



SCH08-069

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
ARTICLE NUMBER: 7006 0100 0004 0657 9942
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
CORRECTED DISCHARGE MONITORING REPORTS
SALEM GENERATING STATION
NJPDES PERMIT NJ0005622**

Dear Sir:

Attached are the corrected Discharge Monitoring Reports for the Salem Generating Station for the months of September 2005 and January 2008. The reports correct administrative deficiencies identified in the submitted Discharge Monitoring Reports.

In September 2005, Salem Generating Station omitted the result for the Acute Toxicity testing performed during that reporting period. The testing results and analytical report were submitted to the NJDEP at that time, but the transfer of the data to the appropriate location on the Monitoring Report Form was incomplete. In January 2008, Salem Generating Station failed to annotate on the Monitoring Report Form as "Code=N" for the "LC50 Statre 96hr Acu" parameter. No data was omitted, only the appropriate annotation on the Monitoring Report Form.

Salem Generating Station identified these administrative deficiencies during an internal review of the reporting program on June 20, 2008. Salem Generating Station regrets these administrative deficiencies and apologizes to the NJDEP for any inconvenience.

If you have any additional questions please contact Luis Cataldo at 856-339-2307.

Sincerely,

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

Robert C. Braun
Site Vice President – Salem

JEAS
NRR

SCH08-069
NJPDES DMR

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Attachments (2 DMR pages)

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

COUNTY OF SALEM
STATE OF NEW JERSEY

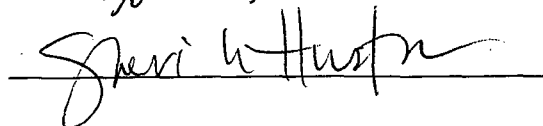
I, Robert C. Braun, of full age, being duly sworn according to law, upon my oath depose and say:

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 this affidavit is my signature and I am submitting this in satisfaction of the requirement that my signature be notarized.



Robert C. Braun
Site Vice President – Salem

Sworn and subscribed before me
this 30 day of June 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, Esq.
Salem Radwaste and Environmental Supervisor
E. J. Keating
NJPDES Technician
Chem File SCH08-069
NBS Records MC-N64

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 485A SW Outfall 485A MONITORING PERIOD: 9/1/2005 TO 9/30/2005 FACILITY NAME: PSEG NUCLEAR LLC

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	394	428	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	*****	7.7	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	*****	*****	*****	7.8	*****	8.0	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	*****	*****	*****	>100% 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

11/1/2008

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

1/1/2008 TO 1/31/2008

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	421	477	MGD	*****	*****	*****	*****	φ	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.6	SU	φ	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		5.0 01DAMN	*****	9.0 01DAMX				
	QL	*****	*****		*****	*****	*****				
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	7.8	SU	φ	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX				
	QL	*****	*****		*****	*****	*****				
LC50 Stare 96hr Acu Cyprinodon TAN5A 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	CODE=N	*****	*****	%EFFL	φ	CODE=N	CODE=N
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****				
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	CODE=N	CODE=N	MG/L	φ	CODE=N	CODE=N
	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	φ	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.