APR 22 2008

HCH-2008-050



CERTIFIED MAIL
RETURN RECEIPT REQUESTED
ARTICLE NUMBER: 7006 0100 0004 0657 6392

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 HOPE CREEK GENERATING STATION NJPDES PERMIT NJ0025411

Dear Sir:

Attached is the Discharge Monitoring Report for the Hope Creek Generating Station for the month of March 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 Christopher White at (856) 339-3301.

Sincerely,

George P. Barnes

Site Vice President - Hope Creek

TERE TRRE

C Executive Director, DRBC
USNRC - Docket number 50-354
Site Vice President – Hope Creek
Director – Regulatory Assurance
Christopher McAuliffe, Esq.
E. J. Keating
E. K. West
C. E. White
NJPDES Technician

EXPLANATION OF CONDITIONS

March 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 2007 revision of the NJDEP Monitoring Report Form Reference Manual and specific guidance from DEP personnel.

EXPLANATION OF EXCEEDANCES

March 2008

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

DSN No.

EXPLANATION

No Exceedances

COUNTY OF SALEM STATE OF NEW JERSEY

- I, George P. Barnes, of full age, being duly sworn according to law, upon my oath depose and say:
- 1. I am the Site Vice President-Hope Creek for PSEG Nuclear, and as such am authorized to sign Hope Creek'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.
- 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.

George P. Barnes

Site Vice President - Hope Creek

Sworn and subscribed before me this &2 nd day of April 2008.

DELORIS D. HADDEN
Notary Public of New Jersey
My Commission Expires 03/29/2010
1D # 2073649

New Jersey Department of Environmental Protection Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0025411	Month Day Year Month Day Year 3 1 2008 To 3 31 2008	461A - DSN 461A - dsw
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236-N21 - ALLOWA RD HANCOCKS BRIDGE, NJ 08 CHECK IF APPLICABLE:	FOOT OF BUTTONWOOD RD LOWER ALLOWAYS CREEK, NJ 08038 REGION / COUNTY: Southern / Salem County	REPORT RECIPIENT: PSE&G TIFFANY BABAN P.O. BOX 236 / H15 HANCOCKS BRIDGE, NJ 08038 Report Comments Attached
the certification or, in his absence the certification. Where the higher reponsibility or person designated another entity to operate the treate I certify under penalty of law that that, based on my inquiry of those complete. I am aware that there	a ranking official having day-to-day managerial and operational responses a person designated by that person. For a local agency, the highest stranking operator does not have the ability to authorize capital exploy that person shall also sign the second certification at the bottom ment works, the highest-ranking official of the contracted entity shall to have personally examined and am familiar with the information in individuals immediately responsible for obtaining the information are significant penalties for submitting false information, including the large water Pollution Control Act provides for penalties up to the second certification and the highest second certification at the bottom ment works, the highest-ranking official of the contracted entity shall be a second certification at the bottom ment works, the highest-ranking official of the contracted entity shall be a second certification at the bottom ment works, the highest-ranking official of the contracted entity shall be a second certification at the bottom ment works, the highest-ranking official of the contracted entity shall be a second certification at the bottom ment works, the highest-ranking official of the contracted entity shall be a second certification at the bottom ment works, the highest-ranking official of the contracted entity shall be a second certification at the bottom ment works.	onsibilities for the discharging facility shall sign ranking operator of the treatment works shall sign enditures and hire personnel, a person having that of this page. If the local agency has contracted with I sign the certification. submitted in this document and all attachments, and n, I believe that the information is true, accurate and the possibility of fine and/or imprisonment, pursuant
George P. Barnes,	Site Vice President – Hope Creek	N/A
	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	GRADE AND REGISTRY NUMBER (IF APPLICABLE) $\frac{4/2z/0\xi}{856-339-1952}$
SIGNATURE OF PRINCIPAL EXECU	TIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER
*For a local agency where the higher person designated by that person sha	st ranking operator does not have the ability to authorize capital expendit Il sign the following certification:	tures and hire personnel, a person having that responsibility or
I certify under penalty of law and in	accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed the	ne attached discharge monitoring reports.
N/A	N/A	N/A N/A
NAME AND TITLE	SIGNATURE	DATE AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

461A DSN 461A - dsw

3/1/2008 TO 3/31/2008

HOPE CREEK GENERATING STATION

***		D3N 401A - 03			0 3/3 1/2000	HOPE CHE					
PARAMETER		QUANTITY C	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	33.447	38, 329		****	*****	*****		0	continuous	meter
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	******	******	*****		Continuous	METER
Flow, in Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	46.243	49.711		****	*****	****		0	continuous	meter
50050 7 Intake From Stream	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	******	o district	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	*****	*****		8.5	*****	8.6		0	1/week	Grab
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	ANTANA ANTANA	******	*****	6.0 01DAMN	******	9.0 01DAMX	su		1/Week	GRAB
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	.*****		*****	<0.1	<0.1		0	continuous	Grab
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	******	0.2 01MOAV 0.1	0.5 01DAMX 0.1	MG/L		Continuous	GRAB
Temperature,	SAMPLE MEASUREMENT	*****	*****		*****	22.2	27.9		0	continuous	meter
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	Sissing .	******	*****	\$44444 644444	REPORT 01MOAV	36:2 01DAMX	DEG.C		Continuous	METER
Temperature, oC	SAMPLE MEASUREMENT	****	****		*****	8.7	10.2		0	continuous	meter
00010 7 Intake From Stream	PERMIT REQUIREMENT	ACCASE ACCASE	*****	****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	METER

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

MONITORED LOCATION:

MONITORING PERIOD.

FACILITY NAME:

NJ0025411

461A DSN 461A - dsw

3/1/2008 TO 3/31/2008

HOPE CREEK GENERATING STATION

	$\overline{}$					· · · · · · · · · · · · · · · · · · ·	*	<u> </u>	1 110	EDEC OF	CAMPLE
PARAMETER		QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	****	*****		*****	1	(0	1/month	Grab
00680 1 Effluent Gross Value	PERMIT. REQUIREMENT	Tasses(4.	Trines	*****	20050	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	GRAB
	QL	*****	*****		*****	******	*****				
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	****	*****		****	1	l	٠	0	Ymonth	Colctd
00680 2 Effluent Net Value	PERMIT REQUIREMENT	******	*****	*****	Anna III	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	CALCTD
	QL	*****	*****		****	*****	*****				
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	*****		*****	<	4		O	month	Grab
00680 7 Intake From Stream	PERMIT REQUIREMENT	*****	win .	*****	= 13 64.454	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	GRAB
	QL	****	*****		*****	*****	*****	·	- 5		
Heat (winter) (per Hr.)	SAMPLE MEASUREMENT	282	457		*****	*****	*****		O	1004	Calctd
81387 1 Effluent Gross Value	PERMIT. REQUIREMENT	REPORT 01 MOAV	662 01DAMX	MBTU/HR	*****	AMANE	*****	*****		1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
Lab Certification #	SAMPLE MEASUREMENT	17451	PA 166				-				
99999 99	PERMIT REQUIREMENT	REPORT	REPORT Lab#		REPORT	REPORT Lab#	REPORT Lab #			Not Applic	NOT AP
Lab	QL	******	2.00 //		Lab ()	*****	******				a police.

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

New Jersey Department of Environmental Protection Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

	NJPDES PERMIT	M	IONITORING PER	HOD		MONITOR	ED LOCATION:
	NJ0025411	Month Day 3 1	Year Mont 2008 To 3	h Day 31	Year 2008	461C - DSN 4610	C - DSW internal
_	PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236-N21 - ALLOWA RD HANCOCKS BRIDGE, NJ 086	038 REGION	LOCATION OF A HOPE CREEK GENERATIFICIAL ISLAND FOOT OF BUTTONY LOWER ALLOWAY I / COUNTY: Southern this Monitoring Perio	RATING S O VOOD RD S CREEK, / Salem Co	TATION NJ 08038	REPORT REC PSE&G TIFFANY BABA P.O. BOX 236 / F HANCOCKS BRI	N I15 DGE, NJ 08038
tl tl re a I tl	WHO MUST SIGN The highest the certification or, in his absence the certification. Where the highest eponsibility or person designated nother entity to operate the treatment certify under penalty of law that hat, based on my inquiry of those omplete. I am aware that there is N.J.A.C. 7:14A-6.9(B). The N	a person designated ast ranking operator of by that person shall nent works, the high t I have personally be individuals immediate significant penal	d by that person. For a lodges not have the ability it also sign the second ce hest-ranking official of the examined and am family diately responsible for others for submitting false	cal agency, to authorize rtification and the contracted ar with the btaining the informatio	the highest e capital exp t the bottom d entity sha information e information n, including	ranking operator of the tree penditures and hire personn of this page. If the local all all sign the certification. In submitted in this docume on, I believe that the infor- tion that the infor-	ent and all attachments, and
-	George P. Barnes, AME AND TITLE OF PRINCIPAL E	Site Vice Presid EXECUTIVE OFFICER	lent – Hope Creek				N/A fry number (if applicable) 856-339-1952
*	IGNATURE OF PRINCIPAL EXECUTION For a local agency where the highe erson designated by that person sha	st ranking operator d	loes not have the ability to	and the second second	1000	DATE itures and hire personnel, a p	AREA CODE/PHONE NUMBER person having that responsibility or
	certify under penalty of law and in a			e received a	nd reviewed t	he attached discharge monito	ring reports. N/A
N	AME AND TITLE	S	SIGNATURE			DATE	AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

461C DSN 461C - DSW interna

3/1/2008 TO 3/31/2008

HOPE CREEK GENERATING STATION

		D3N 401C - D		, .,	O 3/3 1/2006		ER GENERATIN			_	
PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTR	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.047	0.120		*****	*****	*****		0	continu ous	meter
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	**************************************	*****	*****	*****		Continuous	METER
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****		*****	5	6		0	Ymonth	Compes
00530 1 Effluent Gross Value	PERMIT REQUIREMENT	Attions Expense	**************************************	*****	******* ******************************	30 01MOAV	100 01DAMX	MG/L		1/Month	COMPOS
Petrol Hydrocarbons, Total Recoverable	SAMPLE MEASUREMENT	*****	*****		*****	45	45		0	2/month	Grab
45501 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	TANKET	10 01MOAV	15 01DAMX	MG/L		2/Month	GRAB
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	****	*****		*****	2	2		0	Ymonth	Compos
00680 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	14444	REPORT 01MOAV	50 01DAMX	MG/L		1/Month	COMPOS
Lab Certification #	SAMPLE MEASUREMENT	17451	PA 166					·			
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab#			Not Applic	NOT AP

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

New Jersey Department of Environmental Protection Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT		M	ONITOR	UNG PERIC	OD		MONITORE	D LOCATION:
NJ0025411	Month 3	Day 1	Year 2008	To Month	Day 31	Year 2008	462B - dsn 462B -	dsw outfall
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236-N21 - ALLOWA RD HANCOCKS BRIDGE, NJ 08	038 R	EGION	HOPE CR ARTIFIC FOOT OF LOWER	FION OF ACREEK GENERAL ISLAND BUTTONWO ALLOWAYS OF SOuthern / S	ATING S OD RD CREEK,	TATION NJ 08038	REPORT REC PSE&G TIFFANY BABAN P.O. BOX 236 / HI HANCOCKS BRID	5 GE, NJ 08038
CHECK IF APPLICABLE: WHO MUST SIGN The highes				toring Period day managerial		_	Report Comments Attach consibilities for the discharg	
the certification or, in his absence the certification. Where the highe reponsibility or person designated another entity to operate the treati	a person de st ranking o l by that per	esignated perator o son shall	l by that per loes not hav l also sign tl	rson. For a locative the ability to he second certif	l agency, authorized acation a	the highest capital exp t the bottom	ranking operator of the treat penditures and hire personne to of this page. If the local ag	ment works shall sign l, a person having that
I certify under penalty of law that that, based on my inquiry of thos complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The N	se individua are significa	ls immed ant penal	diately responding	onsible for obtaining false in	nining the	e information, including	on, I believe that the information the possibility of fine and/o	ation is true, accurate and
George P. Barnes,	Site Vice	Presid	ent – Hor	oe Creek			<u> </u>	/A
NAME AND TITLE OF PRINCIPAL I		OFFICER	, AUTHORIZ	ZED AGENT, OR	*LICENS	ED OPERATO	OR GRADE AND REGISTE 4/22/08	RY NUMBER (IF APPLICABLE) 856-339-1952
SIGNATURE OF PRINCIPAL EXECU	TIVE OFFIC	ER, AUT	HORIZED A	GENT, OR *LIC	ENSED O	PERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the higher person designated by that person sha	est ranking o	perator d lowing ce	oes not have ertification:	the ability to au	thorize ca	pital expendi	itures and hire personnel, a pe	rson having that responsibility or
I certify under penalty of law and in	accordance w	ith N.J.S.	A. 58:10A-6	F(5) that I have r	eceived a	nd reviewed t	he attached discharge monitorio	ng reports.
N/A	<u> </u>			I/A	•		N/A	N/A
NAME AND TITLE		S	IGNATURE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.	DATE	AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

462B dsn 462B - dsw outfall

3/1/2008 TO 3/31/2008

HOPE CREEK GENERATING STATION

1400025411		usii 402D - us	or Julium U	, = 0 0 0 .	0 3/3 1/2000		IN GENERALIN				
PARAMETER	X	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.014	0.020		****	****	*****		0	10 ay	meter
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	******	*****		1/Day	METER 2
BOD, 5-Day (20 oC)	SAMPLE MEASUREMENT	****	*****		*****	354	354		0	1/month	Compos
00310 G Raw Sew/influent	PERMIT REQUIREMENT	******	******	*****	******	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	COMPOS
BOD, 5-Day (20 oC)	SAMPLE MEASUREMENT	2	2		*****	25	25		0	Vmonth	Compos
00310 1 Effluent Gross Value	PERMIT REQUIREMENT	8 01MOAV	REPORT 01WKAV	KG/DAY	******	30 01MOAV	45 01WKAV	MG/L		1/Month	COMPOS
BOD, 5-Day (20 oC)	GL SAMPLE MEASUREMENT	*****	*****		92.9	*****	*****		0	Ymenth	Calctd
00310 K Percent Removal	PERMIT REQUIREMENT	*****	Attan	*****	87.5 01MOAVMN	202222 202222	******	PERCENT	_	1/Month	CALCTD
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****		*****	290	290		0	Ymonth	Compos
00530 .G Raw Sew/influent	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	COMPOS
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****		****	14	14		0	Ymonth	Compos
00530 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	30 01MOAV	45 01WKAV	MG/L		1/Month	COMPOS

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

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

462B dsn 462B - dsw outfall

3/1/2008 TO 3/31/2008

HOPE CREEK GENERATING STATION

PARAMETER		QUANTITY (OR LOADING	UNITS	QUALI	UALITY OR CONCENTRATION			NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Solids, Total Suspended	SAMPLE MEASUREMENT	****	****		95	95	****		0	1/month	Calctd
00530 K Percent Removal	PERMIT REQUIREMENT	******	control of the second	*****	85 01MOAVMN	REPORT 01MOAV	*****	PERCENT		1/Month	CALCTO
	QL	*****	*****		*****	*****	*****				
Oil and Grease	SAMPLE MEASUREMENT	*****	*****		*****	< 5	15		0	Ymonth	Grab
00556 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	. #****** - Trick	10 01MOAV	15 01DAMX	MG/L		1/Month	GRAB
	QL	*****	*****		*****	*****	*****				
Coliform, Fecal	SAMPLE MEASUREMENT	****	*****		****	410	410.		0	Ymonth	Grab
74055 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	There's	*****	59-4 ******	200 01MOGE	400 01WKGE	#/100ML		1/Month	GRAB
211140111 411000, 74140	QL	*****	*****		*****	*****	*****				
Lab Certification #	SAMPLE MEASUREMENT	17451	PA166		06005	· · · · · · · · · · · · · · · · · · ·					
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab #		REPORT Lab #	REPORT Lab#	REPORT Lab #			Not Applic	NOT AP
	QL	heres	*****		States	******	*****				

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