

JUL 2 4 2008

SCH08-077

CERTIFIED MAIL RETURN RECEIPT REQUESTED ARTICLE NUMBER: 7006 0100 0004 0657 9249

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 June 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 Greg Suey at (856) 339-5066.

Sincerely,

Robert C. Braun Site Vice President – Salem

SCH08-077 NJPDES DMR

Attachments

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

SCH08-077 NJPDES DMR

EXPLANATION OF CONDITIONS

June 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.

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SCH08-077 NJPDES DMR

EXPLANATION OF EXCEEDANCES

June 2008

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

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DSN No.

EXPLANATION

None.

SCH08-077 NJPDES DMR

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 23 day of July 2008

SHERI L. HUSTON NOTARY PUBLIC OF NEW JERSEY My Commission Expires 1-16-09

SCH08-077 NJPDES DMR

BC Site Vice President – Salem Director – Regulatory Assurance John Valeri Jr., Esq. Salem Radwaste and Environmental Supervisor E. J. Keating NJPDES Technician NBS Room M/C N64

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:								
NJ0005622	MonthDayYear612008To630	Year 2008 FACA – SW Outfall FACA								
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038	REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038								
	REGION / COUNTY: Southern	n / Salem County								
CHECK IF APPICABLE: No Discharge this Monitoring Period Monitoring Report Comments Attached										
the certification or, in his absence the certification. Where the high responsibility or person designate another entity to operate the treat I certify under penalty of law that that, based on my inquiry of those complete. I am aware that there	e a person designated by that person. For a local agence lest ranking operator does not have the ability to authori ed by that person shall also sign the second certification tment works, the highest-ranking official of the contract t I have personally examined and am familiar with the is se individuals immediately responsible for obtaining the	information submitted in this document and all attachments, and e information, I believe that the information is true, accurate and ion, including the possibility of and/or imprisonment, pursuant								
Robert C. Braun, S	Site Vice President - Salem	<u>N/A</u>								
NAME AND TITLE OF PRINCIPAL E	XECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED	D OPERATOR GRADE AND REGISTRY NUMBER (IF APPLICABLE) 07/24/2008 856-339-1998								
SIGNATURE OF PRINCIPAL EXECU	TIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPEF	RATOR DATE AREA CODE/PHONE NUMBER								
person designated by that person sl	*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	d the attached discharge monitoring reports.								
N/A NAME AND TITLE	N/ASIGNATURE	<u>N/A</u> <u>N/A</u> DATE AREA CODE/PHONE NUMBER								

PERMIT NUMBER:	MON	ITORED LOCA	TION: <u>N</u>	IONITOF	RING PERIOD:	FACILITY N	AME:				
NJ0005622	FAC	A SW Outfall F	ACA 6	/1/2008 1	FO 6/30/2008	PSEG NUCL	EAR LLC SAL	EM GEN	IERA	TIN	
PARAMETER	\searrow	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	24.9	21.3		0	Синталион	S CONTIN
00010 G Raw Sew/influent	PERMIT REQUIREMENT	*****	******	•••••	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
Temperature, oC	SAMPLE MEASUREMENT	******	*****		******	33.2	35.5		0	CONTINGO	IS CONTIN
00010 1 Effluent Gross Value	PERMIT. REQUIREMENT	*****	******	*****	******	REPORT 01MOAV	46.1 01DAMX	DEG.C		Continuous	CONTIN
Temperature,	QL	******	******	1	******	******					e
oC 00010 2	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	••••••	*****	B.3 REPORT 01MOAV	67.9 15.3 01DAMX	DEG.C	0	'/DAY. 1/Day	CALCTD
Effluent Net Value	OL.	*****	******		*******	*****	******				
	SAMPLE MEASUREMENT	17327	17451		PA 166	California II. (1974) in 1. Include and Second	AND THE PARTY OF THE ADDRESS OF THE PARTY OF				
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	*****	*****		*****	*****			1	C.	1

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

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Surface Water Discharge Monitoring Report Submittal Form

NIDDEC DEDMIT	MONITODINC DEDIOD	MONITODED LOCATION.									
NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:									
NJ0005622	Month Day Year 6 1 2008 To Month Day Year 6 30 2008 Year Year Year Year	FACB – SW Outfall FACB									
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038	REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038									
REGION / COUNTY: Southern / Salem County											
CHECK IF APPICABLE:	No Discharge this Monitoring Period	Monitoring Report Comments Attached									
the certification or, in his absen the certification. Where the hig responsibility or person designa	est ranking official having day-to-day managerial and operational in ce a person designated by that person. For a local agency, the high hest ranking operator does not have the ability to authorize capital ted by that person shall also sign the second certification at the bot atment works, the highest-ranking official of the contracted entity s	est ranking operator of the treatment works shall sign expenditures and hire personnel, a person having that tom of this page. If the local agency has contracted with									
that, based on my inquiry of the complete. I am aware that ther	at I have personally examined and am familiar with the informatio ose individuals immediately responsible for obtaining the information e are significant penalties for submitting false information, includ New Jersey water Pollution Control Act provides for penalties up to	on, I believe that the information is true, accurate and ing the possibility of and/or imprisonment, pursuant									
Robert C. Braun,	Site Vice President - Salem	N/A									
NAME AND TITLE OF RRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	OR GRADE AND REGISTRY NUMBER (IF APPLICABLE) 07/24/2008 856-339-1998									

*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:

DATE

AREA CODE/PHONE NUMBER

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.

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

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

PERMIT NUMBER:	MONITORED LOCATION: MONITORING PERIOD: FACILITY NAME:						·. ·				
NJ0005622	FACE	3 SW Outfall F	ACB	6/1/2008 T	O 6/30/2008	PSEG NUC	LEAR LLC SAL	EM GEN	IERA	TIN	
PARAMETER	$\mathbf{\mathbf{X}}$	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	24.9	27.3		0	CONTINUE	CONTIN
00010 G Raw Sew/influent	PERMIT	•••••	******	••••••	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
Temperature,		*****	******		******	33.4	 34.D			Ar	CONTIN
oC 00010 1 Effluent Gross Value	PERMIT	******		7 11 12 12 12 12 12 12 12 12 12 12 12 12	******	PEPORT 01MOAV	46.1 01DAMX	DEG.C	0	CONTINGOUS	CENTIN
	QL	******	******		******	*****	*****			all and a second se	
Temperature, oC	SAMPLE MEASUREMENT	*****	*****	:.	*****	8.5	9-8		0	1/DAY	CHICTD
00010 2 Effluent Net Value		******	*****	*****	******	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD
Lab Certification #	SAMPLE MEASUREMENT	 11321	17451		PA166	******* 	****** *******************************		Ne Sto	<u>a-75 (66 - 53)</u>	
99999 99 Lab	PERMIT REQUIREMENT	REPORT	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	*****	******		*****	*****	******	25 To .			a sugar Sugar Po

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	MONIT	ORING PERIOD	MONITO	RED LOCATION:			
				KED LOCATION.			
NJ0005622	MonthDayYear612008	Month Day Year To 6 30 2008	FACC – SW O	atfall FACC			
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	PSEG N GENER ALLOW	TION OF ACTIVITY: UCLEAR LLC SALEM ATING STATION 'AY CREEK NECK RD CKS BRIDGE, NJ 08038	REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038				
	RE	GION / COUNTY: Southern / Salen	a County				
CHECK IF APPICABLE:	No Discharge this	Monitoring Period	Monitoring Report Con	nments Attached			
the certification or, in his absent the certification. Where the hig responsibility or person designation another entity to operate the tree I certify under penalty of law the that, based on my inquiry of the complete. I am aware that the	ce a person designated by the shest ranking operator does not ted by that person shall also atment works, the highest-ra- nat I have personally examinant ose individuals immediately re are significant penalties for	day-to-day managerial and operation nat person. For a local agency, the h not have the ability to authorize capi- o sign the second certification at the l nking official of the contracted entite ed and am familiar with the informa responsible for obtaining the inform or submitting false information, incl Control Act provides for penalties u	ighest ranking operator of tal expenditures and hire p pottom of this page. If the y shall sign the certification tion submitted in this docu ation, I believe that the in uding the possibility of an	the treatment works shall sign ersonnel, a person having that local agency has contracted with on. ument and all attachments, and formation is true, accurate and ad/or imprisonment, pursuant			
Robert C. Braun,	Site Vice President - Salem	·		<u>N/A</u>			
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHO	ORIZED AGENT, OR *LICENSED OPERA	TOR GRADE AND RE 07/24/2008	GISTRY NUMBER (IF APPLICABLE)			
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZE	D AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER			
person designated by that person	shall sign the following certific	have the ability to authorize capital exp ation: :10A-6F(5) that I have reviewed the atta					
			• • •	-			
		<u>N/A</u>	<u>N/A</u>				
NAME AND TITLE	SIGNA	IUKE	DATE	AREA CODE/PHONE NUMBER			

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PERMIT NUMBER:	MON	TORED LOCA		MONITOR	ING PERIOD:	FACILITY	VAME				. F14601-
NJ0005622		SW Outfall F	· · · · · · · · · · · · · · · · · · ·		O 6/30/2008		LEAR LLC SAL	.EM GEN	IERA	 T1P	
PARAMETER	$\mathbf{\mathbf{X}}$	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENT	CONCENTRATION UNITS			FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	2151	2281		*****	*****	******		0	1/DAY	CALETTS
50050 G Raw Sew/influent		3024 01MOAV	REPORT 01DAMX	MGD	******	*****	******	*****		1/Day	CALCTD
Thermal Discharge Million BTUs per Hr	SAMPLE MEASUREMENT	15086	15903		*****	•	*****		0	1/DAY	CALCTO
00015 2 Effluent Net Value		REPORT 01MOAV	30600 01DAMX	MBTU/HR	*****	******	******	******		1/Day	CALCTD
Lab Certification #	SAMPLE	17327	17451	······································	PA166		<u> </u>				<u>.</u>
99999 99 Lab	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". \cdot i

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Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORIN	IG PERIOD		MONITO	RED LOCATION:						
NJ0005622	MonthDayYear612008		ear 04	8C – SW Out	fall 48C						
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	PSEG NUCLE GENERATIN ALLOWAY C	N OF ACTIVITY: Car LLC Salem G Station Reek Neck RD Bridge, NJ 08038		REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038							
	REGION	/ COUNTY: Southern /	Salem Coun	ıty							
CHECK IF APPICABLE:	CHECK IF APPICABLE: No Discharge this Monitoring Period Monitoring Report Comments Attached										
the certification or, in his absent the certification. Where the hig responsibility or person designation another entity to operate the tree I certify under penalty of law the that, based on my inquiry of the complete. I am aware that the	est ranking official having day-to ce a person designated by that per hest ranking operator does not ha ited by that person shall also sign atment works, the highest-ranking hat I have personally examined and ose individuals immediately respo e are significant penalties for sub New Jersey water Pollution Contr	son. For a local agency, ve the ability to authorize the second certification a official of the contracted d am familiar with the in nsible for obtaining the i mitting false information	the highest capital exp the bottom entity shall formation su formation, , including	ranking operator of enditures and hire p of this page. If the sign the certification bmitted in this docu l believe that the in the possibility of ar	the treatment works shall sign ersonnel, a person having that local agency has contracted with on. ument and all attachments, and formation is true, accurate and ad/or imprisonment, pursuant						
Robert C. Braun,	Site Vice President - Salem				<u>N/A</u>						
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED	AGENT, OR *LICENSED C	PERATOR	GRADE AND RE	GISTRY NUMBER (IF APPLICABLE)						
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGE	NT, OR *LICENSED OPERA	FOR	DATE	AREA CODE/PHONE NUMBER						
person designated by that person	shall sign the following certification:			-	, a person having that responsibility of						
I certify under penalty of law and i	n accordance with N.J.S.A. 58:10A-6	F(5) that I have reviewed the	e attached di	scharge monitoring re	ports.						
<u>N/A</u>		<u>N/A</u>	_	<u>N/A</u>	<u>N/A</u>						
NAME AND TITLE	SIGNATURE		I	DATE	AREA CODE/PHONE NUMBER						

PERMIT NUMBER:

NJ0005622

MONITORED LOCATION: 048C SW Outfall 48C

MONITORING PERIOD:

6/1/2008 TO 6/30/2008

FACILITY NAME:

PSEG NUCLEAR LLC SALEM GENERATIN

					· · · ·						
PARAMETER		QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTE	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.3803	0.6729	,	*****	*****	*****		0	1/DAY	CALCTIS
50050 1 Effluent Gross Value		REPORT 01MOAV	REPORT 01DAMX	MGD		*****	******	******		1/Day	CALCTD
Solids, Total					******	9	//		0	2/MONT	(Compos
Suspended 00530 1 Effluent Gross Value	PERMIT , REQUIREMENT	******	******	*****		30 01MOAV	100 01DAMX	MG/L		2/Month	COMPOS
Nitrogen, Ammonia Total (as N)	SAMPLE MEASUREMENT	******	*****		*****	······	/		0	2/MONTH	Compos
00610 1 Effluent Gross Value	PERMIT REQUIREMENT		******	******	******	35 01MOAV	70 01DAMX	MG/L		2/Month	COMPOS
Petroleum Hydrocarbons		******	*****		*****	25		1	0	2/MINTH	GRAB
00551 1 Effluent Gross Value	PERMIT REOUREMENT	*****	•••••	•••••	******	10 01MOAV	15 01DAMX	MG/L		2/Month	GRAB
Carbon, Tot Organic TOC)	SAMPLE MEASUREMENT	*****	**************************************		******	8	9	500 4	0	Huwrt	Compos
00680 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****		REPORT 01MOAV	50. 01DAMX	MG/L		2/Month:	COMPOS
Lab Certification #	OL SAMPLE MEASUREMENT	11327	11457		PA166			<u></u>			
99999 99 Lab	PERMIT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab.#	REPORT Lab #			Not Applic	NOT AP
	QL	******	*****		*****	*****	******			a service a freeder	

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

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITOR	ED LOCATION:							
NJ0005622	MonthDayYear612008ToMonthDayYear6302008	481A – SW Outfa	all 481A							
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038	REPORT RECIP PSEG NUCLEAR LL PO BOX 236/N21 HANCOCKS BRIDG	C							
	REGION / COUNTY: Southern / Salem C	County								
CHECK IF APPICABLE:	CHECK IF APPICABLE: No Discharge this Monitoring Period Monitoring Report Comments Attached									
the certification or, in his absen the certification. Where the hig responsibility or person designa	test ranking official having day-to-day managerial and operational ce a person designated by that person. For a local agency, the high thest ranking operator does not have the ability to authorize capital ated by that person shall also sign the second certification at the bo atment works, the highest-ranking official of the contracted entity	nest ranking operator of th expenditures and hire per ttom of this page. If the lo	e treatment works shall sign sonnel, a person having that becal agency has contracted with							
that, based on my inquiry of the complete. I am aware that ther	at I have personally examined and am familiar with the informatic ose individuals immediately responsible for obtaining the informat re are significant penalties for submitting false information, includ New Jersey water Pollution Control Act provides for penalties up	ion, I believe that the infor ling the possibility of and	mation is true, accurate and							
Robert C. Braun,	Site Vice President - Salem		N/A							
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	OR GRADE AND REGI	STRY NUMBER (IF APPLICABLE)							
- Kc		07/24/2008	856-339-1998							
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER								
	hest-ranking operator does not have the ability to authorize capital expen shall sign the following certification:	ditures and hire personnel, a	person having that responsibility or							
I certify under penalty of law and i	n accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attached	ed discharge monitoring repo	rts.							

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

PERMIT NUMBER:	MON	- IITORED LÓCA	 TION' I	MONITOF	RING PERIOD:	FACILITY N	ΔΜΕ·				F146 Ŧ		
NJ0005622		SW Outfall 48			O 6/30/2008	- <u>-</u>							
PARAMETER	$\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{$	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNIŢS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE		
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	486	493		*****	*****	*****		0	IDAY	CALCID		
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	******	******	*****		1/Day	CALCTD		
рН	SAMPLE		*****		7.5	1944-2014 Constant Sol (2019)	7.7		0	I/WEEK	GRAB		
00400 1 Effluent Gross Value	PERMIT. REQUIREMENT	•••••		•••••	6.0 01DAMN	477444	9.0 01DAMX	su		1/Week	GRAB		
рН	SAMPLE MEASUREMENT	******* ·	*****		7.8.	******	1.9		0	IWEEK	GLAB		
00400 7 Intake From Stream		******	******		REPORT 01DAMN	*****	REPORT 01DAMX	SU		1/Week	GRAB		
LC50 Statre 96hr Acu Cyprinodon	SAMPLE	*****	*****	<u>*</u>	CODE=N	*****	*****		0	CODE:N	CODE=N		
TAN6A 1 Effluent Gross Value	PERMIT	*****	*****	•••••	50 01DAMN	******	******	%EFFL		2/Year	COMPOS		
Chlorine Produced Oxidants		*****	******		*****	CODE=N	CODE=N		6	CODE=N	CODE=N		
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT		******	******	******	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB		
Option 1 Chlorine Produced Oxidants		*****	******		******	20,1	LO.]	· · · · · · · · · · · · · · · · · · ·	0	3/WEEX	GRAB		
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	•••••••	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB		
Option 2	QL	*****	*****		*****	******	******		and the second	and the second se	مى يەن ئۇر يېنىڭ ئەنتەر بىلەر يېزىكى ئېرى		

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.

PERMIT NUMBER:	MON	ITORED LOCA	ATION:	MONITOR	ING PERIOD:	FACILITY	-	· · · .		······ .	
NJ0005622	481A	SW Outfall 48	B1A	6/1/2008 T	6/1/2008 TO 6/30/2008 PSEG NUCLEAR LLC SALE			EM GEN	IERA	TIP	· .
PARAMETER		QUANTITY	OR LOADING	UNITS	UNITS QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	***** .	*****		*****	33.1	37.1		0	1/DAY	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT				******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	QL	*****	*****		\$*****	******	*****				Sugar -
Lab Certification #	SAMPLE MEASUREMENT	11327	17451		PA146	· .					
99999 99	PERMIT	REPORT	REPORT		REPORT	REPORT	REPORT			Not Applic	NOT AP
Lab	REQUIREMENT	Lab #	Lab #		Lab #	Lab #	Lab #				
	QL	******	******		******	*****			Starting .	A MARTIN AND AND	de 12 de como
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Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

Pre-Print Creation Date: 4/1/2008

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORI	NG PERIOD	MONITO	RED LOCATION:
NJ0005622	MonthDayYear612008	Го <mark>Month Day Year</mark> 6 <u>30</u> 2008	482A – SW Out	fall 482A
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	PSEG NUCLI GENERATIN ALLOWAY C	N OF ACTIVITY: EAR LLC SALEM G STATION CREEK NECK RD BRIDGE, NJ 08038	REPORT RECH PSEG NUCLEAR LI PO BOX 236/N21 HANCOCKS BRIDO	LC
	REGION	V / COUNTY: Southern / Salen	County	
CHECK IF APPICABLE:	No Discharge this Mon	itoring Period] Monitoring Report Com	ments Attached
the certification or, in his absen the certification. Where the hig responsibility or person designa another entity to operate the tree I certify under penalty of law th that, based on my inquiry of the complete. I am aware that ther	est ranking official having day-to ce a person designated by that per hest ranking operator does not ha ted by that person shall also sign atment works, the highest-ranking at I have personally examined an use individuals immediately respondent e are significant penalties for sub New Jersey water Pollution Cont	rson. For a local agency, the h twe the ability to authorize capi the second certification at the g official of the contracted entite d am familiar with the information possible for obtaining the information, incl	ghest ranking operator of the al expenditures and hire per- pottom of this page. If the y shall sign the certification tion submitted in this docum- ation, I believe that the info- uding the possibility of and	he treatment works shall sign rsonnel, a person having that local agency has contracted with n. ment and all attachments, and ormation is true, accurate and d/or imprisonment, pursuant
Robert C. Braun,	Site Vice President - Salem			N/A
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZE	D AGENT, OR *LICENSED OPERA	FOR GRADE AND REC 07/24/2008	GISTRY NUMBER (IF APPLICABLE) 856-339-1998
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGE	NT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
	nest-ranking operator does not have hall sign the following certification:		enditures and hire personnel,	a person having that responsibility or
I certify under penalty of law and i	n accordance with N.J.S.A. 58:10A-	6F(5) that I have reviewed the atta	ched discharge monitoring rep	oorts.
N/A		<u>N/A</u>	<u>N/A</u>	N/A

NAME AND TITLE

DATE

NJ0005622	482A	SW Outfall 48	2A 6	/1/2008 T	O 6/30/2008	PSEG NUCL	EAR LLC SAL	EM GEN	ERA		
PARAMETER		QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTE	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	448	454		*****	*****	*****	· · ·	0	1/DAY	CALCOD
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	******	*****	*****		1/Day	CALCTD
pH	SAMPLE MEASUREMENT	*****	*****	· 	7,4	*****	7.8		0	1/WEEK	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	******	6.0 01DAMN	******	9.0 01DAMX	SU		1/Week	GRAB
рН	QL SAMPLE MEASUREMENT	******	*****		 7.8	******	7.9		0	I/WEEK	GLAB
00400 7 Intake From Stream	PERMIT REQUIREMENT		*****	*****	REPORT 01DAMN		REPORT 01DAMX	SU		1/Week	GRAB
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	· *****	*****		CODE=N	*****	*****		0	CODEN	CODE=N
TAN6A 1 Effluent Gross Value	PERMIT	*****	******	****	50 01DAMN	******	******	%EFFL		2/Year	COMPOS
Chlorine Produced Oxidants	QL SAMPLE MEASUREMENT	******	*****	Allow a second sec	*****	CIDE=N	CIDE=N		0	CODE=N	CODE-N
CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	****	******	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1 Chlorine Produced Oxidants	SAMPLE MEASUREMENT	******	******		*****	······ ۲. ۵. ۱	LO.1		0	3/WEEK	ORAB.
*CPOX_1 Effluent Gross Value	PERMIT REQUIREMENT.	******	******	•••••	******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	QL	*****		2	******	*****	******				

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. .

PERMIT NUMBER:	MON	ITORED LOCA	TION: N	IONITOR	ING PERIOD:	FACILITY NAME:						
NJ0005622	482 A	SW Outfall 48	2A 6	/1/2008 T	O 6/30/2008	PSEG NUC	LEAR LLC SAL	EM GEN	IERA	TIP		
PARAMETER	\searrow	QUANTITY	OR LOADING	UNITS	QUAL	TY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	33.4	36.8		Ò	1DAY	CONTIN	
00010 1 Effluent Gross Value			******	****	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN	
Lab Certification #	QL	******	*******		*******	******	*****					
Lab Certification #	SAMPLE MEASUREMENT	17327	11451		PA146	•						
99999 99 Lab		REPORT	REPORT Lab:#		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP	
	QL	******	******		*****	******* 			5 .5.7	a de la cara		
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Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

Pre-Print Creation Date: 4/1/2008

Page 2 of 2

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	MonthDayYear612008ToMonthDayYear6302008	483A – SW Outfall 483A
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038	REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038
	REGION / COUNTY: Southern / Salem C	Jounty
CHECK IF APPICABLE:	No Discharge this Monitoring Period	Monitoring Report Comments Attached
the certification or, in his absen the certification. Where the hig responsibility or person designa	test ranking official having day-to-day managerial and operational ce a person designated by that person. For a local agency, the high thest ranking operator does not have the ability to authorize capital ted by that person shall also sign the second certification at the boy atment works, the highest-ranking official of the contracted entity s	nest ranking operator of the treatment works shall sign expenditures and hire personnel, a person having that ttom of this page. If the local agency has contracted with
that, based on my inquiry of the complete. I am aware that ther	at I have personally examined and am familiar with the information ose individuals immediately responsible for obtaining the informat re are significant penalties for submitting false information, includ New Jersey water Pollution Control Act provides for penalties up	ion, I believe that the information is true, accurate and ing the possibility of and/or imprisonment, pursuant
Robert C. Braun,	Site Vice President - Salem	N/A
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	OR GRADE AND REGISTRY NUMBER (IF APPLICABLE) 07/24/2008 856-339-1998
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER
	hest-ranking operator does not have the ability to authorize capital expen shall sign the following certification:	ditures and hire personnel, a person having that responsibility o

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

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

	-			0.00		51 000000000000000000000000000000000000				· .	FICOTI
PERMIT NUMBER: NJ0005622		SW Outfall 48	· · · · ·		RING PERIOD: 10 6/30/2008	FACILITY N	AME: EAR LLC SAL				
1400003022			5A 0.	1/2000 1	0 0/30/2008	FSEGNOCE	EAN LLC SAL		ICHA	I (r	
PARAMETER		QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNIŢS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	469	414		*****	*****	*****		0	1/DAY	CALOTO
50050 1 Effluent Gross Value		REPORT 01MOAV	REPORT 01DAMX	MGD	*****	******	*****	*****		i/Day	CALCTD
pH	SAMPLE	*****	****		7.5	· · · · · · · · · · · · · · · · · · ·	7.7		0	1/WEEK	GRAPS
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	**************************************	*****		6.0 01DAMN	******	9.0 01DAMX	SU		1/Week	GRAB
	QL	*****	*****		*****	*****				are in the second	and a strength
рH	SAMPLE MEASUREMENT	*****	*****		7.8	*****	7.9		Ũ	1/WEEK_	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	*****	******	*****	REPORT 01DAMN	******	REPORT 01DAMX	SU		1/Week	GRAB
	QL	*****	*****		*****	*****	*****				Sector Marganet
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	******	. ****		. *****	CODE=N	CODE=N		0	CODE=N	CODE=N
*CPOX_1 Effluent Gross Value	PERMIT	******	*****	*****	******	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	QL	*****	*****		*****	*****	****				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****	: : :	*****	20.1	20.1		0	3/WEEK	BRAB
*CPOX 1	PERMIT	******	******	*****	******	REPORT	0.2	MG/L		3/Week	GRAB
Effluent Gross Value Option 2		******	*****			01MOAV	01DAMX			and a second second	
Temperature,							mail		 	1.1.	11
oC	SAMPLE MEASUREMENT	*****	*****		*****	33.2	36.4		Ø	'IDAY	CONTIN
00010 1 Effluent Gross Value		(M	******	*****	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Endent Gross value	QL	*****	Attest			******	****** (1.00770107-1-00500			June Sciences	المراجعة ال والمراجعة المراجعة ال

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

PERMIT NUMBER:	MON	ITORED LOCA	TION:	MONITORI	NG PERIOD:	FACILITY N	AME:				FI 40014
NJ0005622		SW Outfall 48			O 6/30/2008	PSEG NUCLEAR LLC SALEM GI			ERA	· . ·	
PARAMETER		QUANTITY (DR LOADING	UNITS	QUALI	Y OR CONCENTRATION		UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
ab Certification #	SAMPLE MEASUREMENT	19329	14451		PA166						· · · · · ·
9999 99	PERMIT REQUIREMENT	REPORT	REPORT Lab #		REPORT Lab #	REPORT	REPORT			Not Applic	NOT AP
ab	QL	4****** ******	****** ******		Lao #	Lab #.	Lab #		articulous		
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Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	MonthDayYear612008ToMonthDayYear6302008	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/N21 HANCOCKS BRIDGE, NJ 08038
	REGION / COUNTY: Southern / Salem (County
CHECK IF APPICABLE:	No Discharge this Monitoring Period	Monitoring Report Comments Attached
the certification or, in his absen the certification. Where the hig responsibility or person designa	est ranking official having day-to-day managerial and operational ce a person designated by that person. For a local agency, the high hest ranking operator does not have the ability to authorize capital ted by that person shall also sign the second certification at the bo atment works, the highest-ranking official of the contracted entity	hest ranking operator of the treatment works shall sign expenditures and hire personnel, a person having that ttom of this page. If the local agency has contracted with
that, based on my inquiry of the complete. I am aware that then	at I have personally examined and am familiar with the information ose individuals immediately responsible for obtaining the information re are significant penalties for submitting false information, include New Jersey water Pollution Control Act provides for penalties up	ion, I believe that the information is true, accurate and ling the possibility of and/or imprisonment, pursuant
Robert C. Braun,	Site Vice President - Salem	<u>N/A</u>
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	OR GRADE AND REGISTRY NUMBER (IF APPLICABLE)

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.

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

	.							·			F14001
PERMIT NUMBER:	MON	ITORED LOCA	TION:	MONITOR	RING PERIOD:	FACILITY N	AME:				
NJ0005622	484A	SW Outfall 484	1A 6	5/1/2008 T	O 6/30/2008	PSEG NUCL	EAR LLC SAL	EM GEN	ERA	TIN	
PARAMETER	$\mathbf{\mathbf{X}}$	QUANTITY (DR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	540	545		*****	*****	*****		0	1/DAY	CALCOD
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	*****	******	******		1/Day	CALCTD
	QL	*****	*****		*****	*****	******				and the second
pH	SAMPLE	*****	*****	· · ·	7.4	******	7.6	· .	0	1/Week	- GRAB
00400 1 Effluent Gross Value		******	******	•••••	6:0 01DAMN	******	9.0 01DAMX	SU		1/Week	GRAB
pH	SAMPLE	*****	*****		7-8	· · · · · · · · · · · · · · · · · · · ·	7.9		Ü	1/WEEK	GTRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	******	******		REPORT 01DAMN	A113413	REPORT 01DAMX	su		1/Week	GRAB
	QL	*****	******		*****	******	****** 				
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****		CODE=N	*****	*****		0	CODE-N	CODE=N
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT		*****	*****	50 01DAMN	******	******	%EFFL		2/Year	COMPOS
	QL	******	******		*****	******* 2010 - 2010 - 2010 - 10	******		Star 1	Second States	and the second second
Chlorine Produced	SAMPLE MEASUREMENT	*****	*****	÷	*****	CODE=N.	CODE=N		0	CODE=W	CODE=W
*CPOX 1	PERMIT	an Maria		•••••		0.3	0.5	MG/L		3/Week	GRAB
Effluent Gross Value	REQUIREMENT	*****			*****	01MOAV	01DAMX				
Option 1	QL	*****	******		*****	******	******		1.22		and the second second
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	20.1	20.1		0	3/WEEK	GRAB
*CPOX 1	PERMIT			*****	******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Effluent Gross Value Option 2	QL	*****	*****		****** ******	******	******* *******			and the second	

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

<u>PERMIT NUMBER:</u> NJ0005622	<u>MONITORED LOCATION:</u> <u>MO</u> 484A SW Outfall 484A 6/1			////2008 T			PSEG NUCLEAR LLC SALEM GENERAT			TIŃ		
PARAMETER		QUANTITY	OR LOADING	UNITS	QUALIT	ITY OR CONCENTRATION		UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	33.1	39.1		Ø	1/DAY	CONTIN	
00010 1 Effluent Gross Value	PERMIT REQUIREMENT		******			REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN	
· · · ·	QL	******	*****	· · ·	******	******	*****			iusies verst	9 - S. S.	
Lab Certification #	SAMPLE MEASUREMENT	17357	11451		PA166		· · ·	-				
99999 99 _ab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	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.

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Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITO	RED LOCATION:
NJ0005622	Month Day Year 6 1 2008 To Month Day Year 6 30 2008 State State	485A – SW Out	
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038	REPORT RECH PSEG NUCLEAR LI PO BOX 236/N21 HANCOCKS BRIDC	.C
	REGION / COUNTY: Southern / Salem (County	
CHECK IF APPICABLE:	No Discharge this Monitoring Period	Monitoring Report Com	ments Attached
the certification or, in his absen the certification. Where the hig responsibility or person designa another entity to operate the tre I certify under penalty of law th that, based on my inquiry of the complete. I am aware that then	hest ranking official having day-to-day managerial and operational ace a person designated by that person. For a local agency, the high ghest ranking operator does not have the ability to authorize capital ated by that person shall also sign the second certification at the bo eatment works, the highest-ranking official of the contracted entity that I have personally examined and am familiar with the information ose individuals immediately responsible for obtaining the information re are significant penalties for submitting false information, include New Jersey water Pollution Control Act provides for penalties up	hest ranking operator of the l expenditures and hire pe- ottom of this page. If the l shall sign the certification on submitted in this docur- tion, I believe that the info- ding the possibility of and	ne treatment works shall sign rsonnel, a person having that ocal agency has contracted with n. nent and all attachments, and prmation is true, accurate and
Robert C. Braun,	Site Vice President - Salem		<u>N/A</u>
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	OR GRADE AND REG 07/24/2008	ISTRY NUMBER (IF APPLICABLE) 856-339-1998
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	07/24/2008 DATE	AREA CODE/PHONE NUMBER
*For a local agency where the hig person designated by that person	hest-ranking operator does not have the ability to authorize capital expen shall sign the following certification:	ditures and hire personnel, a	a person having that responsibility or
l certify under penalty of law and i	in accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attach-	ed discharge monitoring rep	orts.
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

NAME AND TITLE SIGNATURE DATE AREA CODE/PHONE NUMBER

	-		ing nepor								PI 46814
PERMIT NUMBER:	MON	ITORED LOCA	<u>TION: [</u>	MONITOF	RING PERIOD:	FACILITY N	AME:				
NJ0005622	485A	SW Outfall 48	5A 6	5/1/2008 T	TO 6/30/2008	PSEG NUCL	EAR LLC SAL	EM GEN	IERA'	41T	
PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	482	494		*****	*****	*****		0	1/Pay	CALCTP
50050 1 Effluent Gross Value		REPORT 01MOAV	REPORT 01DAMX	MGD	*****	******	******	*****		1/Day	CALCTD
рН	SAMPLE MEASUREMENT	*****	****		7.4	******	7.6		0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	•••••	******	******	6.0 01DAMN	*****	9.0 01DAMX	SU		1/Week	GRAB
Hq	QL	******	******		******	*****	*****			. Selation	
	SAMPLE MEASUREMENT	*****	*****		7.8	*****	7.9		0	1/week	GRAB
00400 7 Intake From Stream		*****	******	•••••	REPORT 01DAMN	*****	REPORT 01DAMX	SU		1/Week	GRAB
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****		CODE=N	*****	*****	·	0	CONE=N	CODE=N
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******		50 01DAMN	******	******	%EFFL		2/Year	COMPOS
Chlorine Produced	QL	******	*****		*****	*****	******				and an and a sub-
Oxidants	SAMPLE . MEASUREMENT	*****	*****		*****	CODE=N	CODE= N		0	CODE= N	CODEEN
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT					0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	QL	*****	******	· · ·	*****	*****	******		1. AN		States - Real States
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	20.1	<0.1		0	3/week	· · · · · · · · · · · · · · · · · · ·
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT		******	******		REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	QL	*****	*****		*****	*****	*****				and a second second

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall. 1.14

PERMIT NUMBER:	MON	IITORED LOCA	TION: A	NONITOF	RING PERIOD:	FACILITY I	VAME:		•		
NJ0005622	485A	SW Outfall 48	5A 6	/1/2008 1	O 6/30/2008	PSEG NUC	LEAR LLC SAL	EM GEN	IERA	ТІР	· ·
PARAMETER		QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****	· · ·	*****	33. J	38.5		0	1/DAY	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	•••••		*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	QL	****** 	*****	.	4499444 4	****** 	*******	·			
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA166						
99999 99 Lab		REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	*****	*****		******	*****	*****		and all a		

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	MONITOF	RED LOCATION:
NJ0005622	Month Day Year 6 1 2008 To Month Day Year 6 30 2008 To 1	486A – SW Outf	
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 RECH PSEG NUCLEAR LI PO BOX 236/N21 HANCOCKS BRIDC	.C
	REGION / COUNTY: Southern / Salem	County	
CHECK IF APPICABLE:	No Discharge this Monitoring Period	Monitoring Report Com	ments Attached
the certification or, in his absen the certification. Where the hig responsibility or person designa	est ranking official having day-to-day managerial and operational ce a person designated by that person. For a local agency, the hig hest ranking operator does not have the ability to authorize capital ted by that person shall also sign the second certification at the bo atment works, the highest-ranking official of the contracted entity	hest ranking operator of the expenditures and hire pe ttom of this page. If the l	ne treatment works shall sign rsonnel, a person having that ocal agency has contracted with
that, based on my inquiry of the complete. I am aware that there	at I have personally examined and am familiar with the information ose individuals immediately responsible for obtaining the information re are significant penalties for submitting false information, include New Jersey water Pollution Control Act provides for penalties up	ion, I believe that the info ling the possibility of and	ormation is true, accurate and
Robert C. Braun,	Site Vice President - Salem		<u>N/A</u>
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	OR GRADE AND REG	ISTRY NUMBER (IF APPLICABLE)
1/2c		07/24/2008_	856-339-1998
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER

*For a local agency where the 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.

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

PERMIT NUMBER:	MON	TORED LOCA	TION:	MONITOF	RING PERIOD:	FACILITY NA	AME:					
NJ0005622	. 486 A	SW Outfall 48	6 A	6/1/2008 T	O 6/30/2008	PSEG NUCL	EAR LLC SAL					
PARAMETER	QUANTITY OR LOADING		UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE		
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	449	449		*****	*****	*****		0	1/DAY	CALCTO	
0050 1 ffluent Gross Value	PERMIT. REQUIREMENT:	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	******	••••••	*****		1/Day	CALCTD	
ы.	QL	*****	*****		******	******	******				<u>(1997)</u>	
•••	SAMPLE MEASUREMENT	*****	*****		7.5	*****	7.6		0	WEEK	GRAIS	
0400 1 Iffluent Gross Value	PERMIT	*****	******	•••••	6.0 01DAMN	******	9.0 01DAMX	SU		1/Week	GRAB	
H	QL SAMPLE MEASUREMENT	*****	*****		1.8	****** *****	7.9		0	1/week	GRAB	
00400 7 ntake From Stream	PERMIT	******	******	•••••••	REPORT 01DAMN	*****	REPORT 01DAMX	SU		1/Week	GRAB	
Chlorine Produced		*****	******		******		******			1	M. C	
Dxidants	SAMPLE MEASUREMENT	*****	*****	· · ·	*****	CODE=N	CODE=N		0	CODE-N	CODE=1	
CPOX 1 Effluent Gross Value	PERMIT REGUIREMENT	•••••	******	•••••	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB	
Option 1	QL	****** 	*****	<u>.</u>	*****	*****	*****			ences in the	CALL AND AND	
Chlorine Produced	SAMPLE MEASUREMENT	*****	*****		*****	60.1	20.1		0	3/WEEK	GR4B	
CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	•••••	******	•••••	******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB	
Option 2	QL	*****	******		******	******	******			e ang the entry		
emperature,	SAMPLE MEASUREMENT	• **** *	*****		*****	33.2	37.5		0	1/DAY	CONTIN	
0010_1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN	
	QL.	*****	******		taites	*****	*****			South and the second	a se al ser a se	

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

PERMIT NUMBER: NJ0005622	ITORED LOCA SW Outfall 48			ING PERIOD: O 6/30/2008	FACILITY N PSEG NUC						
PARAMETER			OR LOADING				UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Lab Certification #	SAMPLE MEASUREMENT	19327	19451		PA166						· · · · · · · · · · · · · · · · · · ·
99999 99	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
_ab	QL	*****	******		******	******	*****		and a second	A. P. Land Str. 184	
	a da anti-		•								
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بر بر				. · · .							· · ·
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	• . •								· <u>·</u> ·····		<u>.</u>
Comments: Any questions in	n regards to th	ne monitoring repor	t form can be directe	ed to S. Ros	enwinkel of the BPSF	? - Region 2 at (60	9)292-4860.		•		

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Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITOR	ED LOCATION:						
NJ0005622	MonthDayYear612008ToMonthDayYear6302008	487B – SW Outfa	all 487B						
PERMITTEE:LOCATION OF ACTIVITY:REPORT RECIPIENT:PSE&G NUCLEAR LLCPSEG NUCLEAR LLCSALEMPSEG NUCLEAR LLC80 PARK PLAZAGENERATING STATIONPO BOX 236/N21NEWARK, NJ 07101ALLOWAY CREEK NECK RDHANCOCKS BRIDGE, NJ 08038									
	REGION / COUNTY: Southern / Salem (County							
CHECK IF APPICABLE:	nents Attached								
the certification or, in his absen the certification. Where the hig responsibility or person designa another entity to operate the tre I certify under penalty of law th that, based on my inquiry of the complete. I am aware that ther	est ranking official having day-to-day managerial and operational ce a person designated by that person. For a local agency, the high hest ranking operator does not have the ability to authorize capital ted by that person shall also sign the second certification at the bo atment works, the highest-ranking official of the contracted entity at I have personally examined and am familiar with the information ose individuals immediately responsible for obtaining the information e are significant penalties for submitting false information, include New Jersey water Pollution Control Act provides for penalties up	hest ranking operator of the expenditures and hire per ttom of this page. If the lo shall sign the certification on submitted in this docum ion, I believe that the info ling the possibility of and	e treatment works shall sign sonnel, a person having that ocal agency has contracted with nent and all attachments, and rmation is true, accurate and						
Robert C. Braun,	Site Vice President - Salem		<u>N/A</u>						
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	OR GRADE AND REG	ISTRY NUMBER (IF APPLICABLE)						
		07/24/2008	856-339-1998						
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER						
	hest-ranking operator does not have the ability to authorize capital exper shall sign the following certification:	nditures and hire personnel, c	n person having (hat responsibility or						
I certify under penalty of law and i	n accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attach	ed discharge monitoring repo	orts.						

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

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	MonthDayYear612008To6302008	489A – SW Outfall 489A
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038	REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038
	REGION / COUNTY: Southern / Salem (County
CHECK IF APPICABLE:	No Discharge this Monitoring Period	Monitoring Report Comments Attached
the certification or, in his absence the certification. Where the high responsibility or person designate another entity to operate the treat	est ranking official having day-to-day managerial and operational be a person designated by that person. For a local agency, the high nest ranking operator does not have the ability to authorize capital bed by that person shall also sign the second certification at the bo the thrent works, the highest-ranking official of the contracted entity at I have personally examined and am familiar with the information	hest ranking operator of the treatment works shall sign expenditures and hire personnel, a person having that ttom of this page. If the local agency has contracted with shall sign the certification.
that, based on my inquiry of tho complete. I am aware that there	se individuals immediately responsible for obtaining the informat e are significant penalties for submitting false information, include New Jersey water Pollution Control Act provides for penalties up	ion, I believe that the information is true, accurate and ling the possibility of and/or imprisonment, pursuant
Robert C. Braun, S	Site Vice President - Salem	<u>N/A</u>
NAME AND TITLE OF PRINCIPAL F	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	OR GRADE AND REGISTRY NUMBER (IF APPLICABLE) 07/24/2008 856-339-1998
SIGNATURE OF PRINCIPAL EXECU	TIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER
*For a local agency where the high person designated by that person s	est-ranking operator does not have the ability to authorize capital expen hall sign the following certification:	nditures and hire personnel, a person having that responsibility o

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

	- - -	,								· .	- FI 46と、3
PERMIT NUMBER:		ITORED LOCA			NG PERIOD:	FACILITY N					
NJ0005622	489A	SW Outfall 48	9A 6	5/1/2008 T	O 6/30/2008	PSEG NUCL	EAR LLC SAL	EM GEN	IERA	41T	
PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.0304	0.6304		*****	*****	*****		0	[[MENTH	CALOT
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	******	******	*** **		1/Month	CALCTD
	OL	******	*****	š	*****	*****	*****		18.53	2. 2. 1	
pH	SAMPLE MEASUREMENT	*****	*****		7.5		1.5		0	1/MONTH	GRAB
00400 1 Effluent Gross Value	PERMIT	**************************************	******	******	6.0 01DAMN		9:0- 01DAMX	SU		1/Month	GRAB
	QL	*****	*****		*****	******	*****			-	
Solids, Total	SAMPLE MEASUREMENT	******	*****		6	6	*****		0	I MINTH	GRAB
00530 1 Effluent Gross Value	PERMIT	•••••			100 01DAMX	30 01MOAV	******	MG/L		1/Month	GRAB
	QL	*****	******	<u> </u>	******	*****	******				e telesser
Petroleum Hydrocarbons	SAMPLE MEASUREMENT	*****	*****		*****	25	25		0	1/MONTH	GRAB
00551 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******		******	10 01MOAV	15 01DAMX	MG/L		1/Month	GRAB
	QL	*****	******	2 2	******	******	*****		a.e.		
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	*****		*****	3	3		0	MONTH	CORALS
00680 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******		******	REPORT 01MOAV	50 01DAMX	MG/L		1/Month	GRAB
	QL	******	*****		*****	*****	****** 19		2.025		alerten sekset die seksetten
Lab Certification #	SAMPLE MEASUREMENT	19327	17451		PA166					· · .	
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
κ.	QL	*****	******		******	******	******		and set of	a statistica and the	and Karry and an

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

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