



LR-E05-0507  
October 21, 2005

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 7004 2510 0005 2136 1353

**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 September 2005.

This report is required by and prepared specifically for 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 "Thomas P. Joyce".

Thomas P. Joyce  
Site Vice President -Salem

Attachments

JE25

- C Executive Director – DRBC  
USNRC – Document Control Desk Unit#1-50-272 Unit#2-50-311  
Director – Regulatory Assurance  
C. McAuliffe, Esq.  
D. Hurka  
E. Keating  
SCH05-028A

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.

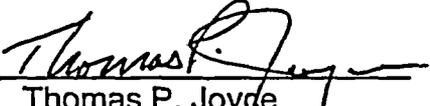
<u>DSN NO.</u>	<u>EXPLANATION</u>
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None	
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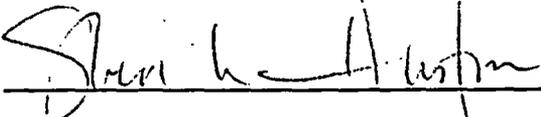
COUNTY OF SALEM  
STATE OF NEW JERSEY

I, Thomas P. Joyce, of full age, being duly sworn according to law, upon my oath depose and say:

1. I Thomas P. Joyce, Site Vice President of Salem 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.

  
Thomas P. Joyce  
Site Vice President - Salem

Sworn and subscribed before me  
this 21 day of Oct. 2005

  
\_\_\_\_\_

SHERI L. HUSTON  
NOTARY PUBLIC OF NEW JERSEY  
My Commission Expires 11/15/09

New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT  NJ0005622	MONITORING PERIOD						MONITORED LOCATION:  FACA – SW Outfall FACA
	Month 09	Day 1	Year 2005	To	Month 09	Day 30	

**PERMITTEE:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NEAK RD - PO BOX  
236/N21  
HANCOCKS BRIDGE, NJ 08038

**LOCATION OF ACTIVITY:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**

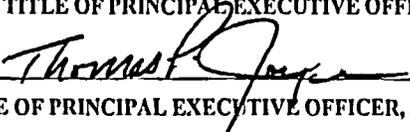
PSE&G NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

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 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.

Thomas P. Joyce, Site Vice President - Salem	N/A	
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)	
	10/21/2005	856-339-2086
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 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

FACA SW Outfall FACA

9/1/2005 TO 9/30/2005

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	*****	*****	*****	26.3	27.5	DEG.C	0	CONTINUOUS	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX			Continuous	CONTIN
	QL	*****	*****	*****	*****	*****				
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	34.6	36.9	DEG.C	0	CONTINUOUS	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01MOAV	46.1 01DAMX			Continuous	CONTIN
	QL	*****	*****	*****	*****	*****				
Temperature, oC 00010 2 Effluent Net Value	SAMPLE MEASUREMENT	*****	*****	*****	8.4	9.6	DEG.C	0	1/Day	CALCTD
	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01MOAV	15.3 01DAMX			1/Day	CALCTD
	QL	*****	*****	*****	*****	*****				
Lab Certification #  99999 99 Lab	SAMPLE MEASUREMENT	17327	06431	17451						
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #	REPORT Lab #	REPORT Lab #	REPORT Lab #		Not Applic	NOT AP	
	QL	*****	*****	*****	*****	*****				

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

NJPDES PERMIT  NJ0005622	MONITORING PERIOD						MONITORED LOCATION:  FACB – SW Outfall FACB
	Month 09	Day 1	Year 2005	To	Month 09	Day 30	

**PERMITTEE:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NEAK RD - PO BOX  
236/N21  
HANCOCKS BRIDGE, NJ 08038

**LOCATION OF ACTIVITY:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**

PSE&G NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

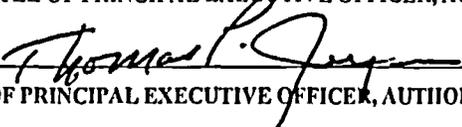
CHECK IF APPICABLE:

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 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.

Thomas P. Joyce, Site Vice President - Salem	N/A	
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)	
	10/21/2005	856-339-2086
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 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

FACB SW Outfall FACB

9/1/2005 TO 9/30/2005

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	*****	*****	*****	*****	26.3	27.5	DEG.C	0	Continuous	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
	QL	*****	*****	*****	*****	*****	*****	DEG.C			
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	35.2	37.4	DEG.C	0	Continuous	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	46.1 01DAMX	DEG.C		Continuous	CONTIN
	QL	*****	*****	*****	*****	*****	*****	DEG.C			
Temperature, oC 00010 2 Effluent Net Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.9	10.0	DEG.C	0	1/Day	CALCTD
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD
	QL	*****	*****	*****	*****	*****	*****	DEG.C			
Lab Certification #  99999 99 Lab	SAMPLE MEASUREMENT	17327	06431	*****	17451						
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #	*****	REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	*****	*****	*****	*****	*****	*****				

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

NJPDES PERMIT  NJ0005622	MONITORING PERIOD						MONITORED LOCATION:  FACC – SW Outfall FACC
	Month 09	Day 1	Year 2005	To	Month 09	Day 30	

**PERMITTEE:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NEAK RD - PO BOX  
236/N21  
HANCOCKS BRIDGE, NJ 08038

**LOCATION OF ACTIVITY:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**

PSE&G 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.

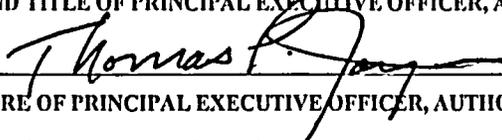
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of 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.

Thomas P. Joyce, Site Vice President - Salem

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)



10/21/2005

856-339-2086

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 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

FACC SW Outfall FACC

9/1/2005 TO 9/30/2005

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	2476	2601	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX		*****	*****	*****		*****	1/Day	CALCTD
	QL	*****	*****		*****	*****	*****		*****		
Thermal Discharge Million BTUs per Hr 00015 2 Effluent Net Value	SAMPLE MEASUREMENT	13867	14076	MBTU/HR	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	30600 01DAMX		*****	*****	*****		*****	1/Day	CALCTD
	QL	*****	*****		*****	*****	*****		*****		
Lab Certification #  99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		17451						
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #		REPORT Lab #	Not Applic	NOT AP
	QL	*****	*****		*****	*****	*****		*****		

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

NJPDES PERMIT  NJ0005622	MONITORING PERIOD						MONITORED LOCATION:  048C – SW Outfall 48C
	Month 09	Day 1	Year 2005	To	Month 09	Day 30	

**PERMITTEE:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NEAK RD - PO BOX  
236/N21  
HANCOCKS BRIDGE, NJ 08038

**LOCATION OF ACTIVITY:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**

PSE&G NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

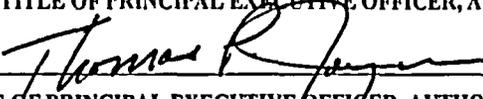
CHECK IF APPICABLE:

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 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.

Thomas P. Joyce, Site Vice President - Salem	N/A	
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)	
	10/21/2005	856-339-2086
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 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

048C SW Outfall 48C

9/1/2005 TO 9/30/2005

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	0.2547	0.8043	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****	1/Day	CALCTD
	QL	*****	*****		*****	*****	*****		*****		
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	10	13	MG/L	0	2/Month	COMPOS
	PERMIT REQUIREMENT	*****	*****		*****	30 01MOAV	100 01DAMX		*****	2/Month	COMPOS
	QL	*****	*****		*****	*****	*****		*****		
Nitrogen, Ammonia Total (as N) 00610 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	3	MG/L	0	2/Month	COMPOS
	PERMIT REQUIREMENT	*****	*****		*****	35 01MOAV	70 01DAMX		*****	2/Month	COMPOS
	QL	*****	*****		*****	*****	*****		*****		
Petroleum Hydrocarbons 00551 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.5	<0.5	MG/L	0	2/Month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	10 01MOAV	15 01DAMX		*****	2/Month	GRAB
	QL	*****	*****		*****	*****	*****		*****		
Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	8	14	MG/L	0	2/Month	COMPOS
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	50 01DAMX		*****	2/Month	COMPOS
	QL	*****	*****		*****	*****	*****		*****		
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		17451						
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #		REPORT Lab #	Not Applic	NOT AP
	QL	*****	*****		*****	*****	*****		*****		

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 "srosenwl@dep.state.nj.us".

New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT  NJ0005622	MONITORING PERIOD						MONITORED LOCATION:  481A – SW Outfall 481A
	Month 09	Day 1	Year 2005	To	Month 09	Day 30	

**PERMITTEE:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NEAK RD - PO BOX  
236/N21  
HANCOCKS BRIDGE, NJ 08038

**LOCATION OF ACTIVITY:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**

PSE&G NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

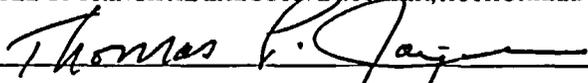
CHECK IF APPICABLE:

No Discharge this Monitoring Period

Monitoring Report Comments Attached

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Thomas P. Joyce, Site Vice President - Salem	N/A	
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)	
	10/21/2005	856-339-2086
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

481A SW Outfall 481A

9/1/2005 TO 9/30/2005

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	484	489	MGD	*****	*****	*****	*****	0	1/Day	CALCTD	
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****		1/Day	CALCTD
	QL	*****	*****		*****	*****	*****		*****			
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.8	SU	0	1/Week	GRAB	
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX		*****		1/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****			
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	8.0	SU	0	1/Week	GRAB	
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX		*****		1/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****			
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
	QL	*****	*****		*****	*****	*****		*****			
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
	QL	*****	*****		*****	*****	*****		*****			
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
	QL	*****	*****		*****	*****	*****		*****			

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:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

9/1/2005 TO 9/30/2005

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	*****	*****		*****	34.6	36.8		0	1/Day	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	QL	*****	*****		*****	*****	*****				
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		17451						
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	*****	*****		*****	*****	*****				

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

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:											
NJ0005622	<table border="1"> <tr><th>Month</th><th>Day</th><th>Year</th></tr> <tr><td>09</td><td>1</td><td>2005</td></tr> </table>	Month	Day	Year	09	1	2005	To		<table border="1"> <tr><th>Month</th><th>Day</th><th>Year</th></tr> <tr><td>09</td><td>30</td><td>2005</td></tr> </table>	Month	Day	Year	09	30	2005		482A – SW Outfall 482A
Month	Day	Year																
09	1	2005																
Month	Day	Year																
09	30	2005																

**PERMITTEE:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NEAK RD - PO BOX  
236/N21  
HANCOCKS BRIDGE, NJ 08038

**LOCATION OF ACTIVITY:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**

PSE&G NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

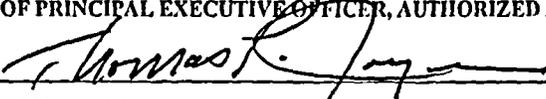
**CHECK IF APPLICABLE:**

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 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.

Thomas P. Joyce, Site Vice President - Salem	N/A	
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)	
	10/21/2005	856-339-2086
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 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: NJ0005622 MONITORED LOCATION: 482A SW Outfall 482A MONITORING PERIOD: 9/1/2005 TO 9/30/2005 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER	X	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	444	444	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		1/Day	CALCTD	
	QL	*****	*****		*****	*****	*****				
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.6	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX		1/Week	GRAB	
	QL	*****	*****		*****	*****	*****				
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	8.0	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX		1/Week	GRAB	
	QL	*****	*****		*****	*****	*****				
LC50 Statre 96hr Acu Cyprinodon TANGA 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	CODE=N	*****	*****	%EFFL	0	CODE=N	CODE=N
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****		2/Year	COMPOS	
	QL	*****	*****		*****	*****	*****				
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	
	QL	*****	*****		*****	*****	*****				
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	
	QL	*****	*****		*****	*****	*****				

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:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

482A SW Outfall 482A

9/1/2005 TO 9/30/2005

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	*****	*****		*****	34.6	37.6		0	1/Day	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	QL	*****	*****		*****	*****	*****				
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		17451						
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	*****	*****		*****	*****	*****				

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

NJPDES PERMIT  NJ0005622	MONITORING PERIOD						MONITORED LOCATION:  483A – SW Outfall 483A
	Month 09	Day 1	Year 2005	To	Month 09	Day 30	

**PERMITTEE:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NEAK RD - PO BOX  
236/N21  
HANCOCKS BRIDGE, NJ 08038

**LOCATION OF ACTIVITY:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**

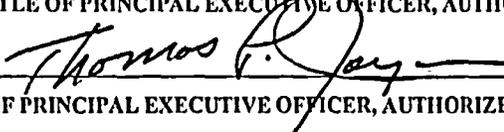
PSE&G NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

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 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.

Thomas P. Joyce, Site Vice President - Salem	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	DATE
	AREA CODE/PHONE NUMBER
	10/21/2005
	856-339-2086

\*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 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

483A SW Outfall 483A

9/1/2005 TO 9/30/2005

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	381	441	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****	1/Day	CALCTD
	QL	*****	*****		*****	*****	*****		*****		
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.7	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	6.0 01DAMN	*****		9.0 01DAMX	1/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****		
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	8.0	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01DAMN	*****		REPORT 01DAMX	1/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****		
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	CODE=N	CODE=N	MGL	0	CODE=N	CODE=N
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.3 01MOAV		0.5 01DAMX	3/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****		
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MGL	0	3/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT 01MOAV		0.2 01DAMX	3/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****		
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	35.0	38.7	DEG.C	0	1/Day	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT 01MOAV		REPORT 01DAMX	1/Day	CONTIN
	QL	*****	*****		*****	*****	*****		*****		

Comments: Any questions in regards to the monitoring report form can be directed to S. Rosenwinkel of the BPS - Region 2 at (609)292-4860.

# Surface Water Discharge Monitoring Report

PI 46814

**PERMIT NUMBER:** NJ0005622     
 **MONITORED LOCATION:** 483A SW Outfall 483A     
 **MONITORING PERIOD:** 9/1/2005 TO 9/30/2005     
 **FACILITY NAME:** PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		17451						
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	*****	*****		*****	*****	*****				

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

NJPDES PERMIT  NJ0005622	MONITORING PERIOD						MONITORED LOCATION:  484A – SW Outfall 484A
	Month 09	Day 1	Year 2005	To	Month 09	Day 30	

**PERMITTEE:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NEAK RD - PO BOX  
236/N21  
HANCOCKS BRIDGE, NJ 08038

**LOCATION OF ACTIVITY:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**

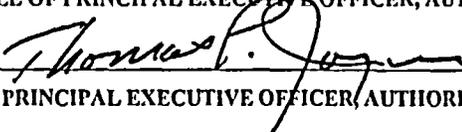
PSE&G NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

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 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.

Thomas P. Joyce, Site Vice President - Salem	N/A	
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)	
	10/21/2005	856-339-2086
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 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: NJ0005622 MONITORED LOCATION: 484A SW Outfall 484A MONITORING PERIOD: 9/1/2005 TO 9/30/2005 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER	X	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	453	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****	1/Day	CALCTD
	QL	*****	*****		*****	*****	*****		*****		
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.7	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX		*****	1/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****		
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	8.0	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX		*****	1/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****		
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
	QL	*****	*****		*****	*****	*****		*****		
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
	QL	*****	*****		*****	*****	*****		*****		
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
	QL	*****	*****		*****	*****	*****		*****		

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:** 484A SW Outfall 484A     
 **MONITORING PERIOD:** 9/1/2005 TO 9/30/2005     
 **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	*****	*****	*****	*****	35.6	39.2	DEG.C	0	1/Day	CONTIN	
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT 01MOAV		REPORT 01DAMX	*****	1/Day	CONTIN
	QL	*****	*****		*****	*****	*****		*****	*****	*****	*****
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431	*****	17451			*****	*****	*****	*****	
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		*****	REPORT Lab #	REPORT Lab #		REPORT Lab #	*****	Not Applic	NOT AP
	QL	*****	*****		*****	*****	*****		*****	*****	*****	*****

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

NJPDES PERMIT  NJ0005622	MONITORING PERIOD						MONITORED LOCATION:  485A – SW Outfall 485A
	Month 09	Day 1	Year 2005	To	Month 09	Day 30	

**PERMITTEE:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NEAK RD - PO BOX  
236/N21  
HANCOCKS BRIDGE, NJ 08038

**LOCATION OF ACTIVITY:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**

PSE&G 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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Thomas P. Joyce, Site Vice President - Salem	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
	10/21/2005 856-339-2086
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 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

9/1/2005 TO 9/30/2005

PSEG NUCLEAR LLC

PARAMETER	X	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	394	428	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****	1/Day	CALCTD
	QL	*****	*****		*****	*****	*****		*****		
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.7	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX		*****	1/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****		
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	8.0	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX		*****	1/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****		
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
	QL	*****	*****		*****	*****	*****		*****		
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	CODE=N	CODE=N	MGL	0	CODE=N	CODE=N
	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX		*****	3/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****		
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MGL	0	3/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX		*****	3/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****		

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: 9/1/2005 TO 9/30/2005 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	35.5	38.7		0	1/Day	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	QL	*****	*****		*****	*****	*****				
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		17451						
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	*****	*****		*****	*****	*****				

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

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
NJ0005622	Month	Day	Year	To	Month	Day	Year	486A – SW Outfall 486A
	09	1	2005		09	30	2005	

**PERMITTEE:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NEAK RD - PO BOX  
236/N21  
HANCOCKS BRIDGE, NJ 08038

**LOCATION OF ACTIVITY:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**

PSE&G NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

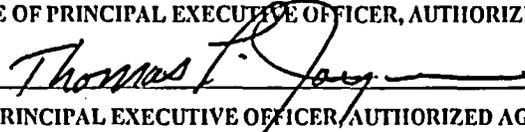
CHECK IF APPLICABLE:

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 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.

<u>Thomas P. Joyce, Site Vice President - Salem</u> NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	<u>N/A</u> GRADE AND REGISTRY NUMBER (IF APPLICABLE)
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	<u>10/21/2005</u> <u>856-339-2086</u> 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 reviewed the attached discharge monitoring reports.

<u>N/A</u> NAME AND TITLE	<u>N/A</u> SIGNATURE	<u>N/A</u> DATE	<u>N/A</u> AREA CODE/PHONE NUMBER
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# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

486A SW Outfall 486A

9/1/2005 TO 9/30/2005

PSEG NUCLEAR LLC

PARAMETER	X	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	456	464	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****	1/Day	CALCTD
	QL	*****	*****		*****	*****	*****		*****		
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.8	SU	0	1/week	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX		*****	1/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****		
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	8.0	SU	0	1/week	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX		*****	1/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****		
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
	QL	*****	*****		*****	*****	*****		*****		
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
	QL	*****	*****		*****	*****	*****		*****		
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	34.8	38.6	DEG.C	0	1/Day	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX		*****	1/Day	CONTIN
	QL	*****	*****		*****	*****	*****		*****		

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:** NJ0005622     
 **MONITORED LOCATION:** 486A SW Outfall 486A     
 **MONITORING PERIOD:** 9/1/2005 TO 9/30/2005     
 **FACILITY NAME:** PSEG NUCLEAR LLC

PARAMETER	X	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		17451						
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	*****	*****		*****	*****	*****				

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

NJPDES PERMIT  NJ0005622	MONITORING PERIOD						MONITORED LOCATION:  487B – SW Outfall 487B
	Month 09	Day 1	Year 2005	To	Month 09	Day 30	

**PERMITTEE:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NEAK RD - PO BOX  
236/N21  
HANCOCKS BRIDGE, NJ 08038

**LOCATION OF ACTIVITY:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**

PSE&G NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

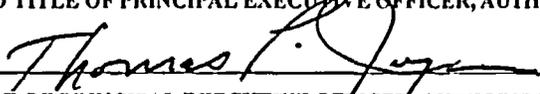
CHECK IF APPICABLE:

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 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.

Thomas P. Joyce, Site Vice President - Salem	N/A	
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)	
	10/21/2005	856-339-2086
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 reviewed the attached discharge monitoring reports.

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

New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT  NJ0005622	MONITORING PERIOD						MONITORED LOCATION:  489A – SW Outfall 489A
	Month 09	Day 1	Year 2005	To	Month 09	Day 30	

**PERMITTEE:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NEAK RD - PO BOX  
236/N21  
HANCOCKS BRIDGE, NJ 08038

**LOCATION OF ACTIVITY:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD  
LOWER ALLOWAYS CREEK, NJ 08038-0000

**REPORT RECIPIENT:**

PSE&G 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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Thomas P. Joyce, Site Vice President - Salem	N/A	
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)	
	10/21/2005	856-339-2086
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 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:** NJ0005622     
 **MONITORED LOCATION:** 489A SW Outfall 489A     
 **MONITORING PERIOD:** 9/1/2005 TO 9/30/2005     
 **FACILITY NAME:** PSEG NUCLEAR LLC

PARAMETER	X	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	0.0040	0.0040	MGD	*****	*****	*****	*****	0	1/Month	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	SU	0	1/Month	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX				
	QL	*****	*****		*****	*****	*****				
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	16	16	*****	MG/L	0	1/Month	GRAB
	PERMIT REQUIREMENT	*****	*****		100 01DAMX	30 01MOAV	*****				
	QL	*****	*****		*****	*****	*****				
Petroleum Hydrocarbons 00551 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	40.5	40.5	MG/L	0	1/Month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	10 01MOAV	15 01DAMX				
	QL	*****	*****		*****	*****	*****				
Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	10	10	MG/L	0	1/Month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	50 01DAMX				
	QL	*****	*****		*****	*****	*****				
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431	*****	17451			*****			
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #				
	QL	*****	*****		*****	*****	*****				

Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the the BPSP - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us".