YEAR 84 MO 09 DAY 01 TO YEAR 84 MO 08 DAY 01
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(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			
TEMPERATURE, WATER DEG. CENTIGRADE 00010 0 0 RAW WASTE INFLUENT		*****	*****	*****	NO DISCHARGE						
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DEG.C		CONTINUOUS	
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	*****	41.10	DEG.C		CONTINUOUS	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DEG.C		CONTINUOUS	
THERMAL DISCHARGE MILLION BTU PER HR. 00010 2 0 EFFLUENT NET VALUE				BTU/HR	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	5420	HR	*****	*****	*****	*****		SEE PERMIT	
TEMP. DIFF. BETWEEN SAMPLE AND UPSTREAM 00010 2 0 EFFLUENT NET VALUE		*****	*****	*****	*****	*****	12.80	DEG.C		SEE PERMIT	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DEG.C		SEE PERMIT	
PH 00400 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	6.50	*****	8.50	SU		TWICE/GRAB WEEK	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	SU		TWICE/GRAB WEEK	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00010 1 0 EFFLUENT GROSS VALUE		*****	*****	MGD	*****	*****	*****	*****		CONTINUOUS	
	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****		CONTINUOUS	
CHLORINE, FREE AVAILABLE 00004 1 0 EFFLUENT GROSS VALUE		*****	*****	MG/L	*****	*****	0.20	0.50	MG/L		CONTINUOUS
	PERMIT REQUIREMENT	*****	*****	MG/L	*****	*****	0.20	0.50	MG/L		CONTINUOUS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Peter B. Fiedler Vice President and Director Oyster Creek TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 18 USC § 1339. (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 <i>P. B. Fiedler</i>	TELEPHONE	DATE	
			609 971-4796 AREA CODE NUMBER	84 09 11 YEAR MO DAY	

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

8409240333 840911
PDR ADOCK 05000219
R PDR

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

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

FACILITY
LOCATION LACEY /TWP/

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

(2-16) NJ0005550 I 001
PERMIT NUMBER DISCHARGE NUMBER

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

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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 (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
81380 2 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
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
609 971-4796
AREA CODE NUMBER
DATE
84 09 11
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.

(17-19)

REC-5

DISCHARGE NUMBER

		MONITORING PERIOD							
		YEAR	MO	DAY			YEAR	MO	DAY
FROM		04	10	11	TO		04	10	31
		(20-21)	(22-23)	(24-25)			(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(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
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0	SAMPLE MEASUREMENT	*****	*****	*****	24	24.8	25.3		0	2/31	GRAB
EFFLUENT CROSS VALU TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	45	DEG.C		TWICE/ MONTH	GRAB
INTAKE FROM STREAM THERMAL DISCHARGE MILLION BTUS PER HR 00010 1 0	SAMPLE MEASUREMENT	*****	*****	*****	23	23.3	23.8		0	2/31	
EFFLUENT NET VALUE TEMP. DIFF. BETWEEN SAMPLE AND UPSTREAM 00010 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DEG.C		SEE PERMIT	
00010 1 0	SAMPLE MEASUREMENT			MG/D	*****	*****	*****	*****	0	2/31	
EFFLUENT NET VALUE TEMP. DIFF. BETWEEN SAMPLE AND UPSTREAM 00010 1 0	PERMIT REQUIREMENT	*****	49.40	HR	*****	*****	*****	*****		SEE PERMIT	
PH 00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****	1.1	1.3	1.4		0	2/31	
EFFLUENT CROSS VALU FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50000 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15	DEG.C		SEE PERMIT	
EFFLUENT CROSS VALU CHLORINE, TOTAL RESIDUAL 50000 1 0	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.9		0	2/31	GRAB
EFFLUENT CROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	6.50	*****	6.50	SU		TWICE/ MONTH	GRAB
	SAMPLE MEASUREMENT				*****	*****	*****	*****	0	2/31	
	PERMIT REQUIREMENT	*****	*****	MOD	*****	*****	*****	*****		TWICE/ MONTH	
	SAMPLE MEASUREMENT			KG/	NOT CHLORINATED						
	PERMIT REQUIREMENT	*****	*****	DAY	*****	0.20	0.50	MG/L		SEE PERMIT	

3. 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:

5 U.S.C. § 3001 (a)(2) - Falsification of information - \$ 1,001 AND 33 U.S.C. § 3315 - Penalties under those statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 3 years.

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

DISPOSE TO HEAT EXCHANGE COOLING WATER

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

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

Form Approved
OMB No. 2040-0004
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NAME PU NUCLEAR
ADDRESS 110 INTERPACE PARKWAY
PASIPPANY NJ 07054

(2-16)
NJ0000000
PERMIT NUMBER

(17-19)
0000000
DISCHARGE NUMBER

F - FINAL LIMITS

FACILITY
LOCATION

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-51)			(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				***** 3930	***** 3930	***** 3930	*****	0	1/31	CP
00000 1 0 EFFLUENT CROSS VALUE	PERMIT REQUIREMENT	*****	*****	GPD	*****	*****	*****	*****		ONCE/ MONTH	COMPOS
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	.20	.20	KG/	***** 13.4	13.4	13.4		0	1/31	CP
00000 1 0 EFFLUENT CROSS VALUE	PERMIT REQUIREMENT	0.73	2.40	DAY	*****	*****	*****	KG/L		ONCE/ MONTH	COMPOS
	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

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 U.S.C. § 1001 AND 33 U.S.C. § 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

84 09 11

AREA
CODE

NUMBER

YEAR

MO

DAY

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

DISCHARGE IS DEMINERALIZER WASTES

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 OPD NUCLEAR
ADDRESS 101 INTERPALE PARKWAY
PASSIPPANY NJ 07054

(2-16)

NJ0005531

PERMIT NUMBER

(17-19)

STP A

DISCHARGE NUMBER

F - FINAL LIMITS

FACILITY
LOCATION

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-51)			QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW RATE					*****	*****	*****			
00000 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	OPD	*****	*****	*****		ONCE/MONTH	
800, 2-DAY (20 DEG. C)	SAMPLE MEASUREMENT			KG/	*****					
00010 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.14	1.70	DAY	*****	50	45		ONCE/MONTH	COMPOS
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****				
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6	*****	9		ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT			KG/	*****					
00500 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.14	1.70	DAY	*****	30	45		ONCE/MONTH	COMPOS
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****	*****	*****					
74000 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	200	400		ONCE/MONTH	GRAB
	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

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 U.S.C. § 1001 AND 33 U.S.C. § 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
AREA
CODE

971-4796
NUMBER

84
YEAR

09
MO

11
DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Refer to all attachments here)

DISCH STP IS SEWAGE TREATMENT PLANT WASTE