JAN 2 3 2007



SCH07-004

CERTIFIED MAIL RETURN RECEIPT REQUESTED ARTICLE NUMBER: 7004 2510 0005 2136 7409

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 December 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.

Thomas P. Joyce Site Vice President – Salem

Attachments

SCH07-004 NJPDES DMR

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

SCH07-004 NJPDES DMR

EXPLANATION OF CONDITIONS

December 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.

SCH07-004 NJPDES DMR

BC Site Vice President – Salem Director – Regulatory Assurance Christopher McAuliffe, Esq. Salem Radwaste and Environmental Supervisor E. J. Keating NJPDES Technician Chem File SCH07-004 NBS Room M/C N64

6



NEW ENGLAND BIOASSAY, INC.

29 December 2006

Mr. William Gamon Biggs PSEG Nuclear LLC Salem Generating Station Alloway Creek Neck Road - M/C S07 Hancocks Bridge, NJ 08038

Dear Mr. Biggs:

DECEMBER 2006 ACUTE TOXICITY TEST REPORTS FOR THE SALEM GENERATING STATION

Enclosed please find two (2) copies of NEB's December 2006 acute toxicity test reports for effluent and influent samples collected during 10-14 December 2006 from the Salem Generating Station in Lower Alloways Creek, NJ. Acute tests with sheepshead minnows were conducted using NJDEP test procedures. Results of acute toxicity tests conducted with Salem's final effluent (DSN 485) and influent can be summarized as follows:

<u>Sheepshead Minnows (Cyprinodon variegatus)</u> (Test Dates: 12-16 December 2006)

Effluent: DSN 485: No measurable acute toxicity
to C. variegatus at test completion (96 h)
(96-h LC₅₀ > 100% effluent)
(Survival = 100% in 6.25% to 100% effluent)

<u>Influent</u>: No measurable acute toxicity to
 C. variegatus at test completion (96 h)
 (96-h LC₅₀ > 100% effluent)
 (Survival = 100% in 6.25% to 100% influent)

In addition to the acute toxicity test reports, toxicity test summary sheets required by NJDEP are enclosed for the final effluent (DSN 485) test with sheepshead minnows. If you have any questions or comments concerning the December 2006 test reports, please call (860-643-9560) or email (jcooney@nebio.com).

Sincerel D. Cooney, Ph. Øirector

Enclosures cc: S. Foster (PSEG, Maplewood Testing Facility)

77 BATSON DRIVE / MANCHESTER, CT 06042 / TEL. (860) 643-9560 / FAX (860) 646-7169 / WWW.NEBIO.COM

Surface Water Discharge Monitoring Report Submittal Form

NJ0005622 Month Day Year To Month Day Year FACA – SW Outfall FACA PERMITTEE: PSB&G NUCLEAR LLC PO BOX 336/807 J3/5807 J3/5807 LOWAY CREEK NECK DL PO BOX 336/807 HANCOCKS BRIDGE, NJ 08038 REGION / COUNTY: Southern / Salem County CHECK IF APPICABLE: No Discharge this Monitoring Period Monitoring Report Comments Attached WHO MUST SIGN The highest ranking official having day-to-day managerial and operational exponsibilities of the discharging facility shall sign the certification. Monitoring Report Comments Attached WHO MUST SIGN The highest ranking official having day-to-day managerial and operation does not have the ability to autorize capital expenditures and hire personal at genery has contracted with another entity to operate the highest ranking operator does not have the ability to autorize capital expenditures and hire personal at lattachments, and that chased on my inquiry of those individuals immediately responsible for obtaining the information. He local agency has contracted with shall sign the certification. 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.	NJPDES PERMIT	M	ONITORING	PERIOI)		MONITO	DRED LOCATION:					
SEE&G NUCLEAR LLC PSE&G NUCLEAR LLC PO BOX 236/S07 ALLOWAY CREEK NECK RD - PO BOX ALLOWAY CREEK NECK RD PO BOX 236/S07 JANSO LOWER ALLOWAYS CREEK, NJ 08038 PO BOX 236/S07 HANCOCKS BRIDGE, NJ 08038 REGION / COUNTY: Southern / Salem County CHECK IF APPICABLE: No Discharge this Monitoring Period Monitoring Report Comments Attached WHO MUST SIGN The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility of 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-tranking official of the contracted entity shall sign the certification. I certify under penalty of law that 1 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, ib lelve that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, ibelieve 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 impri	NJ0005622				¥	FACA -	- SW O	utfall FACA					
CHECK IF APPICABLE: No Discharge this Monitoring Period Monitoring Report Comments Attached WHO MUST SIGN The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification. I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that based on my inquiry of those individuals immediately responsible for obtaining the information, locking the possibility of and/or imprisonment, pursuant to N.J.A.C. 7:14A-6.9(B). The New Jersey water Pollution Control Act provides for penalties up to \$50,000 per violation. Thomas P. Joyce, Site Vice President - Salem N/A NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR 01/23/2007856-339-2086	PSE&G NUCLEAR LLC ALLOWAY CREEK NECK RD 236/S07	PSE&G NUCLEAR LLCPSE&G NUCLEAR LLCPSE&G NUCLEAR LLCALLOWAY CREEK NECK RD - PO BOXALLOWAY CREEK NECK RDPO BOX 236/S07236/S07LOWER ALLOWAYS CREEK, NJ 08038-0000HANCOCKS BRIDGE, NJ 08038											
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, including the possibility of and/or imprisonment, pursuant to N.J.A.C. 7:14A-6.9(B). The New Jersey water Pollution Control Act provides for penalties up to \$50,000 per violation. Thomas P. Joyce, Site Vice President - Salem N/A NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER AUTHORIZED AGENT, OR *LICENSED OPERATOR GRADE AND REGISTRY NUMBER (IF APPLICABLE) *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.	REGION / COUNTY: Southern / Salem County												
the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification. I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of and/or imprisonment, pursuant to N.J.A.C. 7:14A-6.9(B). The New Jersey water Pollution Control Act provides for penalties up to \$50,000 per violation. <u>Thomas P. Joyce, Site Vice President - Salem</u> <u>N/A</u> <u>N/A</u> <u>N/A</u> <u>N/A</u> <u>N/A</u> <u>N/A</u> <u>N/A</u> <u>N/A</u>	CHECK IF APPICABLE: 🛛 No Discharge this Monitoring Period 💭 Monitoring Report Comments Attached												
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR GRADE AND REGISTRY NUMBER (IF APPLICABLE) Maxee and many state of the second st	the certification or, in his absen the certification. Where the hig responsibility or person designa another entity to operate the tre I certify under penalty of law th that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The	ce a person designa hest ranking operat ted by that person s atment works, the h eat I have personally ose individuals imm e are significant pe New Jersey water F	ted by that person or does not have hall also sign the ighest-ranking of v examined and a ediately responsi- nalties for submi Pollution Control	n. For a loc the ability t second cer ficial of the m familiar ible for obta tting false i	al agency, the hig o authorize capita tification at the b c contracted entity with the informat tining the informat information, inclu	whest ranking all expenditure ottom of this p wishall sign the ion submitted attion, I believe uding the poss	operator of s and hire p page. If the e certificati in this doc e that the ir sibility of a	the treatment works shall sign personnel, a person having that e local agency has contracted with on. ument and all attachments, and nformation is true, accurate and nd/or imprisonment, pursuant h.					
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				– GENT, OR *I	LICENSED OPERAT	OR GR	ADE AND RI						
person designated by that person shall sign the following certification: I certify under penalty of law and in accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attached discharge monitoring reports. <u>N/A</u> <u>N/A</u> <u>N/A</u>			HORIZED AGENT,	OR *LICEN	SED OPERATOR								
<u>N/A</u> <u>N/A</u> <u>N/A</u>	*For a local agency where the hig person designated by that person s	hest-ranking operator shall sign the followin	does not have the g certification:	ability to aut	horize capital expe	nditures and hi	re personne	l, a person having that responsibility or					
	I certify under penalty of law and i	n accordance with N.	J.S.A. 58:10A-6F(5	5) that I have	reviewed the attack	hed discharge r	nonitoring re	eports.					
NAME AND TITLE DATE DATE AREA CODE/PHONE NUMBER	<u>N/A</u>		·	<u>N/A</u>		1	N/A	<u>N/A</u>					
	NAME AND TITLE		SIGNATURE			DATE		AREA CODE/PHONE NUMBER					

PERMIT NUMBER:	MON	ITORED LOCA	TION: I	MONITOR	ING PERIOD:	FACILITY N	AME:	· · · ·		<u>, </u>	
NJ0005622	FAC	A SW Outfall F		12/1/2006	TO 12/31/2006	PSEG NUCI	EAR LLC SAL	EM GEN	IERA	TIN	
PAŔAMETER	\square	QUANTITY (DR LOADING	UNITS	QUALI	IY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature,	SAMPLE MEASUREMENT	*****	*****		*****	8,4	12.6		Q	Continuers	CONTIN
00010 G Raw Sew/influent	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
Femperature,	QL SAMPLE MEASUREMENT	******	*****		*****	16.9	20.9		¢	Continueus	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	******	*****	REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
Femperature,	QL SAMPLE MEASUREMENT	******	*****		*****	8,5	9,9		\$	1 DAY	CALCTO
00010_2 Effluent Net Value	PERMIT REQUIREMENT	******	******		******	REPORT 01MOAV	15:3 01DAMX	DEG.C		1/Day	CALCTD
Lab Certification #	SAMPLE		06431		17451						
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	*****	*****		*****	******	******				

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

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITO	RED LOCATION:								
NJ0005622	Month Day Year 12 1 2006 To Month Day Year 12 31 2006 Year Year Year Year	FACB – SW Oı	utfall FACB								
PERMITTEE:LOCATION OF ACTIVITY:REPORT RECIPIENT:PSE&G NUCLEAR LLCPSE&G NUCLEAR LLCPSE&G NUCLEAR LLCALLOWAY CREEK NECK RD - PO BOX 236/S07ALLOWAY CREEK NECK RDPO BOX 236/S07HANCOCKS BRIDGE, NJ 08038LOWER ALLOWAYS CREEK, NJ 08038-0000HANCOCKS BRIDGE, NJ 08038											
	REGION / COUNTY: Southern / Salem C	·									
CHECK IF APPICABLE:	No Discharge this Monitoring Period	Monitoring Report Con	nments Attached								
the certification or, in his absen the certification. Where the hig responsibility or person designa another entity to operate the tree I certify under penalty of law th that, based on my inquiry of the complete. I am aware that ther	est ranking official having day-to-day managerial and operational n ce a person designated by that person. For a local agency, the high hest ranking operator does not have the ability to authorize capital ted by that person shall also sign the second certification at the bot atment works, the highest-ranking official of the contracted entity s at I have personally examined and am familiar with the informatio be individuals immediately responsible for obtaining the informati e are significant penalties for submitting false information, includ New Jersey water Pollution Control Act provides for penalties up t	nest ranking operator of expenditures and hire p ttom of this page. If the shall sign the certification on submitted in this docu ion, I believe that the in ling the possibility of ar	the treatment works shall sign ersonnel, a person having that local agency has contracted with on. mment and all attachments, and formation is true, accurate and nd/or imprisonment, pursuant								
Thomas P. Joyce,	Site Vice President - Salem	,	N/A								
NAME AND TITLE OF PRINCIPAL	NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR GRADE AND REGISTRY NUMB										
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER								
	/ hest-ranking operator does not have the ability to authorize capital expend shall sign the following certification:	ditures and hire personnel	, a person having that responsibility or								
I certify under penalty of law and i	n accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attache	ed discharge monitoring re	ports.								
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>								
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER								

- 15

*

Surface water L	Jischarg	je wonton	пд кероп	· · · ·			· ·	-	•••	$(1,2,2) \in \mathbb{C}^{n} \setminus \{0\}$	PI 46814	
PERMIT NUMBER:	MON	ITORED LOCA	TION: <u>N</u>	IONITOR	ING PERIOD:	FACILITY N	AME:	<u></u>		· · ·		
NJ0005622	FAC	B SW Outfall F	ACB 1	2/1/2006	TO 12/31/2006	PSEG NUCL	EAR LLC SAL					
PARAMETER	\searrow	QUANTITY O	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Temperature,	SAMPLE MEASUREMENT	*****	*****		*****	8.4	12.6		Ф.	Entinuous	CONTIN	
00010 G Raw Sew/influent	PERMIT REQUIREMENT	******	*****	*****	567335	REPORT 01MOAV	REPORT 01DAMX	DEG.C	- en	Continuous	CONTIN	
Temperature,	SAMPLE MEASUREMENT	*****	*****		******	17.7	22.7		a.	Continueur	CONTIN	
00010 1 Effluent Gross Value	PERMIT REGUIREMENT	±11111		*****	******	REPORT 01MOAV	43:3 01DAMX	DEG.C		Continuous	CONTIN	
Temperature, oC	QL SAMPLE MEASUREMENT	*****	*****		*****	9,4	10.6		Ø	1/DAY	CALCTO	
00010 2 Effluent Net Value	PERMIT REQUIREMENT		******	******		REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD	
Lab Certification #	GL SAMPLE MEASUREMENT	17327	06431		17451	*****	411213					
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab.#	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP	
	QL	*****	******		******	******	******			1	5. S. S. S.	

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

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATIO	N:							
NJ0005622		DayYear312006FACC – SW Outfall FACC								
PERMITTEE:LOCATION OF ACTIVITY:REPORT RECIPIENT:PSE&G NUCLEAR LLCPSE&G NUCLEAR LLCPSE&G NUCLEAR LLCALLOWAY CREEK NECK RD - PO BOXALLOWAY CREEK NECK RDPO BOX 236/S07236/S07LOWER ALLOWAYS CREEK, NJ 08038-0000HANCOCKS BRIDGE, NJ 08038										
	REGION / COUNTY: Southern / Salem County									
CHECK IF APPICABLE:	No Discharge this Monitoring Period	Monitoring Report Comments Attached								
the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, 'a person having that responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification. I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of and/or imprisonment, pursuant to N.J.A.C. 7:14A-6.9(B). The New Jersey water Pollution Control Act provides for penalties up to \$50,000 per violation.										
Thomas P. Joyce,	Site Vice President - Salem	<u>N/A</u>								
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICI	CENSED OPERATOR GRADE AND REGISTRY NUMBER (IF A	.PPLICABLE)							
Monra	· · · · · · · · · · · · · · · · · · ·	01/23/2007 856-339-208	36							
SIGNATURE OF PRINCIPAL EXECT	JTIVE OF CER, AUTHORIZED AGENT, OR *LICENSED	ED OPERATOR DATE AREA CODE/PHONE	E NUMBER							
person designated by that person s	hall sign the following certification:	prize capital expenditures and hire personnel, a person having that r	esponsibility or							
I certify under penalty of law and in	accordance with N.J.S.A. 58:10A-6F(5) that I have rev	viewed the attached discharge monitoring reports.								
<u>N/A</u>	<u>N/A</u>	<u>N/A</u> <u>N/A</u>								
NAME AND TITLE	SIGNATURE	DATE AREA CODE/PHONE	NIMRER							

41

C.

άL

PERMIT NUMBER:	MON	MONITORED LOCATION:		MONITOR	ING PERIOD.	FACILITY N	AME:	<u></u>	· · · · · · · · · · · · · · · · · · ·		
NJ0005622	FAC	C SW Outfall F	ACC	12/1/2006	TO 12/31/2006	PSEG NUCL	EAR LLC SAL	EM GEN	IERA [®]	TIP	
PARAMETER	\square	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	2448	2553		*****	*****	*****		Ŕ	15AY	CALCTO
50050 G Raw Sew/influent	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX	MGD		******	*****	******		1/Day	CALCTD
Thermal Discharge Million BTUs per Hr	SAMPLE MEASUREMENT	13981	14313		*****	*****	*****		R .	UDAY	CALCTO
00015 2 Effluent Net Value	PERMIT REQUIREMENT	REPORT 01MOAV	30600 01DAMX	MBTU/HR	\$***** \$*****	A89448	******	*****		1/Day	CALCTD
Lab Certification #	SAMPLE	17327	06431		17451						
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab:#	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP

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".

D1

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	· · · · · · · · · · · · · · · · · · ·	Μ	ONITO	RING	PERIO	D			MONITORED LOCATION:						
NJ0005622	Month 12	Day 1	Year 2006	То	Month 12	Day 31	Year 2006	048C -	- SW Out	fall 48C					
PERMITTEE: PSE&G NUCLEAR LLC ALLOWAY CREEK NECK RD 236/S07 HANCOCKS BRIDGE, NJ 0803			LOCAT PSE&G N ALLOWA LOWER A	UCLEA Y CRE	AR LLC EK NECK	RD	-	PSE& PO B	ORT RECI G NUCLEAR OX 236/S07 COCKS BRIDO	LLC					
			REGI	ON / C	COUNTY:	Souther	n / Salem	County							
CHECK IF APPICABLE:	□ N	o Discha	rge this M	Ionitor	ing Period		· . [] Monitorir	ng Report Com	nments Attached					
the certification or, in his absen the certification. Where the hig responsibility or person designa another entity to operate the trea I certify under penalty of law th that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The Thomas P. Joyce,	hest rankin ted by that atment wor at I have po se individu e are signif New Jersey	g operato person s ks, the hi ersonally als immo icant per v water P	or does not hall also si ighest-rank examined ediately re nalties for ollution C	t have to ign the cing of and an sponsition	the ability second ce ficial of th n familiar ble for obt tting false	to autho rtificatio e contra with the aining th informa	rize capita on at the b cted entity information tion, inclu	Il expenditu ottom of thi shall sign on submitte tion, I belie ding the po	res and hire pe s page. If the the certificatio ed in this docu- eve that the inf ssibility of an	ersonnel, a person having that local agency has contracted with n. ment and all attachments, and formation is true, accurate and d/or imprisonment, pursuant					
NAME AND TITLE OF PRINCIPAL				ZED AC	GENT, OR *	LICENSE	D OPERAT	OR C	GRADE AND REC	GISTRY NUMBER (IF APPLICABLE)					
Thomas t	C Ja		· .						01/23/2007 856-339-2086						
SIGNATURE OF PRINCIPAL EXECU		ER, AUT	HORIZED A	GENT,	OR *LICEN	SED OPI	ERATOR	DAT		AREA CODE/PHONE NUMBER					
*For a local agency where the high person designated by that person s I certify under penalty of law and it	hall sign the	following	g certificati	on:	•				·	a person having that responsibility or					
N/A					N/A			in a anomarg	N/A	N/A					
NAME AND TITLE			SIGNATU	RE	<u>11/74</u>			DATE	<u>11/A</u>	AREA CODE/PHONE NUMBER					

¥. 4

PERMIT NUMBER: NJ0005622		IITORED LOCA			TO 12/31/2006	FACILITY N	AME: LEAR LLC SAL	EMGEN		``. ``.	
PARAMETER			DR LOADING					UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.3217	0.5704		*****	*****	*****		0	1/DAY	CALCTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT' 01DAMX	MGD	******	******		*****		1/Day	CALCTD
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****		*****	6	6		Φ	2/ month	Compos
00530 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	****** 1*	30 01MOAV	100 01DAMX	MG/L		2/Month	COMPOS
litrogen, Ammonia Fotal (as N)	SAMPLE	*****	*****		*****	1	/	· · · · · · · · · · · · · · · · · · ·	Ø	2/month	Compos
0610_1 Effluent Gross Value		A ###### #######	*****	*****	*****	35 01MOAV	70 01DAMX	MG/L		2/Month	COMPOS
Petroleum	SAMPLE MEASUREMENT	*****	*****		*****	<0,5	50.5		\$	2/month	GRAB
0551 1 Effluent Gross Value	PERMIT REQUIREMENT	A	*****	*****	*****	10 01MOAV	15 01DAMX	MG/L		2/Month	GRAB
Carbon, Tot Organic TOC)	QL SAMPLE MEASUREMENT	*****	*****		*****	34	35		\$	2/month	Compos
00680 1 Effluent Gross Value	PERMIT REQUIREMENT	*****		******	******	REPORT 01MOAV	50 01DAMX	MG/L		2/Month	COMPO
_ab Certification #	SAMPLE MEASUREMENT	17327	06431	<u></u>	17451						
99999 99 _ab	PERMIT. REQUIREMENT.	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AF
	QL.	*****	*****	8	*****	*****	*****			Contra in games	C. Constanting

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

Surface Water Discharge Monitoring Report Submittal Form

	• •							
NJPDES PERMIT	N	MONITORIN	G PERIOD		MONITORED LOCATION:			
NJ0005622	MonthDay121	Year 2006 To	Month Day 12 31	Year 2006	481A – SW Outfall 481A			
PERMITTEE: PSE&G NUCLEAR LLC ALLOWAY CREEK NECK RD 236/S07 HANCOCKS BRIDGE, NJ 0803		PSE&G NUCLI ALLOWAY CF	I OF ACTIVITY EAR LLC REEK NECK RD WAYS CREEK, N		REPORT RECIPIENT: PSE&G NUCLEAR LLC PO BOX 236/S07 HANCOCKS BRIDGE, NJ 08038			
		REGION /	COUNTY: South	ern / Salem	a County			
CHECK IF APPICABLE:	No Disc!	harge this Monit	oring Period		Monitoring Report Comments Attached			
the certification or, in his absen the certification. Where the hig responsibility or person designa another entity to operate the tre I certify under penalty of law the that, based on my inquiry of the	ace a person design ghest ranking opera- nted by that person atment works, the nat I have personal ose individuals inn- re are significant p	ated by that pers ator does not hav shall also sign th highest-ranking ly examined and mediately respon- benalties for subm	on. For a local age e the ability to auth he second certificat official of the contr am familiar with the sible for obtaining nitting false inform	ncy, the hig orize capita ion at the b acted entity he information the information, inclu	tion submitted in this document and all attachments, and nation, I believe that the information is true, accurate and luding the possibility of and/or imprisonment, pursuant			
Thomas P. Joyce,	Thomas P. Joyce, Site Vice President - Salem <u>N/A</u>							
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICI	ER, AUTHORIZED	AGENT, OR *LICENS	ED OPERAT	TOR GRADE AND REGISTRY NUMBER (IF APPLICAB 01/23/2007 856-339-2086			
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AL	JTHORIZED AGEN	T, OR *LICENSED O	PERATOR	DATE AREA CODE/PHONE NUMBER			
*For a local agency where the high person designated by that person a			e ability to authorize	capital expe	penditures and hire personnel, a person having that responsibi			
I certify under penalty of law and i	n accordance with N	J.J.S.A. 58:10A-6F	(5) that I have review	ed the attacl	ched discharge monitoring reports.			

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

Surface Water Discharge Monitoring Report PI 46814 PERMIT NUMBER: MONITORED LOCATION: MONITORING PERIOD: FACILITY NAME: NJ0005622 481A SW Outfall 481A 12/1/2006 TO 12/31/2006 PSEG NUCLEAR LLC SALEM GENERATIN NO. FREQ. OF SAMPLE PARAMETER QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS EX. ANALYSIS TYPE CALCTO Flow, In Conduit or 475 SAMPLE 435 4 DAY ***** ***** ****** Thru Treatment Plant 50050 1 REPORT REPORT 1/Day CALCTD PERMIT MGD ***** ***** REQUIREMENT 01MOAV 01DAMX ****** ****** Effluent Gross Value 1187 W ***** ****** 20002 ***** ****** ***** ÔĿ Hq 7:6 7:6 SAMPLE 0 ***** ***** GRAR ***** Werk MEASUREMENT 6.0 9.0 1/Week GRAB 00400 1 PERMIT ****** SU REQUIREMENT ***** ***** 01DAMN ****** 01DAMX Effluent Gross Value ****** ****** ***** ***** ****** OL pH 7.5 7. B SAMPLE MEASUREMENT Ø GRAB ***** ***** ***** week 1/Week GRAB REPORT REPORT 00400 7 PERMIT ****** SU ****** ***** 01DAMN ***** 01DAMX **Intake From Stream** ***** ***** ***** ***** ***** QL Rodr=N Code = N Codra LC50 Statre 96hr Acu SAMPLE Φ ***** ***** ***** ***** MEASUREMENT N Cyprinodon COMPOS 50 2/Year TAN6A 1 PERMIT ****** %EFFL ***** ***** * ***** ***** 01DAMN REQUIREMENT Effluent Gross Value ***** ***** ****** ***** ****** QL **Chlorine Produced** Codes Gode= Code=N Codio = N Ø SAMPLE ****** ***** ***** MEASUREMEN N Oxidants \mathcal{N} C STOPPED 2250 0.3 0.5 3/Week GRAB *CPOX 1 PERMIT ****** MG/L ***** ***** ****** 01MOAV 01DAMX REQUIREMENT **Effluent Gross Value** ****** ****** ***** ****** ***** OL Option 1 i se a cara Chlorine Produced 3, 20.1 Ó SAMPLE 50,1 GRAB ***** ***** ***** week MEASUREMENT Oxidants GRAB *CPOX 1 REPORT 0.2 3/Week C. 17 PERMIT ***** MG/L ****** ***** ***** REQUIREMENT 01MOAV 01DAMX Effluent Gross Value ****** ***** ***** ***** ***** Option 2 QL

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

OL

PERMIT NUMBER: NJ0005622		SW Outfall 48			NING PERIOD: TO 12/31/2006	FACILITY N PSEG NUC	<i>AME:</i> LEAR LLC SAL	EM GEN	ERA		
PARAMETER	\bigtriangledown	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENT	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	17.4	24.1		0	DAY	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN -
Lab Certification #	QL SAMPLE MEASUREMENT	17327	06431		17451	*****	*****		CREAT	<u></u>	<u></u>
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #	_	REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITO	RED LOCATION:
NJ0005622	Month Day Year 12 1 2006 To Month Day Year 12 31 2006 2006 Year Year Year	482A – SW Out	fall 482A
PERMITTEE: PSE&G NUCLEAR LLC ALLOWAY CREEK NECK RD 236/S07 HANCOCKS BRIDGE, NJ 0803	LOWER ALLOWAYS CREEK, NJ 08038-0000	REPORT RECI PSE&G NUCLEAR PO BOX 236/S07 HANCOCKS BRID	LLC
CHECK IF APPICABLE:		Monitoring Report Cor	nments Attached
the certification. Where the hig responsibility or person designs another entity to operate the tre I certify under penalty of law th that, based on my inquiry of the complete. I am aware that then to N.J.A.C. 7:14A-6.9(B). The	ce a person designated by that person. For a local agency, the high hest ranking operator does not have the ability to authorize capital ted by that person shall also sign the second certification at the bot atment works, the highest-ranking official of the contracted entity s at I have personally examined and am familiar with the informatio ose individuals immediately responsible for obtaining the information is are significant penalties for submitting false information, includ New Jersey water Pollution Control Act provides for penalties up t	expenditures and hire p ttom of this page. If the shall sign the certification on submitted in this docu- ion, I believe that the in- ling the possibility of an	ersonnel, a person having that local agency has contracted with on. Imment and all attachments, and formation is true, accurate and id/or imprisonment, pursuant
	Site Vice President - Salem		
Thomas and title of principal	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	01/23/2007	GISTRY NUMBER (IF APPLICABLE) 856-339-2086
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, ANTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
person designated by that person	hest-ranking operator does not have the ability to authorize capital expend shall sign the following certification: n accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attache		
N/A	N/A	N/A	N/A
NAME AND TITLE		DATE	AREA CODE/PHONE NUMBER

NJ0005622	482A	SW Outfall 48	2A 1	2/1/2006	TO 12/31/2006	PSEG NUCL	EAR LLC SAL	R LLC SALEM GENERATIN					
PARAMETER	\searrow	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE		
Tow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	429	442		****	*****	*****		Q	1/DAY	CALCTO		
0050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	A11444	*****	*****		1/Day	CALCTD		
H	SAMPLE MEASUREMENT	*****	****		7,5	*****	7.6		8	Week	GRAB		
90400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	6.0 01DAMN	*****	9.0 01DAMX	SU		1/Week	GRAB.		
PH	SAMPLE	*****	*****		7.5	*****	7.8		8	Week	GRAB		
00400 7 ntake From Stream	PERMIT REQUIREMENT	******	******	*****	REPORT 01DAMN	*****	REPORT 01DAMX	SU		1/Week	GRAB		
C50 Statre 96hr Acu Syprinodon	SAMPLE MEASUREMENT	*****	*****		Code=N	*****	*****		Q	Codes	Code= N		
AN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	A123445	******	*****	50 01DAMN	****** ******	*****	%EFFL		2/Year	COMPOS		
Chlorine Produced	SAMPLE	*****	*****		*****	Cude = N	Code = N		Q	Code	Coche = N		
CPOX 1 Effluent Gross Value Option 1		*****	*****	••••••	******	0.3 01MOAV.	0.5 01DAMX	MG/L		3/Week	GRAB		
Chlorine Produced	SAMPLE MEASUREMENT	*****	*****		****	< 0 . 1	<0.1		8	3/weet	GRAP		
CPOX 1 ffluent Gross Value	PERMIT REQUIREMENT		*****	******	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB		

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

Surface Water Discharge Monitoring Report Submittal Form

	·	
NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	Month Day Year 12 1 2006 To Month Day Year 12 31 2006 To 12 31 2006	483A – SW Outfall 483A
PERMITTEE: PSE&G NUCLEAR LLC ALLOWAY CREEK NECK RD 236/S07 HANCOCKS BRIDGE, NJ 0803	LOWER ALLOWAYS CREEK, NJ 08038-0000	
CHECK IF APPICABLE:	No Discharge this Monitoring Period	Monitoring Report Comments Attached
the certification or, in his absen the certification. Where the hig responsibility or person designa another entity to operate the tre I certify under penalty of law th that, based on my inquiry of the complete. I am aware that ther	est ranking official having day-to-day managerial and operational ce a person designated by that person. For a local agency, the hig hest ranking operator does not have the ability to authorize capita ted by that person shall also sign the second certification at the be atment works, the highest-ranking official of the contracted entity at I have personally examined and am familiar with the information be individuals immediately responsible for obtaining the information e are significant penalties for submitting false information, inclu- New Jersey water Pollution Control Act provides for penalties up	hest ranking operator of the treatment works shall sign l expenditures and hire personnel, a person having that ottom of this page. If the local agency has contracted with shall sign the certification. On submitted in this document and all attachments, and tion, I believe that the information is true, accurate and ding the possibility of and/or imprisonment, pursuant
Thomas P. Joyce	Site Vice President - Salem	۲ N/A
	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	
	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER
	/ hest-ranking operator does not have the ability to authorize capital expension shall sign the following certification:	iditures and hire personnel, a person having that responsibility or
I certify under penalty of law and i	n accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attach	ed discharge monitoring reports.

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

PERMIT NUMBER:	MON	ITORED LOCA	TION: N	IONITOR	NING PERIOD:	FACILITY N	AME:		•		
NJ0005622	483A	SW Outfall 48	3A 1	2/1/2006	TO 12/31/2006	PSEG NUCI	EAR LLC SAL	EM GEN	ERA	TIN	
PARAMETER	\times	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	432	435		****	*****	*****		Ø.	1/DAY	CALCTO
50050 1 Effluent Gross Value	PERMIT. REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	****** 2011 ** 1991 ** 1991	ATTACT (*****	H.	1/Day	CALCTD
рН	SAMPLE MEASUREMENT	*****	*****		7,5	****	7,7		Φ	Week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	******	6.0 01DAMN	******	9.0 01DAMX	SU		1/Week	GRAB
рН	SAMPLE MEASUREMENT	****	*****		7,5	****	7,8		Ø	week	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	******	******	*****	REPORT 01DAMN	*****	REPORT 01DAMX	SU .		:1/Week	GRAB
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****			Code = N	Code =N		8	Code=N	Coda=N
*CPOX 1 Effluent Gross Value Option 1		*****	*****	*****	******	0.3 01MOAV	0:5 01DAMX	MG/L		3/Week	GRAB
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****	· · · · · · · · · · · · · · · · · · ·	*****	< 0, 1	<0.1		0	3/week	GRAB
*CPOX 1 Effluent Gross Value Option 2	PERMIT, REQUIREMENT	****** ******	******	*****	+++***	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Temperature, oC	SAMPLE MEASUREMENT	****	****		*****	16.6	23,3		¢	1/DAY	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN

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.

NJ0005622	483A	SW Outfall 48	3A 1	2/1/2006	TO 12/31/2006	12/1/2006 TO 12/31/2006 PSEG NUCLEAR LLC SAL					
PARAMETER	$\mathbf{\mathbf{X}}$	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
_ab Certification #	SAMPLE MEASUREMENT	17327	66431		17451				•		· · · ·
99999 99 .ab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab.#	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP

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.

7.2

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD		MONITORI	ED LOCATION:
NJ0005622	MonthDayYear1212006To121231	Year 2006	484A – SW Outfa	ll 484A
PERMITTEE: PSE&G NUCLEAR LLC ALLOWAY CREEK NECK RD 236/S07 HANCOCKS BRIDGE, NJ 0803	LOWER ALLOWAYS CREEK, NJ	-	REPORT RECIPI PSE&G NUCLEAR LL PO BOX 236/S07 HANCOCKS BRIDGE	.C
	REGION / COUNTY: Souther	n / Salem	County	
CHECK IF APPICABLE:	□ No Discharge this Monitoring Period		Monitoring Report Comm	ents Attached
the certification or, in his absen the certification. Where the hig responsibility or person designa another entity to operate the tre I certify under penalty of law the that, based on my inquiry of the complete. I am aware that ther	est ranking official having day-to-day managerial and ce a person designated by that person. For a local ager hest ranking operator does not have the ability to author ted by that person shall also sign the second certification atment works, the highest-ranking official of the contra- at I have personally examined and am familiar with the ose individuals immediately responsible for obtaining the e are significant penalties for submitting false information. New Jersey water Pollution Control Act provides for p	cy, the hig rize capita on at the bo cted entity informatione information, inclu	hest ranking operator of the l expenditures and hire perso ottom of this page. If the loc shall sign the certification. on submitted in this docume tion, I believe that the inform ding the possibility of and/o	treatment works shall sign onnel, a person having that cal agency has contracted with ent and all attachments, and nation is true, accurate and
Thomas P. Joyce,	Site Vice President - Salem			<u>N/A</u>
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSI	D OPERAT	OR GRADE AND REGIS	TRY NUMBER (IF APPLICABLE)
Thomas	of pyre		01/23/2007	856-339-2086
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OP	ERATOR	DATE	AREA CODE/PHONE NUMBER
	hest-ranking operator does not have the ability to authorize on shall sign the following certification:	apital expe	nditures and hire personnel, a p	person having that responsibility or
I certify under penalty of law and i	n accordance with N.J.S.A. 58:10A-6F(5) that I have review	ed the attacl	ed discharge monitoring report	ts.
<u>N/A</u>	<u>N/A</u>		<u>N/A</u>	<u>N/A</u>

سی 2015 ت 42 غ 20 غ 20 غ

 IVA
 IVA

 NAME AND TITLE
 SIGNATURE

 DATE
 AREA CODE/PHONE NUMBER

PERMIT NUMBER:	·· ,	ITORED LOCA			ING PERIOD:	FACILITY N						
NJ0005622	484A	SW Outfall 48	4A	12/1/2006	TO 12/31/2006	PSEG NUCL	EAR LLC SAL					
PARAMETER	$\mathbf{>}$	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	426	441		*****	*****	*****		0	1/DAY	CALCTD	
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	\$***** (*****	******* ******	******	*****		1/Day	CALCTD	
рН	SAMPLE	*****	*****		7.6	*****	7.6		Φ	1 week	GRAB	
00400 1 Effluent Gross Value	PERMIT REQUIREMENT-	******	******	••••••	6.0 01DAMN	******	9.0 01DAMX	ຣບ		1/Week	GRAB	
рН	SAMPLE	****	****		7:5	*****	7,8		\$	Week	GRAB	
00400 7 Intake From Stream	PERMIT: REQUIREMENT.	473475	*****	******	REPORT 01DAMN	******	REPORT 01DAMX	ຣບ		1/Week	GRAB	
LC50 Statre 96hr Acu Cyprinodon	QL SAMPLE MEASUREMENT	\$13433 *****	*****		Code = N	*****	*****		Q.	Code = N	Code = N	
TAN6A 1 Effluent Gross Value		******	*******	••••••	50 01DAMN	******	******* ******	%EFFL		2/Year	COMPOS	
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	*****		*****	Cide = N	Code - N		¢	Code = N	Code=N	
*CPOX 1 Effluent Gross Value Option 1	PERMIT REQUIREMENT	*****	*****		******	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB	
Chlorine Produced	SAMPLE	*****	*****		*****	<0,1	<0.1	<u></u>	Q	3/week	GRAB	
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	A	******	******	******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB	
Option 2	QL	*****	*****		*****	*****	******			and an an ar		

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

PERMIT NUMBER:		IITORED LOCA			RING PERIOD: TO 12/31/2006	FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATIN						
PARAMETER	\bigtriangledown	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTR	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	17.7	27.6		Q	1/DAY	CONTIN	
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	******	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN	
Lab Certification #	SAMPLE MEASUREMENT	17327	06431	*	17451						Contraction Contraction	
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT	REPORT Lab #	REPORT. Lab #			Not Applic		

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	N	IONITORINO	G PERIOI)		MONITOI	RED LOCATION:
NJ0005622	MonthDay121	Year To 2006 To	Month 12	Day 31	Year 2006	485A – SW Outl	fall 485A
PERMITTEE: PSE&G NUCLEAR LLC ALLOWAY CREEK NECK RD 236/S07 HANCOCKS BRIDGE, NJ 0803		LOCATION PSE&G NUCLE ALLOWAY CRI LOWER ALLOV REGION /	AR LLC EEK NECK WAYS CRE	RD EK, NJ ()8038-000'		LLC
CHECK IF APPICABLE:	No Disah	arge this Monito				Monitoring Report Com	ments Attached
WHO MUST SIGN The high the certification or, in his absen the certification. Where the hig responsibility or person designa another entity to operate the treas I certify under penalty of law th that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The	ce a person designa hest ranking operat ted by that person s atment works, the h at I have personall ose individuals imm e are significant pe	atted by that person tor does not have shall also sign the highest-ranking o y examined and a hediately response chalties for subm	on. For a loo the ability e second ces fficial of th ann familiar ible for obt itting false	cal agend to author rtificatio e contract with the aining the information	cy, the hig rize capita n at the bo ted entity informati e informati ion, inclu	thest ranking operator of the l expenditures and hire per- bottom of this page. If the l shall sign the certification on submitted in this docur tion, I believe that the info ding the possibility of and	ne treatment works shall sign rsonnel, a person having that ocal agency has contracted with n. ment and all attachments, and prmation is true, accurate and
Thomas P. Joyce,	Site Vice Presiden	t - Salem					N/A
NAME AND TITLE OF PRINCIPAL	(\mathcal{A})		GENT, OR *	LICENSE	D OPERAT	OR GRADE AND REG 01/23/2007	SISTRY NUMBER (IF APPLICABLE)
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AU	FORIZED AGENT	, OR *LICEN	SED OPE	RATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the hig person designated by that person s			ability to au	thorize c	apital expe	nditures and hire personnel,	a person having that responsibility or
I certify under penalty of law and is	n accordance with N.	J.S.A. 58:10A-6F(5) that I have	e reviewe	d the attacl	ned discharge monitoring rep	orts.
N/A			N/A			N/A	N/A

DATE

AREA CODE/PHONE NUMBER

SIGNATURE

NAME AND TITLE

্রার আর কণ্য রণ

PERMIT NUMBER:	MON	IITORED LOCA	TION:	MONITOR	NING PERIOD:	FACILITY N	AME:						
NJ0005622	485A	SW Outfall 48	5A	12/1/2006 TO 12/31/2006 PSEG NUCLEAR LLC SALE									
PARAMETER	\triangleright	QUANTITY (OR LOADING	UNITS	ITS QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE		
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	18.5	24.2		Ø	1/DAY	CONTIN		
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	Attacts	444444	******	******	REPORT 01MOAV	REPORT- 101DAMX	DEG.C		1/Day	CONTIN		
Lab Certification #		17327	06431		17451	CT 405-	*****						
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP		

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT		Μ	ONITO	RING	PERIO	D			MONITO	RED LOCATION:			
NJ0005622	Month 12	Day 1	Year 2006	То	Month 12	Day 31	Year 2006	486A -	- SW Out	fall 486A			
PERMITTEE: PSE&G NUCLEAR LLC ALLOWAY CREEK NECK RD 236/S07 HANCOCKS BRIDGE, NJ 0803			LOCAT PSE&G NI ALLOWA LOWER A	UCLEA Y CRE	AR LLC EEK NECH	K RD	-	PSE& PO B(ORT RECL G NUCLEAR OX 236/S07 COCKS BRID(LLC			
•	e.		REGI	ON / (COUNTY	: Souther	n / Salem	County					
CHECK IF APPICABLE:	א 🗌	o Discha	arge this M	lonitor	ring Perio	d] Monitorin	ıg Report Com	ments Attached			
WHO MUST SIGN The high the certification or, in his absen the certification. Where the hig responsibility or person designa another entity to operate the tree I certify under penalty of law th that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The Thomas P. Joyce,	ce a person hest rankin ted by that atment wor at I have p ose individu e are signif New Jerse	designa g operate person s ks, the h ersonally als imm icant per v water P	ted by that or does no hall also s ighest-rank v examined ediately re nalties for 'ollution C	person t have ign the cing of and a sponsi submi	n. For a lo the ability second co fficial of the m familian ible for ob tting false	ocal agen to autho ertificatione contra t with the taining fl informa	cy, the hig rize capita on at the b cted entity informat in informat tion, inclu	whest rankin al expenditu ottom of thi v shall sign t ion submitte tion, I belie uding the po	g operator of t res and hire pe s page. If the the certification ed in this docu- eve that the info ssibility of an	he treatment works shall sign rsonnel, a person having that local agency has contracted with n. ment and all attachments, and prmation is true, accurate and d/or imprisonment, pursuant			
NAME AND TITLE OF PRINCIPAL				ZED A	GENT, OR	*LICENSE	D OPERAT	OR O	GRADE AND REC	GISTRY NUMBER (IF APPLICABLE)			
SIGNATURE OF PRINCIPAL EXEC		CER, AUT	HORIZED A	AGENT,	, OR *LICE	NSED OPI	ERATOR	DA1	01/23/2007 re	856-339-2086 AREA CODE/PHONE NUMBER			
*For a local agency where the hig person designated by that person .					ability to a	uthorize c	apital expe	nditures and	hire personnel,	a person having that responsibility or			
l certify under penalty of law and i	n accordanc	e with N.J	J.S.A. 58:10	A-6F(5) that I hav	ve reviewe	d the attac	hed discharge	e monitoring rep	orts.			
<u>N/A</u>					<u>N/A</u>			ر 	<u>N/A</u>	<u>N/A</u>			
NAME AND TITLE										AREA CODE/PHONE NUMBER			

PERMIT NUMBER:	MON	ITORED LOCA	<u>TION: I</u>	MONITOR	ING PERIOD:	FACILITY N	AME:				
NJ0005622	486A	SW Outfall 48	6 A 1	12/1/2006	TO 12/31/2006	PSEG NUCI	EAR LLC SAL	EM GEN	ERA	TIN	
PARAMETER	\searrow	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	391	394		*****	*****	*****		4	DAY	CALCTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	*****	******	*****		1/Day	CALCTD
рΗ	SAMPLE MEASUREMENT	*****	*****		7,4	*****	7.6		Ð	Week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	******	2	•••••	6.0 01DAMN	******	9.0 01DAMX	SU		1/Week	GRAB
ъН	SAMPLE MEASUREMENT	****	*****		7,5	****	7.8		8	week	GRAB
00400 7 ntake From Stream	PERMIT REQUIREMENT	******	*****	*****	REPORT 01DAMN	******	REPORT 01DAMX	SU		1/Week	GRAB
Chlorine Produced	SAMPLE	****	*****		*****	Rode = N	Code = N		Þ	Code = N	Cade = h
CPOX 1 Effluent Gross Value	PERMIT	*****	etter -	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Dption 1 Chlorine Produced Dxidants	QL SAMPLE MEASUREMENT	******	******		*****	<0.1	<0.1		Q	3/week	GRAB
CPOX 1 Effluent Gross Value Option 2	PERMIT REQUIREMENT	443844	******	******	\$25234 	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		******	17.3	23.2		4	1/DAY	COANTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	******	#*****	******	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN

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.

乳

PERMIT NUMBER:	MON	MONITORED LOCATION:			ING PERIOD:	FACILITY NAME:						
NJ0005622	486A SW Outfall 486A			12/1/2006	TO 12/31/2006	PSEG NUCLEAR LLC SALEM G			ERA	TIN		••••••
PARAMETER	\searrow	QUANTITY OR LOADING		UNITS	QUALIT	Y OR CONCENTRAT	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMP TYPI	SAMPLE TYPE	
ab Certification #	SAMPLE MEASUREMENT	17327	06431		17451							-
19999 99 .ab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #-		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT /	eneligen.
	Taren errende errende errende er							<i>**</i>	(<u>100-100</u> ,525500)			
												and a second second second second
									• .			
									· ·	· · · · · · · · · · · · · · · · · · ·		
	• • • • • • •											
									··· •·			
	 											•
									• • •			•

	Surface Water Discharge Monitoring Report	Submittal Form					
NJPDES PERMIT	MONITORING PERIOD	MONITO	MONITORED LOCATION:				
NJ0005622	Month Day Year 12 1 2006 To Month Day Year 12 31 2006 2006 Year Year Year	487B – SW Ou	fall 487B				
PERMITTEE: PSE&G NUCLEAR LLC ALLOWAY CREEK NECK RD 236/S07 HANCOCKS BRIDGE, NJ 08038	LOWER ALLOWAYS CREEK, NJ 08038-0000	REPORT REC PSE&G NUCLEAF PO BOX 236/S07 HANCOCKS BRIE	LLC				
	REGION / COUNTY: Southern / Salem (County					
CHECK IF APPICABLE:	No Discharge this Monitoring Period	Monitoring Report Co	nments Attached				
the certification or, in his absent the certification. Where the hig responsibility or person designa another entity to operate the trea I certify under penalty of law the that, based on my inquiry of tho complete. I am aware that there	est ranking official having day-to-day managerial and operational ce a person designated by that person. For a local agency, the high hest ranking operator does not have the ability to authorize capital ted by that person shall also sign the second certification at the bo attment works, the highest-ranking official of the contracted entity at I have personally examined and am familiar with the information se individuals immediately responsible for obtaining the informate e are significant penalties for submitting false information, include New Jersey water Pollution Control Act provides for penalties up	hest ranking operator of l expenditures and hire p ottom of this page. If the shall sign the certification on submitted in this doction, I believe that the im ding the possibility of a	the treatment works shall sign ersonnel, a person having that local agency has contracted with on. ument and all attachments, and formation is true, accurate and nd/or imprisonment, pursuant				
Thomas P. Joyce,	Site Vice President - Salem		<u>N/A</u>				
NAME AND TITLE OF PRINCIPAL I	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	OR GRADE AND RE 01/23/2007	GISTRY NUMBER (IF APPLICABLE) 856-339-2086				
SIGNATURE OF PRINCIPAL EXECU	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER				
*For a local agency where the high person designated by that person s	nest-ranking operator does not have the ability to authorize capital expen hall sign the following certification:	nditures and hire personne	l, a person having that responsibility o				
I certify under penalty of law and in	accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attach	ed discharge monitoring re	ports.				
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>				
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER				

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:					
NJ0005622	Month 12	DayYear12006	Month12	Day 31	Year 2006	489A –	SW Out	fall 489A				
PERMITTEE: PSE&G NUCLEAR LLC ALLOWAY CREEK NECK RD 236/S07 HANCOCKS BRIDGE, NJ 0803		PSE&G NUCI ALLOWAY C	N OF ACTI LEAR LLC REEK NECK OWAYS CREF	RD	8038-000	PSE&C PO BO	DRT RECI NUCLEAR X 236/S07 OCKS BRIDO	LLC				
		REGION	/ COUNTY: S	Southeri	ı / Salem	County						
CHECK IF APPICABLE:	🗌 No	Discharge this Mon	toring Period			Monitoring	Report Com	ments Attached				
the certification. Where the hig responsibility or person designs another entity to operate the tre I certify under penalty of law the that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The	ted by that p atment works at I have per ose individua e are signific	erson shall also sign s, the highest-ranking sonally examined an lş immediately respo cant penalties for sub	the second cer official of the d am familiar nsible for obta omitting false i	tification contract with the lining th nformat	n at the bo ted entity informati e informa ion, inclu	ottom of this shall sign th on submitted tion, I believ ding the poss	page. If the e certification in this docu e that the inf sibility of an	local agency has contracted with n. ment and all attachments, and prmation is true, accurate and d/or imprisonment, pursuant				
Thomas P. Joyce,	Site Vice Pr	esident - Salem	•					N/A				
NAME AND TITLE OF PRINCIPAL		DEFICER, AUTHORIZEI				OR GR	01/23/2007	SISTRY NUMBER (IF APPLICABLE) 856-339-2086 AREA CODE/PHONE NUMBER				
	، hest-ranking o	perator does not have i					· .	a person having that responsibility or				
I certify under penalty of law and i	n accordance v	with N.J.S.A. 58:10A-6	F(5) that I have	reviewee	l the attach	ed discharge i	monitoring rep	orts.				
<u>N/A</u>		N/A				· · · · ·	<u>N/A</u>	<u>N/A</u>				
NAME AND TITLE		SIGNATURE				DATE		AREA CODE/PHONE NUMBER				

PERMIT NUMBER: NJ0005622		ITORED LOCA	· · ·	- <u></u>	NING PERIOD: TO 12/31/2006	FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATIN						
PARAMETER		489A SW Outfall 489A 12 QUANTITY OR LOADING				TY OR CONCENTR		NO. EX.	FREQ. OF ANALYSIS			
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.0379	0,0379		*****	*****	*****		æ	month	OALCTO	
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	44874A	*****	****** *******************************	******		1/Month	CALCTD	
рН	SAMPLE MEASUREMENT	*****	*****		7,7	*****	7.7		Ø	month	GRAB	
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	******	*****	*****	6.0 01DAMN ******	4*****	9.0 01DAMX	SU		1/Month	GRAB	
Solids, Total Suspended	SAMPLE MEASUREMENT	****	*****		5	5	****		Ø	month	GRAB	
00530 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	100 01DAMX	30 01MOAV ******	*****	MG/L		1/Month	GRAB	
Petroleum Hydrocarbons	SAMPLE MEASUREMENT	*****	*****		*****	<0.5	<0.5			month	GRAB	
00551 1 Effluent Gross Value		*****	******	*****		10 01MOAV	15 01DAMX	MG/L		1/Month	GRAB	
Carbon, Tot Organic (TOC)	SAMPLE	******	*****		*****	20	20		Ø	Imonth	GRAB	
00680 1 Effluent Gross Value	PERMIT REQUIREMENT	449444) 	******	*****	54557A	REPORT 01MOAV.	50 01DAMX ******	MG/L		1/Month	GRAB	
Lab Certification #	SAMPLE	17327	06431	3	17451			×I				
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT LaD #	1.774904884	REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP	

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".

A . .

-11