

DEC 15 2006

SCH06-105



CERTIFIED MAIL  
RETURN RECEIPT REQUESTED  
ARTICLE NUMBER: 7004 2510 0005 2136 7362

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 November 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 Clifton Gibson at (856) 339-2686

Sincerely,

  
Carl J. Fricker  
Plant Manager – Salem

Attachments

IE25

DEC 15 2006

SCH06-105  
NJPDES DMR

2

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

DEC 15 2006

SCH06-105  
NJPDES DMR

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## EXPLANATION OF CONDITIONS

### **November 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.

EXPLANATION OF EXCEEDANCES

**November 2006**

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

| DSN No. | EXPLANATION |
|---------|-------------|
|---------|-------------|

|       |  |
|-------|--|
| None. |  |
|-------|--|

SCH06-105  
NJPDES DMR

COUNTY OF SALEM  
STATE OF NEW JERSEY

I, Carl J. Fricker, of full age, being duly sworn according to law, upon my oath depose and say:

1. I Carl J. Fricker, Salem Plant Manager 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.




---

Carl J. Fricker  
Plant Manager – Salem

Sworn and subscribed before me  
this 15 day of December 2006.




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SHERI L. HUSTON  
NOTARY PUBLIC OF NEW JERSEY  
My Commission Expires 1-15-09

DEC 15 2006

SCH06-105  
NJPDES DMR

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BC Site Vice President – Salem  
Director – Regulatory Assurance  
Christopher McAuliffe, Esq.  
Salem Radwaste and Environmental Supervisor  
E. J. Keating  
NJPDES Technician  
Chem File SCH06-105  
NBS Room M/C N64

New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

|                      |                          |     |      |    |       |     |                            |                               |
|----------------------|--------------------------|-----|------|----|-------|-----|----------------------------|-------------------------------|
| <b>NJPDES PERMIT</b> | <b>MONITORING PERIOD</b> |     |      |    |       |     | <b>MONITORED LOCATION:</b> |                               |
| <b>NJ0005622</b>     | Month                    | Day | Year | To | Month | Day | Year                       | <b>FACA – SW Outfall FACA</b> |
|                      | 11                       | 1   | 2006 |    | 11    | 30  | 2006                       |                               |

**PERMITTEE:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD - PO BOX  
236/S07  
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/S07  
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.

Carl J. Fricker, Plant Manager - 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

*\*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: FACA SW Outfall FACA MONITORING PERIOD: 11/1/2006 TO 11/30/2006 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

| PARAMETER   |                    | QUANTITY OR LOADING |              | UNITS | QUALITY OR CONCENTRATION |               |                | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|--------------|-------|--------------------------|---------------|----------------|-------|---------|-------------------|-------------|
| Temperature,<br>oC<br>00010 G<br>Raw Sew/Influent     | SAMPLE MEASUREMENT | *****               | *****        |       | *****                    | 12.1          | 13.8           |       | ∅       | Continuous        | CONTIN      |
|   | PERMIT REQUIREMENT | *****               | *****        | ***** | *****                    | REPORT 01MOAV | REPORT 01DAMX  | DEG.C |         | Continuous        | CONTIN      |
|   | QL                 | *****               | *****        |       | *****                    | *****         | *****          |       |         |                   |             |
| Temperature,<br>oC<br>00010 1<br>Effluent Gross Value | SAMPLE MEASUREMENT | *****               | *****        |       | *****                    | 21.6          | 23.8           |       | ∅       | Continuous        | CONTIN      |
|   | PERMIT REQUIREMENT | *****               | *****        | ***** | *****                    | REPORT 01MOAV | 43.3<br>01DAMX | DEG.C |         | Continuous        | CONTIN      |
|   | QL                 | *****               | *****        |       | *****                    | *****         | *****          |       |         |                   |             |
| Temperature,<br>oC<br>00010 2<br>Effluent Net Value   | SAMPLE MEASUREMENT | *****               | *****        |       | *****                    | 9.5           | 12.2           |       | ∅       | 1/Day             | CALCTD      |
|   | PERMIT REQUIREMENT | *****               | *****        | ***** | *****                    | REPORT 01MOAV | 15.3<br>01DAMX | DEG.C |         | 1/Day             | CALCTD      |
|   | QL                 | *****               | *****        |       | *****                    | *****         | *****          |       |         |                   |             |
| Lab Certification #<br><br>99999 99<br>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 | MONITORING PERIOD |     |      |    |       |     | MONITORED LOCATION: |                        |
|               | Month             | Day | Year | To | Month | Day |                     | Year                   |
| NJ0005622     | 11                | 1   | 2006 |    | 11    | 30  | 2006                | FACB – SW Outfall FACB |

**PERMITTEE:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD - PO BOX  
236/S07  
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/S07  
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.

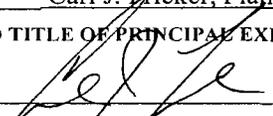
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate 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.

Carl J. Ericker, Plant Manager - Salem

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)



12/15/2006

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: FACB SW Outfall FACB MONITORING PERIOD: 11/1/2006 TO 11/30/2006 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

| PARAMETER   |                    | QUANTITY OR LOADING |              | UNITS | QUALITY OR CONCENTRATION |               |                | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|--------------|-------|--------------------------|---------------|----------------|-------|---------|-------------------|-------------|
| Temperature,<br>oC<br>00010 G<br>Raw Sew/influent     | SAMPLE MEASUREMENT | *****               | *****        |       | *****                    | 12.1          | 13.8           |       | φ       | Continuous        | Contini     |
|   | PERMIT REQUIREMENT | *****               | *****        | ***** | *****                    | REPORT 01MOAV | REPORT 01DAMX  | DEG.C |         | Continuous        | CONTIN      |
|   | QL                 | *****               | *****        |       | *****                    | *****         | *****          |       |         |                   |             |
| Temperature,<br>oC<br>00010 1<br>Effluent Gross Value | SAMPLE MEASUREMENT | *****               | *****        |       | *****                    | 20.8          | 24.0           |       | φ       | Continuous        | Contini     |
|   | PERMIT REQUIREMENT | *****               | *****        | ***** | *****                    | REPORT 01MOAV | 43.3<br>01DAMX | DEG.C |         | Continuous        | CONTIN      |
|   | QL                 | *****               | *****        |       | *****                    | *****         | *****          |       |         |                   |             |
| Temperature,<br>oC<br>00010 2<br>Effluent Net Value   | SAMPLE MEASUREMENT | *****               | *****        |       | *****                    | 8.7           | 10.4           |       | φ       | 1/Day             | Calctd      |
|   | PERMIT REQUIREMENT | *****               | *****        | ***** | *****                    | REPORT 01MOAV | 15.3<br>01DAMX | DEG.C |         | 1/Day             | CALCTD      |
|   | QL                 | *****               | *****        |       | *****                    | *****         | *****          |       |         |                   |             |
| Lab Certification #<br><br>99999 99<br>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

|                      |                          |            |             |    |              |            |                            |                               |
|----------------------|--------------------------|------------|-------------|----|--------------|------------|----------------------------|-------------------------------|
| <b>NJPDES PERMIT</b> | <b>MONITORING PERIOD</b> |            |             |    |              |            | <b>MONITORED LOCATION:</b> |                               |
| <b>NJ0005622</b>     | <b>Month</b>             | <b>Day</b> | <b>Year</b> | To | <b>Month</b> | <b>Day</b> | <b>Year</b>                | <b>FACC – SW Outfall FACC</b> |
|                      | 11                       | 1          | 2006        |    | 11           | 30         | 2006                       |                               |

**PERMITTEE:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD - PO BOX  
236/S07  
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/S07  
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.

Carl J. Fricker, Plant Manager - 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

*\*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 48814

**PERMIT NUMBER:** NJ0005622     
 **MONITORED LOCATION:** FACC SW Outfall FACC     
 **MONITORING PERIOD:** 11/1/2006 TO 11/30/2006     
 **FACILITY NAME:** PSEG NUCLEAR LLC SALEM GENERATING

| PARAMETER   |                    | QUANTITY OR LOADING |                  | UNITS   | QUALITY OR CONCENTRATION |                 |                 | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|------------------|---------|--------------------------|-----------------|-----------------|-------|---------|-------------------|-------------|
| Flow, In Conduit or Thru Treatment Plant<br>50050 G<br>Raw Sew/influent   | SAMPLE MEASUREMENT | 2364                | 2553             | MGD     | *****                    | *****           | *****           | ***** | 0       | 1/DAY             | CALCTD      |
|   | PERMIT REQUIREMENT | 3024<br>01MOAV      | REPORT<br>01DAMX |         | *****                    | *****           | *****           |       |         |                   |             |
|   | QL                 | *****               | *****            |         | *****                    | *****           | *****           |       |         |                   |             |
| Thermal Discharge<br>Million BTUs per Hr<br>00015 2<br>Effluent Net Value | SAMPLE MEASUREMENT | 13733               | 14460            | MBTU/HR | *****                    | *****           | *****           | ***** | 0       | 1/DAY             | CALCTD      |
|   | PERMIT REQUIREMENT | REPORT<br>01MOAV    | 30600<br>01DAMX  |         | *****                    | *****           | *****           |       |         |                   |             |
|   | QL                 | *****               | *****            |         | *****                    | *****           | *****           |       |         |                   |             |
| Lab Certification #<br><br>99999 99<br>Lab                                | SAMPLE MEASUREMENT | 17327               | 06431            |         | 17451                    |                 |                 |       |         |                   |             |
|   | PERMIT REQUIREMENT | REPORT<br>Lab #     | REPORT<br>Lab #  |         | REPORT<br>Lab #          | REPORT<br>Lab # | REPORT<br>Lab # |       |         |                   |             |
|   | 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

|                      |                          |     |      |    |       |     |                            |                              |
|----------------------|--------------------------|-----|------|----|-------|-----|----------------------------|------------------------------|
| <b>NJPDES PERMIT</b> | <b>MONITORING PERIOD</b> |     |      |    |       |     | <b>MONITORED LOCATION:</b> |                              |
| <b>NJ0005622</b>     | Month                    | Day | Year | To | Month | Day | Year                       | <b>048C – SW Outfall 48C</b> |
|                      | 11                       | 1   | 2006 |    | 11    | 30  | 2006                       |                              |

**PERMITTEE:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD - PO BOX  
236/S07  
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/S07  
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.

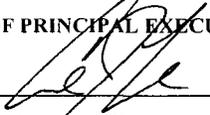
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate 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.

Carl J. Fricker, Plant Manager - Salem

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)



12/15/2006

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

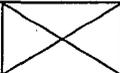
DATE

AREA CODE/PHONE NUMBER

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 048C SW Outfall 48C MONITORING PERIOD: 11/1/2006 TO 11/30/2006 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

| PARAMETER   |  | QUANTITY OR LOADING |               | UNITS | QUALITY OR CONCENTRATION |               |              | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|---|---|---------------------|---------------|-------|--------------------------|---------------|--------------|-------|---------|-------------------|-------------|
| Flow, In Conduit or Thru Treatment Plant<br>50050 1<br>Effluent Gross Value | SAMPLE MEASUREMENT  | 0.3452              | 0.4746        | MGD   | *****                    | *****         | *****        | ***** | φ       | 1/Day             | CALCTD      |
|   | PERMIT REQUIREMENT  | REPORT 01MOAV       | REPORT 01DAMX |       | *****                    | *****         | *****        |       |         |                   |             |
|   | QL  | *****               | *****         |       | *****                    | *****         | *****        |       |         |                   |             |
| Solids, Total Suspended<br>00530 1<br>Effluent Gross Value                  | SAMPLE MEASUREMENT  | *****               | *****         | ***** | *****                    | 4             | 4            | MG/L  | φ       | 2/month           | COMPOS      |
|   | PERMIT REQUIREMENT  | *****               | *****         |       | *****                    | 30 01MOAV     | 100 01DAMX   |       |         |                   |             |
|   | QL  | *****               | *****         |       | *****                    | *****         | *****        |       |         |                   |             |
| Nitrogen, Ammonia Total (as N)<br>00610 1<br>Effluent Gross Value           | SAMPLE MEASUREMENT  | *****               | *****         | ***** | *****                    | 4             | 8            | MG/L  | φ       | 2/month           | COMPOS      |
|   | PERMIT REQUIREMENT  | *****               | *****         |       | *****                    | 35 01MOAV     | 70 01DAMX    |       |         |                   |             |
|   | QL  | *****               | *****         |       | *****                    | *****         | *****        |       |         |                   |             |
| Petroleum Hydrocarbons<br>00551 1<br>Effluent Gross Value                   | SAMPLE MEASUREMENT  | *****               | *****         | ***** | *****                    | <0.5          | <0.5         | MG/L  | φ       | 2/month           | Grab        |
|   | PERMIT REQUIREMENT  | *****               | *****         |       | *****                    | 10 01MOAV     | 15 01DAMX    |       |         |                   |             |
|   | QL  | *****               | *****         |       | *****                    | *****         | *****        |       |         |                   |             |
| Carbon, Tot Organic (TOC)<br>00680 1<br>Effluent Gross Value                | SAMPLE MEASUREMENT  | *****               | *****         | ***** | *****                    | 18            | 19           | MG/L  | φ       | 2/month           | COMPOS      |
|   | PERMIT REQUIREMENT  | *****               | *****         |       | *****                    | REPORT 01MOAV | 50 01DAMX    |       |         |                   |             |
|   | QL  | *****               | *****         |       | *****                    | *****         | *****        |       |         |                   |             |
| Lab Certification #<br>99999 99<br>Lab                                      | SAMPLE MEASUREMENT  | 17327               | 06431         |       | 17457                    |               |              |       |         |                   |             |
|   | 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 BPSP - Region 2 at (609)292-4680 or via email at "srosenwi@dep.state.nj.us".

New Jersey Department of Environmental Protection  
 Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

|                                |                   |          |              |    |             |           |   |
|--------------------------------|-------------------|----------|--------------|----|-------------|-----------|---|
| NJPDES PERMIT<br><br>NJ0005622 | MONITORING PERIOD |          |              |    |             |           | MONITORED LOCATION:<br><br>481A – SW Outfall 481A |
|                                | Month<br>11       | Day<br>1 | Year<br>2006 | To | Month<br>11 | Day<br>30 |   |

**PERMITTEE:**

PSE&G NUCLEAR LLC  
 ALLOWAY CREEK NECK RD - PO BOX  
 236/S07  
 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/S07  
 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.

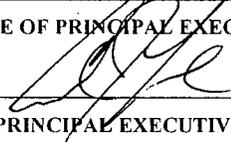
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate 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.

Carl J. Fricker Plant Manager - Salem

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)



12/15/2006

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: 481A SW Outfall 481A MONITORING PERIOD: 11/1/2006 TO 11/30/2006 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATI

| PARAMETER  |                    | QUANTITY OR LOADING |               | UNITS | QUALITY OR CONCENTRATION |               |               | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|---------------|-------|--------------------------|---------------|---------------|-------|---------|-------------------|-------------|
| Flow, In Conduit or Thru Treatment Plant<br>50050 1<br>Effluent Gross Value  | SAMPLE MEASUREMENT | 440                 | 476           | MGD   | *****                    | *****         | *****         | ***** | Ø       | 1/Day             | CALCTD      |
|  | PERMIT REQUIREMENT | REPORT 01MOAV       | REPORT 01DAMX |       | *****                    | *****         | *****         |       |         |                   |             |
|  | QL                 | *****               | *****         |       | *****                    | *****         | *****         |       |         |                   |             |
| pH<br>00400 1<br>Effluent Gross Value  | SAMPLE MEASUREMENT | *****               | *****         | ***** | 7.5                      | *****         | 7.7           | SU    | Ø       | 1/Week            | GRAB        |
|  | PERMIT REQUIREMENT | *****               | *****         |       | 6.0<br>01DAMN            | *****         | 9.0<br>01DAMX |       |         |                   |             |
|  | QL                 | *****               | *****         |       | *****                    | *****         | *****         |       |         |                   |             |
| pH<br>00400 7<br>Intake From Stream  | SAMPLE MEASUREMENT | *****               | *****         | ***** | 7.7                      | *****         | 8.0           | SU    | Ø       | 1/Week            | GRAB        |
|  | PERMIT REQUIREMENT | *****               | *****         |       | REPORT 01DAMN            | *****         | REPORT 01DAMX |       |         |                   |             |
|  | QL                 | *****               | *****         |       | *****                    | *****         | *****         |       |         |                   |             |
| LC50 Statre 96hr Acu<br>Cyprinodon<br>TANGA 1<br>Effluent Gross Value        | SAMPLE MEASUREMENT | *****               | *****         | ***** | CODE = N                 | *****         | *****         | %EFFL | Ø       | CODE = N          | CODE = N    |
|  | PERMIT REQUIREMENT | *****               | *****         |       | 50<br>01DAMN             | *****         | *****         |       |         |                   |             |
|  | QL                 | *****               | *****         |       | *****                    | *****         | *****         |       |         |                   |             |
| Chlorine Produced<br>Oxidants<br>*CPOX 1<br>Effluent Gross Value<br>Option 1 | SAMPLE MEASUREMENT | *****               | *****         | ***** | *****                    | CODE = N      | CODE = N      | MG/L  | Ø       | CODE = N          | CODE = N    |
|  | PERMIT REQUIREMENT | *****               | *****         |       | *****                    | 0.3<br>01MOAV | 0.5<br>01DAMX |       |         |                   |             |
|  | QL                 | *****               | *****         |       | *****                    | *****         | *****         |       |         |                   |             |
| Chlorine Produced<br>Oxidants<br>*CPOX 1<br>Effluent Gross Value<br>Option 2 | SAMPLE MEASUREMENT | *****               | *****         | ***** | *****                    | <0.1          | <0.1          | MG/L  | Ø       | 3/week            | GRAB        |
|  | PERMIT REQUIREMENT | *****               | *****         |       | *****                    | REPORT 01MOAV | 0.2<br>01DAMX |       |         |                   |             |
|  | 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:** 481A SW Outfall 481A     
 **MONITORING PERIOD:** 11/1/2006 TO 11/30/2006     
 **FACILITY NAME:** PSEG NUCLEAR LLC SALEM GENERATING

| PARAMETER   |                    | QUANTITY OR LOADING |              | UNITS | QUALITY OR CONCENTRATION |               |               | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|--------------|-------|--------------------------|---------------|---------------|-------|---------|-------------------|-------------|
| Temperature,<br>°C<br>00010 1<br>Effluent Gross Value | SAMPLE MEASUREMENT | *****               | *****        |       | *****                    | 21.7          | 26.6          |       | φ       | 1/Day             | CONTIN      |
|   | PERMIT REQUIREMENT | *****               | *****        | ***** | *****                    | REPORT 01MOAV | REPORT 01DAMX | DEG.C |         | 1/Day             | CONTIN      |
|   | QL                 | *****               | *****        |       | *****                    | *****         | *****         |       |         |                   |             |
| Lab Certification #<br>99999 99<br>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

|                      |                          |     |      |    |       |     |                               |
|----------------------|--------------------------|-----|------|----|-------|-----|-------------------------------|
| <b>NJPDES PERMIT</b> | <b>MONITORING PERIOD</b> |     |      |    |       |     | <b>MONITORED LOCATION:</b>    |
| <b>NJ0005622</b>     | Month                    | Day | Year | To | Month | Day | Year                          |
|                      | 11                       | 1   | 2006 |    | 11    | 30  | 2006                          |
|                      |                          |     |      |    |       |     | <b>482A – SW Outfall 482A</b> |

**PERMITTEE:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD - PO BOX  
236/S07  
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/S07  
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.

Carl J. Fricke, Plant Manager - 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

*\*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: 11/1/2006 TO 11/30/2006 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATI

| PARAMETER  |                    | QUANTITY OR LOADING |               | UNITS | QUALITY OR CONCENTRATION |               |               | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|---------------|-------|--------------------------|---------------|---------------|-------|---------|-------------------|-------------|
| Flow, In Conduit or Thru Treatment Plant<br>50050 1<br>Effluent Gross Value  | SAMPLE MEASUREMENT | 436                 | 442           | MGD   | *****                    | *****         | *****         | ***** | φ       | 1/Day             | CALCTD      |
|  | PERMIT REQUIREMENT | REPORT 01MOAV       | REPORT 01DAMX |       | *****                    | *****         | *****         |       |         |                   |             |
|  | QL                 | *****               | *****         |       | *****                    | *****         | *****         |       |         |                   |             |
| pH<br>00400 1<br>Effluent Gross Value  | SAMPLE MEASUREMENT | *****               | *****         | ***** | 7.5                      | *****         | 7.9           | SU    | φ       | 1/Week            | GRAB        |
|  | PERMIT REQUIREMENT | *****               | *****         |       | 6.0<br>01DAMN            | *****         | 9.0<br>01DAMX |       |         |                   |             |
|  | QL                 | *****               | *****         |       | *****                    | *****         | *****         |       |         |                   |             |
| pH<br>00400 7<br>Intake From Stream  | SAMPLE MEASUREMENT | *****               | *****         | ***** | 7.7                      | *****         | 8.0           | SU    | φ       | 1/Week            | GRAB        |
|  | PERMIT REQUIREMENT | *****               | *****         |       | REPORT 01DAMN            | *****         | REPORT 01DAMX |       |         |                   |             |
|  | QL                 | *****               | *****         |       | *****                    | *****         | *****         |       |         |                   |             |
| LC50 Statre 96hr Acu<br>Cyprinodon<br>TAN6A 1<br>Effluent Gross Value        | SAMPLE MEASUREMENT | *****               | *****         | ***** | CODE=N                   | *****         | *****         | %EFFL | φ       | CODE=N            | CODE=N      |
|  | PERMIT REQUIREMENT | *****               | *****         |       | 50<br>01DAMN             | *****         | *****         |       |         |                   |             |
|  | QL                 | *****               | *****         |       | *****                    | *****         | *****         |       |         |                   |             |
| Chlorine Produced<br>Oxidants<br>*CPOX 1<br>Effluent Gross Value<br>Option 1 | SAMPLE MEASUREMENT | *****               | *****         | ***** | *****                    | CODE=N        | CODE=N        | MG/L  | φ       | CODE=N            | CODE=N      |
|  | PERMIT REQUIREMENT | *****               | *****         |       | *****                    | 0.3<br>01MOAV | 0.5<br>01DAMX |       |         |                   |             |
|  | QL                 | *****               | *****         |       | *****                    | *****         | *****         |       |         |                   |             |
| Chlorine Produced<br>Oxidants<br>*CPOX 1<br>Effluent Gross Value<br>Option 2 | SAMPLE MEASUREMENT | *****               | *****         | ***** | *****                    | <0.1          | <0.1          | MG/L  | φ       | 3/Week            | GRAB        |
|  | PERMIT REQUIREMENT | *****               | *****         |       | *****                    | REPORT 01MOAV | 0.2<br>01DAMX |       |         |                   |             |
|  | 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:** 482A SW Outfall 482A     
 **MONITORING PERIOD:** 11/1/2006 TO 11/30/2006     
 **FACILITY NAME:** PSEG NUCLEAR LLC SALEM GENERATING STATION

| PARAMETER   |                    | QUANTITY OR LOADING |              | UNITS | QUALITY OR CONCENTRATION |               |               | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|--------------|-------|--------------------------|---------------|---------------|-------|---------|-------------------|-------------|
| Temperature,<br>°C<br>00010 1<br>Effluent Gross Value | SAMPLE MEASUREMENT | *****               | *****        |       | *****                    | 21.3          | 26.7          |       | φ       | 1/Day             | CONTIN      |
|   | PERMIT REQUIREMENT | *****               | *****        | ***** | *****                    | REPORT 01MOAV | REPORT 01DAMX | DEG.C |         | 1/Day             | CONTIN      |
|   | QL                 | *****               | *****        |       | *****                    | *****         | *****         |       |         |                   |             |
| Lab Certification #<br>99999 99<br>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

|                      |                          |     |      |    |       |     |                               |
|----------------------|--------------------------|-----|------|----|-------|-----|-------------------------------|
| <b>NJPDES PERMIT</b> | <b>MONITORING PERIOD</b> |     |      |    |       |     | <b>MONITORED LOCATION:</b>    |
| <b>NJ0005622</b>     | Month                    | Day | Year | To | Month | Day | Year                          |
|                      | 11                       | 1   | 2006 |    | 11    | 30  | 2006                          |
|                      |                          |     |      |    |       |     | <b>483A – SW Outfall 483A</b> |

**PERMITTEE:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD - PO BOX  
236/S07  
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/S07  
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.

Carl J. Fricker, Plant Manager - 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

*\*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

11/1/2006 TO 11/30/2006

PSEG NUCLEAR LLC SALEM GENERATI

| PARAMETER  |                    | QUANTITY OR LOADING |               | UNITS | QUALITY OR CONCENTRATION |               |               | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |        |        |
|--|--------------------|---------------------|---------------|-------|--------------------------|---------------|---------------|-------|---------|-------------------|-------------|--------|--------|
| Flow, In Conduit or Thru Treatment Plant<br>50050 1<br>Effluent Gross Value  | SAMPLE MEASUREMENT | 336                 | 435           | MGD   | *****                    | *****         | *****         | ***** | Q       | 1/DAY             | CALCTD      |        |        |
|  | PERMIT REQUIREMENT | REPORT 01MOAV       | REPORT 01DAMX |       | *****                    | *****         | *****         |       |         | *****             | 1/Day       | CALCTD |        |
|  | QL                 | *****               | *****         |       | *****                    | *****         | *****         |       |         | *****             |             |        |        |
| pH<br>00400 1<br>Effluent Gross Value  | SAMPLE MEASUREMENT | *****               | *****         | ***** | 7.6                      | *****         | 7.6           | SU    | Q       | 1/Week            | GRAB        |        |        |
|  | PERMIT REQUIREMENT | *****               | *****         |       | *****                    | 6.0 01DAMN    | *****         |       |         | 9.0 01DAMX        | *****       | 1/Week | GRAB   |
|  | QL                 | *****               | *****         |       | *****                    | *****         | *****         |       |         | *****             | *****       |        |        |
| pH<br>00400 7<br>Intake From Stream  | SAMPLE MEASUREMENT | *****               | *****         | ***** | 7.7                      | *****         | 8.0           | SU    | Q       | 1/Week            | GRAB        |        |        |
|  | PERMIT REQUIREMENT | *****               | *****         |       | *****                    | REPORT 01DAMN | *****         |       |         | REPORT 01DAMX     | *****       | 1/Week | GRAB   |
|  | QL                 | *****               | *****         |       | *****                    | *****         | *****         |       |         | *****             | *****       |        |        |
| Chlorine Produced<br>Oxidants<br>*CPOX 1<br>Effluent Gross Value<br>Option 1 | SAMPLE MEASUREMENT | *****               | *****         | ***** | *****                    | Code = N      | Code = N      | MG/L  | Q       | Code = N          | Code = N    |        |        |
|  | PERMIT REQUIREMENT | *****               | *****         |       | *****                    | *****         | 0.3 01MOAV    |       |         | 0.5 01DAMX        | *****       | 3/Week | GRAB   |
|  | QL                 | *****               | *****         |       | *****                    | *****         | *****         |       |         | *****             | *****       |        |        |
| Chlorine Produced<br>Oxidants<br>*CPOX 1<br>Effluent Gross Value<br>Option 2 | SAMPLE MEASUREMENT | *****               | *****         | ***** | *****                    | <0.1          | <0.1          | MG/L  | Q       | 3/Week            | GRAB        |        |        |
|  | PERMIT REQUIREMENT | *****               | *****         |       | *****                    | *****         | REPORT 01MOAV |       |         | 0.2 01DAMX        | *****       | 3/Week | GRAB   |
|  | QL                 | *****               | *****         |       | *****                    | *****         | *****         |       |         | *****             | *****       |        |        |
| Temperature,<br>oC<br>00010 1<br>Effluent Gross Value                        | SAMPLE MEASUREMENT | *****               | *****         | ***** | *****                    | 22.4          | 28.1          | DEG.C | Q       | 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:** 483A SW Outfall 483A     
 **MONITORING PERIOD:** 11/1/2006 TO 11/30/2006     
 **FACILITY NAME:** PSEG NUCLEAR LLC SALEM GENERATING

| PARAMETER                                  |                    | QUANTITY OR LOADING |              | UNITS | QUALITY OR CONCENTRATION |              |              | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------|-------|--------------------------|--------------|--------------|-------|---------|-------------------|-------------|
| Lab Certification #<br><br>99999 99<br>Lab | SAMPLE MEASUREMENT | 17327               | 06431        |       | 17451                    |              |              |       |         |                   |             |
|  | 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

|                      |                          |     |      |    |       |     |                            |                               |
|----------------------|--------------------------|-----|------|----|-------|-----|----------------------------|-------------------------------|
| <b>NJPDES PERMIT</b> | <b>MONITORING PERIOD</b> |     |      |    |       |     | <b>MONITORED LOCATION:</b> |                               |
| <b>NJ0005622</b>     | Month                    | Day | Year | To | Month | Day | Year                       | <b>484A – SW Outfall 484A</b> |
|                      | 11                       | 1   | 2006 |    | 11    | 30  | 2006                       |                               |

**PERMITTEE:**

PSE&G NUCLEAR LLC  
 ALLOWAY CREEK NECK RD - PO BOX  
 236/S07  
 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/S07  
 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.

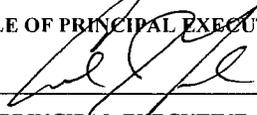
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate 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.

Carl J. Fricke, Plant Manager - Salem

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)



12/15/2006

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: 11/1/2006 TO 11/30/2006 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATI

| PARAMETER  |                    | QUANTITY OR LOADING |               | UNITS | QUALITY OR CONCENTRATION |               |               | UNITS | NO. EX.       | FREQ. OF ANALYSIS | SAMPLE TYPE |        |
|--|--------------------|---------------------|---------------|-------|--------------------------|---------------|---------------|-------|---------------|-------------------|-------------|--------|
| Flow, In Conduit or Thru Treatment Plant<br>50050 1<br>Effluent Gross Value  | SAMPLE MEASUREMENT | 425                 | 449           | MGD   | *****                    | *****         | *****         | ***** | Q             | 1/Day             | CALCTD      |        |
|  | PERMIT REQUIREMENT | REPORT 01MOAV       | REPORT 01DAMX |       | *****                    | *****         | *****         |       | *****         |                   | 1/Day       | CALCTD |
|  | QL                 | *****               | *****         |       | *****                    | *****         | *****         |       | *****         |                   |             |        |
| pH<br>00400 1<br>Effluent Gross Value  | SAMPLE MEASUREMENT | *****               | *****         | ***** | 7.6                      | *****         | 7.6           | SU    | Q             | 1/Week            | GRAB        |        |
|  | PERMIT REQUIREMENT | *****               | *****         |       | *****                    | 6.0<br>01DAMN | *****         |       | 9.0<br>01DAMX | *****             | 1/Week      | GRAB   |
|  | QL                 | *****               | *****         |       | *****                    | *****         | *****         |       | *****         | *****             |             |        |
| pH<br>00400 7<br>Intake From Stream  | SAMPLE MEASUREMENT | *****               | *****         | ***** | 7.7                      | *****         | 8.0           | SU    | Q             | 1/Week            | GRAB        |        |
|  | PERMIT REQUIREMENT | *****               | *****         |       | *****                    | REPORT 01DAMN | *****         |       | REPORT 01DAMX | *****             | 1/Week      | GRAB   |
|  | QL                 | *****               | *****         |       | *****                    | *****         | *****         |       | *****         | *****             |             |        |
| LC50 Statre 96hr Acu<br>Cyprinodon<br>TAN6A 1<br>Effluent Gross Value        | SAMPLE MEASUREMENT | *****               | *****         | ***** | Code = N                 | *****         | *****         | %EFFL | Q             | Code = N          | Code = N    |        |
|  | PERMIT REQUIREMENT | *****               | *****         |       | *****                    | 50<br>01DAMN  | *****         |       | *****         | *****             | 2/Year      | COMPOS |
|  | QL                 | *****               | *****         |       | *****                    | *****         | *****         |       | *****         | *****             |             |        |
| Chlorine Produced<br>Oxidants<br>*CPOX 1<br>Effluent Gross Value<br>Option 1 | SAMPLE MEASUREMENT | *****               | *****         | ***** | *****                    | Code = N      | Code = N      | MG/L  | Q             | Code = N          | Code = N    |        |
|  | PERMIT REQUIREMENT | *****               | *****         |       | *****                    | *****         | 0.3<br>01MOAV |       | 0.5<br>01DAMX | *****             | 3/Week      | GRAB   |
|  | QL                 | *****               | *****         |       | *****                    | *****         | *****         |       | *****         | *****             |             |        |
| Chlorine Produced<br>Oxidants<br>*CPOX 1<br>Effluent Gross Value<br>Option 2 | SAMPLE MEASUREMENT | *****               | *****         | ***** | *****                    | <0.1          | <0.1          | MG/L  | Q             | 3/Week            | GRAB        |        |
|  | PERMIT REQUIREMENT | *****               | *****         |       | *****                    | *****         | REPORT 01MOAV |       | 0.2<br>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:** 11/1/2006 TO 11/30/2006     
 **FACILITY NAME:** PSEG NUCLEAR LLC SALEM GENERATING

| PARAMETER   |                    | QUANTITY OR LOADING |              | UNITS | QUALITY OR CONCENTRATION |               |               | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|--------------|-------|--------------------------|---------------|---------------|-------|---------|-------------------|-------------|
| Temperature,<br>oC<br>00010 1<br>Effluent Gross Value | SAMPLE MEASUREMENT | *****               | *****        |       | *****                    | 21.1          | 28.2          |       | 0       | 1/DAY             | CONTIN      |
|   | PERMIT REQUIREMENT | *****               | *****        | ***** | *****                    | REPORT 01MOAV | REPORT 01DAMX | DEG.C |         | 1/Day             | CONTIN      |
|   | QL                 | *****               | *****        |       | *****                    | *****         | *****         |       |         |                   |             |
| Lab Certification #<br>99999 99<br>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<br><br><b>NJ0005622</b> | MONITORING PERIOD |          |              |    |             |           | MONITORED LOCATION:<br><br><b>485A – SW Outfall 485A</b> |
|                                       | Month<br>11       | Day<br>1 | Year<br>2006 | To | Month<br>11 | Day<br>30 |  |

**PERMITTEE:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD - PO BOX  
236/S07  
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/S07  
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE:

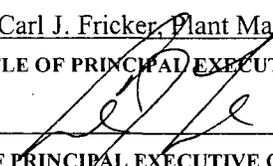
No Discharge this Monitoring Period

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.

|  |   |                        |
|--|---|------------------------|
| Carl J. Fricker, Plant Manager - Salem   | N/A                                       |                        |
| NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR | GRADE AND REGISTRY NUMBER (IF APPLICABLE) |                        |
|     | 12/15/2006                                | 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: 485A SW Outfall 485A MONITORING PERIOD: 11/1/2006 TO 11/30/2006 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATIP

| 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 | 403                 | 432           | MGD   | *****                    | *****         | *****         | ***** | Q       | 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    | Q       | 1/Week            | GRAB        |
|   | PERMIT REQUIREMENT | *****               | *****         |       | 6.0 01DAMN               | *****         | 9.0 01DAMX    |       |         | 1/Week            | GRAB        |
|   | QL                 | *****               | *****         |       | *****                    | *****         | *****         |       |         |                   |             |
| pH 00400 7 Intake From Stream   | SAMPLE MEASUREMENT | *****               | *****         | ***** | 7.7                      | *****         | 8.0           | SU    | Q       | 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 | Q       | 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  | Q       | 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  | Q       | 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:** 11/1/2006 TO 11/30/2006     
 **FACILITY NAME:** PSEG NUCLEAR LLC SALEM GENERATING

| PARAMETER   |                    | QUANTITY OR LOADING |              | UNITS | QUALITY OR CONCENTRATION |               |               | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|--------------|-------|--------------------------|---------------|---------------|-------|---------|-------------------|-------------|
| Temperature,<br>oC<br>00010 1<br>Effluent Gross Value | SAMPLE MEASUREMENT | *****               | *****        |       | *****                    | 21.2          | 26.3          |       | 0       | 1/DAY             | CONTIN      |
|   | PERMIT REQUIREMENT | *****               | *****        | ***** | *****                    | REPORT 01MOAV | REPORT 01DAMX | DEG.C |         | 1/Day             | CONTIN      |
|   | QL                 | *****               | *****        |       | *****                    | *****         | *****         |       |         |                   |             |
| Lab Certification #<br>99999 99<br>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<br><br><b>NJ0005622</b> | MONITORING PERIOD |          |              |    |             |           | MONITORED LOCATION:<br><br><b>486A – SW Outfall 486A</b> |
|                                       | Month<br>11       | Day<br>1 | Year<br>2006 | To | Month<br>11 | Day<br>30 |  |

**PERMITTEE:**

PSE&G NUCLEAR LLC  
 ALLOWAY CREEK NECK RD - PO BOX  
 236/S07  
 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/S07  
 HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

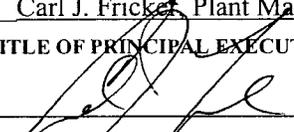
CHECK IF APPLICABLE:

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.

|  |   |
|--|---|
| _____<br>Carl J. Frickett, Plant Manager - Salem   | _____<br>N/A                              |
| NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR       | GRADE AND REGISTRY NUMBER (IF APPLICABLE) |
| _____<br> | _____<br>12/15/2006                       |
| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR            | DATE                                      |
|  | _____<br>856-339-2086                     |
|  | 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.

|                |              |              |                        |
|----------------|--------------|--------------|------------------------|
| _____<br>N/A   | _____<br>N/A | _____<br>N/A | _____<br>N/A           |
| NAME AND TITLE | SIGNATURE    | DATE         | AREA CODE/PHONE NUMBER |

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 486A SW Outfall 486A MONITORING PERIOD: 11/1/2006 TO 11/30/2006 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATI

| PARAMETER  |                    | QUANTITY OR LOADING |               | UNITS | QUALITY OR CONCENTRATION |               |               | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|---------------|-------|--------------------------|---------------|---------------|-------|---------|-------------------|-------------|
| Flow, In Conduit or Thru Treatment Plant<br>50050 1<br>Effluent Gross Value  | SAMPLE MEASUREMENT | 390                 | 400           | MGD   | *****                    | *****         | *****         | ***** | 0       | 1/DAY             | CALCTD      |
|  | PERMIT REQUIREMENT | REPORT 01MOAV       | REPORT 01DAMX |       | *****                    | *****         | *****         |       |         |                   |             |
|  | QL                 | *****               | *****         |       | *****                    | *****         | *****         |       |         |                   |             |
| pH<br>00400 1<br>Effluent Gross Value  | SAMPLE MEASUREMENT | *****               | *****         | ***** | 7.6                      | *****         | 7.7           | SU    | 0       | 1/Week            | GRAB        |
|  | PERMIT REQUIREMENT | *****               | *****         |       | 6.0<br>01DAMN            | *****         | 9.0<br>01DAMX |       |         |                   |             |
|  | QL                 | *****               | *****         |       | *****                    | *****         | *****         |       |         |                   |             |
| pH<br>00400 7<br>Intake From Stream  | SAMPLE MEASUREMENT | *****               | *****         | ***** | 7.7                      | *****         | 8.0           | SU    | 0       | 1/Week            | GRAB        |
|  | PERMIT REQUIREMENT | *****               | *****         |       | REPORT 01DAMN            | *****         | REPORT 01DAMX |       |         |                   |             |
|  | QL                 | *****               | *****         |       | *****                    | *****         | *****         |       |         |                   |             |
| Chlorine Produced<br>Oxidants<br>*CPOX 1<br>Effluent Gross Value<br>Option 1 | SAMPLE MEASUREMENT | *****               | *****         | ***** | *****                    | Code = N      | Code = N      | MG/L  | 0       | 3/Week            | Code = N    |
|  | PERMIT REQUIREMENT | *****               | *****         |       | *****                    | 0.3<br>01MOAV | 0.5<br>01DAMX |       |         |                   |             |
|  | QL                 | *****               | *****         |       | *****                    | *****         | *****         |       |         |                   |             |
| Chlorine Produced<br>Oxidants<br>*CPOX 1<br>Effluent Gross Value<br>Option 2 | SAMPLE MEASUREMENT | *****               | *****         | ***** | *****                    | <0.1          | <0.1          | MG/L  | 0       | 3/Week            | GRAB        |
|  | PERMIT REQUIREMENT | *****               | *****         |       | *****                    | REPORT 01MOAV | 0.2<br>01DAMX |       |         |                   |             |
|  | QL                 | *****               | *****         |       | *****                    | *****         | *****         |       |         |                   |             |
| Temperature,<br>oC<br>00010 1<br>Effluent Gross Value                        | SAMPLE MEASUREMENT | *****               | *****         | ***** | *****                    | 20.3          | 24.1          | DEG.C | 0       | 1/DAY             | CONTIN      |
|  | PERMIT REQUIREMENT | *****               | *****         |       | *****                    | REPORT 01MOAV | REPORT 01DAMX |       |         |                   |             |
|  | 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:** 11/1/2006 TO 11/30/2006     
 **FACILITY NAME:** PSEG NUCLEAR LLC SALEM GENERATING

| PARAMETER           |                    | QUANTITY OR LOADING |              | UNITS | QUALITY OR CONCENTRATION |              |              | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|---------------------|--------------------|---------------------|--------------|-------|--------------------------|--------------|--------------|-------|---------|-------------------|-------------|
| Lab Certification # | X                  |                     |              |       |                          |              |              |       |         |                   |             |
| 99999 99<br>Lab     | SAMPLE MEASUREMENT | 17.327              | 06431        |       | 17451                    |              |              |       |         |                   |             |
|                     | 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<br><br>NJ0005622 | MONITORING PERIOD |          |              |    |             |           | MONITORED LOCATION:<br><br>487B – SW Outfall 487B |
|                                | Month<br>11       | Day<br>1 | Year<br>2006 | To | Month<br>11 | Day<br>30 |   |

**PERMITTEE:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD - PO BOX  
236/S07  
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/S07  
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE:



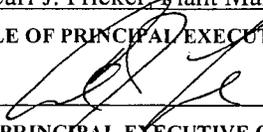
No Discharge this Monitoring Period



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.

|  |   |                        |
|--|---|------------------------|
| Carl J. Fricker, Plant Manager - Salem   | N/A                                       |                        |
| NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR | GRADE AND REGISTRY NUMBER (IF APPLICABLE) |                        |
|     | 12/15/2006                                | 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<br><br>NJ0005622 | MONITORING PERIOD |          |              |    |             |           | MONITORED LOCATION:<br><br>489A – SW Outfall 489A |
|                                | Month<br>11       | Day<br>1 | Year<br>2006 | To | Month<br>11 | Day<br>30 |   |

**PERMITTEE:**

PSE&G NUCLEAR LLC  
ALLOWAY CREEK NECK RD - PO BOX  
236/S07  
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/S07  
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

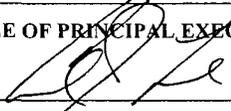
CHECK IF APPLICABLE:

No Discharge this Monitoring Period

Monitoring Report Comments Attached

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|  |   |
|--|---|
| Carl J. Fricker, Plant Manager - Salem   | N/A                                       |
| NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR | GRADE AND REGISTRY NUMBER (IF APPLICABLE) |
|     | 12/15/2006 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:

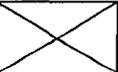
FACILITY NAME:

NJ0005622

489A SW Outfall 489A

11/1/2006 TO 11/30/2006

PSEG NUCLEAR LLC SALEM GENERATIN

| 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  | 0.0728              | 0.0728        | MGD   | *****                    | *****         | *****        | ***** | 0       | 1/Month           | CALC        |            |        |
|   | PERMIT REQUIREMENT  | REPORT 01MOAV       | REPORT 01DAMX |       | *****                    | *****         | *****        |       |         |                   | *****       | 1/Month    | CALCTD |
|   | QL  | *****               | *****         |       | *****                    | *****         | *****        |       |         |                   | *****       |            |        |
| pH 00400 1 Effluent Gross Value                                       | SAMPLE MEASUREMENT  | *****               | *****         | ***** | 7.6                      | *****         | 7.6          | SU    | 0       | 1/Month           | GRAB        |            |        |
|   | PERMIT REQUIREMENT  | *****               | *****         |       | 6.0 01DAMN               | *****         | 9.0 01DAMX   |       |         |                   | *****       | 1/Month    | GRAB   |
|   | QL  | *****               | *****         |       | *****                    | *****         | *****        |       |         |                   | *****       |            |        |
| Solids, Total Suspended 00530 1 Effluent Gross Value                  | SAMPLE MEASUREMENT  | *****               | *****         | ***** | 3.0                      | 3.0           | *****        | MG/L  | 0       | 1/Month           | GRAB        |            |        |
|   | PERMIT REQUIREMENT  | *****               | *****         |       | 100 01DAMX               | 30 01MOAV     | *****        |       |         |                   | *****       | 1/Month    | GRAB   |
|   | QL  | *****               | *****         |       | *****                    | *****         | *****        |       |         |                   | *****       |            |        |
| Petroleum Hydrocarbons 00551 1 Effluent Gross Value                   | SAMPLE MEASUREMENT  | *****               | *****         | ***** | *****                    | 1.0           | 1.0          | MG/L  | 0       | 1/Month           | GRAB        |            |        |
|   | PERMIT REQUIREMENT  | *****               | *****         |       | *****                    | 10 01MOAV     | 15 01DAMX    |       |         |                   | *****       | 1/Month    | GRAB   |
|   | 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    |       |         |                   | *****       | 1/Month    | GRAB   |
|   | 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 the BPSP - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us".