

SCH07-117

CERTIFIED MAIL RETURN RECEIPT REQUESTED ARTICLE NUMBER: 7006 0100 0004 0656 7697

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 September 2007.

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,

Robert C. Braun Site Vice President – Salem

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Attachments (12 DMR's)

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

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EXPLANATION OF CONDITIONS

September 2007

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

September 2007

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

DSN No.

EXPLANATION

None.

COUNTY OF SALEM STATE OF NEW JERSEY

I, Robert C. Braun, of full age, being duly sworn according to law, upon my oath depose and say:

1. I am the Site Vice President-Salem for PSEG Nuclear, and as such am authorized to sign Salem's Discharge Monitoring Reports submitted to the New Jersey Department of Environmental Protection pursuant to the Station's New Jersey Pollutant Discharge Elimination System permit.

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

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.

Robert C. Braun Site Vice President – Salem

Sworn and subscribed before me this 19+h day of October 2007

BC Site Vice President – Salem Director – Regulatory Affairs Christopher McAuliffe, Esq. Salem Radwaste and Environmental Supervisor E. J. Keating NJPDES Technician Chem File SCH07-117 NBS Room M/C N64

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITO	DRED LOCATION:
NJ0005622	MonthDayYear912007To9302007		utfall FACA
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	T PIENT: LLC DGE, NJ 08038		
CHECK IF APPICABLE:	REGION / COUNTY: Southern / Sal	Monitoring Report Co	
WHO MUST SIGN The high	nest ranking official having day-to-day managerial and operation	onal responsibilities for the	discharging facility shall sign
the certification. Where the hig responsibility or person designs another entity to operate the tree I certify under penalty of law the that, based on my inquiry of the complete. I am aware that the	the a person designated by that person. For a local agency, the ghest ranking operator does not have the ability to authorize ca ated by that person shall also sign the second certification at the eatment works, the highest-ranking official of the contracted er that I have personally examined and am familiar with the inform ose individuals immediately responsible for obtaining the info re are significant penalties for submitting false information, in New Jersey water Pollution Control Act provides for penalties	pital expenditures and hire e bottom of this page. If th tity shall sign the certificat mation submitted in this door rmation, I believe that the in acluding the possibility of a	personnel, a person having that e local agency has contracted with ion. cument and all attachments, and nformation is true, accurate and und/or imprisonment, pursuant
Robert C. Braun	, Site Vice President - Salem		<u>N/A</u>
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPE	RATOR GRADE AND R	EGISTRY NUMBER (IF APPLICABLE)
		10/19/2007	856-339-1998
SIGNATURE OF PRINCIPAL EXEC	CUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	R DATE	AREA CODE/PHONE NUMBER
person designated by that person	hest-ranking operator does not have the ability to authorize capital e 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 a	tached discharge monitoring r	eports.
<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

-T.

Surface Water I	Discharg	je Monitor	ing Report						4	<u> </u>	PI 46814	
PERMIT NUMBER:	MON	ITORED LOCA	TION:	MONITOR	ING PERIOD:	FACILITY NA	ME:					
NJ0005622	FAC	A SW Outfall FA	ACA S	9/1/2007 TO 9/30/2007 PSEG NUCLEAR LLC SAL					EM GENERATIN			
PARAMETER	$\mathbf{\mathbf{X}}$	QUANTITY (DR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	25.4	27.4		0	Continuous	CONTIN	
00010 G Raw Sew/influent	PERMIT REQUIREMENT	******	******	*****	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C	69 A.	Continuous	CONTIN	
	QL	*****	*****		*****	*****	*****	Í	1			
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	34.0	36.2		0	Continuous s	CONTIN	
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	******	54557A	*****	******	REPORT 01MOAV	46.1 01DAMX	DEG.C	0.25	Continuous	CONTIN	
· · · · · · · · · · · · · · · · · · ·	QL	*****	*****		******	*****	******	 	1977			
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		****	8.6	9.6		Ø	1/Dov	CALCTU	
00010 2 Effluent Net Value	PERMIT REQUIREMENT	******	******	******	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD	
	QL	******	******		******	*****	*****	<u> </u>			and the second second	
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA166							
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic.	NOT AP	
· · ·	QL .	******	*****		******	******	******		2	Strate Land	and the second	

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

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD		MONITORED LOCATION:	
NJ0005622	MonthDayYear912007To93020		– SW Outfall FACB	
<u>PERMITTEE:</u> PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038 DECION / COUNTY: Southern / S	PSEG N PO BOX HANCO	DRT RECIPIENT: NUCLEAR LLC DX 236/N21 COCKS BRIDGE, NJ 08038	
	REGION / COUNTY: Southern / S			
CHECK IF APPICABLE:	No Discharge this Monitoring Period	Monitoring	g Report Comments Attached	~
the certification. Where the hig responsibility or person designal another entity to operate the tree I certify under penalty of law the that, based on my inquiry of the complete. I am aware that there	ce a person designated by that person. For a local agency, the hest ranking operator does not have the ability to authorize ted by that person shall also sign the second certification at atment works, the highest-ranking official of the contracted at I have personally examined and am familiar with the info se individuals immediately responsible for obtaining the im- e are significant penalties for submitting false information, New Jersey water Pollution Control Act provides for penalt	capital expenditure the bottom of this p entity shall sign the prmation submitted formation, I believe including the poss	es and hire personnel, a person having page. If the local agency has contract he certification. d in this document and all attachments we that the information is true, accurate ssibility of and/or imprisonment, pursu	, that ted with , and e and
Robert C. Braun,	Site Vice President - Salem		N/A	
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OP		RADE AND REGISTRY NUMBER (IF APPLI 0/19/2007 856-339-1998	CABLE)
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERAT	OR DATE	E AREA CODE/PHONE NUM	MBER
	hest-ranking operator does not have the ability to authorize capita thall sign the following certification:	l expenditures and h	hire personnel, a person having that respo	nsibility 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	attached discharge r	monitoring reports.	
N/A	N/A	·	N/A N/A	

DATE

AREA CODE/PHONE NUMBER

SIGNATURE

NAME AND TITLE

Surface Water	Discharç	je Monitor	ing Repor	t ·							PI 46814			
PERMIT NUMBER:	MON	ITORED LOCA	TION:	MONITOR	RING PERIOD:	FACILITY N	AME:							
NJ0005622	FACE	3 SW Outfall F	ACB	9/1/2007 T	9/1/2007 TO 9/30/2007 PSEG NUCLEAR LLC SAL					EM GENERATIN				
PARAMETER	\searrow	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE			
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	25,4	27.4		0	Continuaus	CONTIN			
00010 G Raw Sew/influent	PERMIT	******	*****	******		REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN			
Temperature, oC	QL SAMPLE MEASUREMENT	*****	******		*****	34,3	37.4		0	Continuaus	CONTIN			
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	******	*****	REPORT 01MOAV	46.1 01DAMX	DEG.C		Continuous	CONTIN			
Temperature, oC	SAMPLE	*****	*****		*****	8.9	10.1		0	1/Da /	САКСТЛ			
00010 2 Effluent Net Value	PERMIT REQUIREMENT	*****	******	******	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD			
Lab Certification #	SAMPLE	17327	17451		PA/66									
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP			
·	QL	******	*****		******	*****	******			1				

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".

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Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT		M	ONITOI	RING	PERIO)		MONITORED LOCATION:					
NJ0005622	Month 9	Day 1	Year 2007	To	Month 9	Day 30	Year 2007	FACC -	- SW Ou	tfall FACC			
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	C PSEG NUCLEAR LLC SALEM PSEG NUCLEAR LLC GENERATING STATION PO BOX 236/N21 ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038								.C · · ·				
REGION / COUNTY: Southern / Salem County													
CHECK IF APPICABLE:		o Discha	arge this M	Ionitor	ing Period] Monitoring	g Report Con	ments 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	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, 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.												
NAME AND TITLE OF PRINCIPAL				ZED AG	GENT, OR *	LICENSE	D OPERAT	OR GR	ADE AND REG	<u>N/A</u> istry number (if applic	CABLE)		
[Le		7							10/19/2007	856-339-1998			
SIGNATURE OF PRINCIPAL EXEC	· · ·				•			DATE		AREA CODE/PHONE NUM			
*For a local agency where the high person designated by that person a	shall sign th	e followin	ng certificati	ion:							sibility or		
I certify under penalty of law and i	n accordanc	e with N	J.S.A. 58:10)A-6E(5) that I have	e reviewe	d the attacl	hed discharge n	nonitoring rep	orts.			
<u>N/A</u>			·		<u>N/A</u>				<u>N/A</u>	<u>N/A</u>	<u> </u>		
NAME AND TITLE			SIGNATU	RE				DATE AREA CODE/PHONE NUMBER					

Surface Water	Discharg	je Monitor	ing Repor	t			·				PI 46814
PERMIT NUMBER:	MON	ITORED LOCA	TION:	MONITOR	ING PERIOD:	FACILITY N	AME:				
NJ0005622	FACO	SW Outfall F	ACC	9/1/2007 T	O 9/30/2007	PSEG NUCL	EAR LLC SAL	.EM GEN	ERA	TIN	
PARAMETER		QUANTITY	OR LOADING	UNITS	QUALIT	Y OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	. SAMPLE MEASUREMENT	2676	2874		*****	*****	****		0	1/Dey	CALCTE
50050 G Raw Sew/influent		3024 01MOAV	REPORT 01DAMX	MGD		*****		*****		1/Day	CALCTD
Thermal Discharge Million BTUs per Hr	SAMPLE	15142	15530		*****	*****	*****	×	0	1/Q0 y	CALCTD
00015 2 Effluent Net Value	PERMIT REQUIREMENT	REPORT 01MOAV	30600 01DAMX	MBTU/HR	****** ******	******		*****		1/Day	CALCTD
Lab Certification #	SAMPLE	17327	17451	<u></u>	PA166			<u></u>			
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	*****	*****	55	*****	******	******	· ·		Sec. Sec.	

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Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	``````````````````````````````````````	MONITOR	ING	PERIO	D			MONITORED LOCATION:						
NJ0005622	Month Da 9 1	×	То	Month 9	Day 30	Year 2007	048C -	48C – SW Outfall 48C						
PERMITTEE:LOCATION OF ACTIVITY:REPORT RECIPIENT:PSE&G NUCLEAR LLCPSEG NUCLEAR LLC SALEMPSEG NUCLEAR LLC80 PARK PLAZAGENERATING STATIONPO BOX 236/N21NEWARK, NJ 07101ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038HANCOCKS BRIDGE, NJ 08038														
REGION / COUNTY: Southern / Salem County														
CHECK IF APPICABLE: In No Discharge this Monitoring Period Information 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 complete. I am aware that then	 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. 													
Robert C. Braun,	Site Vice Presid	lent - Salem			.				<u>N/A</u>					
NAME AND TITLE OF PRINCIPAL							OR (10/19/2007	GISTRY NUMBER (IF APPLICABLE) 856-339-1998 AREA CODE/PHONE NUMBER					
*For a local agency where the hig person designated by that person .				ibility to ai	uthorize c	apital expe	nditures and	hire personnel,	a person having that responsibility or					
I certify under penalty of law and i	n accordance wit	h N.J.S.A. 58:10	A-6F(5)) that I hav	e reviewe	d the attac	hed discharg	e monitoring rep	orts.					
N/A				<u>N/A</u>				N/A	<u>N/A</u>					
NAME AND TITLE		SIGNATUR	RE				DATE . AREA CODE/PHONE NUMBE							

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Surface Water	Discharg	ge Monitori	ing Repor	t	·	· · · · · · · · · · · · · · · · · · ·					PI 46814
PERMIT NUMBER:	MON	ITORED LOCA	TION:	MONITOR	RING PERIOD	FACILITY N	AME:				
NJ0005622	048C	SW Outfall 48	C	9/1/2007 T	O 9/30/2007	PSEG NUCL	EAR LLC SAL	ERA	ΓIN		
PARAMETER	\searrow	QUANTITY (UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0,3175	0.6168		*****	*****	*****		6	11Day	САЛСТО
50050 1 Effluent Gross Value		REPORT 01MOAV	REPORT 01DAMX	MGD	******	*****	******	******		1/Day	CALCTD.
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	****		*****	22	24		0	2/Menth	COMPUS
00530 1 Effluent Gross Value		******	(AND THE	******	*****	30 01MOAV	100 01DAMX	MG/L		2/Month	COMPOS
Nitrogen, Ammonia Total (as N)	SAMPLE MEASUREMENT	*****	*****		*****	15	17		0	2/Month	COMPOS
00610 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	Arteste Arteste	35 01MOAV	70 01DAMX	MG/L		2/Month	COMPOS
Petroleum Hydrocarbons	SAMPLE MEASUREMENT	*****	*****		*****	40.5	<0.5		0	2/Month	GRAB
00551 1 Effluent Gross Value		******	******	******	422440 422440	10 01MOAV	15 01DAMX	MG/L		2/Month	GRAB
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	*****	· · · · · · · · · · · · · · · · · · ·	****	10	10		0	21 Month	compos
00680 1 Effluent Gross Value		******	******	******	ATTAC	REPORT 01MOAV	50 01DAMX	MG/L	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	2/Month	COMPOS
Lab Certification #	SAMPLE MEASUREMENT	17327	17451	<u></u>	PAIGE	<u>1999 (1997) (19977) (19977) (19977) (1997) (19977) (19977) (19977) (19977) (19</u>					
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	******	******	8	******	10 30 11 11 11 11 11 11 11 11 11 11 11 11 11	******				NACES AND TANK

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	MONITORING PERIOD	MONITO	RED LOCATION:				
NJ0005622	MonthDayYear912007To9302007	481A – SW Out	fall 481A				
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038	REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038					
·	REGION / COUNTY: Southern / Salem	County					
CHECK IF APPICABLE:	No Discharge this Monitoring Period	Monitoring Report Con	ments Attached				
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	ce a person designated by that person. For a local agency, the hig thest ranking operator does not have the ability to authorize capital atted by that person shall also sign the second certification at the be atment works, the highest-ranking official of the contracted entity nat I have personally examined and am familiar with the information ose individuals immediately responsible for obtaining the informa- re are significant penalties for submitting false information, inclu- New Jersey water Pollution Control Act provides for penalties up	Il expenditures and hire per ottom of this page. If the shall sign the certification ion submitted in this docu tion, I believe that the infuding the possibility of an	ersonnel, a person having that local agency has contracted with n. ment and all attachments, and formation is true, accurate and d/or imprisonment, pursuant				
Robert C. Braun.	Site Vice President - Salem		N/A				
	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERAT	OR GRADE AND REG	GISTRY NUMBER (IF APPLICABLE) 856-339-1998				
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 expension shall sign the following certification:	nditures 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 attack	hed discharge monitoring rep	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

											PI 46814		
PERMIT NUMBER:		IITORED LOCA	····		ING PERIOD:	FACILITY NAME:							
NJ0005622	481A	SW Outfall 48	1A 9)/1/2007 T	O 9/30/2007	PSEG NUCL	EAR LLC SAL	EM GEN	ERA	FIN			
PARAMETER		QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE		
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	462	494		****	*****	*****		0	1/Da-1	CAKCTD		
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	*****	******	*****		1/Day	CALCTD		
рН	SAMPLE MEASUREMENT	*****	*****	<u>**</u>	7.2	*****	7.9		0	ilweek	GRAB		
00400 1 Effluent Gross Value		*****	******	******	6.0 01DAMN	*****	9.0 01DAMX	ຣບ		1/Week	GRAB		
рН	SAMPLE	ی بینی می این می این ******	· · · · · · · · · · · · · · · · · · ·		7,5	*****	8, 2		0	1/week	GRAB		
00400 7 Intake From Stream	PERMIT REQUIREMENT	******	*****	******	REPORT 01DAMN	*****	REPORT 01DAMX	su		1/Week	GRAB		
LC50 Statre 96hr Acu Cyprinodon	SAMPLE	*****	*****		CODEN	*****	*****		0	C.ODE=N	CODE=N		
TAN6A 1 Effluent Gross Value		*****	******	******	50 01DAMN	*****	******	%EFFL		2/Year	COMPOS		
Chlorine Produced Oxidants	SAMPLE	*****	*****		*****	CODE=N	CODE =N	<u> </u>	0	CONF=N	CODE = N		
*CPOX 1 Effluent Gross Value Option 1			******	*****	ARTIN	0.3 01MOAV	0:5. 01DAMX	MG/L		3/Week	GRAB		
Chlorine Produced Oxidants	SAMPLE	*	*****	<u>88</u>	*****	20.1	×0.1		Ø	3/week	GRAB		
*CPOX 1 Effluent Gross Value	PERMIT	******	*****	*****	******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB		
Option 2	QL	*****	******		******	*****	*****		1.		S. Thursday		

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

PI 46814

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Surface Water Discharge Monitoring Report

Surface Water	Discharg	ge Monitori	ing Repor	t							PI 46814
PERMIT NUMBER:	MON	ITORED LOCA	TION:	MONITOR	RING PERIOD:	FACILITY N	AME:			·	
NJ0005622	SW Outfall 481	1A [°]	9/1/2007 T	1/2007 TO 9/30/2007 PSEG NUCLEAR LLC SALEM GENERATIN							
PARAMETER		QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature,	perature, SAMPLE ****** ******					34.3	37.6		0	1/Dery	CONTIN
00010 1 Effluent Gross Value	REQUIREMENT	*****	******	••••••	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	QL,	*****	*****		******	*****	*****		n zie	Section Sector	and all shows a
_ab Certification #	SAMPLE MEASUREMENT	17327	17451		PAILE						
99999 99 _ab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #				REPORT Lab #			Not Applic	NOT AP.
	QL	******	******		******	******	******				and the second
	QL	******	******		******	THAT'S INCOME.				57. J. T. H. J.	atta a state

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.

Pre-Print Creation Date: 7/1/2007

Surface Water Discharge Monitoring Report Submittal Form

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NJPDES PERMIT	N	IONITORING	PERIOD		MONITO	RED LOCATION:				
NJ0005622	MonthDay91	Year 2007 To	MonthDay930	Year 2007	482A – SW Outfall 482A					
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101		REPORT RECI PSEG NUCLEAR LI PO BOX 236/N21 HANCOCKS BRIDO	LC							
		REGION / C	COUNTY: Souther	n / Salem	County					
CHECK IF APPICABLE:	🗌 No Disch	arge this Monitor	ing Period		Monitoring Report Com	ments Attached				
another entity to operate the treat 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 person atment works, the l at I have personall ose individuals imm e are significant pe	shall also sign the nighest-ranking off y examined and ar nediately responsite enalties for submite Pollution Control	second certification ficial of the contra m familiar with the ble for obtaining the tting false information	on at the bo cted entity informati ne informa tion, inclu	ottom of this page. If the shall sign the certification on submitted in this docur tion, I believe that the info ding the possibility of and	local agency has contracted with n. ment and all attachments, and prmation is true, accurate and				
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICE	R, AUTHORIZED AC	GENT, OR *LICENSE	D OPERAT	OR GRADE AND REC	SISTRY NUMBER (IF APPLICABLE)				
- Kc		· · · · · · · · · · · · · · · · · · ·			10/19/2007	856-339-1998				
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AU	THORIZED AGENT,	OR *LICENSED OP	ERATOR	DATE	AREA CODE/PHONE NUMBER				
*For a local agency where the high person designated by that person a I certify under penalty of law and i	shall sign the followi	ng certification:				a person having that responsibility or orts.				
<u>N/A</u>	· · · · · · · · · · · · · · · · · · ·		<u>N/A</u>		<u>N/A</u>	<u>N/A</u>				
NAME AND TITLE	AME AND TITLE SIGNATURE					AREA CODE/PHONE NUMBER				

PARAMETER QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UN Flow, In Conduit or Thru Treatment Plant SAMPLE WEAUWERNY 4/6/6 4/9/4		ME:	<u>.</u>			
Flow, In Conduit or Thru Treatment Plant Solo50 1 Mainteent Resumement Plant Mainteent Resumement Plant Mainteent Resumement Plant Mainteent Resumement Resumement Plant Mainteent Resumement	9/1/2007 TO 9/30/2007 PSEG NUCLEAR LLC SALEM GENERA					
Thru Treatment Plant MEASUREMENT 4/66 4/94/ 194 MGD MMM	UNITS	VITS QUALITY OR CONCENTRATION				
Effluent Gross Value MOD OIDAMX MOD Constrained Constraine Constrained Constr		****	O IlDav/	CALCTI		
MEASUREMENT	•••••	1997 - A.	1/Day	CALCTD		
Effluent Gross Value HEGUNTERENT HALLEN OLDAMN HALLEN OLDAMX pH SAMPLE HEASUREMENT HEASUREMENT HEASUREMENT T.5 HEASUREMENT 00400 7 HEASUREMENT HEASUREMENT HEASUREMENT T.5 HEASUREMENT 00400 7 HEASUREMENT HEASUREMENT HEASUREMENT T.5 HEASUREMENT 010400 7 HEASUREMENT HEASUREMENT HEASUREMENT HEASUREMENT 0104000000000000000000000000000		7.7	O Ilweek	GRAB		
pH SAMPLE MEASUREMENT 7,5 8,2 00400 7 Intake From Stream PERMIT Redurement 7,5 8,2 LC50 Statre 96hr Acu Cyprinodon SAMPLE MEASUREMENT REPORT OIDAMN REPORT OIDAMN LC50 Statre 96hr Acu Cyprinodon SAMPLE MEASUREMENT CODE = N TAN6A 1 Effluent Gross Value Dermits MEASUREMENT 50 01DAMN Chlorine Produced SAMPLE MEASUREMENT 0.3 01S 01MOAV 0.3 01MOAV 0.5 01DAMX CPOX 1 PERMIT REQUIREMENT 0.3 01MOAV 0.5 01DAMX Option 1 QL	su	01DAMX	1/Week	GRAB		
Outdoor / Intake From Stream PERMIT REQUIREMENT PERMIT Intake From Stream PERMIT REQUIREMENT PERMIT Intake From Stream PERMIT Intake From Stream PERMIT Intak		8.2	O Ilweek	GRAB		
LC50 Statre 96hr Acu SAMPLE SAMPLE <th< td=""><td>su</td><td>01DAMX</td><td>1/Week</td><td>GRAB</td></th<>	su	01DAMX	1/Week	GRAB		
TAN6A 1 PERMIT FERLER		****	O CODE: N	CODE = N		
Oxidants MEASUREMENT ******* ******* ******* CODIE=N CODIE=N *CPOX 1 PERMIT REQUIREMENT ******* ******* ******* 0.3 0.5 Option 1 QL ******* ******* ******* ******* ******* Chlorine Produced SAMPLE SAMPLE ******* ******* ******* *******	%EFFL		2/Year	COMPOS		
Effluent Gross Value REQUIREMENT MAXEMA MAXEMA O1MOAV O1DAMX Option 1 QL CRANTA		CODEEN	3 CODE=N	C017 = = M		
Chlorine Produced SAMPLE	MG/L	01DAMX	3/Week	GRAB		
		L () .]	O 3/week	GRAD		
	MG/L	01DAMX	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

PERMIT NUMBER	MON	IITORED LOCA	TION:	MONITOR	NING PERIOD:	FACILITY N	AME:					
NJ0005622	482A	482A SW Outfall 482A 9/			9/1/2007 TO 9/30/2007 PSEG NUC			EAR LLC SALEM GENERATIN				
PARAMETER	QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION				UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE				
Temperature, oC	SAMPLE MEASUREMENT	****	*****		*****	34,1	38,3		0	1/Du/	CONTIN	
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	TAATA	******	•••••	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN	
	QL	*****	*****		******	******	******					
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA166							
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab#			Not Applic	NOT AP	
	QL	*****	******		******	******	*****		1.200			

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

PI 46814

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITO	RED LOCATION:
NJFDES FERMIT			LOCATION.
NJ0005622	MonthDayYearMonthDayYear912007To9302007	483A – SW Out	fall 483A
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038	REPORT RECL PSEG NUCLEAR LJ PO BOX 236/N21 HANCOCKS BRIDO	LC
	REGION / COUNTY: Southern / Salem	County	
CHECK IF APPICABLE:	No Discharge this Monitoring Period] Monitoring Report Con	ments 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 operationa ce a person designated by that person. For a local agency, the hig hest ranking operator does not have the ability to authorize capita ited by that person shall also sign the second certification at the b atment works, the highest-ranking official of the contracted entity at I have personally examined and am familiar with the information bese 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	ghest ranking operator of t al expenditures and hire per ottom of this page. If the v shall sign the certificatio ion submitted in this docu ation, I believe that the inf ading the possibility of an	he treatment works shall sign pronnel, a person having that local agency has contracted with n. ment and all attachments, and ormation is true, accurate and d/or imprisonment, pursuant
Robert C. Braun,	Site Vice President - Salem		N/A
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERAT	OR GRADE AND REG	GISTRY NUMBER (IF APPLICABLE) 856-339-1998
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 expe shall sign the following certification:	nditures 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 attacl	hed discharge monitoring rep	oorts.
<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

Thru Treatment Plant 50050 1 Effluent Gross Value		ORED LOCAT V Outfall 483 QUANTITY C 4/ 577 REPORT 01MOAV	BA		2ING PERIOD: 70 9/30/2007 QUALIT	FACILITY NA PSEG NUCL	EAR LLC SAL	EM GEN	NO.	FREQ. OF ANALYSIS	SAMPLE TYPE
PARAMETER Flow, In Conduit or Thru Treatment Plant 50050 1 PE Effluent Gross Value	AMPLE UREMENT	QUANTITY C 4 57 REPORT 01MOAV	DR LOADING			· · · · · · ·		[NO.	FREQ. OF	
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value		457 REPORT 01MOAV	510	UNITS	QUALII	Y OR CONCENTR	ATION	UNITS			
Thru Treatment Plant 50050 1 Effluent Gross Value		REPORT 01MOAV	The second s								
Effluent Gross Value	IREMENT	01MOAV	REPORT		****	*****	****		0	1/Day	CALOTD
		*****	01DAMX	MGD	*****	*****	******	*****		1/Day	CALCTD
pH sa Measi	AMPLE	*****	*****		7,2	*****	7,9		0	1/week	GRAB
Effluent Gross Value	ERMIT JIREMENT	******	******	*****	6.0 01DAMN	******	9.0 01DAMX	SU		1/Week	GRAB
		****	****	-	7,5	****	8,2		0	1/week	GRAB
Intake From Stream		*****	******	******	REPORT 01DAMN	******	REPORT 01DAMX	SU		1/Week	GRAB
Chlorine Produced sA		*****	*****		*****	CODEEN	с <i>оре</i> = р	<u> </u>	C	CODF=N	بر = <u>ت</u> راران
Effluent Gross Value		******	MANTAN MANTAN	******	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Chlorine Produced sA		****	*****	· ·	*****	<0.1	<0.1		0	3/week	GRAB
Effluent Gross Value		******	******	******	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Temperature, sa		*****	*****		*****	33.9	38./	L	0	11Dev	CUNTIN
00010 1	ERMIT VIREMENT			******		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.

PERMIT NUMBER:	MONI	TORED LOCA	TION:	MONITOR	ING PERIOD:	FACILITY N						
NJ0005622	483A \$	SW Outfall 483	BA	9/1/2007 T	O 9/30/2007	PSEG NUCLEAR LLC SALEM GENERATIN						
PARAMETER	QUANTITY OR LOADING		UNITS QUALIT		TY OR CONCENTRATION		UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE		
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PAILE					•		
99999 99 Lab		REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP	
				· · · · · · · · · · · · · · · · · · ·	· · ·							
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Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	МО	DNITORING PERIOD		MONITOF	RED LOCATION:						
NJ0005622	Month Day 9 1		ay Year 0 2007	484A – SW Outf	all 484A						
PERMITTEE:LOCATION OF ACTIVITY:REPORT RECIPIENT:PSE&G NUCLEAR LLCPSEG NUCLEAR LLC SALEMPSEG NUCLEAR LLC80 PARK PLAZAGENERATING STATIONPO BOX 236/N21NEWARK, NJ 07101ALLOWAY CREEK NECK RDHANCOCKS BRIDGE, NJ 08038											
		REGION / COUNTY: Sou	thern / Salem	County							
CHECK IF APPICABLE:	🗌 No Dischar	ge this Monitoring Period] Monitoring Report Com	ments 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.											
Robert C. Braun,	Site Vice President -	Salem	,,,		<u>N/A</u>						
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER,	AUTHORIZED AGENT, OR *LICE	ENSED OPERAT	OR GRADE AND REG	ISTRY NUMBER (IF APPLICABLE) 856-339-1998						
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTH	IORIZED AGENT, OR *LICENSED	OPERATOR	DATE	AREA CODE/PHONE NUMBER						
*For a local agency where the high person designated by that person a			ize capital expe	nditures and hire personnel, a	a person having that responsibility or						
I certify under penalty of law and i	n accordance with N.J.S	S.A. 58:10A-6F(5) that I have rev	iewed the attac	hed discharge monitoring repo	orts.						
N/A		N/A		N/A	N/A						

NAME AND TITLE

AREA CODE/PHONE NUMBER

Surface Water	Discharg	e Monitor	ing Repor	t	-		· · · · · · · · · · · · · · · · · · ·				PI 46814
PERMIT NUMBER:	MON	ITORED LOCA	TION:	MONITOR	NG PERIOD:	FACILITY NA	AME:				
NJ0005622	484A	SW Outfall 48	4A	9/1/2007 T	O 9/30/2007	PSEG NUCL	EAR LLC SAL	EM GENERATIN			
PARAMETER	$\mathbf{\mathbf{X}}$	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	51/	545		*****	*****	*****		0	11Dev	САКСТІЭ
50050 1 Effluent Gross Value		REPORT 01MOAV	REPORT 01DAMX	MGD	*****	******	*****	******		1/Day	CALCTD.
рН	SAMPLE MEASUREMENT	******	******		7,3	*****	7, 9		0	1/week	GRAR
00400 1 Effluent Gross Value		******	******		6.0 01DAMN	******	9.0 01DAMX	SU		1/Week	GRAB
рН	SAMPLE MEASUREMENT	*****	*****		7,5	****	8.2		0	Ilweck	GRAB
00400 7 Intake From Stream		******	******	******	REPORT 01DAMN	*****	REPORT 01DAMX	SU		1/Week	GRAB
LC50 Statre 96hr Acu Cyprinodon	SAMPLE	*****	*****		CODE = N	*****	*****		0	CODE=1	001)E=N
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	******	50 01DAMN	******	*****	%EFFL		2/Year	COMPOS
Chlorine Produced Oxidants	SAMPLE	*****	*****		*****	CODE=N	CODE=N		0	CODEEN	CODE = N
*CPOX 1 Effluent Gross Value Option 1		******		******	ATTAA.	0.3 01MOAV	0:5 01DAMX	MG/L		3/Week	GRAB
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****	*****		×0.1	< 0, /		0	3/week	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	and a second	*****	*****	. Anterior	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Oxidants *CPOX 1	MEASUREMENT			******		REPORT	0.2	MG/L	0		100000000000000000000000000000000000000

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 I	Discharg	e Monitori	ing Repor	t		به 	·			· ·	PI 46814
PERMIT NUMBER:	MON	TORED LOCA	TION:	MONITOR	IONITORING PERIOD: FACILITY NAME:						
NJ0005622	484A	SW Outfall 484	4 A	9/1/2007 T	O 9/30/2007	PSEG NUC	EAR LLC SAL	EM GEN	ERAT	TIN	
PARAMETER	\square	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	****	*****		*****	34.6	40.4		0	1 Doy	CONTIN
00010 1 Effluent Gross Value		******	******	******	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Lab Certification #	QL SAMPLE MEASUREMENT	17321	17451		PA 166			. 			
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab #		REPORT	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	*****	******		******	******	*****		10.00		

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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

	MONITODINC DEDIOD	MONITO	RED LOCATION:				
NJPDES PERMIT	MONITORING PERIOD		RED LOCATION:				
NJ0005622	MonthDayYear912007To9302007	485A – SW Out	fall 485A				
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	PIENT: LC JE, NJ 08038						
	REGION / COUNTY: Southern / Salem	County					
CHECK IF APPICABLE:	No Discharge this Monitoring Period	Monitoring Report Comments Attached					
the certification or, in his absent the certification. Where the hig responsibility or person designat another entity to operate the tree I certify under penalty of law the that, based on my inquiry of the complete. I am aware that the	the set ranking official having day-to-day managerial and operational ace a person designated by that person. For a local agency, the hig ghest ranking operator does not have the ability to authorize capita atted by that person shall also sign the second certification at the bo atment works, the highest-ranking official of the contracted entity that I have personally examined and am familiar with the information be individuals immediately responsible for obtaining the informa- re are significant penalties for submitting false information, inclu- New Jersey water Pollution Control Act provides for penalties up	hest ranking operator of t l expenditures and hire per ottom of this page. If the shall sign the certification on submitted in this docu tion, I believe that the info ding the possibility of an	he treatment works shall sign ersonnel, a person having that local agency has contracted with n. ment and all attachments, and ormation is true, accurate and d/or imprisonment, pursuant				
Robert C. Braun,	Site Vice President - Salem		<u>N/A</u>				
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR GRADE AND REGISTRY NUMBER (IF AP							
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 expension shall sign the following certification:	nditures 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	ned discharge monitoring rep	orts.				
<u>N/A</u>	<u>N/A</u>	N/A	<u>N/A</u>				

NAME AND TITLE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report											
PERMIT NUMBER:	MON	ITORED LOCA	TION:	MONITOR	ING PERIOD:	FACILITY N	AME:				
NJ0005622	485A	SW Outfall 48	5A	9/1/2007 T	O 9/30/2007	07 PSEG NUCLEAR LLC SALEM GENERATIN					
PARAMETER		QUANTITÝ	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	491	494		****	****	****		0	1/Day	CAACTD
50050 1 Effluent Gross Value		REPORT 01MOAV	REPORT 01DAMX	MGD	*****	TRANSF.	******	*****		1/Day	CALCTD
рН	SAMPLE MEASUREMENT	*****	****		7.3	****	8.1		Ö	I/week	GRAB
00400 1 Effluent Gross Value		******	******	******	6.0 01DAMN	******	9.0 01DAMX	SU		1/Week	GRAB
рН	SAMPLE MEASUREMENT	*****	*****		7.5	****	8.2		0	I/week	GRAR
00400 7 Intake From Stream		*****			REPORT 01DAMN	*****	REPORT 01DAMX	su		1/Week	GRAB
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	****	*****		CODE=N	*****	****	<u> </u>	0	CODE=N	CONEIN
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT.	******	\$44554	******	50 01DAMN	*****	*****	%EFFL		2/Year	COMPOS
Chlorine Produced Oxidants	SAMPLE	*****	*****		****	CODE= N	CODE=N		0	CONEIN	CODE=N
*CPOX 1 Effluent Gross Value Option 1		******		******	******	0.3 01MOAV	0.5 01DAMX	MĢ/L		3/Week	GRAB
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	*****		*****	20:1	20.1		C	3/week	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	******	HAR FA	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	QL	******	******		****** 500 0 0 0 0 0 0 0	\$34813			A. Carteria	all down in the second	

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	Discharg	je Monitor	ing Repor	t	·		·				PI 46814
PERMIT NUMBER:	MON	TORED LOCA	TION:	MONITOR	RING PERIOD:	FACILITY N	IAME:				
NJ0005622	485A	A SW Outfall 485A 9/1/2007 TO 9/30/2007 PSEG NUCLEAR LLC SALEM GENER							ERAT	ΓIN	
PARAMETER	\square	QUANTITY	or loading	UNITS	QUALIT	Y OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	****	*****		****	34,/	37,8		C	IlPay	CONTIN
00010 1 Effluent Gross Value			245256 245256	*****	Attes	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Lab Certification #	SAMPLE MEASUREMENT	17327	17 451		PA166						
99999 99 Lab		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.

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Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD		MONITOR	RED LOCATION:						
NJ0005622	MonthDayYearMonthDay912007To930	Year 2007 486	A – SW Outf	all 486A						
PERMITTEE:LOCATION OF ACTIVITY:REPORT RECIPIENT:PSE&G NUCLEAR LLCPSEG NUCLEAR LLC SALEMPSEG NUCLEAR LLC80 PARK PLAZAGENERATING STATIONPO BOX 236/N21NEWARK, NJ 07101ALLOWAY CREEK NECK RDHANCOCKS BRIDGE, NJ 08038										
	REGION / COUNTY: Sout	ern / Salem Count	у							
CHECK IF APPICABLE:	CHECK IF APPICABLE: ON Discharge this Monitoring Period Omitoring Report Comments Attached									
 WHO MUST SIGN The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shat the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shat the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person hav responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contanother 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 attachment that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accur complete. I am aware that there are significant penalties for submitting false information, including the possibility of and/or imprisonment, put 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. 										
Robert C. Braun,	Site Vice President - Salem			N/A						
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICEN	SED OPERATOR	GRADE AND REG	ISTRY NUMBER (IF APPLICABLE)						
14cm	~		10/19/2007	856-339-1998						
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED (PERATOR	DATE	AREA CODE/PHONE NUMBER						
	nest-ranking operator does not have the ability to authoriz shall sign the following certification:	e capital expenditure.	s and hire personnel, a	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 revie	wed the attached disc	charge monitoring repo	orts.						
<u>N/A</u>	<u>N/A</u>		<u>N/A</u> N/A							
NAME AND TITLE	SIGNATURE	D	DATE AREA CODE/PHONE NUMBER							

Discharg	e Monitori	ng Repor	t		· · · · · · · · · · · · · · · · · · ·					PI 46814
MONITORED LOCATION:			MONITOR	ING PERIOD:	FACILITY NAME:					
486A SW Outfall 486A 9/1/2007 TO 9/30/2007 PSEG NUCLEAR LLC S				EAR LLC SAL	LEM GENERATIN					
QUANTITY OR LOADING		UNITS QUALIT					NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
SAMPLE MEASUREMENT	388	449		*****	****	****		G	IDer	CALCTD
	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Day	CALCTD
SAMPLE	*****	*****		7.3	*****	8.0		0	1/week	GRAB
PERMIT	*****	*****	******	6.0 01DAMN	******	9.0 01DAMX	SU		1/Week	GRAB
SAMPLE MEASUREMENT	*****	*****		7.5	*****	8,2		0	1/wee/c	GRAB
	*****	******	******	REPORT 01DAMN		REPORT 01DAMX	SU		1/Week	GRAB
SAMPLE MEASUREMENT	****	*****		****	CODE=N	CODEIN		0	CODEEN	CO10 [= N
PERMIT	******	******	******	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
SAMPLE	****	*****		*****	<0,1	<0,/	[0	3/week	GRAB
PERMIT REQUIREMENT	******	******	****** - ···		REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
SAMPLE MEASUREMENT	*****	*****		*****	34,5	37.4		0	1/ De y	CONTIN
PERMIT REQUIREMENT	*****	******	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	MONI 486A	MONITORED LOCA 486A SW Outfall 486 QUANTITY C SAMPLE MEASUREMENT J J PERMIT REQUIREMENT J QL SAMPLE MEASUREMENT REQUIREMENT REQUIREMENT VIOAV QL SAMPLE MEASUREMENT REQUIREMENT SAMPLE MEASUREMENT QL SAMPLE MEASUREMENT REQUIREMENT REQUIREMENT QL SAMPLE MEASUREMENT REQUIREMENT REQUIREMENT QL SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT REQUIREMENT REQUIREMENT REASUREMENT SAMPLE	MONITORED LOCATION: 486A SW Outfall 486A QUANTITY OR LOADING SAMPLE 3 88 4/4/9 PERMIT REPORT REPORT QL TANTA 701DAMX REQUIREMENT TANTA 701DAMX REASUREMENT TANTA 701DAMX QL TANTA 701DAMX QL TANTA 701DAMX REASUREMENT TANTA 701DAMX QL TANTA 701DAMX QL TANTA 701DAMX SAMPLE	486A SW Outfall 486A 9/1/2007 T QUANTITY OR LOADING UNITS MEASUREMENT 3 8 8 4/4/9 MEASUREMENT REPORT REPORT QL 2000 2000000 2000000 SAMPLE 2000 200000 2000000 MGD 2000 200000 2000000 SAMPLE 20000000 2000000 MEASUREMENT 20000000 2000000 SAMPLE 20000000000 20000000 MEASUREMENT 2000000000000000 200000000000 SAMPLE 2000000000000000000000000000000000000	MONITORED LOCATION: MONITORING PERIOD: 486A SW Outfall 486A 9/1/2007 TO 9/30/2007 QUANTITY OR LOADING UNITS QUANTITY OR LOADING UNITS SAMPLE 3 8 8 PERMIT COLONAL QL TATAL SAMPLE TATAL SAMPLE TATAL BANDLE TATAL SAMPLE TATAL MEASUREMENT TATAL REQUIREMENT TATAL REQUIREMENT TATAL REQUIREMENT TATAL REPORT TATAL REPORT TATAL QL TATAL SAMPLE TATAL REQUIREMENT TATAL READIREMENT TATAL <t< td=""><td>MONITORED LOCATION: MONITORING PERIOD: FACILITY NA 486A SW Outfall 486A 9/1/2007 TO 9/30/2007 PSEG NUCL QUANTITY OR LOADING UNITS QUALITY OR CONCENTR BAMPLE 3 8 8 4/4/9 MEASUREMENT 3 8 8 4/4/9 PERMIT PERMIT QL 6.0 MEASUREMENT 6.0 SAMPLE 6.0 MEASUREMENT 6.0 MEASUREMENT </td><td>MONITORED LOCATION: MONITORING PERIOD: FACILITY NAME: 486A SW Outfail 486A 9/1/2007 TO 9/30/2007 PSEG NUCLEAR LLC SAL QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION WERDURGENT 3 8 8 4/4/9 WERDURGENT REPORT OTHORY REPORT OTHORY MGD QL Terrer SAMPLE SAMPLE </td></t<> <td>MONITORED LOCATION: 486A SW Outfall 486A MONITORING PERIOD: 9/1/2007 TO 9/30/2007 FACILITY NAME: PSEG NUCLEAR LLC SALEM GEN PSEG NUCLEAR LLC SALEM GEN UNITS QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS REPORT REPORT REPORT Image: Concentration Image: Concentration QU Image: Concentration Image: Concentration Image: Concentration Image: Concentration Image: Concentration QU Image: Concentration Image: Concentration</td> <td>MONITORED LOCATION: B86A SW Outfail 486A MONITORING PERIOD: 9/1/2007 TO 9/30/2007 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERAL QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS NO. QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS NO. MEMORY REPORT OTMOAV REPORT OTMOAV REPORT OTDAMX MOD IIIIIII IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII</td> <td>MONITORED LOCATION: MONITORING PERIOD: FACILITY NAME: 486A SW Outfall 486A 9/1/2007 TO 9/30/2007 PSEG NUCLEAR LLC SALEM GENERATION QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS No. FREQ. OF EX. MANUEL 3.8.8 4/4/9 0 1//201/ MANUEL TREPORT OBMON 010AMX 010AMX 0 1//201/ MANUEL THE FEORT THE FEORT THE FEORT 0 1//201/ MANUEL THE FEORT THE FEORT 0 1//201/ 1//201/ MANUEL THE FEORT THE FEORT 0 1//201/ 1//201/ MANUEL THE FEORT THE FEORT THE FEORT 0 1//201/ MANUEL THE FEORT THE FEORT THE FEORT 0 1//201/ MANUEL THE FEORT THE FEORT THE FEORT 0 1//201/ MANUEL THE FEORT THE FEORT THE FEORT 0 1//201/ MANUEL <td< td=""></td<></td>	MONITORED LOCATION: MONITORING PERIOD: FACILITY NA 486A SW Outfall 486A 9/1/2007 TO 9/30/2007 PSEG NUCL QUANTITY OR LOADING UNITS QUALITY OR CONCENTR BAMPLE 3 8 8 4/4/9 MEASUREMENT 3 8 8 4/4/9 PERMIT PERMIT QL 6.0 MEASUREMENT 6.0 SAMPLE 6.0 MEASUREMENT 6.0 MEASUREMENT	MONITORED LOCATION: MONITORING PERIOD: FACILITY NAME: 486A SW Outfail 486A 9/1/2007 TO 9/30/2007 PSEG NUCLEAR LLC SAL QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION WERDURGENT 3 8 8 4/4/9 WERDURGENT REPORT OTHORY REPORT OTHORY MGD QL Terrer SAMPLE SAMPLE	MONITORED LOCATION: 486A SW Outfall 486A MONITORING PERIOD: 9/1/2007 TO 9/30/2007 FACILITY NAME: PSEG NUCLEAR LLC SALEM GEN PSEG NUCLEAR LLC SALEM GEN UNITS QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS REPORT REPORT REPORT Image: Concentration Image: Concentration QU Image: Concentration Image: Concentration Image: Concentration Image: Concentration Image: Concentration QU Image: Concentration Image: Concentration	MONITORED LOCATION: B86A SW Outfail 486A MONITORING PERIOD: 9/1/2007 TO 9/30/2007 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERAL QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS NO. QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS NO. MEMORY REPORT OTMOAV REPORT OTMOAV REPORT OTDAMX MOD IIIIIII IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	MONITORED LOCATION: MONITORING PERIOD: FACILITY NAME: 486A SW Outfall 486A 9/1/2007 TO 9/30/2007 PSEG NUCLEAR LLC SALEM GENERATION QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS No. FREQ. OF EX. MANUEL 3.8.8 4/4/9 0 1//201/ MANUEL TREPORT OBMON 010AMX 010AMX 0 1//201/ MANUEL THE FEORT THE FEORT THE FEORT 0 1//201/ MANUEL THE FEORT THE FEORT 0 1//201/ 1//201/ MANUEL THE FEORT THE FEORT 0 1//201/ 1//201/ MANUEL THE FEORT THE FEORT THE FEORT 0 1//201/ MANUEL THE FEORT THE FEORT THE FEORT 0 1//201/ MANUEL THE FEORT THE FEORT THE FEORT 0 1//201/ MANUEL THE FEORT THE FEORT THE FEORT 0 1//201/ MANUEL <td< td=""></td<>

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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.

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Surface Water Discharge Monitoring Report

PERMIT NUMBER: NJ0005622	MONITORED LOCATION:			MONITORING PERIOD: 9/1/2007 TO 9/30/2007		FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATIN					
PARAMETER	486A SW Outfall 486A		9/1/2007 T	r	Y OR CONCENTRATION			NO.	FREQ. OF	SAMPLE TYPE	
Lab Certification #	SAMPLE MEASUREMENT	17327	17451	,	PA 166	,	· · · ·	· .			
99999 99 .ab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT. Lab #			Not Applic	NOT AP
				·				·			· ·
	•										
	- - -				· · ·						
					~						

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD		MONITORED LOCATION:					
NJ0005622	MonthDayYear912007To930	Year 2007	487B – SW Out					
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038 REGION / COUNTY: Souther	- 	REPORT REC PSEG NUCLEAR I PO BOX 236/N21 HANCOCKS BRIE					
CHECK IF APPICABLE:	New york	· `	• .					
·	No Discharge this Monitoring Period		Aonitoring Report Co	•				
I certify under penalty of law that, based on my inquiry of tho complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The I	the a person designated by that person. For a local agen- nest ranking operator does not have the ability to author and by that person shall also sign the second certificatio the the works, the highest-ranking official of the contrac- at I have personally examined and am familiar with the se individuals immediately responsible for obtaining the e are significant penalties for submitting false informat New Jersey water Pollution Control Act provides for pe	ize capital e n at the botto ted entity sh information e informatio	expenditures and hire p om of this page. If the nall sign the certification submitted in this docu n, I believe that the in:	ersonnel, a person having that local agency has contracted with n. ment and all attachments, and formation is true, accurate and				
	Site Vice President - Salem	·	· · ·	N/A				
NAME AND TITLE OF PRINCIPAL E	XECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSE	O OPERATOR	GRADE AND RE	GISTRY NUMBER (IF APPLICABLE)				
SIGNATURE OF PRINCIPAL EXECT				856-339-1998				
	TIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPE	RATOR	DATE	AREA CODE/DUONE NUMBED				
*For a local agency where the high person designated by that person si	• •	pital expendii						
*For a local agency where the high person designated by that person si	est-ranking operator does not have the ability to authorize co	pital expendii	tures and hire personnel,	a person having that responsibility or				

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Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING P	ERIOD	MONITORED LOCATION:					
NJ0005622	MonthDayYear912007	MonthDayYear9302007	489A – SW Outf	all 489A				
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF PSEG NUCLEAR L GENERATING STA ALLOWAY CREEK HANCOCKS BRIDO	LC SALEM TION NECK RD	REPORT RECIP PSEG NUCLEAR LL PO BOX 236/N21 HANCOCKS BRIDG	<u> </u>				
	REGION / CO	UNTY: Southern / Salem	County					
CHECK IF APPICABLE:	No Discharge this Monitoring	Period] Monitoring Report Com	nents Attached				
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	ce a person designated by that person. hest ranking operator does not have the ted by that person shall also sign the se atment works, the highest-ranking offic at I have personally examined and am f se individuals immediately responsible e are significant penalties for submittir New Jersey water Pollution Control Ac	ability to authorize capita cond certification at the b ial of the contracted entity amiliar with the informate for obtaining the informate g false information, inclu-	Il expenditures and hire per ottom of this page. If the lo shall sign the certification ion submitted in this docum tion, I believe that the info iding the possibility of and	sonnel, a person having that ocal agency has contracted with ment and all attachments, and rmation is true, accurate and for imprisonment, pursuant				
· · · · · · · · · · · · · · · · · · ·	Site Vice President - Salem			N/A				
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGE	(T, OR *LICENSED OPERAT	0R GRADE AND REG	STRY NUMBER (IF APPLICABLE) 856-339-1998				
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGENT, OF	*LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER				
person designated by that person?	hest-ranking operator does not have the abi shall sign the following certification:							
I certify under penalty of law and i	n accordance with N.J.S.A. 58:10A-6F(5) th	hat I have reviewed the attac	hed discharge monitoring repo	orts.				
<u>N/A</u>	N	<u>/A</u>	<u>N/A</u>	<u>N/A</u>				
NAME AND TITLE	SIGNATURE		DATE	AREA CODE/PHONE NUMBER				

S.

PERMIT NUMBER:	MONITORED LOCATION: 489A SW Outfall 489A			MONITOR	ING PERIOD:	FACILITY NAME:					
NJ0005622				9/1/2007 T	O 9/30/2007	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	SAMPLE MEASUREMENT	0.0064	0.0064		*****	****	*****		0	1/Month	CALCTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	Pointe . Seinte	*****	*****		1/Month	CALCTD
pH	SAMPLE MEASUREMENT	****	*****		7,3	****	7, 3		0	1/Munth	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	•••••	6.0 01DAMN	******	9.0 01DAMX	su		1/Month	GRAB
Solids, Total Suspended	QL SAMPLE MEASUREMENT	*****	*****		6	6	*****		0	1/Month	GRAB
00530 1 Effluent Gross Value	PERMIT/ REQUIREMENT.	*****	*****	******	100 01DAMX	30 01MOAV	- 1447544	MG/L		1/Month -	GRAB
Petroleum Hydrocarbons	SAMPLE MEASUREMENT	*****	*****		*****	<0,5	<i><0.5</i>		0	IMunth	GRAB
00551 1 Effluent Gross Value	PERMIT	******	. 244224	•••••	******	10 01MOAV	15 01DAMX	MG/L	1	1/Month	GRAB
Carbon, Tot Organic (TOC)	QL SAMPLE MEASUREMENT	*****	******		*****	7	7		0	1/Month	GRAB
00680 1 Effluent Gross Value		******	******	******	*****	REPORT 01MOAV	50 01DAMX	MG/L		1/Month	GRÅB
Lab Certification #	QL SAMPLE MEASUREMENT	17327	1745/		PA166						
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 the BPSP - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us".

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