



SCH08-037

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
ARTICLE NUMBER: 7006 0100 0004 0657 8808
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 February 2008.

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,

A handwritten signature in black ink, appearing to read "R. Braun", written over a horizontal line.

Robert C. Braun
Site Vice President – Salem

JE25

NRA

SCH08-037
NJPDES DMR

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Attachments (12 DMR's)

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

EXPLANATION OF CONDITIONS

February 2008

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

February 2008

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

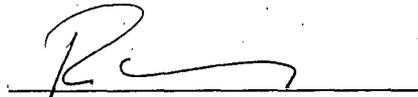
DSN No.	EXPLANATION
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None.	
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COUNTY OF SALEM
STATE OF NEW JERSEY

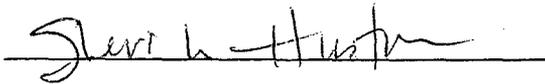
I, Robert C. Braun, of full age, being duly sworn according to law, upon my oath depose and say:

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 March 2008



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

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NJPDES DMR

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BC Site Vice President – Salem
Director – Regulatory Affairs
John Valeri Jr., Esq.
Salem Radwaste and Environmental Supervisor
E. J. Keating
Chem File SCH08-025
NBS Records MC-N64

NJPDES BIOMONITORING REPORT FORM - ACUTE TOXICITY

Permit No.: NJ [0005622] DSN [485]

Facility name: [PSEG Nuclear LLC - Salem Generating Station]

Facility address: [Artificial Island]
[Lower Alloways Creek, NJ 08038]

Facility contact person: [Mr. William Gamon Biggs]
phone #: [(856) 339-2678]

Acute toxicity laboratory: [New England Bioassay, Inc.]
[77 Batson Drive]
[Manchester, CT 06042]

Acute laboratory certification No.: [CT405]

Test Specifications:

Effluent type (e.g., final, predisinfection): [Final Effluent]

Test type (check one): Static Renewal (6-hr) Renewal (24-hr) Flow-through

Test Results:

Test starting date: [02/26/08] Completion date: [03/01/08]

Test endpoint (check one): LC50 NMAT EC50

LC50/EC50 (% effluent): [> 100%] 95% Confidence interval: [NA]

Highest percent mortality in any test concentration (if applicable): [0%]
Test concentration: [Not Applicable]

Test organism: [Sheepshead Minnow]; [*Cyprinodon variegatus*]
(common name) (scientific name)

Quality Control Summary:

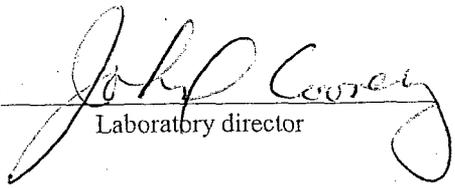
Control mortality: [0%]%

Temperature maintained within 20° + 2°C? Yes No

Dissolved oxygen levels always greater than 40% saturation? Yes No

Two or more concentrations exhibit a trend deviation? Yes No

Certification:

Accuracy of report certified by: 
Laboratory director

3-3-08
Date

Test Organism Data:

Test organism source (check one):

Cultured _____ Commercial hatchery (specify) [Aquatic BioSystems; Fort Collins, Colorado]

Test Organism Acclimation:

Is the culture water and test dilution water the same, and is the culture water temperature and dilution water temperature identical? Yes _____ No

If yes, proceed to Test Design section.

Fish and Grass Shrimp:

Initial number of organisms: [740+]

Total acclimation period: [< 1 day] day,

Acclimation period to 100 percent dilution water at the specified test temperature and test salinity:

[received in ASW at 25 ± 2 ppt; NEB dripped in fresh ASW at 25 ± 2 ppt until testing]

Number of mortalities: [< 1%]%

Test organism age at start of test (days): [11 days]

Mysid and Cladoceran:

Initial Number of Organisms: [N/A]

Test organism age at start of test (days): [N/A]

Culture water source: [N/A]

Culture water salinity: [N/A]

Culture water temperature: [N/A]

Dilution water source: [N/A]

Dilution water salinity upon collection: [N/A]

Number of mortalities: [N/A]%

Test Design:

Number of effluent test concentrations: [9]

Number of replicates/test concentration: [2]

Number of test organisms/replicate: [10]

Volume of liquid in test chambers (liters): [0.5]

Flow-through bioassay exchange rate: [N/A] (cycles/day)

Effluent Sampling:

Plant sampling location: [Outfall 485 (#1, #2, #3, & #4 samples)]

Effluent type: [Cooling Water]

Discharge (check one): Continuous Intermittent _____

Effluent sample type: 24-hr. composite 6-hr composite _____ Grab _____ Other _____ (Describe) [_____]

Sample Collection		Sample Data taken upon Arrival at laboratory		Use in Toxicity Test	
Beginning Date/Time	Ending Date/Time	D.O.	PH	Date(s)	Time(s) ^a
02/24/08 1200	02/25/08 1200	11.3 mg/L	7.2 SU	02/26/08	1420 h
02/25/08 1200	02/26/08 1200	11.1 mg/L	7.3 SU	02/27/08	1420 h
02/26/08 1200	02/27/08 1200	11.3 mg/L	7.4 SU	02/28/08	1410 h
02/27/08 1200	02/28/08 1200	11.3 mg/L	7.7 SU	02/29/08	1420 h

^a - Indicates time test concentrations were mixed after warming to test temperature

Maximum sample holding time (hours): [26.5 h]

Testing location (check one): On-site _____ Remote Laboratory

Effluent Sample Adjustments:

Were any salinity adjustments made? Yes No

If yes, specify the source of sea salts, brine or water used:

[Instant Ocean Artificial Sea Salts (Aquarium Systems: Mentor, OH)]

Were any pH adjustments made? Yes No

If yes, specify the reagent used [3 N HCl], the amount used [Not required]

The pH level upon sample collection (initial pH): [7.2 to 7.7 SU]

The pH level after the addition of the sea salts (drifted pH) [7.8 to 8.2 SU]

The adjusted pH level [not required]

Was the effluent sample filtered in any manner? Yes No

If yes, please specify the mesh size: [N/A]

Were any adjustments to the levels of chlorine made? Yes No

If yes, specify the dechlorination agent used [N/A] and the amount of reagent used [N/A]

Specify the chlorine levels prior to [< 0.05 - 0.09 mg/L] and after addition of the reagent [N/A]

Was an additional control included in the test containing the dechlorination agent? Yes No

Dilution Water:

Effluent receiving water: [Delaware River]

Dilution water source: [Instant Ocean Artificial Salt Water (25 ± 1 ppt salinity; 120 mg/L as CaCO₃ Alkalinity)]
(If reconstituted water is used specify type)

If a substitute dilution water (i.e. not the receiving water) was used, had its use been approved by NJDEP in the acute methodology questionnaire? Yes No

Collection location: [N/A]

Collection date(s): [N/A]

Test Results:

	24 hours	48 hours	72 hours	96 hours
LC50/EC50 (% Effluent):	[> 100%]	[> 100%]	[> 100%]	[> 100%]

Calculation method: [Observation]

NOTE: Attach the statistical printouts used to determine the LC50 value, and the mortality data sheets.

Is the calculated LC50/EC50 valid according to the specifications of the method used? Yes No

Miscellaneous:

Were any exposure chambers aerated during the test? Yes No

If yes, specify concentrations and duration, including the lowest percent saturation reached prior to aeration and at what time: [N/A]

Were the test organisms observed for appearance and behavior at least daily? Yes No

NOTE: Attach a copy of the acute toxicity test bench sheets with observation coded for each day.

NOTE: Attach a copy of the raw data sheets for physical-chemical measurements performed during the test to the test report form.



NEW ENGLAND BIOASSAY, INC.
77 BATSON DRIVE
MANCHESTER, CT 06042
(860) 643-9560

CHAIN OF CUSTODY

PROJECT NAME: PSEG Nuclear		PROJECT LOCATION: Salem Generating Station, NJ				PROJECT NUMBER: 198-022					
SOURCE CODE: W = WELL O = OUTFALL RO = RUNOFF B = BOTTOM SEDIMENT DR = DILUENT RIVER LF = LANDFILL T = TREATMENT FACILITY L = LAKE/OCEAN X = OTHER/SPECIFY DO = DILUENT OCEAN											
NEB SAMPLE NUMBER	SAMPLE ID.	SOURCE CODE	SAMPLE TYPE		CONTAINER				ANALYSIS REQUIRED	DATE/TIME OF COLLECTION	
			GRAB	COMP.	NO.	TYPE	SIZE	PRES		START	END
C28-1143	Influent #1	intake		✓	1	PC	2' bagal	Ice	96 hr static renewal test w/c. variegates	DATE: 2/24/08 - 2/25/08	TIME: 1200 - 1200
C28-1144	Effluent #1	O		✓	1	PC	2' bagal	Ice	↓	DATE: 2/24/08 - 2/25/08	TIME: 1200 - 1200
										DATE:	TIME:
										DATE:	TIME:
										DATE:	TIME:
										DATE:	TIME:
										DATE:	TIME:
										DATE:	TIME:
										DATE:	TIME:
CONTAINER TYPE: P = PLASTIC E = EPA VIAL C = CUBE G = GLASS A = AMBER GLASS B = BACTERIA BOTTLE											
PRESERVATION CODE: I = ICED F = FILTERED N = NITRIC ACID H = HYDROCHLORIC ACID (HCL) S = SODIUM HYDROXIDE (NaOH) T = SODIUM THIOSULFATE O = OTHER/SPECIFY											
SAMPLERS SIGNATURE <i>J. J. Madri</i>		AFFILIATION PSEG-MTS		DATE 2/25/08	TIME 1300	TRANSFERS RELINQUISHED BY: <i>J. J. Madri</i>		ACCEPTED BY: <i>Christel Wagner</i>		DATE 2/26/08	TIME 0900
ADDITIONAL COMMENTS: Temp Blank enclosed -3.7°C											
METHOD OF SHIPMENT: FedEx Priority Overnight				DATE	TIME						



NEW ENGLAND BIOASSAY, INC.
 77 BATSON DRIVE
 MANCHESTER, CT 06042
 (860) 643-9560

CHAIN OF CUSTODY

PROJECT NAME: <i>PSEG Nuclear</i>		PROJECT LOCATION: <i>Salem Generating Station, NJ</i>				PROJECT NUMBER: <i>198-022</i>					
SOURCE CODE: W = WELL O = OUTFALL RO = RUNOFF B = BOTTOM SEDIMENT DR = DILUENT RIVER LF = LANDFILL T = TREATMENT FACILITY L = LAKE/OCEAN X = OTHER/SPECIFY DO = DILUENT OCEAN											
NEB SAMPLE NUMBER	SAMPLE ID	SOURCE CODE	SAMPLE TYPE		CONTAINER				ANALYSIS REQUIRED	DATE/TIME OF COLLECTION	
			GRAB	COMP.	NO.	TYPE	SIZE	PRES		START	END
<i>C28-1149</i>	<i>Influent #4 intake</i>			<input checked="" type="checkbox"/>	<i>1</i>	<i>PC</i>	<i>2 1/2 gal</i>	<i>Ice</i>	<i>Renewal Sample</i>	<i>DATE: 2/27/08 - 2/28/08</i>	<i>TIME: 1200 - 1200</i>
<i>C28-1150</i>	<i>Effluent #4</i>	<i>O</i>		<input checked="" type="checkbox"/>	<i>1</i>	<i>PC</i>	<i>2 1/2 gal</i>	<i>Ice</i>	<i>Renewal Sample</i>	<i>DATE: 2/27/08 - 2/28/08</i>	<i>TIME: 1200 - 1200</i>
										DATE:	
										TIME:	
										DATE:	
										TIME:	
										DATE:	
										TIME:	
										DATE:	
										TIME:	
CONTAINER TYPE: P = PLASTIC E = EPA VIAL C = CUBE G = GLASS A = AMBER GLASS B = BACTERIA BOTTLE											
PRESERVATION CODE: I = ICED F = FILTERED N = NITRIC ACID H = HYDROCHLORIC ACID (HCL)											
S = SODIUM HYDROXIDE (NaOH) T = SODIUM THIOSULFATE O = OTHER/SPECIFY											
SAMPLERS SIGNATURE		AFFILIATION		DATE	TIME	TRANSFERS RELINQUISHED BY:		ACCEPTED BY:		DATE	TIME
<i>J. Amador</i>		<i>PSEG-MTS</i>		<i>2/28/08</i>	<i>1400</i>	<i>J. Amador</i>		<i>Christa Wagner</i>		<i>2/29/08</i>	<i>0855</i>
ADDITIONAL COMMENTS: <i>Temp Blank enclosed - 3.5°C</i>											
METHOD OF SHIPMENT:				DATE	TIME						
<i>Fed Ex Priority Overnight</i>				<i>2/28/08</i>	<i>1445</i>						

NEW ENGLAND BIOASSAY

NAME: PSEG Nuclear

ADDRESS: 200 Boyden Avenue
Maplewood, NJ 07040

SOURCE OF SAMPLE:
Salem Influent #1

SAMPLER'S NAME: D. Amadori

SAMPLER'S SIGNATURE: *D Amadori*

SAMPLE NUMBER

028-1143

START DATE: 2/24/08 START TIME: 1200 PM

END DATE: 2/25/08 END TIME: 1200 PM

COMPOSITE
 GRAB

CHLORINATED
 UNCHLORINATED

PRESERVATION: Ice

NEW ENGLAND BIOASSAY

NAME: PSEG Nuclear

ADDRESS: 200 Boyden Avenue
Maplewood, NJ 07040

SOURCE OF SAMPLE:
Salem Effluent #1

SAMPLER'S NAME: D. Amadori

SAMPLER'S SIGNATURE: *D Amadori*

SAMPLE NUMBER

028-1144

START DATE: 2/24/08 START TIME: 1200 PM

END DATE: 2/25/08 END TIME: 1200 PM

COMPOSITE
 GRAB

CHLORINATED
 UNCHLORINATED

PRESERVATION: Ice

NEW ENGLAND BIOASSAY

NAME: PSEG Nuclear

ADDRESS: 200 Bayden Avenue
Maplewood, NJ 07040

SOURCE OF SAMPLE:
Salem Influent #3

SAMPLER'S NAME: David Amadori

SAMPLER'S SIGNATURE: [Signature]

SAMPLE NUMBER

C28-1147

START DATE: 2/26/08 START TIME: 1200 PM

END DATE: 2/27/08 END TIME: 1200 PM

COMPOSITE
 GRAB

CHLORINATED
 UNCHLORINATED

PRESERVATION: ICE

NEW ENGLAND BIOASSAY

NAME: PSEG Nuclear

ADDRESS: 200 Bayden Avenue
Maplewood, NJ 07040

SOURCE OF SAMPLE:
Salem Effluent #3

SAMPLER'S NAME: David Amadori

SAMPLER'S SIGNATURE: [Signature]

SAMPLE NUMBER

C28-1148

START DATE: 2/26/08 START TIME: 1200 PM

END DATE: 2/27/08 END TIME: 1200 PM

COMPOSITE
 GRAB

CHLORINATED
 UNCHLORINATED

PRESERVATION: ICE

Sample Check-In Form

Client <u>PSE&G</u>	Test ID No. <u>28-1197</u>
Sample <u>Salem Generating Station</u>	Project No. <u>198-022</u>
Sample ID No. <u>C28-1144</u>	Collection Date <u>2/24/08</u> to <u>2/25/08</u>
Sample Type <u>Effluent #1</u>	Collection Time <u>1200</u> to <u>1200</u>

Shipment:

Container Number Type cubitainer Size 10L

Preservative:

Ice Packs Ice Cubes

Frozen Cool Warm/Melted

Initial Chemistry Data: Analysis Date 2/26/08 Time 0920
 Technician CW

Dissolved Oxygen (mg/L)	<u>11.3</u>	Meter #	<u>8</u>
Temperature (°C)	<u>2.0</u>	Meter #	<u>0702101286</u>
pH (SU)	<u>7.2</u>	Meter #	<u>11</u>
Conductivity (µmhos/cm)	<u>1344</u>	Meter #	<u>3</u>
Salinity (ppt)	<u><1</u>	Meter #	<u>10</u>
Total Residual Chlorine (mg/L)			
Initial	<u><0.05</u>		
Na ₂ S ₂ O ₃ added (g)	<u>-</u>		
Final	<u><0.05</u>		
Hardness (mg/L as CaCO ₃)	<u>138</u>		
Alkalinity (mg/L as CaCO ₃)	<u>35</u>	Meter #	<u>11</u>

Description:

Color Light brown Odor none

Clarity slightly cloudy Other

Sample Storage: NEB Work In Cooler

Date/Time	Volume Removed	Purpose	Approx. Volume	Tech.
<u>2/26/08 @ 0915</u>			Initial: <u>10L</u>	<u>CW</u>
<u>2/26/08 @ 1341</u>	<u>5L</u>	<u>Cy. test set-up</u>	<u>5L</u>	<u>(CW)</u>
			Final:	

Disposal:

Reviewed by: *JL Carney* Date: 3-3-08

Sample Check-In Form

Client <u>PSE&G</u>	Test ID No. <u>28-1197</u>
Sample <u>Salem Generating Station</u>	Project No. <u>198-022</u>
Sample ID No. <u>C28-1148</u>	Collection Date <u>2/26/08</u> to <u>2/27/08</u>
Sample Type <u>Effluent #3</u>	Collection Time <u>1200</u> to <u>1200</u>

Shipment:

Container Number 1 Type Cobitainer Size 10L

Preservative:

Ice Packs _____ Ice Cubes

Frozen Cool _____ Warm/Melted _____

Initial Chemistry Data: Analysis Date 2/28/08 Time 0915
 Technician CW

Dissolved Oxygen (mg/L)	<u>11.3</u>	Meter #	<u>7</u>
Temperature (°C)	<u>1.0</u>	Meter #	<u>070311/280</u>
pH (SU)	<u>7.4</u>	Meter #	<u>11</u>
Conductivity (µmhos/cm)	<u>2140</u>	Meter #	<u>3</u>
Salinity (ppt)	<u>1</u>	Meter #	<u>6</u>
Total Residual Chlorine (mg/L)			
Initial	<u>0.09</u>		
Na ₂ S ₂ O ₃ added (g)	<u>-</u>		
Final	<u>0.09</u>		
Hardness (mg/L as CaCO ₃)	<u>216</u>		
Alkalinity (mg/L as CaCO ₃)	<u>35</u>	Meter #	<u>11</u>

Description:

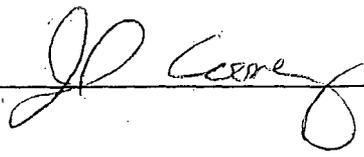
Color Brown Odor none

Clarity Cloudy Other _____

Sample Storage: NEB Work In Cholor

Date/Time	Volume Removed	Purpose	Approx. Volume	Tech.
<u>2/28/08 @ 0910</u>			Initial: <u>10L</u>	<u>CW</u>
<u>2/28/08 @ 1330</u>	<u>5L</u>	<u>Renewal</u>	<u>5L</u>	<u>(CW)</u>
			Final:	

Disposal:

Reviewed by:  Date: 3-3-08

Hudson Gen Ammonia Results

Location	Date	Results NH3-N mg/l
WTP	2/19/2008	0.252
WTP	2/20/2008	0.158
WTP	2/21/2008	0.111
WTP	2/22/2008	0.133

Salem Gen Ammonia Results

Location	Date	Results NH3-N mg/l
Influent #1	2/25/2008	0.061
Effluent #1	2/25/2008	0.111
Influent #2	2/26/2008	0.041
Effluent #2	2/26/2008	0.083
Influent #3	2/27/2008	0.023
Effluent #3	2/27/2008	0.066
Influent#4	2/28/2008	0.087
Effluent #4	2/28/2008	0.068

Client PSE&G Maplewood Testing Facility
Address 200 Boyden Avenue
Maplewood, NJ 07040

Test ID No. 28-1197
Project No. 198-022

Contact Ms. Sonia Foster

Test Species Cyprinodon variegatus
Source Aquatic BioSystems
Lot No. CV 08AB(2-26)B
Age 11 Days

No. Organisms per Test Chamber 10
No. Organisms per Concentration 20
No. Organisms per Control 20

Sample Salem Generating Station Effluent

Test Chamber Size 800 mL

Start Date/Time 2/26/08 @ 1500

Test Type 96-h Static Acute Renewal

Test Chamber Volume 500 mL

End Date/Time 3/1/08 @ 1500

Aeration Required? [] Yes [X] No; Test Day: _____

Laboratory Control (Dilution Water)			
Day	Lot Number	Salinity ppt	Alkalinity mg/L as CaCO ₃
0	A1028-002	24	120
1	A1028-002	24	120
2	A1028-002	24	120
3	A1028-002	24	120

Acute Toxicity Results			
Hour	LC ₅₀	95% Conf. Limits	NOAEC
24-h	>100%	NA	—
48-h	>100%	NA	—
72-h	>100%	NA	—
96-h	>100%	NA	100%

Reviewed by: JL Casey

Date: 3-3-08

Client PSE&G - Salem Generating Station

Sample ID Effluent

Test Start 2/26/08 @ 1500

Test Species Cyprindon variegatus

Test ID No. 28-1197

Project No. 198-022

Conc. %	Test Day 0 (0h)			Test Day 1 (24 h)			Test Day 2 (48 h)			Test Day 3 (72 h)		
	Date/Time: <u>2/26/08 @ 1420</u>			Date/Time: <u>2/27/08 @ 1420</u>			Date/Time: <u>2/28/08 @ 1410</u>			Date/Time: <u>2/29/08 @ 1430</u>		
	Test Solution	Dilution Water	Total Vol.	Test Solution	Dilution Water	Total Vol.	Test Solution	Dilution Water	Total Vol.	Test Solution	Dilution Water	Total Vol.
Control	0	1000	1000	0	1000	1000	0	1000	1000	0	1000	1000
6.25%	62.5	937.5	1000	62.5	937.5	1000	62.5	937.5	1000	62.5	937.5	1000
12.5%	125	875	1000	125	875	1000	125	875	1000	125	875	1000
25%	250	750	1000	250	750	1000	250	750	1000	250	750	1000
50%	500	500	1000	500	500	1000	500	500	1000	500	500	1000
60%	600	400	1000	600	400	1000	600	400	1000	600	400	1000
70%	700	300	1000	700	300	1000	700	300	1000	700	300	1000
80%	800	200	1000	800	200	1000	800	200	1000	800	200	1000
90%	900	100	1000	900	100	1000	900	100	1000	900	100	1000
100%	1000	0	1000	1000	0	1000	1000	0	1000	1000	0	1000
Sample ID No.	<u>C28-1144</u>	<u>A1028-022</u>		<u>C28-1146</u>	<u>A1028-022</u>		<u>C28-1148</u>	<u>A1028-022</u>		<u>C28-1150</u>	<u>A1028-022</u>	

Reviewed by:

JL Conroy

Date:

3-3-08

Client PSE&G
 Sample ID Salem - Effluent

Test Start 2/26/08 @ 1500
 Species Cyprinodon variegatus

28
 Test ID No. 11-97-28-1197
 Project No. 198-022

Test Conc. %	Test Hour		Dissolved Oxygen (mg/L)		Temperature (°C)		pH (°C)		Salintiy (ppt)		
			Replicate		Replicate		Replicate		Replicate		
			A	B	A	B	A	B	A	B	
12.5%	0 h	old									
		new	7.9	—	20.1	—	8.0	—	25	—	
	24 h	old	7.8	7.3	20.0	19.9	8.2	8.2	25	25	
		new	7.6	—	20.1	—	8.1	—	25	—	
	48 h	old	7.1	7.1	20.4	20.4	8.0	8.0	25	25	
		new	7.7	—	19.7	—	8.0	—	25	—	
	72 h	old	7.1	7.1	20.3	20.3	8.1	8.1	25	25	
		new	7.7	—	20.2	—	8.1	—	25	—	
	96 h	old	7.6	7.4	19.9	20.0	8.2	8.2	25	25	
		new									

Test Conc. %	Test Hour		Dissolved Oxygen (mg/L)		Temperature (°C)		pH (SU)		Salinity (ppt)		
			Replicate		Replicate		Replicate		Replicate		
			A	B	A	B	A	B	A	B	
25%	0 h	old									
		new	8.0	—	20.1	—	8.0	—	25	—	
	24 h	old	7.3	7.3	19.9	19.9	8.2	8.2	25	25	
		new	7.7	—	20.0	—	8.1	—	25	—	
	48 h	old	7.0	7.0	20.4	20.3	8.0	8.0	25	25	
		new	7.7	—	19.7	—	8.0	—	25	—	
	72 h	old	7.2	7.1	20.2	20.1	8.1	8.1	25	25	
		new	7.8	—	20.3	—	8.1	—	25	—	
	96 h	old	7.7	7.7	19.9	20.1	8.2	8.2	25	25	
		new									

Reviewed by: JL Cooney

Date: 3-3-08

Client PSE&G
 Sample ID Salem - Effluent

Test Start 2/26/08 @ 1500
 Species Cyprinodon variegatus

Test ID# 28-1197
 Project # 198-022

Test Conc. %	Test Hour		Dissolved Oxygen (mg/L)		Temperature (°C)		pH (°C)		Salintiy (ppt)	
			Replicate		Replicate		Replicate		Replicate	
			A	B	A	B	A	B	A	B
70%	0 h	old								
		new	8.3	—	20.0	—	8.1	—	25	—
	24 h	old	7.0	7.2	19.7	19.7	8.2	8.2	25	25
		new	8.0	—	19.8	—	8.2	—	25	—
	48 h	old	7.1	7.1	20.2	20.2	8.1	8.1	25	25
		new	8.2	—	19.5	—	8.0	—	25	—
	72 h	old	7.2	7.1	20.0	20.2	8.2	8.2	25	25
		new	8.3	—	20.3	—	8.2	—	25	—
	96 h	old	7.6	7.7	20.1	20.0	8.2	8.2	25	25
		new								

Test Conc. %	Test Hour		Dissolved Oxygen (mg/L)		Temperature (°C)		pH (SU)		Salinity (ppt)	
			Replicate		Replicate		Replicate		Replicate	
			A	B	A	B	A	B	A	B
80%	0 h	old								
		new	8.4	—	20.0	—	8.0	—	25	—
	24 h	old	7.2	7.3	19.7	19.7	8.2	8.2	25	25
		new	8.1	—	19.8	—	8.2	—	25	—
	48 h	old	7.2	7.1	20.1	20.1	8.1	8.1	25	25
		new	8.3	—	19.4	—	8.0	—	25	—
	72 h	old	7.2	7.2	19.9	20.0	8.2	8.2	25	25
		new	8.3	—	20.5	—	8.2	—	25	—
	96 h	old	7.6	7.6	20.1	20.1	8.2	8.2	25	25
		new								

Reviewed by:

J.P. Carey

Date:

3-3-08

Client PSE&G - Salem Effluent
 Test Start 2/26/08 @ 1500
 Test Species Cyprinodon variegatus

28 -
 Test ID No. 1197
 Project No. 198-022

Observations: Hour: 0 Date: 2/26/08 Technician: CU

Conc. %	Rep.	Number Surviving	Observations/Behavior
ASW Cont.	A	10	All organisms appear healthy + normal unless noted
	B	10	
6.25%	A	10	
	B	10	
12.5%	A	10	
	B	10	
25%	A	10	
	B	10	
50%	A	10	
	B	10	
60%	A	10	
	B	10	

Reviewed by: JL Cooney

Date: 3-3-08

Client PSE&G - Salem Effluent
 Test Start 2/26/08 @ 1500
 Test Species Cyprinodon variegatus

Test ID No. 28-1197
 Project No. 198-022

Observations: Hour: 24 Date: 2/27/08 Technician: CW

Conc. %	Rep.	Number Surviving	Observations/Behavior
ASW Cont.	A	10	all organisms appear healthy & normal unless noted
	B	10	
6.25%	A	10	
	B	10	
12.5%	A	10	
	B	10	
25%	A	10	
	B	10	
50%	A	10	
	B	10	
60%	A	10	
	B	10	

Reviewed by: JJ Carey

Date: 3-3-08

Client PSE&G - Salem Effluent
 Test Start 2/24/08 @ 1500
 Test Species Cyprinodon variegatus

Test ID No. 28-1197
 Project No. 198-022

Observations: Hour: 48 Date: 2/28/08 Technician: CW

Conc. %	Rep.	Number Surviving	Observations/Behavior
ASW Cont.	A	10	all organisms appear healthy + normal unless noted
	B	10	
6.25%	A	10	
	B	10	
12.5%	A	10	
	B	10	
25%	A	10	
	B	10	
50%	A	10	
	B	10	
60%	A	10	
	B	10	

Reviewed by: JL Carey

Date: 3-3-08

Client PSE&G - Salem Effluent
 Test Start 2/26/08 @ 1500
 Test Species Cyprinodon variegatus

Test ID No. 28-1197
 Project No. 198-022

Observations: Hour: 4872 Date: 2/29/08 Technician: CM

Conc. %	Rep.	Number Surviving	Observations/Behavior
ASW Cont.	A	10	All organisms appear normal and healthy in tests noted
	B	10	
6.25%	A	10	
	B	10	
12.5%	A	10	
	B	10	
25%	A	10	
	B	10	
50%	A	10	
	B	10	
60%	A	10	
	B	10	

Reviewed by: JL Corey

Date: 3-3-08

Client PSE&G - Salem Effluent
 Test Start 2/26/08 @ 1500
 Test Species Cyprinodon variegatus

Test ID No. 06-1177
 Project No. 198-022

Observations: Hour: 96 Date: 3/1/08 Technician: RTA

Conc. %	Rep.	Number Surviving	Observations/Behavior
ASW Cont.	A	10	<i>All organisms appear normal + healthy unless noted otherwise. Increasing sediments + build up in bottom of test chambers from low to high concentration. Slight in 6.25 → 12.5, moderate in 25 → 100%. Overlying water is clear.</i>
	B	10	
6.25%	A	10	
	B	10	
12.5%	A	10	
	B	10	
25%	A	10	
	B	10	
50%	A	10	
	B	10	
60%	A	10	
	B	10	

Reviewed by: *JL Carey*

Date: 3-3-08

Initial Fish Measurements

Species: *Cyprinodon variegatus*

Source: Aquatic BioSystems

Lot Number: CV08 AB(2-26) B

ID Number	1	2	3	4	5
Wet Weight	0.00102 g	0.00108 g	0.00078 g	0.00100 g	0.00075 g
Total Length	3.8 mm	3.9 mm	3.7 mm	3.7 mm	3.8 mm

ID Number	6	7	8	9	10
Wet Weight	0.00158 g	0.00099 g	0.00098 g	0.00084 g	0.00121 g
Total Length	4.3 mm	3.5 mm	3.9 mm	4.0 mm	4.4 mm

ID Number	11	12	13	14	15
Wet Weight	0.00110 g	0.00085 g	0.00064 g	0.00101 g	0.00094 g
Total Length	4.4 mm	4.5 mm	3.4 mm	4.4 mm	3.3 mm

ID Number	16	17	18	19	20
Wet Weight	0.00100 g	0.00090 g	0.00068 g	0.00085 g	0.00098 g
Total Length	4.2 mm	3.7 mm	3.8 mm	4.0 mm	4.0 mm

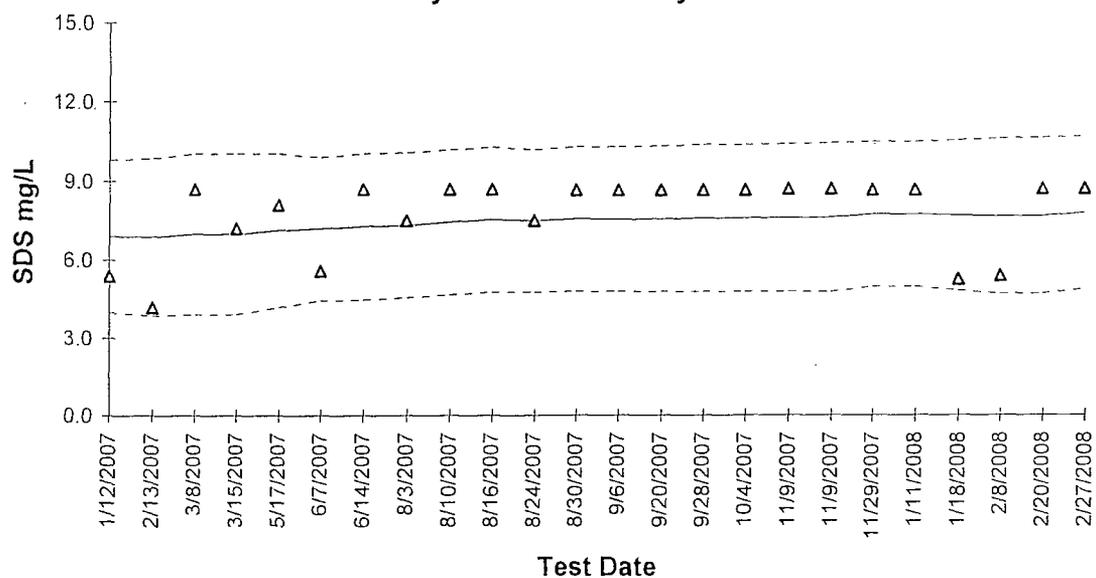
Reviewed by:

J. Cheng

Date:

3-3-08

Sodium Dodecyl Sulfate: *Cyprinodon variegatus*
January 2007 - February 2008



Δ LC50 — Mean LC50 - - - ± 2 STD

Test ID	Date	LC ₅₀	Mean LC ₅₀	STD	-2STD	+ 2STD	CV %
27-1071	1/12/2007	5.4	6.9	1.5	4.0	9.8	21.0
27-1168	2/13/2007	4.2	6.9	1.5	3.9	9.9	21.8
27-1299	3/8/2007	8.7	7.0	1.5	3.9	10.0	21.9
27-1352	3/15/2007	7.2	7.0	1.5	3.9	10.0	21.9
27-1659	5/17/2007	8.1	7.1	1.5	4.2	10.1	20.5
27-1716	6/7/2007	5.6	7.2	1.4	4.5	9.9	19.0
27-1758	6/14/2007	8.7	7.3	1.4	4.5	10.1	19.2
27-2062	8/3/2007	7.5	7.3	1.4	4.6	10.1	18.8
27-2119	8/10/2007	8.7	7.4	1.4	4.7	10.2	18.5
27-2134	8/16/2007	8.7	7.5	1.4	4.8	10.3	18.3
27-2475	8/24/2007	7.5	7.5	1.4	4.8	10.2	18.1
27-2209	8/30/2007	8.7	7.5	1.4	4.8	10.3	18.2
27-2233	9/6/2007	8.7	7.5	1.4	4.8	10.3	18.2
27-2394	9/20/2007	8.7	7.6	1.4	4.8	10.3	18.3
27-2427	9/28/2007	8.7	7.6	1.4	4.8	10.4	18.4
27-2469	10/4/2007	8.7	7.6	1.4	4.8	10.4	18.4
27-2623	11/9/2007	8.7	7.6	1.4	4.8	10.4	18.5
27-2624	11/9/2007	8.7	7.6	1.4	4.8	10.4	18.6
27-2683	11/29/2007	8.7	7.7	1.4	5.0	10.5	17.8
28-1052	1/11/2008	8.7	7.7	1.4	5.0	10.5	17.8
28-1088	1/18/2008	5.3	7.7	1.4	4.8	10.5	18.5
28-1151	2/8/2008	5.4	7.7	1.5	4.7	10.6	19.2
28-1180	2/20/2008	8.7	7.7	1.5	4.7	10.6	19.3
28-1200	2/27/2008	8.7	7.8	1.4	4.9	10.7	18.6

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
NJ0005622	Month	Day	Year	To	Month	Day	Year	FACA – SW Outfall FACA
	2	1	2008		2	29	2008	

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/S07
 HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE:

No Discharge this Monitoring Period

Monitoring Report Comments Attached

WHO MUST SIGN The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification.

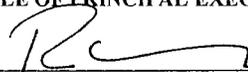
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of and/or imprisonment, pursuant to N.J.A.C. 7:14A-6.9(B). The New Jersey water Pollution Control Act provides for penalties up to \$50,000 per violation.

Robert C. Braun, Site Vice President - Salem

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)



03/21/2008

856-339-1998

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR

DATE

AREA CODE/PHONE NUMBER

**For a local agency where the highest-ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall sign the following certification:*

I certify under penalty of law and in accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attached discharge monitoring reports.

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACA SW Outfall FACA

2/1/2008 TO 2/29/2008

PSEG NUCLEAR LLC SALEM GENERATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 G Raw Sew/influent	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.5	6.5	DEG.C	0	CONTINUOUS	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
	QL	*****	*****	*****	*****	*****	*****	DEG.C			
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	13.9	16.4	DEG.C	0	CONTINUOUS	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
	QL	*****	*****	*****	*****	*****	*****	DEG.C			
Temperature, oC 00010 2 Effluent Net Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.4	10.8	DEG.C	0	1/Day	CALCTD
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD
	QL	*****	*****	*****	*****	*****	*****	DEG.C			
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	17451	*****	PA 166						
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #	*****	REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	*****	*****	*****	*****	*****	*****				

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

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
NJ0005622	Month	Day	Year	To	Month	Day	Year	FACB – SW Outfall FACB
	2	1	2008		2	29	2008	

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/S07
 HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE:

No Discharge this Monitoring Period

Monitoring Report Comments Attached

WHO MUST SIGN The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of and/or imprisonment, pursuant to N.J.A.C. 7:14A-6.9(B). The New Jersey water Pollution Control Act provides for penalties up to \$50,000 per violation.

Robert C. Braun, Site Vice President - Salem

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)



03/21/2008

856-339-1998

SIGNATURE OF PRINCIPAL EXECUTIVE 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.

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: FACB SW Outfall FACB MONITORING PERIOD: 2/1/2008 TO 2/29/2008 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Temperature, oC 00010 G Raw Sew/Influent	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.5	6.5	DEG.C	0	Continuous	CONTIN	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX		*****	Continuous	CONTIN	
	QL	*****	*****		*****	*****	*****		*****	*****	*****	
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	13.4	15.6	DEG.C	0	Continuous	CONTIN	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	43.3 01DAMX		*****	Continuous	CONTIN	
	QL	*****	*****		*****	*****	*****		*****	*****	*****	
Temperature, oC 00010 2 Effluent Net Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.9	10.5	DEG.C	0	1/Day	CALCTD	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	15.3 01DAMX		*****	1/Day	CALCTD	
	QL	*****	*****		*****	*****	*****		*****	*****	*****	
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	17451	*****	PA166			*****				
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		*****	REPORT Lab #	REPORT Lab #		REPORT Lab #	*****	Not Applic	NOT AP
	QL	*****	*****		*****	*****	*****		*****	*****	*****	*****

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

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
NJ0005622	Month	Day	Year	To	Month	Day	Year	FACC – SW Outfall FACC
	2	1	2008		2	29	2008	

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/S07
 HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE:

No Discharge this Monitoring Period

Monitoring Report Comments Attached

WHO MUST SIGN The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification.

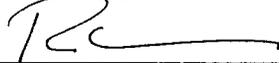
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Robert C. Braun, Site Vice President - Salem

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)



03/21/2008

856-339-1998

SIGNATURE OF PRINCIPAL EXECUTIVE 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.

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 43814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: FACC SW Outfall FACC MONITORING PERIOD: 2/1/2008 TO 2/29/2008 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATI

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 G Raw Sew/influent	SAMPLE MEASUREMENT	2664	2781	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX		*****	*****	*****		*****	1/Day	CALCTD
	QL	*****	*****		*****	*****	*****		*****		
Thermal Discharge Million BTUs per Hr 00015 2 Effluent Net Value	SAMPLE MEASUREMENT	15594	16719	MBTU/HR	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	30600 01DAMX		*****	*****	*****		*****	1/Day	CALCTD
	QL	*****	*****		*****	*****	*****		*****		
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	17451	PA 166				*****			
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #		*****	Not Applic	NOT AP
	QL	*****	*****		*****	*****	*****		*****		

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

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT NJ0005622	MONITORING PERIOD						MONITORED LOCATION: 048C – SW Outfall 48C
	Month 2	Day 1	Year 2008	To	Month 2	Day 29	

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/S07
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

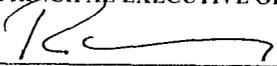
CHECK IF APPLICABLE: No Discharge this Monitoring Period Monitoring Report Comments Attached

WHO MUST SIGN The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of and/or imprisonment, pursuant to N.J.A.C. 7:14A-6.9(B). The New Jersey water Pollution Control Act provides for penalties up to \$50,000 per violation.

Robert C. Braun, Site Vice President - Salem N/A

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR GRADE AND REGISTRY NUMBER (IF APPLICABLE)

 03/21/2008 856-339-1998

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR DATE AREA CODE/PHONE NUMBER

**For a local agency where the highest-ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall sign the following certification:*

I certify under penalty of law and in accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attached discharge monitoring reports.

N/A N/A N/A N/A

NAME AND TITLE SIGNATURE DATE AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

1140014

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

048C SW Outfall 48C

2/1/2008 TO 2/29/2008

PSEG NUCLEAR LLC SALEM GENERATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	0.3659	0.6836	MGD	*****	*****	*****	*****	0	1/Day	CALCTD	
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****	1/Day	CALCTD	
	QL	*****	*****		*****	*****	*****		*****			
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	14	15	MG/L	0	2/Month	COMPOS	
	PERMIT REQUIREMENT	*****	*****		*****	*****	30 01MOAV		100 01DAMX	*****	2/Month	COMPOS
	QL	*****	*****		*****	*****	*****		*****	*****		
Nitrogen, Ammonia Total (as N) 00610 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.5	<0.5	MG/L	0	2/Month	COMPOS	
	PERMIT REQUIREMENT	*****	*****		*****	*****	35 01MOAV		70 01DAMX	*****	2/Month	COMPOS
	QL	*****	*****		*****	*****	*****		*****	*****		
Petroleum Hydrocarbons 00551 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.5	<0.5	MG/L	0	2/Month	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	*****	10 01MOAV		15 01DAMX	*****	2/Month	GRAB
	QL	*****	*****		*****	*****	*****		*****	*****		
Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	9	10	MG/L	0	2/Month	COMPOS	
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT 01MOAV		50 01DAMX	*****	2/Month	COMPOS
	QL	*****	*****		*****	*****	*****		*****	*****		
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	17451		PA166							
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		*****	*****	REPORT Lab #		REPORT Lab #	*****	Not Applic	NOT AP
	QL	*****	*****		*****	*****	*****		*****	*****		

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

New Jersey Department of Environmental Protection
Division of Water Quality

PI 46814

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD							MONITORED LOCATION:
NJ0005622	Month	Day	Year	To	Month	Day	Year	481A – SW Outfall 481A
	2	1	2008		2	29	2008	

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/S07
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE:

No Discharge this Monitoring Period

Monitoring Report Comments Attached

WHO MUST SIGN

The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification.

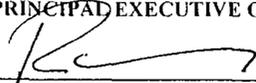
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Robert C. Braun, Site Vice President - Salem

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)



03/21/2008

856-339-1998

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR

DATE

AREA CODE/PHONE NUMBER

**For a local agency where the highest-ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall sign the following certification:*

I certify under penalty of law and in accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attached discharge monitoring reports.

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 481A SW Outfall 481A MONITORING PERIOD: 2/1/2008 TO 2/29/2008 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING STATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	436	477	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****	1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.6	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	6.0 01DAMN	*****		9.0 01DAMX	1/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****		
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.7	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01DAMN	*****		REPORT 01DAMX	1/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****		
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	CODE=N	*****	*****	%EFFL	0	CODE=N	CODE=N
	PERMIT REQUIREMENT	*****	*****		*****	50 01DAMN	*****		*****	2/Year	COMPOS
	QL	*****	*****		*****	*****	*****		*****		
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	CODE=N	CODE=N	MG/L	0	CODE=N	CODE=N
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.3 01MOAV		0.5 01DAMX	3/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****		
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT 01MOAV		0.2 01DAMX	3/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****		

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

Surface Water Discharge Monitoring Report

FI 46814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 481A SW Outfall 481A MONITORING PERIOD: 2/1/2008 TO 2/29/2008 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER	X	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Temperature, °C 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	13.9	20.3	DEG.C	0	1/Day	CONTIN	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX					CONTIN
	QL	*****	*****		*****	*****	*****					*****
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	17451	*****	PA166			*****	*****	Not Applic	NOT AP	
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #					NOT AP
	QL	*****	*****		*****	*****	*****					*****

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

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:													
NJ0005622	<table border="1"> <tr><th>Month</th></tr> <tr><td>2</td></tr> </table>	Month	2	<table border="1"> <tr><th>Day</th></tr> <tr><td>1</td></tr> </table>	Day	1	<table border="1"> <tr><th>Year</th></tr> <tr><td>2008</td></tr> </table>	Year	2008	To	<table border="1"> <tr><th>Month</th></tr> <tr><td>2</td></tr> </table>	Month	2	<table border="1"> <tr><th>Day</th></tr> <tr><td>29</td></tr> </table>	Day	29	<table border="1"> <tr><th>Year</th></tr> <tr><td>2008</td></tr> </table>	Year	2008	482A – SW Outfall 482A
Month																				
2																				
Day																				
1																				
Year																				
2008																				
Month																				
2																				
Day																				
29																				
Year																				
2008																				

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/S07
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE:

No Discharge this Monitoring Period

Monitoring Report Comments Attached

WHO MUST SIGN The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification.

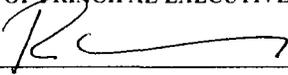
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Robert C. Braun, Site Vice President - Salem

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)



03/21/2008

856-339-1998

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR

DATE

AREA CODE/PHONE NUMBER

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N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: MONITORED LOCATION: MONITORING PERIOD: FACILITY NAME:

NJ0005622

482A SW Outfall 482A

2/1/2008 TO 2/29/2008

PSEG NUCLEAR LLC SALEM GENERATI

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	440	451	MGD	*****	*****	*****	*****	0	1/Day	CALCTD	
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****	1/Day	CALCTD	
	QL	*****	*****		*****	*****	*****		*****			
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.6	SU	0	1/Week	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	6.0 01DAMN	*****		9.0 01DAMX	*****	1/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****	*****		
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.7	SU	0	1/Week	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01DAMN	*****		REPORT 01DAMX	*****	1/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****	*****		
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	CODE=N	*****	*****	%EFFL	0	CODE=N	CODE=N	
	PERMIT REQUIREMENT	*****	*****		*****	50 01DAMN	*****		*****	*****	2/Year	COMPOS
	QL	*****	*****		*****	*****	*****		*****	*****		
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	CODE=N	CODE=N	MG/L	0	CODE=N	CODE=N	
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.3 01MOAV		0.5 01DAMX	*****	3/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****	*****		
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/Week	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT 01MOAV		0.2 01DAMX	*****	3/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****	*****		

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

Surface water Discharge Monitoring Report

PI 43814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 482A SW Outfall 482A MONITORING PERIOD: 2/1/2008 TO 2/29/2008 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER	X	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	13.5	20.6	DEG.C	0	1/DAY	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX				
	QL	*****	*****		*****	*****	*****				
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	17451		PA 166					Not Applic	NOT AP
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #				
	QL	*****	*****		*****	*****	*****				

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

New Jersey Department of Environmental Protection
Division of Water Quality

PI 46814

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT NJ0005622	MONITORING PERIOD						MONITORED LOCATION: 483A – SW Outfall 483A
	Month 2	Day 1	Year 2008	To	Month 2	Day 29	

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/S07
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE:

No Discharge this Monitoring Period

Monitoring Report Comments Attached

WHO MUST SIGN The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification.

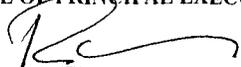
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N/A

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03/21/2008

856-339-1998

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N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 483A SW Outfall 483A MONITORING PERIOD: 2/1/2008 TO 2/29/2008 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER	X	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	439	462	MGD	*****	*****	*****	*****	0	1/Day	CALCTD	
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****	1/Day	CALCTD	
	QL	*****	*****		*****	*****	*****		*****			
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.6	SU	0	1/week	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	6.0 01DAMN	*****		9.0 01DAMX	*****	1/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****	*****		
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.7	SU	0	1/week	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01DAMN	*****		REPORT 01DAMX	*****	1/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****	*****		
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	CODE=N	CODE=N	MG/L	0	CODE=N	CODE=N	
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.3 01MOAV		0.5 01DAMX	*****	3/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****	*****		
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/Week	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT 01MOAV		0.2 01DAMX	*****	3/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****	*****		
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	14.8	24.1	DEG.C	0	1/Day	CONTIN	
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT 01MOAV		REPORT 01DAMX	*****	1/Day	CONTIN
	QL	*****	*****		*****	*****	*****		*****	*****		

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

Surface Water Discharge Monitoring Report

PI 45814

PERMIT NUMBER: NJ0005622
 MONITORED LOCATION: 483A SW Outfall 483A
 MONITORING PERIOD: 2/1/2008 TO 2/29/2008
 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER	X	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #											
99999 99	SAMPLE MEASUREMENT	17327	17451		PA166						
Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	*****	*****		*****	*****	*****				

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

New Jersey Department of Environmental Protection
Division of Water Quality

PI 46814

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:
	Month	Day	Year	To	Month	Day	
NJ0005622	2	1	2008		2	29	2008
							484A – SW Outfall 484A

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/S07
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

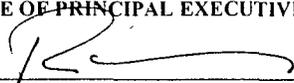
CHECK IF APPLICABLE: No Discharge this Monitoring Period Monitoring Report Comments Attached

WHO MUST SIGN The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of and/or imprisonment, pursuant to N.J.A.C. 7:14A-6.9(B). The New Jersey water Pollution Control Act provides for penalties up to \$50,000 per violation.

Robert C. Braun, Site Vice President - Salem N/A

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR GRADE AND REGISTRY NUMBER (IF APPLICABLE)

 03/21/2008 856-339-1998

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR DATE AREA CODE/PHONE NUMBER

**For a local agency where the highest-ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall sign the following certification:*

I certify under penalty of law and in accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attached discharge monitoring reports.

N/A N/A N/A N/A

NAME AND TITLE SIGNATURE DATE AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 484A SW Outfall 484A MONITORING PERIOD: 2/1/2008 TO 2/29/2008 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	509	531	MGD	*****	*****	*****	*****	0	1/Day	CALCTD	
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****	1/Day	CALCTD	
	QL	*****	*****		*****	*****	*****		*****			
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.6	SU	0	1/Week	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	6.0 01DAMN	*****		9.0 01DAMX	*****	1/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****	*****		
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.7	SU	0	1/Week	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01DAMN	*****		REPORT 01DAMX	*****	1/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****	*****		
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	CODE=N	*****	*****	%EFFL	0	CODE=N	CODE=N	
	PERMIT REQUIREMENT	*****	*****		*****	50 01DAMN	*****		*****	*****	2/Year	COMPOS
	QL	*****	*****		*****	*****	*****		*****	*****		
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	CODE=N	CODE=N	MG/L	0	CODE=N	CODE=N	
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.3 01MOAV		0.5 01DAMX	*****	3/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****	*****		
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/Week	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT 01MOAV		0.2 01DAMX	*****	3/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****	*****		

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

Surface Water Discharge Monitoring Report

PI 45814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 484A SW Outfall 484A MONITORING PERIOD: 2/1/2008 TO 2/29/2008 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER	X	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	13.5	19.9	DEG.C	0	1/Day	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX				CONTIN
	QL	*****	*****		*****	*****	*****				*****
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	17451		PA166					Not Applic	NOT AP
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #				NOT AP
	QL	*****	*****		*****	*****	*****				*****

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

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT NJ0005622	MONITORING PERIOD						MONITORED LOCATION: 485A – SW Outfall 485A
	Month 2	Day 1	Year 2008	To	Month 2	Day 29	

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/S07
 HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE:

No Discharge this Monitoring Period

Monitoring Report Comments Attached

WHO MUST SIGN The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification.

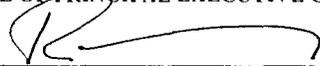
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of and/or imprisonment, pursuant to N.J.A.C. 7:14A-6.9(B). The New Jersey water Pollution Control Act provides for penalties up to \$50,000 per violation.

Robert C. Braun, Site Vice President - Salem

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)



03/21/2008

856-339-1998

SIGNATURE OF PRINCIPAL EXECUTIVE 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.

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 485A SW Outfall 485A MONITORING PERIOD: 2/1/2008 TO 2/29/2008 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATI

PARAMETER	SAMPLE MEASUREMENT	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	478	491	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.7	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX				
	QL	*****	*****		*****	*****	*****				
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.7	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX				
	QL	*****	*****		*****	*****	*****				
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7100	*****	*****	%EFFL	0	2/Year	COMPOS
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****				
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	CODE=N	CODE=N	MG/L	0	3/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX				
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX				
	QL	*****	*****		*****	*****	*****				

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

Surface Water Discharge Monitoring Report

P145814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 485A SW Outfall 485A MONITORING PERIOD: 2/1/2008 TO 2/29/2008 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING STATION

PARAMETER	X	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	13.7	19.3	DEG.C	0	1/Day	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX				
	QL	*****	*****		*****	*****	*****				
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	17451		PA166	CT405				Not Applic	NOT AP
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #				
	QL	*****	*****		*****	*****	*****				

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

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
NJ0005622	Month 2	Day 1	Year 2008	To	Month 2	Day 29	Year 2008	486A – SW Outfall 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 RECIPIENT:
 PSEG NUCLEAR LLC
 PO BOX 236/S07
 HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE:

No Discharge this Monitoring Period

Monitoring Report Comments Attached

WHO MUST SIGN The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification.

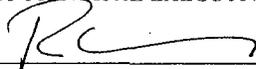
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Robert C. Braun, Site Vice President - Salem

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)



03/21/2008

856-339-1998

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR

DATE

AREA CODE/PHONE NUMBER

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N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 486A SW Outfall 486A MONITORING PERIOD: 2/1/2008 TO 2/29/2008 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	426	439	MGD	*****	*****	*****	*****	0	1/Day	CALCTD	
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****		1/Day	CALCTD
	QL	*****	*****		*****	*****	*****		*****			
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.7	SU	0	1/Week	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	6.0 01DAMN	*****		9.0 01DAMX	*****	1/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****	*****		
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.7	SU	0	1/Week	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01DAMN	*****		REPORT 01DAMX	*****	1/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****	*****		
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	CODE=N	CODE=N	MG/L	0	CODE=N	CODE=N	
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.3 01MOAV		0.5 01DAMX	*****	3/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****	*****		
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/Week	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT 01MOAV		0.2 01DAMX	*****	3/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****	*****		
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	13.3	18.7	DEG.C	0	1/Day	CONTIN	
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT 01MOAV		REPORT 01DAMX	*****	1/Day	CONTIN
	QL	*****	*****		*****	*****	*****		*****	*****		

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

Surface Water Discharge Monitoring Report

PI 45814

PERMIT NUMBER: NJ0005622
 MONITORED LOCATION: 486A SW Outfall 486A
 MONITORING PERIOD: 2/1/2008 TO 2/29/2008
 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER	X	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #											
99999 99	SAMPLE MEASUREMENT	17327	17451		PA166						
Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT-AP
	QL	*****	*****		*****	*****	*****				

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

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD							MONITORED LOCATION:
NJ0005622	Month 2	Day 1	Year 2008	To	Month 2	Day 29	Year 2008	487B – SW Outfall 487B

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/S07
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE:



No Discharge this Monitoring Period



Monitoring Report Comments Attached

WHO MUST SIGN The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification.

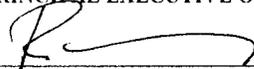
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Robert C. Braun, Site Vice President - Salem

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)



03/21/2008

856-339-1998

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR

DATE

AREA CODE/PHONE NUMBER

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N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
NJ0005622	Month	Day	Year	To	Month	Day	Year	489A – SW Outfall 489A
	2	1	2008		2	29	2008	

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/S07
 HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE:

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Monitoring Report Comments Attached

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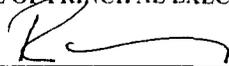
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N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: MONITORED LOCATION: MONITORING PERIOD: FACILITY NAME:

NJ0005622 489A SW Outfall 489A 2/1/2008 TO 2/29/2008 PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	0.0356	0.0356	MGD	*****	*****	*****	*****	0	1/Month	CALCTD	
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****	1/Month	CALCTD	
	QL	*****	*****		*****	*****	*****		*****			
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.6	SU	0	1/Month	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	6.0 01DAMN	*****		9.0 01DAMX	*****	1/Month	GRAB
	QL	*****	*****		*****	*****	*****		*****			
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	10	10	*****	MG/L	0	1/Month	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	100 01DAMX	30 01MOAV		*****	*****	1/Month	GRAB
	QL	*****	*****		*****	*****	*****		*****			
Petroleum Hydrocarbons 00551 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	20.5	20.5	MG/L	0	1/Month	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	*****	10 01MOAV		15 01DAMX	*****	1/Month	GRAB
	QL	*****	*****		*****	*****	*****		*****			
Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2	MG/L	0	1/Month	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT 01MOAV		50 01DAMX	*****	1/Month	GRAB
	QL	*****	*****		*****	*****	*****		*****			
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	17451	*****	PA166	*****	*****	*****	*****	Not Applic	NOT AP	
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		*****	REPORT Lab #	REPORT Lab #					REPORT Lab #
	QL	*****	*****		*****	*****	*****					*****

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