PSEG Nuclear LLC PO. Box 236, Hancocks Bridge, New Jersey 08038-0236

FEB 1 3 2006



LR-E06-0062

CERTIFIED MAIL RETURN RECEIPT REQUESTED ARTICLE NUMBER: 7004 2510 0005 2135 5284

Department of Environmental Protection Division of Water Quality Bureau of Permit Management P.O. Box 029 Trenton, N.J. 08625-0029

NEW JERSEY POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT SALEM GENERATING STATION NJPDES PERMIT NJ0005622

Dear Sir:

Attached is the Discharge Monitoring Report for the Salem Generating Station for the month of January 2006.

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 are controlled by the EPA and the 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 that 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.

If you have any questions concerning this report, please feel free to contact Brendan Daly at (856) 339-1169.

Sincerely,

Thomas P. Jovice

Site Vice President – Salem

TE2S

Attachments

С

Executive Director, DRBC USNRC - Docket numbers 50-272 & 50-311

EXPLANATION OF CONDITIONS

January 2006

The following explanations are included to clarify possible deviation from permit conditions.

General - The columns labeled "No. Ex" on the enclosed DMR tabulate the number of daily discharge values outside the indicated limits.

Data reporting and accuracy reflect the working environment, the design capabilities and reliability of the monitoring instruments and operating equipment.

Deviations from required sampling, analysis monitoring and reporting methods and periodicities are noted on the respective transmittal sheet.

Results reported on the Discharge Monitoring Report forms are consistent with permit limits, data supplied from contract laboratories, the December 1993 revision of the NJDEP DMR Instruction Manual and specific guidance from DEP personnel.

FEB 1 3 2006

EXPLANATION OF EXCEEDANCES

January 2006

The following exceedances are included in the attached report and explained below.

4

DSN No.

EXPLANATION

No Exceedances

1.

3.

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:

I am the Site Vice President-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 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 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.

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 .

Thomas P. Joyce Site Vice President – Salem

Sworn and subscribed before me this $\sqrt{2}$ day of February 2006.

SHERI L. HUSTON NOTARY PUBLIC OF NEW JERSEY My Commission Expires

NJPDES PERMIT	Ν	IONITORING	PERIOD		MONITO	RED LOCATION:
NJ0005622	MonthDay11	Year To 2006 To		ay Year 1 2006	FACA – SW Ou	tfall FACA
PERMITTEE: PSE&G NUCLEAR LLC ALLOWAY CREEK NEAK RD 236/N21 HANCOCKS BRIDGE, NJ 0803		LOCATION PSE&G NUCLEA ALLOWAY CRE LOWER ALLOW	AR LLĆ EEK NECK RD	NJ 08038-000		LLC
CHECK IF APPICABLE:	🗌 No Discl	narge this Monitor] Monitoring Report Con	nments Attached
WHO MUST SIGN The high the certification or, in his absent the certification. Where the high responsibility or person designs another entity to operate the tree I certify under penalty of law the that, based on my inquiry of the complete. I am aware that the to N.J.A.C. 7:14A-6.9(B). The	ace a person design ghest ranking opera ated by that person atment works, the nat I have personal ose individuals impresent re are significant p	ated by that person tor does not have shall also sign the highest-ranking of ly examined and a nediately respons- enalties for submi	n. For a local the ability to a second certifi ficial of the co m familiar wit ible for obtain tting false info	agency, the hi uthorize capit cation at the b ontracted entity h the information ormation, inclu-	ghest ranking operator of al expenditures and hire p oottom of this page. If the y shall sign the certification ion submitted in this docu ation, I believe that the infu uding the possibility of an	the treatment works shall sign ersonnel, a person having that local agency has contracted with n. ment and all attachments, and formation is true, accurate and d/or imprisonment, pursuant
Thomas P. Joyce	, Site Vice Preside	nt - Salem	_		1	N/A
NAME AND TITLE OF PRINCIPAL			GENT, OR *LIC	ENSED OPERAT	FOR GRADE AND RE 02/14/2006	GISTRY NUMBER (IF APPLICABLE) 856-339-2086
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AU	THORIZED AGENT	OR *LICENSE	O OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the hig person designated by that person I certify under penalty of law and	shall sign the follow	ing certification:				a person having that responsibility or
				ino quax	•	
N/A		SIGNATURE	<u>N/A</u>		<u>N/A</u> DATE	<u>N/A</u> AREA CODE/PHONE NUMBER
name and Hille	· · ·	SIGMAI UNE		•	DAIL	AREA CODE/FROME NUMBER

PERMIT NUMBER:	MONI	TORED LOCA	· · ·	MONITORING PERIOD: FACILITY NAME:		· · · · · ·		• 	· .	 	1140014
NJ0005622	FACA	SW Outfall F	ACA 1	/1/2006 T	O 1/31/2006	PSEG NUCL	EARLLC			, ,	
PARAMETER	QUANTITY OR LOADING		OR LOADING	UNITS	G QUALITY OR CONCENTRATION		UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Temperature, oC	SAMPLE MEASUREMENT	****	*****	2	****	5.2	6.6	1	G	Continuum	CONTIN
00010 G Raw Sew/influent	PERMIT REQUIREMENT					REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
	QL	*****	******		*****	******					
Temperature, oC	SAMPLE MEASUREMENT	****	*****		****	14.2	15.4		0	Continuous	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT		******	******	******	REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
	QL	*****	*****		*****	*****	*****				
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	8.9	10.2		0	1/Da-1	CALCTD
00010 2 Effluent Net Value	PERMIT REQUIREMENT	******	*****	******	******	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD
	<u>01</u>	******	******		******	*****	******				
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: 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".

NJPDES PERMIT	MONITORI	NG PERIOD	MONITOR	RED LOCATION:
NJ0005622	MonthDayYear112006	MonthDayYearTo1312006	FACB – SW Ou	tfall FACB
PERMITTEE: PSE&G NUCLEAR LLC ALLOWAY CREEK NEAK RD 236/N21 HANCOCKS BRIDGE, NJ 0803	- PO BOX ALLOWAY LOWER ALL	ON OF ACTIVITY: CLEAR LLC CREEK NECK RD LOWAYS CREEK, NJ 08038-000	REPORT RECH PSE&G NUCLEAR I PO BOX 236/N21 00 HANCOCKS BRIDO	LLC
	REGIO	N / COUNTY: Southern / Salem	County	
CHECK IF APPICABLE:	No Discharge this More	nitoring Period] Monitoring Report Com	ments Attached
another entity to operate the tree I certify under penalty of law the that, based on my inquiry of the complete. I am aware that the	atment works, the highest-rankin hat I have personally examined a ose individuals immediately resp re are significant penalties for su	ng official of the contracted entity nd am familiar with the information oonsible for obtaining the information ubmitting false information, inclu- ntrol Act provides for penalties up	y shall sign the certification ion submitted in this docur ation, I believe that the info uding the possibility of and	ment and all attachments, and ormation is true, accurate and d/or imprisonment, pursuant
	Site Vice President - Salem		·	<u>N/A</u>
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZI	ED AGENT, OR *LICENSED OPERAT	FOR GRADE AND REC	GISTRY NUMBER (IF APPLICABLE)
Momat	Jong com	: 	02/14/2006	856-339-2086
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AG	ENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
person designated by that person	shall sign the following certification		•	a person having that responsibility o
			· · · ·	
N/A NAME AND TITLE	SIGNATURI	<u>N/A</u>	<u>N/A</u> DATE	<u>N/A</u> AREA CODE/PHONE NUMBER

	icona g		ing nopon								F140014
PERMIT NUMBER:	MON	TORED LOCA	TION:	MONITOR	ING PERIOD:	FACILITY N	AME:	* .		,	
NJ0005622	FACE	SW Outfall F	ACB	1/1/2006 T	O 1/31/2006	PSEG NUCL					
PARAMETER	\square	QUANTITY OR LOADING		UNITS	S QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, cC	SAMPLE MEASUREMENT	*****	*****		*****	5.2	6.6		0	Continuous	CONTIN
00010 G Raw Sew/influent	PERMIT REQUIREMENT	******	******	•••••		REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
· · · · · · · · · · · · · · · · · · ·	QL	*****	******		*****	*****	*****				
Temp e rature, oC	SAMPLE MEASUREMENT	****	*****		*****	14.2	15.7		0	Continueus	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	•••••	******	REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
	QL	*****	*****		£++++	*****	44444		1.	100 m 100 m	
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		****	9.0	10.2		0	11Day	CALOTO
00010 2 Effluent Net Value	PERMIT REQUIREMENT	*****	******	·····	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD
· · · · · · · · · · · · · · · · · · ·	QL	*****	*****		*****	*****	\$*****	8	44. 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -	2.77.0	
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: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us".

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	Month Day Year 1 1 2006 To Month Day Year 1 1 2006 To 1 31 2006	FACC – SW Outfall FACC
PERMITTEE: PSE&G NUCLEAR LLC ALLOWAY CREEK NEAK RD 236/N21 HANCOCKS BRIDGE, NJ 0803	LOWER ALLOWAYS CREEK, NJ 08038-0000	REPORT RECIPIENT: PSE&G NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038
	REGION / COUNTY: Southern / Salem C	County
CHECK IF APPICABLE:	No Discharge this Monitoring Period	Monitoring Report Comments Attached
the certification or, in his absen the certification. Where the hig responsibility or person designa another entity to operate the tre I certify under penalty of law th that, based on my inquiry of the complete. I am aware that ther	est ranking official having day-to-day managerial and operational a ce a person designated by that person. For a local agency, the high hest ranking operator does not have the ability to authorize capital ted by that person shall also sign the second certification at the bot atment works, the highest-ranking official of the contracted entity s at I have personally examined and am familiar with the information see individuals immediately responsible for obtaining the information e are significant penalties for submitting false information, includ New Jersey water Pollution Control Act provides for penalties up to the set of the set	hest ranking operator of the treatment works shall sign expenditures and hire personnel, a person having that ttom of this page. If the local agency has contracted with shall sign the certification. On submitted in this document and all attachments, and ion, I believe that the information is true, accurate and ling the possibility of and/or imprisonment, pursuant
Thomas P. Joyce,	Site Vice President - Salem	<u>N/A</u>
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	OR GRADE AND REGISTRY NUMBER (IF APPLICABLE) 02/14/2006 856-339-2086
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER
	hest-ranking operator does not have the ability to authorize capital expen shall sign the following certification:	ditures and hire personnel, a person having that responsibility or
I certify under penalty of law and i	n accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attache	ed discharge monitoring reports.
N/A	N/A	N/A N/A

DATE

AREA CODE/PHONE NUMBER

SIGNATURE

NAME AND TITLE

							1 A A A				
PERMIT NUMBER: NJ0005622		ITORED LOCA SW Outfall F/	· · · · · · · · · · · · · · · · · · ·		ING PERIOD: 0 1/31/2006	FACILITY N PSEG NUC					
PARAMETER	\square	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or	SAMPLE MEASUREMENT	2408	2601		*****	*****	*****		0	1/0.1	CALCTT
i0050 G Raw Sew/influent	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX	MGD	22222	******	*****	******		1/Day	CALCTD
·	QL	*****	*****		*****	*****	*****				
Thermal Discharge Million BTUs per Hr	SAMPLE MEASUREMENT	13799	14209		*****	*****	*****	·.	0	11000	CALCT
0015 2 Effluent Net Value	PERMIT REQUIREMENT	REPORT 01MOAV	30600 01DAMX	MBTU/HR	******	******	******	******		1/Day	CALCTD
and the second	QL	*****	******		*****	*****	*****				
ab Certification #	SAMPLE MEASUREMENT	17327	06431		17451						
99999 99 Lob	PERMIT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
Lab	<u>o</u> L	******	******		*****	******	A*****	-		an a star and a star particular	

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".

PI-46814

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	Month Day Year Month Day Ye 1 1 2006 To 1 31 20	ar 06 048C – SW Outfall 48C
PERMITTEE: PSE&G NUCLEAR LLC ALLOWAY CREEK NEAK RD 236/N21 HANCOCKS BRIDGE, NJ 0803	LOWER ALLOWAYS CREEK, NJ 0803 8	· · · · · · · · · · · · · · · · · · ·
	REGION / COUNTY: Southern / S	alem County
CHECK IF APPICABLE:	□ No Discharge this Monitoring Period	Monitoring Report Comments Attached
responsibility or person designation another entity to operate the tree I certify under penalty of law the that, based on my inquiry of the complete. I am aware that the	ated by that person shall also sign the second certification at atment works, the highest-ranking official of the contracted nat I have personally examined and am familiar with the info ose individuals immediately responsible for obtaining the in	ormation submitted in this document and all attachments, and formation, I believe that the information is true, accurate and including the possibility of and/or imprisonment, pursuant
Thomas P. Jovce	Site Vice President - Salem	N/A
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OF	PERATOR GRADE AND REGISTRY NUMBER (IF APPLICABLE) 02/14/2006 856-339-2086
SIGNATURE OF PRINCIPAL EXEC	utive officer, authorized agent, or *licensed operat	TOR DATE AREA CODE/PHONE NUMBER
	hest-ranking operator does not have the ability to authorize capito shall sign the following certification:	al expenditures and hire personnel, a person having that responsibility or
I certify under penalty of law and	in accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the	e attached discharge monitoring reports.
N/A	N/A	N/A N/A

NAME AND TITLE

DATE

AREA CODE/PHONE NUMBER

PERMIT NUMBER:	MON	ITORED LOCA	TION: N	IONITOR	NING PERIOD:	FACILITY NA	ME:	e		· .	
NJ0005622	048C	SW Outfall 48	C 1	/1/2006 T	O 1/31/2006	PSEG NUCL	EAR LLC				
PARAMETER	\bowtie	QUANTITY (OR LOADING	UNITS	QUALITY OR CONCENTRAT				NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.3041	0.4235		****	*****	*****		0	1/Day	CALOTD
0050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	******	******		1/Day	CALCTD
Solids, Total	QL SAMPLE MEASUREMENT	******	******		*****	****** 5			0	2/Month	COMPOS
Suspended 00530 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	*****	30 01MOAV	01DAMX	MG/L		2/Month	COMPOS
Nitrogen, Ammonia		*****	******	· · ·		******		<u>.</u>			
Fotal (as N) 00610 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	******	*****	5 35 01MOAV	70 01DAMX	MG/L	0	2 <i> Month</i> 2/Month	COMPO_ COMPOS
Petroleum		1 ******	******		******	•••••• < 0.5			0	2/100 41	GRAIS
Hydrocarbons)0551 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	<u>B</u> ân ban	10 01MOAV	15 01DAMX	MG/L		2/Month 2/Month	GRAB
Carbon, Tot Organic		874888	******		******	144474	*****				
TOC) 00680 1	PERMIT REQUIREMENT	******	*****		3×4174.	HEPORT 01MOAV	50 01DAMX	MG/L	0	2/ <i>Month</i> 2/Month	COMPO_
Effluent Gross Value	QL	*****	******	r	*****	******					
99999 99	SAMPLE MEASUREMENT	/ 7327 REPORT	OG43/ REPORT		17451 REPORT	REPORT	REPORT			Not Applic	NOT AP
Lab	REQUIREMENT	Lab #	Lab#		Lab #	Lab #	Lab #	-			

Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4680 or via email at "srosenwi@dep.state.nj.us".

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MON	ITORING PERIOD	MONITOR	ED LOCATION:
NJ0005622		YearMonthDayYear2006To1312006	481A – SW Outf	all 481A
PERMITTEE: PSE&G NUCLEAR LLC ALLOWAY CREEK NEAK RD 236/N21 HANCOCKS BRIDGE, NJ 0803 CHECK IF APPICABLE:	PSE - PO BOX ALI LOV 38	DCATION OF ACTIVITY: B&G NUCLEAR LLC LOWAY CREEK NECK RD WER ALLOWAYS CREEK, NJ 08038-00 REGION / COUNTY: Southern / Salen e this Monitoring Period	•	LC E, NJ 08038
the certification or, in his absent the certification. Where the his responsibility or person designs another entity to operate the tree I certify under penalty of law the that, based on my inquiry of the complete. I am aware that the	nce a person designated i ghest ranking operator d ated by that person shall eatment works, the higher hat I have personally ex- ose individuals immedia- re are significant penalt	ing day-to-day managerial and operation by that person. For a local agency, the h loes not have the ability to authorize capi l also sign the second certification at the est-ranking official of the contracted enti- amined and am familiar with the informa- ately responsible for obtaining the inform ties for submitting false information, inclu- ution Control Act provides for penalties u	ighest ranking operator of the tal expenditures and hire per- bottom of this page. If the 1 by shall sign the certification tion submitted in this docur tation, I believe that the infor- uding the possibility of and	the treatment works shall sign rsonnel, a person having that ocal agency has contracted with the ment and all attachments, and prmation is true, accurate and
Thomas P. Joyce	, Site Vice President - S	alem		N/A
		UTHORIZED AGENT, OR *LICENSED OPERA	TOR GRADE AND REG 02/14/2006	ISTRY NUMBER (IF APPLICABLE) 856-339-2086
SIGNATURE OF PRINCIPAL EXEC	CUTIVE OFFICER, AUTHO	RIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the hig person designated by that person		es not have the ability to authorize capital exp ertification:	enditures and hire personnel,	a person having that responsibility or
I certify under penalty of law and	in accordance with N.J.S.A	A. 58:10A-6F(5) that I have reviewed the atta	ched discharge monitoring rep	orts.
<u>N/A</u>		<u>N/A</u>	<u>N/A</u>	N/A

NAME AND TITLE

AREA CODE/PHONE NUMBER

PERMIT NUMBER:	MONI	TORED LOCA	TION:	MONITOR	ING PERIOD:	FACILITY NA	AME:				
NJ0005622	481A	SW Outfall 48	1A ·	1/1/2006 T	O 1/31/2006	PSEG NUCL	EAR LLC	14 A.	•		
PARAMETER	\mathbf{X}	QUANTITY (UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	426	476		*****	*****	*****		0	1100-1	CALCTU
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	******	*****	******		1/Day	CALCTD
рН	SAMPLE MEASUREMENT	*****	******		7.3	*****	7.7		0	1/wook	GRAB
00400 1 Effluent Gross Value		*****	******		6.0 01DAMN	*****	9.0 01DAMX	SU		1/Week	GRAB
рН	SAMPLE MEASUREMENT	*****	*****		6.9	*****	7.6	s - 4 ₆	0	1/work	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	******	******	******	REPORT 01DAMN	*****	REPORT 01DAMX	SU		1/Week	GRAB
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	******		CODE=N	*****	*****		0	CODE=N	CODEZN
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	******	50 01DAMN	******	******	%EFFL		2/Year	COMPOS
Chlorine Produced Oxidants	QL SAMPLE MEASUREMENT	*****	******		*****	(ب = E CODE	CODE = N		0	CODE:N	CODEEN
CPOX 1 Effluent Gross Value Option 1	PERMIT REQUIREMENT	******	******	******	******	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Chlorine Produced	SAMPLE MEASUREMENT	*****	*****		*****	20.1	< 0.1		C	3/work	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	QL	******	******		******	*****	******			and the second second second	a stranger

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.

PI-46814

	•										
PERMIT NUMBER:	MON	IITORED LOCA	TION: I	MONITOR	ING PERIOD:	FACILITY NAME:		•			÷
NJ0005622	481A	1A SW Outfall 481A 1/		1/1/2006 TO 1/31/2006		PSEG NUCLEAR LLC		· · · · · · · · · · · · · · · · · · ·			.,
PARAMETER	DR LOADING	UNITS	S QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE		
Temperature, cC	SAMPLE MEASUREMENT	*****	*****		*****	14.8	19.8	-	0	11Day	EONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	******	****	******	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
· · · · ·	QL	******	******	,	******	*****	******				
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: 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.

PI-46814

NJPDES PERMIT	MONITORING PERIOD	MONITO	RED LOCATION:
NJ0005622	MonthDayYear112006To1312006		fall 482A
PERMITTEE: PSE&G NUCLEAR LLC ALLOWAY CREEK NEAK RD 236/N21 HANCOCKS BRIDGE, NJ 0803	LOWER ALLOWAYS CREEK, NJ 08038		LLC
CHECK IF APPICABLE:	□ No Discharge this Monitoring Period	Monitoring Report Con	nments Attached
the certification. Where the hig responsibility or person designal another entity to operate the tre I certify under penalty of law the that, based on my inquiry of the complete. I am aware that ther	ce a person designated by that person. For a local agency, the hest ranking operator does not have the ability to authorize of ted by that person shall also sign the second certification at atment works, the highest-ranking official of the contracted of at I have personally examined and am familiar with the info use individuals immediately responsible for obtaining the infor- e are significant penalties for submitting false information, New Jersey water Pollution Control Act provides for penaltic	capital expenditures and hire pe the bottom of this page. If the entity shall sign the certificatio rmation submitted in this docu formation, I believe that the inf including the possibility of an	ersonnel, a person having that local agency has contracted with n. ment and all attachments, and formation is true, accurate and d/or imprisonment, pursuant
	Site Vice President - Salem	·····	N/A
Thomas	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OP	02/14/2006	GISTRY NUMBER (IF APPLICABLE) 856-339-2086 AREA CODE/PHONE NUMBER
person designated by that person.	hest-ranking operator does not have the ability to authorize capital shall sign the following certification: n accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the		
<u>N/A</u> NAME AND TITLE	<u>N/A</u>	<u>N/A</u>	<u>N/A</u> AREA CODE/PHONE NUMBER

PERMIT NUMBER:	-	MONITORED LOCATION: MONITORING PERIOD:					FACILITY NAME:				F1 408 14
NJ0005622		SW Outfall 48			O 1/31/2006	PSEG NUCL		,		 .	-
PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	421	442		*****	*****	*****		0	1/Dav	CALCTD
50050 1 Effluent Gross Value	PERMIT REQUIREMENT QL	REPORT 01MOAV	REPORT 01 DAMX	MGD	*****	******		*****		1/Day	CALCTD
рН	SAMPLE MEASUREMENT	*****	****	-	7.2	*****	7.7		0	Incok	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	******	*****	•••••	6.0 01DAMN	*****	9.0 01DAMX	SU		1/Week	GRAB
рН	QL SAMPLE MEASUREMENT	******	*****		6.9	*****	7.6		0	Ihreck	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	*****	******	******	REPORT 01DAMN	*****	REPORT 01DAMX	SU		1/Week	GRAB
LC50 Statre 96hr Acu Cyprinodon	QL SAMPLE MEASUREMENT	******	*****		COPE=N	******	******		0	CODE = N	CODE = N
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	******	50 01DAMN	*****	*****	%EFFL		2/Year	COMPOS
Chlorine Produced Oxidants	QL SAMPLE MEASUREMENT	****	*****		****	CODE=N	CODE = N		0	CODEEN	CODESN
*CPOX 1 Effluent Gross Value Option 1	PERMIT REQUIREMENT	******	******	******	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	< 0.1	50.1	*	0	3/wook	GRAB
*CPOX_1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	QL	*****	******		******	*****	******	-	1		

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.

PERMIT NUMBER: NJ0005622		ITORED LOCA SW Outfall 48			NING PERIOD: 0 1/31/2006	<i>Facility n</i> Pseg nuci		. :			
PARAMETER		QUANTITY	OR LOADING	UNITS	QUALIT	Y OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	14.]	17.7		0	1/Day	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT		*****	•••••	anktan	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Lab Certification #			06431		17451	*****	******				
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP

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. .

NJPDES PERMIT MONITORING PERIOD MONITORED LOCATION:									
NJPDES PERMIT	MC	DNITORING PERIOD	MONITO	ED LOCATION:					
NJ0005622	MonthDay11	Year Month Day Year 2006 To 1 31 2006		fall 483A					
PERMITTEE: PSE&G NUCLEAR LLC ALLOWAY CREEK NEAK RD 236/N21 HANCOCKS BRIDGE, NJ 0803	- PO BOX A	LOCATION OF ACTIVITY: SE&G NUCLEAR LLC LLOWAY CREEK NECK RD OWER ALLOWAYS CREEK, NJ 08038-(REGION / COUNTY: Southern / Sal		LLC					
CHECK IF APPICABLE:	🗌 No Dischar	ge this Monitoring Period	Monitoring Report Com	ments Attached					
responsibility or person designs another entity to operate the tree I certify under penalty of law th that, based on my inquiry of th complete. I am aware that the to N.J.A.C. 7:14A-6.9(B). The	ated by that person sh atment works, the hig nat I have personally ose individuals imme re are significant pen New Jersey water Po	r does not have the ability to authorize ca all also sign the second certification at the ghest-ranking official of the contracted en examined and am familiar with the inform diately responsible for obtaining the infor- alties for submitting false information, ir ollution Control Act provides for penalties	e bottom of this page. If the tity shall sign the certification mation submitted in this docu mation, I believe that the infucluding the possibility of an	local agency has contracted with n. ment and all attachments, and ormation is true, accurate and d/or imprisonment, pursuant					
· · · · · · · · · · · · · · · · · · ·	Site Vice President								
Thomas	Kagen	AUTHORIZED AGENT, OR *LICENSED OPEN	02/14/2006	SISTRY NUMBER (IF APPLICABLE) 856-339-2086 AREA CODE/PHONE NUMBER					
*For a local agency where the hig person designated by that person		does not have the ability to authorize capital e certification:	xpenditures and hire personnel,	a person having that responsibility c					
I certify under penalty of law and	in accordance with N.J.	S.A. 58:10A-6F(5) that I have reviewed the a	tached discharge monitoring rep	ports.					
<u>N/A</u>		N/A	N/A	N/A					
NAME AND TITLE		SIGNATURE	DATE	AREA CODE/PHONE NUMBER					

PERMIT NUMBER:	····	TORED LOCA				FACILITY NA				· ·		
NJ0005622	483A	SW Outfall 48	3A 1	11/2006 1	O 1/31/2006	PSEG NUCL		· · · ·				
PARAMETER	\searrow	QUANTITY	OR LOADING	UNITS	QUALIT	Y OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	399	435		*****	******			0	1/Dar	CALOTO	
50050 1 Effluent Gross Value	PERMIT REQUIREMENT QL	REPORT 01MOAV	REPORT 01DAMX	MGD	******* ******		584458 			1/Day	CALCTD	
pH	SAMPLE	*****	*****		7.2	*****	7.7		0	1/week	GRAR	
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	******	6.0 01DAMN	*****	9,0 01DAMX	SU		1/Week	GRAB	
рН		******	*****		6.9	******	7.6	· .	0	Ilweek	GRAB	
00400 7 Intake From Stream	PERMIT REQUIREMENT		******	******	REPORT 01DAMN	******	REPORT 01DAMX	ຣບ		1/Week	GRAB	
Chlorine Produced	SAMPLE		******			******	A###A#					
Oxidants	MEASUREMENT	*****	*****		******	CODE=N	CODEEN		0		CODE=P	
CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	******	******	0.3 .01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB	
Option 1	QL	*****	******	<u> </u>	*****	******	A44446	<u> </u>	ge av i			
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	< 0.1	<0.1		0	3 preck	GRAF	
CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	•••••	******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB	
Option 2	QL	*****	******		*****	*****						
Temperature, oC	SAMPLE MEASUREMENT	*****	******		****	14.3	24.2		0	1/Da.y	CONTI	
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****		******		REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN	
EINIGHT GIVIS VAIUT	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.

PERMIT NUMBER: NJ0005622		ITORED LOCA	<u></u>		RING PERIOD: 10 1/31/2006						•• •
PARAMETER	\searrow	QUANTITY	OR LOADING	UNITS	QUALITY OR CONCENTRATION				NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT	17327	06431								
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab,#	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	******	******		******	*****	A41334		1		

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.

NJPDES PERMIT	M	ONITORING PERIOD		MONITOR	ED LOCATION:
NJ0005622	Month Day 1 1	Year Month Day 2006 To 1 31	Year 4	84A – SW Outf	all 484A
PERMITTEE: PSE&G NUCLEAR LLC ALLOWAY CREEK NEAK RD 236/N21 HANCOCKS BRIDGE, NJ 0803		LOCATION OF ACTIVIT PSE&G NUCLEAR LLC ALLOWAY CREEK NECK RD LOWER ALLOWAYS CREEK, N	·	REPORT RECIP PSE&G NUCLEAR I PO BOX 236/N21 HANCOCKS BRIDG	LC
		REGION / COUNTY: Sout	ern / Salem Co	ounty	
CHECK IF APPICABLE:	🗌 No Disch	arge this Monitoring Period		Ionitoring Report Com	ments Attached
another entity to operate the tre I certify under penalty of law th that, based on my inquiry of th complete. I am aware that the	eatment works, the h hat I have personall ose individuals imm re are significant pe	shall also sign the second certifican highest-ranking official of the con y examined and am familiar with hediately responsible for obtaining enalties for submitting false infor Pollution Control Act provides for	racted entity sh he information the information nation, includin	nall sign the certification submitted in this docum on, I believe that the info ng the possibility of and	nent and all attachments, and prmation is true, accurate and
· · · · · · · · · · · · · · · · · · ·	, Site Vice Presiden				<u>N/A</u>
		R, AUTHORIZED AGENT, OR *LICE	SED OPERATOR	R GRADE AND REG	ISTRY NUMBER (IF APPLICABLE)
Thomas			. <u>.</u>	02/14/2006	856-339-2086
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AU	THORIZED AGENT, OR *LICENSED	OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the hig person designated by that person		r does not have the ability to authori: ng certification:	e capital expend	itures and hire personnel,	a person having that responsibility o
I certify under penalty of law and	in accordance with N	.J.S.A. 58:10A-6F(5) that I have revi	wed the attached	d discharge monitoring rep	orts.
<u>N/A</u>		N/A		N/A	N/A
NAME AND TITLE		SIGNATURE		DATE	AREA CODE/PHONE NUMBER

	RMIT NUMBER: MONITORED LOCATION: MONITORING PERIOD:						FACILITY NAME:				P1 46814
NJ0005622		SW Outfall 48	,		O 1/31/2006	PSEG NUCL				· · ·	
PARAMETER	\searrow	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTR	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	423	438	-	*****	*****	*****		0	1/Day	CALCTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	****** ******	******* ******	******		1/Day	CALCTD
pH	SAMPLE MEASUREMENT	*****	*****	602 	7.3	*****	7.7		0	Threak	GRAM
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	******	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	SU		1/Week	GRAB
рН	SAMPLE	*****	*****		6.9	*****	7.6		0	1 /week	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	4+++++	******	•••••	REPORT 01DAMN	******	REPORT 01DAMX	SU		1/Week	GRAB
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****		COPE=N	*****	*****		0	CODEIN	CODE=N
TAN6A 1 Effluent Gross Value		*****	*****	*****	50 01DAMN	*****	*****	%EFFL		2/Year	COMPOS
Chlorine Produced	QL SAMPLE MEASUREMENT	******	*****		*****	CODE= N	CODE=N		0	CODEEN	CODES N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	******	******	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1 Chlorine Produced Oxidants	QL SAMPLE MEASUREMENT	*****	*****	<u>.</u>	*****	<0.1	<0.1		0	3 prock	GRAD
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	******	511411	••••••	******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	QL	******	******		******	*****	******			12.00	

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.

			•								
PERMIT NUMBER:	MONI	TORED LOCA	TION:	MONITOR	NING PERIOD:	FACILITY N	AME:			·	
NJ0005622	484A	SW Outfall 484	4A	1/1/2006 T	/1/2006 TO 1/31/2006		LEAR LLC				
PARAMETER	\square	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENT	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		******	14.3	20.2		0	110.1	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
· .	QL	*****	******		******	*****	******				
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: 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.

		•			· · · · · · · · · · · · · · · · · · ·	· .
NJPDES PERMIT	: ` <u>M</u>	ONITORIN	G PERIOD		MONITOF	RED LOCATION:
NJ0005622	MonthDay11	Year 2006 T	o Month Day 1 31	Year 2006	485A – SW Outf	all 485A
PERMITTEE: PSE&G NUCLEAR LLC ALLOWAY CREEK NEAK RD 236/N21 HANCOCKS BRIDGE, NJ 0803	- PO BOX	PSE&G NUCL ALLOWAY C LOWER ALLO	REEK NECK RD DWAYS CREEK, N	J 08038-000(LLC
	•	REGION	/ COUNTY: South	ern / Salem	County	
CHECK IF APPICABLE:	No Discha	arge this Moni	toring Period		Monitoring Report Com	ments Attached
another entity to operate the tre I certify under penalty of law th that, based on my inquiry of the complete. I am aware that then to N.J.A.C. 7:14A-6.9(B). The	ated by that person s atment works, the h nat I have personally ose individuals imm re are significant pe	shall also sign t ighest-ranking y examined and rediately respo- nalties for sub Pollution Contr	the second certifica official of the cont am familiar with t nsible for obtaining mitting false inforr	tion at the bo racted entity he informati the informa nation, inclu	ottom of this page. If the l shall sign the certification on submitted in this docur tion, I believe that the info ding the possibility of and	ocal agency has contracted with n. nent and all attachments, and prmation is true, accurate and
NAME AND TITLE OF PRINCIPAL			ACENT OD *LICEN	SED ODEDAT		ISTRY NUMBER (IF APPLICABLE)
NAME AND THEE OF FRINCIFAL		N, AUTHONIZED	AGENI, OK "LICEN	SED UTERAT	OK GRADE AND REG	ASIRI NUMBER (IF AFFLICABLE)
Momas	F. forge				02/14/2006	856-339-2086
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUT	THORIZED AGE	NT, OR *LICENSED C	PERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the hig person designated by that person	hest-ranking operator shall sign the followin	r does not have t 1g certification:	he ability to authoriz	e capital expe	nditures and hire personnel,	a person having that responsibility or
I certify under penalty of law and i	in accordance with N.	J.S.A. 58:10A-6	F(5) that I have revie	wed the attacl	ned discharge monitoring rep	orts.
N/A	· · · ·	tan ang santa sa tang s Tang sa tang sa	N/A	· .	N/A	N/A
NAME AND TITLE		SIGNATURE	· · · · · · · · · · · · · · · · · · ·	· .	DATE	AREA CODE/PHONE NUMBER

NJ0005622	485A 9	SW Outfall 48	5A 1/	/1/2006 T	O 1/31/2006	PSEG NUCL	EAR LLC	•	•	•	
PARAMETER		QUANTITY		UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or	SAMPLE MEASUREMENT	409	426		*****	*****	*****		0	11Day	CALCTI
50050 1 Effluent Gross Value	PERMIT REQUIREMENT QL	REPORT 01MOAV	REPORT 01DAMX	MGD	******	*****	*****	*****		1/Day	CALCTD
Н	SAMPLE	*****	*****		7.2	****	7. 7	- .	0	1 hours	GRAN
00400 1 Effluent Gross Value		*****			6.0 01DAMN	*****	9,0 01DAMX	SU		1/Week	GRAB
ж	SAMPLE	*****	*****		6.9	*****	7.6	· ·	0	Ihree K	GRAG
00400 7 ntake From Stream	PERMIT REQUIREMENT	****** *****	******	*****	REPORT 01DAMN		REPORT 01DAMX	SU		1/Week	GRAB
C50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****		CODE = N	*****	*****		0	CODE=N	CODE = N
AN6A 1 Effluent Gross Value	PERMIT: REQUIRSMENT	*****	*****	******	50 01DAMN	*****	******	%EFFL		2/Year	COMPOS
Chlorine Produced	SAMPLE MEASUREMENT	*****	*****		*****	CODEN	CODEN		0	CODEIN	CODE=
CPOX 1 Effluent Gross Value Option 1		*****	*****	*****	******	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Chlorine Produced	SAMPLE	******	*****		*****	<0.1	<0.1		0	3/week	GRAL
CPOX 1 ffluent Gross Value	PERMIT REQUIREMENT			******		REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	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.

PI-46814 •

PERMIT NUMBER: NJ0005622			ORED LOCATION:MONITORING PERIOD:FACILITY NAME:W Outfall 485A1/1/2006 TO 1/31/2006PSEG NUCLEAR LLC							I .	
PARAMETER		QUANTITY OR LOADING		UNITS	JNITS QUALITY OR CONCENTRATION		RATION	UNITS	NÖ. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	******		*****	14.8	2.0.0		0	I/Day	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	******	*****		******	REPORT 01MOAV		DEG.C		1/Day	CONTIN
	QL	*****	******		******	*****	******	-			
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	*****	*****		******	*****	*****		a de la composition desta de la composition		

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 Submittal Form

NIPDES PERMIT	N	IONITORING I	PERIOD	MONITOR	ED LOCATION:
NJ0005622	Month Day 1 1	Year 2006 To	MonthDayYear1312006	486A – SW Outfa	
PERMITTEE: PSE&G NUCLEAR LLC ALLOWAY CREEK NEAK RD 236/N21 HANCOCKS BRIDGE, NJ 0803			RLLC		LC
CHECK IF APPICABLE:		harge this Monitorin		-	· · · · ·
CHECK IF AFFICABLE.		harge this Monitorn		Monitoring Report Com	nents Attached
WHO MUST SIGN The high the certification or, in his absen the certification. Where the high responsibility or person designs another entity to operate the tree I certify under penalty of law the that, based on my inquiry of the complete. I am aware that the to N.J.A.C. 7:14A-6.9(B). The	ace a person design ghest ranking opera ated by that person eatment works, the hat I have personal ose individuals im- re are significant p	ated by that person. ator does not have th shall also sign the s highest-ranking offi ly examined and am mediately responsib enalties for submitt	For a local agency, the high e ability to authorize capita econd certification at the b cial of the contracted entity familiar with the informat le for obtaining the informat ing false information, inclu	ghest ranking operator of the al expenditures and hire per ottom of this page. If the low y shall sign the certification ion submitted in this docum ation, I believe that the info- uding the possibility of and	e treatment works shall sign sonnel, a person having that ocal agency has contracted with ment and all attachments, and rmation is true, accurate and
Thomas P. Joyce	, Site Vice Presider	nt - Salem	·	· ·	<u>N/A</u>
NAME AND TITLE OF PRINCIPAL	I SI'	ER, AUTHORIZED AG	ENT, OR *LICENSED OPERAT	OR GRADE AND REG	ISTRY NUMBER (IF APPLICABLE) 856-339-2086
SIGNATURE OF PRINCIPAL EXEC	CUTIVE OFFICER, AU	JTHORIZED AGENT, C	OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the hig person designated by that person	hest-ranking operate shall sign the follow	or does not have the a ing certification:	bility to authorize capital expe	enditures and hire personnel, a	person having that responsibility or
I certify under penalty of law and	in accordance with N	I.J.S.A. 58:10A-6F(5)	that I have reviewed the attac	hed discharge monitoring repo	orts.
<u>N/A</u>			<u>N/A</u>	N/A	N/A

DATE

AREA CODE/PHONE NUMBER

SIGNATURE

NAME AND TITLE

NJ0005622	MONITORED LOCATION: 486A SW Outfall 486A		1/1/000C T	O 1/31/2006	FACILITY NAME: PSEG NUCLEAR LLC						
1130003022			1/1/2000 1	0 1/31/2006	PSEG NUCL			•			
PARAMETER	\triangleright			UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Fhru Treatment Plant	SAMPLE MEASUREMENT	395	452		*****	*****	*****		0	1/Day	CALOT
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	RÉPORT 01MOAV	REPORT 01DAMX	MGD	*****	******	******	******		1/Day	CALCTD
	QL	*****	3=4422		******	******	******			-	
//	SAMPLE MEASUREMENT	*****	*****		7.3	*****	7.6		0	Ihreek	GRAM
00400 1 Effiuent Gross Value	PERMIT REQUIREMENT	******	******	•••••	6.0 01DAMN	A\$\$445	9.0 01DAMX	SU		1/Week	GRAB
	QL	*****	******		******	*****	449334				
H in the second se	SAMPLE MEASUREMENT	*****	*****	,	6.9	*****	7.6		0	Inreck	GRAI
00400 7 Intake From Stream	PERMIT REQUIREMENT		******		REPORT 01DAMN	******	REPORT 01DAMX	SU		1/Week	GRAB
	QL	*****			*****		*****				
Chlorine Produced	SAMPLE MEASUREMENT	*****	*****		****	CORE= N	CODEEN		0	CODEIN	CODEZN
CPOX 1	PERMIT. REQUIREMENT	******	******	******	******	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Effluent Gross Value Option 1	QL	*****	******		*****	*****	*****				
Chlorine Produced	SAMPLE	*****	*****		*****	<0.1	<0.1		0	3/week	GRA
CPOX 1	PERMIT REQUIREMENT	******	410.110		******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Effluent Gross Value Option 2	QL	******	\$44###		*****	*****	010AitiA A44444	-			
ſemperature,				<u>.</u>							
C	SAMPLE MEASUREMENT	*****	*****		*****	14.3	20./		0	1/Da-1	CONTI
00010 1 Effluent Gross Value	PERMIT REQUIREMENT			*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
-magin vivəə Yaing	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.

PERMIT NUMBER: NJ0005622		n			MONITORING PERIOD: 1/1/2006 TO 1/31/2006		FACILITY NAME: PSEG NUCLEAR LLC			· · ·	
PARAMETER				UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		17451						
99999 99 _ab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL		<u>8</u> *****		******	******	******	.			

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.

NJPDES PERMIT	MONITOR	ING PERIOD	MONITO	RED LOCATION:
NJ0005622	MonthDayYear112006	Month Day Year 1 31 2006	487B – SW Out	fall 487B
PERMITTEE: PSE&G NUCLEAR LLC ALLOWAY CREEK NEAK RD 236/N21 HANCOCKS BRIDGE, NJ 0803	- PO BOX ALLOWAY LOWER AI	ON OF ACTIVITY: CLEAR LLC 7 CREEK NECK RD LLOWAYS CREEK, NJ 08038-000 ON / COUNTY: Southern / Salem		LLC
			- · ·	
CHECK IF APPICABLE:	🖄 No Discharge this Mo	onitoring Period	Monitoring Report Con	ments Attached
the certification. Where the hig responsibility or person designs another entity to operate the tree I certify under penalty of law th that, based on my inquiry of th complete. I am aware that the	thest ranking operator does not ated by that person shall also sig atment works, the highest-ranking nat I have personally examined ose individuals immediately res re are significant penalties for s	person. For a local agency, the hi have the ability to authorize capit gn the second certification at the b ing official of the contracted entity and am familiar with the informat ponsible for obtaining the inform submitting false information, inclu- ontrol Act provides for penalties u	al expenditures and hire per pottom of this page. If the y shall sign the certification tion submitted in this docu ation, I believe that the infuding the possibility of an	ersonnel, a person having that local agency has contracted with n. ment and all attachments, and ormation is true, accurate and d/or imprisonment, pursuant
Thomas P. Joyce	Site Vice President - Salem			N/A
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZ	LED AGENT, OR *LICENSED OPERA	FOR GRADE AND REG 02/14/2006	GISTRY NUMBER (IF APPLICABLE) 856-339-2086
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED A	GENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the hig person designated by that person	hest-ranking operator does not ha shall sign the following certification	ve the ability to authorize capital exp on:	- · · ·	a person having that responsibility o
I certify under penalty of law and	in accordance with N.J.S.A. 58:10.	A-6F(5) that I have reviewed the attac	ched discharge monitoring rep	ports.
<u>N/A</u>		<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
NAME AND TITLE	SIGNATU	RE	DATE	AREA CODE/PHONE NUMBER

NJPDES PERMIT	Ī	IONITORIN	G PERIOI)		MONITORED LOCATION:				
NJ0005622	MonthDay11	Year 2006 T	To Month Day Year 1 31 2006 489A - SW Outfall 48					fall 489A		
PERMITTEE: PSE&G NUCLEAR LLC ALLOWAY CREEK NEAK RD 236/N21 HANCOCKS BRIDGE, NJ 0803		LOCATION PSE&G NUCL ALLOWAY C LOWER ALLO REGION	EAR LLC REEK NECK	RD EK, NJ (-)8038-000	PSE& PO B 0 HAN	ORT RECI G NUCLEAR OX 236/N21 COCKS BRID	LLC		
CHECK IF APPICABLE:	🗌 No Disc	harge this Moni	toring Period	, I		Monitori	ıg Report Coı	nments Attached		
another entity to operate the tree I certify under penalty of law th that, based on my inquiry of th complete. I am aware that the to N.J.A.C. 7:14A-6.9(B). The	ated by that person atment works, the hat I have personal ose individuals im re are significant p New Jersey water	shall also sign highest-ranking ly examined and mediately respo penalties for sub Pollution Contr	the second ce official of th am familiar nsible for obt mitting false	rtification e contra with the aining the information	on at the be cted entity informatione information, inclu	ottom of the shall sign ion submitt ition, I belie iding the po	is page. If the the certification ed in this docu- eve that the in possibility of an	local agency has contracted with on. Imment and all attachments, and formation is true, accurate and id/or imprisonment, pursuant		
	Site Vice Preside									
NAME AND TITLE OF PRINCIPAL	Kayen				• .	OR (02/14/2006	GISTRY NUMBER (IF APPLICABLE) <u>856-339-2086</u> AREA CODE/PHONE NUMBER		
	hest-ranking operat	or does not have t					4 ^{- 1}	, a person having that responsibility or		
I certify under penalty of law and	in accordance with 1	N.J.S.A. 58:10A-6	F(5) that I hav	e review	ed the attac	hed discharg	e monitoring re	ports.		
N/A			N/A	•			N/A	<u>N/A</u>		
NAME AND TITLE		SIGNATURE				DATE	- ,	AREA CODE/PHONE NUMBER		

PERMIT NUMBER: NJ0005622		ITORED LOCA SW Outfail 48		· · · ·	ING PERIOD: O 1/31/2006	FACILITY NA PSEG NUCL					
PARAMETER	QUANTITY OR LOADING		UNITS	QUALIT	QUALITY OR CONCENTRATION			NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.0309	0.0309		*****	*****	*****		0	1/Month	CALCTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	******	******	******		1/Month	CALCTD
эН	QL SAMPLE MEASUREMENT	*****	******		7.5	******	7.5		0	1/Month	GRAM
00400 1 Effluent Gross Value	PERMIT. REQUIREMENT	*****	******	******	6.0 01DAMN	*****	9,0 01DAMX	SU	0	1/Month	GRAB
Solids, Total	QL SAMPLE MEASUREMENT	******	******			****** 4	******			1/Month	GRAB
Suspended 00530 1 Effluent Gross Value	PERMIT	*****		 	100 01DAMX	30 01MOAV	******	MG/L		1/Month	GRAB
Petroleum Hydrocarbons	QL SAMPLE MEASUREMENT	*****	******		*****	×0.5	<0.5		0	1/Munth	GRAG
00551 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****		*****	10 01MOAV	15 01DAMX	MG/L		1/Month	GRAB
Carbon, Tot Organic (TOC)	QL SAMPLE MEASUREMENT	*****	*****		*****	6	. 6		0	11Month	GRAOS
00680 1 Effluent Gross Value	PERMIT REQUIREMENT		******	******	******	REPORT 01MOAV	50 01DAMX	MG/L		1/Month	GRAB
Lab Certification #	QL SAMPLE MEASUREMENT	17327	0643/		17451	#****	3073334				
99999 99 Lab	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 the BPSP - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us".