

JAN 2 1 2008

SCH08-012

CERTIFIED MAIL RETURN RECEIPT REQUESTED ARTICLE NUMBER: 7006 0100 0004 0657 9690

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 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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SCH08-012 NJPDES DMR

Attachments (12 DMR's)

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

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EXPLANATION OF CONDITIONS

December 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.

3

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

December 2007

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

4

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 21 day of January 2008 Sherih Hmfm

> SHER! L. HUSTON NOTARY PUBLIC OF NEW JERSEY My Commission Expires

BC Site Vice President – Salem Director – Regulatory Affairs Christopher McAuliffe, Esq. Salem Radwaste and Environmental Supervisor E. J. Keating Chem File SCH08-012 NBS Records MC-N64

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Surface Water Discharge Monitoring Report Submittal Form

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NJPDES PERMIT	MONITORING PERIOD MONITORED LOCATION:								
NJ0005622	MonthDayYear12'12007To123120072007								
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 RECI PSEG NUCLEAR L PO BOX 236/N21 HANCOCKS BRID	LC						
	REGION / COUNTY: Southern / Salem C	County							
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	WIIO 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 *LICENSED OPERATO	OR GRADE AND RE	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 expensional 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.						
N/A	N/A	N/A	NI/A						

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

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

PI 46814

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FACA SW Outfall FACA

12/1/2007 TO 12/31/2007 P

PSEG NUCLEAR LLC SALEM GENERATIN

PARAMETER		QUANTITY OR LOADING		UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature,	SAMPLE MEASUREMENT		*****		*****	6.2	8.7		0	Continueus	CONTIN
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	QL	*****	*****	7	**** **		*****	-			

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	MonthDayYear1212007ToMonthDayYear12312007	FACB – SW Outfall FACB						
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY:REPORT RECIPIENT:PSEG NUCLEAR LLC SALEMPSEG NUCLEAR LLCGENERATING STATIONPO BOX 236/N21ALLOWAY CREEK NECK RDHANCOCKS BRIDGE, NJ 08038							
	REGION / COUNTY: Southern / Salem	County						
CHECK IF APPICABLE:	No Discharge this Monitoring Period	Monitoring Report Comments Attached						
the certification. Where the hig responsibility or person designa 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 ther	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 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 informa- e are significant penalties for submitting false information, inclu New Jersey water Pollution Control Act provides for penalties up	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						
Robert C. Braun	, Site Vice President - Salem	Ν/Λ						
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERAT	OR GRADE AND REGISTRY NUMBER (IF APPLICABLE) 01/21/2008 856-339-1998						
SIGNATURE OF PRINCIPAL EXEC	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	*For a local agency where the highest-ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall sign the following certification:							
I certify under penalty of law and in accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attached discharge monitoring reports.								
N/A	N/A	N/A N/A						

DATE

AREA CODE/PHONE NUMBER

SIGNATURE

NAME AND TITLE

2

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

12/1/2007 TO 12/31/2007

FACILITY NAME:

NJ0005622

FACB SW Outfall FACB

PSEG NUCLEAR LLC SALEM GENERATIN

PARAMETER	$\mathbf{\succ}$	QUANTITY (OR LOADING UNITS		QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION		UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Temperature, [·] oC	SAMPLE MEASUREMENT	*****	•••••		•••••	6.2	8.7		0	CONTINUOUS	CONTIN
00010 G Raw Sew/influent	PERMIT REQUIREMENT	*****		· •••••		REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN -
	QL		an a		*****						
Temperature, oC	SAMPLE MEASUREMENT		•••••		*****	15.5	17.7		0	CONTINUUS	contin
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Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	9.3	10.8		0	CONTINUOUS	CONTIN
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			an a		1	an an thai thata a tha she Tara ta	and the statet of the second secon		S. S. S.		
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PAILL						
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	1			*****						

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Surface Water Discharge Monitoring Report Submittal Form

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NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:							
NJ0005622	MonthDayYear1212007ToMonthDayYear12312007200712122007	FACC – SW Outfall FACC							
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	CLEAR LLCPSEG NUCLEAR LLC SALEMPSEG NUCLEAR LLCAZAGENERATING STATIONPO BOX 236/N21								
	REGION / COUNTY: Southern / Salem (County							
CHECK IF APPICABLE:	🔲 No Discharge this Monitoring Period	Monitoring Report Comments Attached							
WHO MUST SIGN The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification. I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of and/or imprisonment, pursuant to N.J.A.C. 7:14A-6.9(B). The New Jersey water Pollution Control Act provides for penalties up to \$50,000 per violation.									
Robert C. Braun,	Site Vice President - Salem	<u>N/A</u>							
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SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	<u>01/21/2008</u> 856-339-1998 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	<u>N/A</u> <u>N/A</u>							

DATE

AREA CODE/PHONE NUMBER

SIGNATURE

NAME AND TITLE

		,	5 1								
PERMIT NUMBER:	MON	ITORED LOCA	TION: MONITORING PERIOD: FACILITY NAME:								
NJ0005622	FAC	C SW Outfall F	ACC	12/1/2007	TO 12/31/2007	PSEG NUCL	EAR LLC SAL	.EM GEN	IERA [.]	ТІР	
PARAMETER	\searrow	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or SAMPLE Thru Treatment Plant	SAMPLE MEASUREMENT	2705	ລາຮາ		*****	*****	*****		0	11 Day	Caleto
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Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITOR	ED LOCATION:						
NJ0005622	MonthDayYear1212007ToMonthDayYear12312007200712122007	048C – SW Outfall 48C							
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	UCLEAR LLCPSEG NUCLEAR LLC SALEMPSEG NUCLEAR LLCPLAZAGENERATING STATIONPO BOX 236/N21								
REGION / COUNTY: Southern / Salem County									
CHECK IF APPICABLE:	No Discharge this Monitoring Period	Monitoring Report Comm	nents Attached						
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Robert C. Braun,	Site Vice President - Salem		<u>N/A</u>						
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SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER						
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I certify under penalty of law and in accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attached discharge monitoring reports.									
<u>N/A</u>	<u>Ν/Λ</u>	<u>N/A</u>	Ν/Λ						

DATE

AREA CODE/PHONE NUMBER

NAME AND TITLE

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SIGNATURE

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2/Month

2 month

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1/Day

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						1	· · · ·				

17451

REPORT

Lab#

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

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REPORT

Lab #

REPORT

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REPORT

Lab #

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Pre-Print Creation Date: 10/1/2007

Lab Certification #

99999 99

Lab

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SAMPLE MEASUREMENT

PERMIT. REQUIREMENT

QL

17327 REPORT

Lab #

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORI	ED LOCATION:						
NJ0005622	MonthDayYear1212007To12312007	481A – SW Outfa	III 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 C	ounty							
CHECK IF APPICABLE:	No Discharge this Monitoring Period	Monitoring Report Comm	ents Attached						
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Robert C. Braun,	Site Vice President - Salem	·	<u>N/A</u>						
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I certify under penalty of law and i	in accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attache	ed discharge monitoring repo	rts.						

<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

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PERMIT NUMBER:

NJ0005622

MONITORED LOCATION:

481A SW Outfall 481A

MONITORING PERIOD: 12/1/2007 TO 12/31/2007 FACILITY NAME:

PSEG NUCLEAR LLC SALEM GENERATIN

PARAMETER		QUANTITY O	R LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	472	477		*****	*****	*****		0	1/Day	CALLTID
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	an Alian		*****	•••••		1/Day	CALCTD
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pH	SAMPLE MEASUREMENT	*****	*****		7.6	*****	8.2		0	Ilweet	grab
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	**************************************	1997 - 1		6.0 01DAMN	*****	9.0 01DAMX	รบ		1/Week	GRAB
	QL	*****	*****	1	*****	1	*****				
рН	SAMPLE MEASUREMENT	*****	******		ר.ר	*****	ףיב		0	1 week	girab
00400 7 Intake From Stream	PERMIT REQUIREMENT	******	****	•••••	REPORT 01DAMN		REPORT 01DAMX	ຣບ		1/Week	GRAB
	Case QL	*****	*****		*****	*****	****** 2]			a fa an
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT		*****		CODE = N	*****	*****		0	CODE=N	CODE = N
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	4444 44444 4444 44444 4444 44444 44444 44444 444444 44444 44444 4			50 01DAMN	*****	*****	%EFFL		2/Year	COMPOS
L	QL	*****	ter an]	*****	*****	*****				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	•••••		*****	CUDE = N	CODE = N		0	CODE =N	CODE = N
*CPOX_1 Effluent Gross Value	PERMIT REQUIREMENT	*****	**************************************		1	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	QL	*****	*****		2014 ****** *** Ale 21. 22. 19. 22.25	*****	2	-			
Chlorine Produced Oxidants	SAMPLE	******	*****		*****	٢٥.١	٢٥.١		0	3/week	grab
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	******	*****	· · · · · · · ·		REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	QL	*****	*****	1	*****		*****				

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

Page 1 of 2

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PERMIT NUMBER:	MONITORED LOCATION:			MONITORING PERIOD: FACILIT			AME:		_		
NJ0005622	481A	481A SW Outfall 481A 12			TO 12/31/2007	PSEG NUCI	EAR LLC SAL	LEM GENERATIN			
PARAMETER	\searrow	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION		UNITS	NO. EX.		SAMPLE TYPE	
Temperature,	SAMPLE MEASUREMENT		*****		•••••	13.9	20.1		0	11004	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	PERMIT				REPORT 01MOAV	DEG.C		1/Day	CONTIN	
		an a				n an ann an Anna an Anna an Anna Tarraige Anna an Anna an Anna an	al constant and a second of the second of th	-			
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PAIL						
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	1			The second of the state of the second se		ang an an a saint an an air	· ·			

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	MONITOI	RED LOCATION:								
NJ0005622	MonthDayYear1212007ToMonthDayYear12312007	482A – SW Outf	fall 482A								
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	SE&G NUCLEAR LLCPSEG NUCLEAR LLC SALEMPSEG NUCLEAR LLC0 PARK PLAZAGENERATING STATIONPO BOX 236/N21										
	REGION / COUNTY: Southern / Salem	County									
CHECK IF APPICABLE:	CHECK IF APPICABLE: IN No Discharge this Monitoring Period Monitoring Report Comments Attached										
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	ce a person designated by that person. For a local agency, the highest ranking operator does not have the ability to authorize capitated by that person shall also sign the second certification at the batment works, the highest-ranking official of the contracted entity at I have personally examined and am familiar with the informatose individuals immediately responsible for obtaining the informative are significant penalties for submitting false information, incluing New Jersey water Pollution Control Act provides for penalties up	Al expenditures and hire per ottom of this page. If the v shall sign the certification ion submitted in this docum ation, I believe that the info ading the possibility of an	rsonnel, a person having that local agency has contracted with n. ment and all attachments, and prmation is true, accurate and								
Robert C. Braun,	Site Vice President - Salem		<u>N/A</u>								
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERAT	OR GRADE AND REC 01/21/2008	SISTRY NUMBER (IF APPLICABLE) 856-339-1998								
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED 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 expensions of the second shall sign the following certification:	·									
	n accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attac										
N/A NAME AND TITLE	N/A	<u>N/A</u> Date	<u>N/A</u> AREA CODE/PHONE NUMBER								

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Surface water	. –										PI 43814
PERMIT NUMBER: NJ0005622		ITORED LOCA SW Outfall 482		_,	NING PERIOD: TO 12/31/2007	FACILITY N PSEG NUCL	AME: EAR LLC SAL	EM GEN	ERA		
PARAMETER		QUANTITY (DR LOADING	UNITS	QUALI	IATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	445	451		*****	*****	*****		0	1/Day	CalCTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD				******		.1/Day	CALCTD
		an an àrdeach an ann an Na <u>Arai</u> tean an Araitean an Na Araitean an A	and the Adda Adda Angel (1997) Carrier and Carl (1997) N		an a	Martin Company, and Compan , and Company,				and a second second Second second second Second second	and a second
рН	SAMPLE MEASUREMENT	*****	*****		7.6	******	7.9		0	Hweek	grab
00400 1 Effluent Gross Value	PERMIT REQUIREMENT			•••••	6.0 01DAMN		9.0 01DAMX	su		1/Week	GRAB
	QL	na san an a	tan in s hekke a a Aske. Se katara]			an a	.			
рН	SAMPLE MEASUREMENT	*****	*****	•	ר,ר	*****	7.9		0	1/week	grab
00400 7 Intake From Stream	PERMIT REQUIREMENT				REPORT 01DAMN	*** **	REPORT 01DAMX	รบ		1/Week	GRAB
		an a	2		an a						
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	****	****		Code = N	*****	*****		0	cale=N	code = N
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT		in a serie de la serie de l Serie de la serie	•••••	50 01DAMN			%EFFL		2/Year	COMPOS
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Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	CODE = N	CODE=N		0	CODIE = N	COD12 = N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	1		•••••		0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1		tan an an Anna Anna an an taon Anna Anna Anna Anna Anna Anna Anna Ann	y the San Anna Anna The Anna Anna Anna Anna Anna Anna Anna Ann				international and a second state of the second s		2 2		an a
Chlorine Produced	SAMPLE MEASUREMENT	*****				20.1	20.1		0	3 liveek	grab
Oxidants *CPOX 1 Effluent Gross Value	PERMIT		******			REPORT	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	QL	*****	*****	1		141 - 142 - 142 - 142 - 142 - 142 - 142 - 142 - 142 - 142 - 142 - 142 - 142 - 142 - 142 - 142 - 142 - 142 - 142					and 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.

Pre-Print Creation Date: 10/1/2007

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Page 1 of 2

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PERMIT NUMBER: NJ0005622					RING PERIOD: TO 12/31/2007	FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATIN						
NJUU05022	4024											
PARAMETER	$\left \right>$		OR LOADING	UNITS	UNITS QUALITY OR CONCENTRATION U					FREQ. OF ANALYSIS	SAMPLE TYPE	
Temperature, oC	SAMPLE MEASUREMENT		*****		*****	13.7	18.6		0	1/Day	contin	
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	41 A.J. (2017) ******	******	•••••		REPORT 01MOAV	REPORT 01DAMX	DEG.C	n in tra Line tra Line tra Line tra	1/Day	CONTIN	
	((), QL (), (1		1977 - 1979 - 1979 - 1979 - 1979 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979	n an an an A bhail an						
Lab Certification #	SAMPLE MEASUREMENT	דבצרו	17451		PAILG							
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP	
		a an tha a baata b a an adda Talaach a anna an an an an an an an a	a an a the the a star again the analysis of the		altan s atata karaga na tan wangana karaga	entre Antre Adams en 1999 des Productiones des constantes des	andal Artisten in Succession Concession and the March					

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: 10/1/2007

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Surface Water Discharge Monitoring Report Submittal Form

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NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:								
NJ0005622	MonthDayYear1212007ToMonthDayYear1231200712312007	483A – SW Outfall 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 RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038								
REGION / COUNTY: Southern / Salem County										
CHECK IF APPICABLE: IN No Discharge this Monitoring Period Information Monitoring Report Comments Attached										
WHO MUST SIGN. The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification. I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of and/or imprisonment, pursuant to N.J.A.C. 7:14A-6.9(B). The New Jersey water Pollution Control Act provides for penalties up to \$50,000 per violation.										
Robert C. Braun,	Site Vice President - Salem	N/A								
NAME AND TITLE OF TRINCIPAL	OR GRADE AND REGISTRY NUMBER (IF APPLICABLE) 01/21/2008 856-339-1998									
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTIIORIZED 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	rtify 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> </u>	<u>N/A</u>
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

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ΡI	4681	4
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<i>PERMIT NUMBER:</i> NJ0005622	MONITORED LOCATION: 483A SW Outfall 483A						
PARAMETER	\bigtriangledown	QUANTITY (
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	443	462				
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPOI 01DAN				
	QĹ						
рН	SAMPLE	*****					

MONITORING PERIOD: FACILITY NAME:

12/1/2007 TO 12/31/2007

PSEG NUCLEAR LLC SALEM GENERATIN

PARAMETER	\bowtie	QUANTITY C	R LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	443	462		*****	*****	*****	· · · · · · · · · · · · · · · · · · ·	0	11Day	CALCTD
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD		n to general set for the Second set exercise (Second set Notes the second set of the	1997 - 1997 -	*****		1/Day	CALCTD
	QL	a fallan seisen har seisen Kanadar Martine Kanadar	na h 1 97 ailean stairte. San san san san san san san san san sa		an Charles <mark>t Adda a</mark> an Anala. Na Charlesta an Analasa		an an th u a state a s a an airte Chailte an tha tha sha an airte				
рН	SAMPLE MEASUREMENT	*****	*****		7.6	*****	7,9		0	1/week	grab
00400 1 Effluent Gross Value	PERMIT REQUIREMENT		**************************************	•••••	6.0 01DAMN	алана ал Алана алана ал Алана алана ал	9.0 01DAMX	SU		1/Week	GRAB
			an a		un million a a a a a frag un born Bull seure de la gradiera de la casa	12 (15) (****** 15) (***** ******	ىرى بەر ئەخ مەر بەر خەت بەر يەر يەر يەر يەر يەر يەر يەر يەر يەر ي			and a second	
рН	SAMPLE MEASUREMENT	•••••	*****		ר,ד	*****	7.9		0	1 / week	grab
00400 7 Intake From Stream	PERMIT REQUIREMENT	*****	,		REPORT 01DAMN		REPORT 01DAMX	ຣບ		1/Week	GRAB
	QL	an a]	10. ***** *******************************	1	* 1195. ***** *******************************				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	•••••	*****		•••••	CODE = N	CODE = N		0	CODENN	CODE = N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT			•••••	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	Lange La A	a na shi na sa sa sa s a sa sa sa Min si Subara sa sa sa sa sa	ا مېرې د د کې د کې کې د کې د دې کې د دې کې د د کې کې کې کې د د کې		nalis and exercise for the second sec	na kang basa di mas Ang basasang sa pagtina			ميرين ورسويري	المراجع المراجع المراجع . المراجع المراجع المراجع المراجع .	and the second s
Chlorine Produced	SAMPLE MEASUREMENT	*****	*****			1.02	1.03		0	3 Week	grab
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT		*****	•••••		REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	QL			1		1	المراجع المراجع المحمد المراجع المراجع المراجع المراجع				
Temperature, oC	SAMPLE MEASUREMENT	*****	*****			13.7	20.1		0	liDay	contin
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	**************************************		•••••		REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	QL	1997 - 19		1	*****			-			

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

Pre-Print Creation Date: 10/1/2007

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PERMIT NUMBER: NJ0005622		IITORED LOCATION:	· · · · · · · · · · · · · · · · · · ·	RING PERIOD: TO 12/31/2007	FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATIN						
PARAMETER		QUANTITY OR LOADING	UNITS	QUALI	TY OR CONCENTR	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE		
Lab Certification #	SAMPLE MEASUREMENT	17327 1745	1	PA 166							
99999 99 Lab	PERMIT REQUIREMENT	REPORT REPOR Lab # Lab #	Т	REPORT	REPORT Lab #	REPORT Lab #			Not Applic	ΝΟΤΑΡ	
	QL		n de la Maria Recourse de la companya de la company	En la la la desta de la composition de la comp	The second s						

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 Submittal Form

NJPDES PERMIT		MONITORING PERIOD MONITORED LOCATION:											
NJ0005622	Month 12	Day 1	Year 2007	То	Month 12	Day 31	Year 2007	484A – SW Outfall 484A					
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC SALEMREPORT RECIPIENT: PSEG NUCLEAR LLCGENERATING STATIONPO BOX 236/N21ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038HANCOCKS BRIDGE, NJ 08038												
	REGION / COUNTY: Southern / Salem County												
CHECK IF APPICABLE:	א 🗌	o Discl	harge this N	Ionitor	ing Perio	d] Monitorin	g Report Con	iments 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 to N.J.A.C. 7:14A-6.9(B). The	ted by that atment work at I have pose individu re are signif	person ks, the ersonal ials imi	shall also s highest-ran ly examined mediately re enalties for	ign the king of l and an esponsi submi	second c ficial of the m familian ble for ob tting false	ertification the contron training taining tinform	ion at the b acted entity the informat the information, inclu-	oottom of this y shall sign t ion submitte ation, I belie uding the po	s page. If the he certification d in this docu- ve that the inf ssibility of an	local agency has contracted with on. Imment and all attachments, and formation is true, accurate and Id/or imprisonment, pursuant			
Robert C. Braun,	Site Vice I	reside	nt - Salem							<u>N/A</u>			
NAME AND TITLE OF BRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR GRADE AND REGISTRY NUMBER (IF API							856-339-1998						
*For a local agency where the hig	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 i	n accordance	e with N	J.J.S.A. 58:10	0A-6F(:	5) that I ha	ve reviev	ved the attac	ched discharge	e monitoring re	ports.			
N/A					<u>N/A</u>				<u>N/A</u>	<u>N/A</u>			
NAME AND TITLE			SIGNATU	JRE				DATE		AREA CODE/PHONE NUMBER			

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PERMIT NUMBER: NJ0005622		ITORED LOCA SW Outfall 484			NING PERIOD: TO 12/31/2007	FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATIN						
PARAMETER	$\mathbf{\mathbf{X}}$	QUANTITY C	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	502	537				•••••		δ	IIDay	CALCTD	
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD				•••••		1/Day	CALCTD	
рH	SAMPLE MEASUREMENT	*****	*****		7.6	*****	7.8		0	1/week	grab	
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	••••••••••••••••••••••••••••••••••••••	••••••	6.0 01DAMN		9.0 01DAMX	SU		1/Week	GRAB	
рН	QL SAMPLE MEASUREMENT	*****		<u>:</u> ·	7.7	••••	7.9		0	llweet	grab	
00400 7 Intake From Stream	PERMIT REQUIREMENT			•••••	REPORT 01DAMN		REPORT 01DAMX	รบ		1/Week	GRAB	
LC50 Statre 96hr Acu		n en en en en e		<u>, </u>	talen en Colpana polo el el el	an a	na sina katalar katalar <u>Nongo katalar katalar</u> I			an a		
Cyprinodon TAN6A 1 Effluent Gross Value		*****		• • • • • • • • • • • • • • • • • • •	CODE = N 50 01DAMN			%EFFL		CODE = N 2/Year	CODE = N COMPOS	
Chlorine Produced Oxidants	SAMPLE	antiazatoren erreztearia.	*****	<u> </u>	•••••	CODE = N	CODE = N		0	CODE=N	CODE = N	
*CPOX 1 Effluent Gross Value	PERMIT REGUIREMENT		à à s à à s	• • • • • • • • • • • • • • • • • • •		0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB	
Option 1 Chlorine Produced Oxidants	SAMPLE MEASUREMENT	rai star Addada (* 1995) 1997 - Star Star Star (* 1995) 1998 - Star Star (* 1995) 1998 - Star (* 1995)	in an Grifferner (1999) an in an Heinige (1999) an in an in An Anthread (1999)		100,000,000,000,000,000,000,000,000,000	<u>くの.</u>)	<u>(0.1</u>		0	3/week	grab	
*CPOX 1 Effluent Gross Value	PERMIT			· ·····		REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB	

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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.

Pre-Print Creation Date: 10/1/2007

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Option 2

Page 1 of 2

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PERMIT NUMBER:	MON				RING PERIOD:	FACILITY N	FACILITY NAME:				
NJ0005622	484A				12/1/2007 TO 12/31/2007 PSEG NUCLEAR LLC SAL			.EM GENERATIN			
PARAMETER	\triangleright	QUANTITY (OR LOADING	UNITS	QUALITY OR CONCENTRATION				JNITS NO. FREQ. OF EX. ANALYSIS		SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	******		•••••	15.7	21.8	· · · · · · · · ·	C	MDay	CONTIN
00010 1 Effluent Gross Value				•••••••	 A second s	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	QL	•		n an	 JWAR A AAAAA MAANDA A AND A AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA						
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PAIL						
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	Net - Creekees: Cottes	*****		1	100	*****				

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

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NJPDES PERMIT	MONITORING PERIOD MONITORED LOCATION:									
NJ0005622		ear 007 485A – SW Outfall 485A								
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY:REPORT RECIPIENT:PSEG NUCLEAR LLC SALEMPSEG NUCLEAR LLCGENERATING STATIONPO BOX 236/N21ALLOWAY CREEK NECK RDHANCOCKS BRIDGE, NJ 08038									
	REGION / COUNTY: Southern / S	Salem County								
CHECK IF APPICABLE:	□ No Discharge this Monitoring Period	Monitoring Report Comments Attached								
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	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 *LICENSED OF	PERATOR GRADE AND REGISTRY NUMBER (IF APPLICABLE)								
/<		01/21/2008 856-339-1998								
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERAT	TOR 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:										
	n accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the	e attached discharge monitoring reports.								
	n accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the <u>N/A</u>	ne attached discharge monitoring reports.								

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Surface water Discharge Monitoring Report											PI 46814
PERMIT NUMBER:	MON	ITORED LOCA	TION: N	IONITOF	RING PERIOD:	FACILITY N	AME:				
NJ0005622	485A	SW Outfall 48	5A 1	2/1/2007	TO 12/31/2007	PSEG NUCL	EAR LLC SAL	EM GEN	ERA	4IT	
PARAMETER	\square	QUANTITY (DR LOADING	UNITS QUALITY OR CONCENTRATION L						FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	481	492		******	*****	•••••		0	11 Day	CALCTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD				*****		1/Day	CALCTD
	QL		an a		il (S. 1947) ANDAN (S. 1993) American Alexandro (S. 1993)						
рН	SAMPLE MEASUREMENT	*****	*****		7.6	*****	7.8		0	1/week	grab
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	1997 - 1992 - 1997 -		•••••	6.0 01DAMN		9.0 01DAMX	ຣບ		1/Week	GRAB
	QL	*****	•••••••]	مرید ا ^{رد} میرد. دیکر دیکر ۲۰ در ۲۵ در اس از انتخاب میرد ۱۹۹۵	n an an Car éné é a n a bha bhair Na shairte an an an Shairte Ann	an a		300		
рН	SAMPLE MEASUREMENT	*****	*****		ריר	•••••	7.9		0	1/week	grab
00400 7 Intake From Stream	PERMIT REQUIREMENT	1997 - 1997 -	****		REPORT 01DAMN		REPORT 01DAMX	ຣບ		1/Week	GRAB
	QL		*****	1	*****		*****				
LC50 Statre 96hr Acu	SAMPLE										
Cyprinodon	MEASUREMENT	*****	******		CODE = N	*****	*****		0	CODE=N	CODE = N
TAN6A 1 Effluent Gross Value	PERMIT		و فراغ میوارد ارتباعی از با ایند از این مراجع ایند میراند. مراجع ایند میراند از ایند از ایند میراند.		50 01DAMN			%EFFL		2/Year	COMPOS
Linden dross value	QL	*****	*****		1		*****	-			
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****			•••••	CODE = N	CODE=N		0	C001=N	CODE=N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT		*****	•••••		0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	QL	*****	*****	1	*****	1999 - 19					
Chlorine Produced	SAMPLE	200401-01-01-01-01-01-01-01-01-01-01-01-01-0		1 .				1			0.01
Oxidants	SAMPLE MEASUREMENT	*****	******		*****	20.1	20.1		0	3 Week	grab
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	andra Stragen andre general Status de Carlos de Car Status de Carlos de C			1944 - Erren Barren Barren († 1947) 1949 - State State († 1947)	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	96. QL (29)					ىلى دەرىكى ئەخلەت ئارىر. جولەردى بارىغانلىق بولۇ - تەخل			ی در در مرکز در م		and the second sec

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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PERMIT NUMBER:	MONITORED LOCATION:			MONITOF	ING PERIOD:	FACILITY NAME:					
NJ0005622 44		35A SW Outfall 485A 12		12/1/2007 TO 12/31/2007		PSEG NUCI	PSEG NUCLEAR LLC SALEM GENERATIN				
PARAMETER	\bigtriangledown	QUANTITY (OR LOADING	UNITS	S QUALITY OR CONCENTRATION				NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	15.6	19.6		0	1 Day	CONTIN
00010 1 Effluent Gross Value			•••••		REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN	
	QL	a an start th e e e e e e start an start an Tama Tama a start a start a start a start a st					1997 - 1997 -				
Lab Certification #	SAMPLE Measurement	רבצרו	17451		PA166						
99999 99 Lab	PEHMI		REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	La la service de l		ana yan i kasasa undu Kiya Ana ang Kasayang Kasayan ang							

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	MONITOR	ED LOCATION:								
NJ0005622	MonthDayYear1212007To12312007	486A – SW Outf	all 486A								
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 RECIP PSEG NUCLEAR LL PO BOX 236/N21 HANCOCKS BRIDG	C .								
	REGION / COUNTY: Southern / Salem (County									
CHECK IF APPICABLE:	No Discharge this Monitoring Period	Monitoring Report Com	ments Attached								
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 tho 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 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 *LICENSED OPERATO		ISTRY NUMBER (IF APPLICABLE)								
SIGNATURE OF PRINCIPAL EXECT	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	01/21/2008 DATE	856-339-1998 AREA CODE/PHONE NUMBER								
*For a local agency where the high person designated by that person s	*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/Λ		N/A	N/A								
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER								
)										

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PI 46814

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PERMIT NUMBER:

NJ0005622

MONITORED LOCATION: 486A SW Outfall 486A MONITORING PERIOD:

12/1/2007 TO 12/31/2007

FACILITY NAME:

PSEG NUCLEAR LLC SALEM GENERATIN

.

PARAMETER	\square	QUANTITY C	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	428	ЧЧЧ		*****	*****	*****		0	1/Day	CalCTD
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD				******		1/Day	CALCTD
		δα το πολογιατία το 			1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -						
pH	SAMPLE MEASUREMENT	*****	*****		7,6	*****	7,8		0	Hweek	grab
00400 1 Effluent Gross Value	PERMIT REQUIREMENT		1997 - 1997 -	•••••	6.0 01DAMN		9.0 01DAMX	SU		1/Week	GRAB
		a di terra d a sa sa s a si si terra ka Antoni di di seri sa di di kasa da sa	1993 (Series and Series and Ser		an a	an a state a st	entatust keekke suosi Philipperintatustasise		ريان مشير مري گري		
pH .	SAMPLE MEASUREMENT	•••••	*****		ריב	*****	7.9		0	1/week	grab
00400 7 Intake From Stream	PERMIT REQUIREMENT	*****			REPORT 01DAMN		REPORT 01DAMX	su		1/Week	GRAB
	QL	alla an Tra hénén a an 1967 na Alarah	*****		2 - 2 - 2 - 2 + 2 + 4 + 4 + 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		ې د او خېنې کې کې د و ورو د و. د د د د و و و و و و و و و و و و				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	******		*****	CODE = N	CODE = N		0	CODE=N	CODE = N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT]	an a	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	OL.	na ma Sala. An Anna Maria an Al Tari ang ang ang ang ang ang ang ang ang	y an Tanan an Anna , Calana An Anna Anna Anna Anna Anna Anna A			na televisión Hinnen están real real de l'Alas Meridenses realitas de la	ga an a seises agus an anatan san an an an an an			and the second	
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	•••••	*****		•••••	٢٥.١	٢٥.١		0	3/week	grab
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT		1			REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	QL	*****	1. 1		*****	Anterio anterio anterio					
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	15.6	20.2		0	11 Day	CONTIN
00010 1 Effluent Gross Value]		REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	OL .	1	an an air an air an an an air an an air a Tar an air an air an an an air an a		200 - 100 ***** ******************************	an an tha an Anna Anna Anna. Taraithe an anna an tha an t	ى يەرەپ ئۆچۈچۈچۈچۈچۈچۈچۈچۈچۈچۈچۈچۈچۈچۈچۈچۈچۈچۈچۈ				رم در بر میرو به از این از این این این این این این این این این این

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:		ITORED LOCA			NING PERIOD:	FACILITY NAME:						
NJ0005622	486A	SW Outfall 48	5A	12/1/2007	TO 12/31/2007	PSEG NUCL	PSEG NUCLEAR LLC SALEM GENERATIN					
PARAMETER	\bowtie	QUANTITY O	DR LOADING	UNITS	QUALIT	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE			
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PAILG							
99999 99 Lab	PERMIT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	ΝΟΤ ΑΡ	
	QL	QL				nosti (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		• • •			elle de la calendaria Maria estala de la calendaria	

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Surface Water Discharge Monitoring Report Submittal Form

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NJPDES PERMIT		MONITORING PERIOD MONITORED LOCATION:								
NJ0005622	Month 12	Day Year 1 2007	То	Month 12	Day 31	Year 2007	487B – SW Outfa	all 487B		
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: Southern / Salem County									
CHECK IF APPICABLE:	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 there to N.J.A.C. 7:14A-6.9(B). The	ted by that per atment works at I have personal individual re are signific	operator does not erson shall also si , the highest-rank sonally examined ls immediately re- ant penalties for	have t gn the ing of and an sponsi submit	the ability second ce ficial of th n familiar ble for obt tting false	to author rtification e contra- with the caining t information	orize capita on at the b octed entity e informat he informat ition, inclu	al expenditures and hire per ottom of this page. If the lo shall sign the certification ion submitted in this docum ition, I believe that the info iding the possibility of and	sonnel, a person having that ocal agency has contracted with ent and all attachments, and rmation is true, accurate and		
Robert C. Braun,	Site Vice Pre	esident - Salem						<u>N/A</u>		
NAME AND TITLE OF PRINCHAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR GRADE AND REGISTRY NUMBER (IF APPLICA 01/21/2008 856-339-1998							ISTRY NUMBER (IF APPLICABLE) 856-339-1998			
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICE	ER, AUTHORIZED A	GENT,	OR *LICE	NSED OP	ERATOR	DATE	AREA CODE/PHONE NUMBER		
*For a local agency where the hig person designated by that person				ability to a	thorize (capital expo	nditures and hire personnel, a	a person having that responsibility or		
I certify under penalty of law and i	in accordance v	vith N.J.S.A. 58:10	A-6F(5	5) that I hav	e review	ed the attac	hed discharge monitoring repo	orts.		
N/A				N/A			N/A	N/A		

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

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	МО	NITORING I	MONITOR	RED LOCATION:							
NJ0005622	MonthDay121	Year 2007 To	Month 12		Year 2007	489A – SW Outfall 489A					
LOCATION OF ACTIVITY:REPORT RECIPIENT: E&G NUCLEAR LLCPSEG NUCLEAR LLC SALEMPSEG NUCLEAR LLCPARK PLAZAGENERATING STATIONPO BOX 236/N21WARK, NJ 07101ALLOWAY CREEK NECK RDHANCOCKS BRIDGE, NJ 08038											
		REGION / CO	DUNTY: S	Southern	/ Salem (County					
CHECK IF APPICABLE:	🗌 No Dischar	ge this Monitoriı	ng Period			Monitor	ing Report Com	ments Attached			
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 the	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 OE PRINCIPAL	EXECUTIVE OFFICER,	AUTHORIZED AG	ENT, OR *I	LICENSED	OPERAT	OR	GRADE AND REG 01/21/2008	SISTRY NUMBER (IF APPLICABLE) 856-339-1998			
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTH	ORIZED AGENT, O	DR *LICEN	SED OPER	ATOR	D	ATE	AREA CODE/PHONE NUMBER			
*For a local agency where the hig person designated by that person			bility to au	thorize cap	vital expe	enditures a	nd hire personnel,	a person having that responsibility or			
I certify under penalty of law and i	in accordance with N.J.S	5.A. 58:10A-6F(5)	that I have	reviewed	the attacl	hed discha	rge monitoring rep	orts.			
<u>N/A</u>			<u>N/A</u>		_		<u>N/A</u>	<u>N/A</u>			

SIGNATURE

DATE AREA CODE/PHONE NUMBER

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NAME AND TITLE

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PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

489A SW Outfall 489A

12/1/2007 TO 12/31/2007 PSE

PSEG NUCLEAR LLC SALEM GENERATIN

PARAMETER	$\mathbf{\mathbf{X}}$	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	0.0395	0.0395	MGD	*****	*****	*****		0	1/month	CalCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX							1/Month	CALCTD
	QL		an a		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	The second se	1999 - 2. 4. 2. 44444 (1997) 1997 - 2. 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 19				
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	******		ר.ך	*****	7.7	SU	0	Ilmonth	grab
	PERMIT REQUIREMENT				6.0 01DAMN		9.0 01DAMX			1/Month	GRAB
	QL				1. State and the second sec	alle an bhann a chuir an Alle an Alle an Annaichte an Alle Alle an Alle an Annaichte an Alle	n e e e e e e e e e e e e e e e e e e e				
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	•••••	7	7	******	MG/L	0	1/month	grab
	PERMIT REQUIREMENT				100 01DAMX	30 01MOAV	1			1/Month	GRAB
	QL .	1 - Constant - Constan	177 - 201 - 1 4 4 4 4 7			*****	1927 - 19 44444 (- 2 4 5 2 2 4 5 4 5 (2774), 19 4 7 5			ان کی کرد کرد. ایچ خان کرد کرد کرد	
Petroleum Hydrocarbons 00551 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	8	8	MG/L	0	11 month	grab
	PERMIT REQUIREMENT	••••••• ••••••	• • • • • • • • • • • • • • • • • • •			10 01MOAV	15 01DAMX			1/Month	GRAB
		n aratan (n) 1. Salah mangan dikin karat	an an an an ann an ann an an an an an an		an an an Arran a an an an 1 Tharran an Arrana an Arrana an Arr	An an Carlon a b b b fin i an Carlon An Marian a constant a se an Ebri	an an an the state of the second s			na konstrati	
Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		•••••	5	5	MG/L	0	11 month	grab
	PERMIT REQUIREMENT		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			REPORT 01MOAV	50 01DAMX			1/Month	GRAB
	QL	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	1.1.1.1.1. ****** 7.37.1. ***********************************			na daga ki kan ki sa t Manaziri da kana kana ki sa sa sa					
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA166						
99999 99 Lab	PERMIT REQUIREMENT	REPORT Láb #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	Territoria (j. 44644 1. er.) - 1. Territoria (j. er.) - 1. f. er.) - 1.	1. 1]	الاین در دهنده، در از از از ا در از مربقه منه من از از م	Altan Altan Altan Altan	*****				

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".