PSEG Nuclear LLC P.O. Box 236, Hancocks Bridge, NJ 08038-0236

AUG 1 5 2008



HCH-2008-114

CERTIFIED MAIL RETURN RECEIPT REQUESTED ARTICLE NUMBER: 7006 0100 0004 0657 6446

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 July 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

Attachments

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

EXPLANATION OF CONDITIONS

July 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

July 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.
- 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.

George P. Barnes Site Vice President – Hope Creek

Sworn and subscribed before me this $\cancel{5}$ day of August 2008.

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

New Jersey Department of Environmental Protection Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	I	MONITORING I	PERIOD		MONITOI	RED LOCATION:
NJ0025411	Month Day 7 1	Year N 2008 To	Ionth Day Yea 7 31 2008	1401	A - DSN 461.	A - dsw
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236-N21 - ALLOWA RD HANCOCKS BRIDGE, NJ 080 CHECK IF APPLICABLE:	038 REGIO	HOPE CREEK G ARTIFICIAL ISL FOOT OF BUTT	ONWOOD RD /AYS CREEK, NJ 0803 nern / Salem County	8 8 	REPORT RE PSE&G THTANY BABA P.O. BOX 236 / HANCOCKS BR	H15 IDGE, NJ 08038
WHO MUST SIGN The highest the certification or, in his absence the certification. Where the highe reponsibility or person designated another entity to operate the treatin I certify under penalty of law that that, based on my inquiry of those	a person designat st ranking operato l by that person sh nent works, the hi t I have personall	ed by that person. For r does not have the ab all also sign the secon ghest-ranking official y examined and am fa	a local agency, the high ility to authorize capital d certification at the boo of the contracted entity amiliar with the information	hest rankir expenditu ttom of thi shall sign ation subm	ig operator of the tr ires and hire person s page. If the local the certification. hitted in this docum	eatment works shall sign anel, a person having that agency has contracted with ent and all attachments, and
complete. I am aware that there is to N.J.A.C. 7:14A-6.9(B). The N George P. Barnes, S	are significant per ew Jersey Water F	alties for submitting Pollution Control Act	false information, inclue provides for penalties u	ding the p	ossibility of fine an 00 per violation.	
NAME AND TITLE OF PRINCIPAL E	EXECUTIVE OFFIC			RATOR	and the second s	TRY NUMBER (IF APPLICABLE) 856-339-1952
SIGNATURE OF PRINCIPAL EXECU	TIVE OFFICER, A	UTHORIZED AGENT, O	R *LICENSED OPERATO	R	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the highe person designated by that person sha	ll sign the following	certification:			-	•
I certify under penalty of law and in a N/A	accordance with N.J.	.S.A. 58:10A-6F(5) that N/A	I have received and reviev	ved the atta	ched discharge monit N/A	oring reports. N/A
NAME AND TITLE		SIGNATURE	· · · ·		DATE	AREA CODE/PHONE NUMBER

Surface water Discharge Monitoring Report

PERMIT NUMBER:	MONITORED LOCATION: MONITORING PERIOD:					FACILITY NAME:					
NJ0025411	461A	461A DSN 461A - dsw			0 7/31/2008	HOPE CREEK GENERATING STATION					
PARAMETER	QUANTITY OR LOADING		OR LOADING	UNITS	QUALITY OR CONCENTRATION		UNITS	NO. EX.	. ANALYSIS	SAMPLE TYPE	
Flow, In Conduit or Fhru Treatment Plant	SAMPLE MEASUREMENT	54.393	56.765		*****	*****	*****		0	continuous	meter
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****		228422 	******		Continuous	METER
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	69.689	71.042		****	****	*****		0	continuous	meter
50050 7 ntake From Stream	PERMIT REQUIREMENT QL	REPORT 01MOAV	REPORT 01DAMX	MGD	******	******	******	*****		Continuous	METER
H	SAMPLE	****	****		8.5	****	8.6		0.	lweek	Grab
00400 1 Effluent Gross Value	PERMIT REQUIREMENT QL	*****	******	******	6.0 01DAMN	******	9.0 01DAMX	SU		1/Week	GRAB
Chlorine Produced Dxidants	SAMPLE MEASUREMENT	*****	*****		*****	< 0. j	٤0.1	<u> </u>	0	continuous	Grab
CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT RQL	******	*****	******	******	0.2 01MOAV 0.1	0.5 01DAMX 0.1	MG/L		Continuous	GRAB
Temperature,	SAMPLE	*****	*****		*****	32.9	35.0		,0	continuous	Meter
00010 1 Effluent Gross Value	PERMIT REQUIREMENT.	*****	*****	******	*****	REPORT 01MOAV	36.2 01DAMX	DEG.C		Continuous	METER
emperature, C	SAMPLE	*****	*****		*****	27.5	28.4		0	continuous	Meter
0010 7 ntake From Stream	PERMIT	******	******	******	*****	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".

PI 43815

Surface water Discharge Monitoring Report

QL

PERMIT NUMBER:	MON	ITORED LOCA	TION: <u>N</u>	IONITOR	NING PERIOD:	FACILITY N	AME:		•	<u></u>			
NJ0025411	461A	A DSN 461A - dsw 7/1/2008 TO 7/31/2008 HO					HOPE CREEK GENERATING STATION						
PARAMETER		QUANTITY (DR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE		
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	****	*****		*****	1	l l	: . 	0	1mointh.	Grab		
00680 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	******	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	GRAB		
Carbon, Tot Organic (TOC)	SAMPLE	*****	*****		*****	1	1		0	month	Calctd		
00680 2 Effluent Net Value		******	*****	*****	******	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	CALCTD		
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	*****		*****	< 1	< 1		0	Ymonth	Grab		
00680 7 Intake From Stream		*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	GRAB		
Heat (summer) (per Hr.)	SAMPLE	182	235	<u>_</u>	*****	*****	*****		0	10ay	Calctd		
81386 1 Effluent Gross Value	PERMIT	REPORT 01MOAV	534 01DAMX	MBTU/HR	*****	*****	*****	*****		1/Day	CALCTD		
Lab Certification #	GL SAMPLE MEASUREMENT	17451	PA166										
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".

PI 43815

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 7 1 2008 To 7 31 2008	461C - DSN 461C - DSW internal
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 THFFANY BABAN, ERIN WEST P.O. BOX 236 / H15 HANCOCKS BRIDGE, NJ 08038 Report Comments Attached
the certification or, in his absence the certification. Where the highe reponsibility or person designated	t ranking official having day-to-day managerial and operational response a person designated by that person. For a local agency, the highest r est ranking operator does not have the ability to authorize capital expect by that person shall also sign the second certification at the bottom ment works, the highest-ranking official of the contracted entity shall	anking 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
that, based on my inquiry of thos complete. I am aware that there	It I have personally examined and am familiar with the information be individuals immediately responsible for obtaining the information are significant penalties for submitting false information, including lew Jersey Water Pollution Control Act provides for penalties up to \$	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
NAME AND TITLE OF PRINCIPAL I	executive officer, authorized agent, or *licensed operato P . $Baunu$	RGRADE AND REGISTRY NUMBER (IF APPLICABLE) $\mathcal{O}/15/08$ 856-339-1952
	JTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER
*For a local agency where the high person designated by that person sha	est ranking operator does not have the ability to authorize capital expendit	
NAME AND TITLE	SIGNATURE	DATE AREA CODE/PHONE NUMBER

Surrace water	บเรตาลเล		ιις περοιι	a goa					÷		PI 45815
PERMIT NUMBER:	MON	TORED LOCA	TION: N	MONITOF	RING PERIOD:	FACILITY N	AME:	t de tra			
NJ0025411	461C	DSN 461C - D	SW intern: 7	/1/2008 1	FO 7/31/2008	HOPE CREI	EK GENERATII		ION		· · ·
PARAMETER	$\mathbf{\mathbf{X}}$	QUANTITY (DR LOADING	UNITS	QUALI	TY OR CONCENT	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.025	0.070		*****	*****	*****		0	curtinuous	Meter
50050 1 Effluent Gross Value	PERMIT REQUIREMENT QL	REPORT 01MOAV	REPORT 01DAMX	MGD		449448. #24848	*****	******		Continuous	METER
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	****		*****	7	7		0	1/month	Compos
00530 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	******	3.8873.8 8+8.84	30 01MOAV	100 01DAMX *****	MG/L		1/Month	COMPOS
Petrol Hydrocarbons, Fotal Recoverable	SAMPLE MEASUREMENT	*****	****		*****	<5	<5		0	2/month	Grab
45501 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	******	*****	10 01MOAV	15 01DAMX	MG/L		2/Month	GRAB

REPORT

Lab #

Ý

REPORT

01MOAV

REPORT

Lab #

PA166

REPORT

Lab #

17451

REPORT

Lab #

QL

SAMPLE MEASUREMENT

PERMIT. REQUIREMENT

QL

SAMPLE MEASUREMENT

PERMIT REQUIREMENT

QL

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".

Carbon, Tot Organic

Effluent Gross Value

Lab Certification #

(TOC)

00680 1

99999 99

Lab

MG/L

0

1month

1/Month

Not Applic

Compos

COMPOS

NOT AP

4

50

01DAMX

REPORT

Lab #

New Jersey Department of Environmental Protection Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	Ν	IONITORING P	ERIOD		MO	NITORED L	OCATION:
NJ0025411	MonthDay71		onthDay731	Year 2008	462B - dsn	462B - dsw	v outfall
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236-N21 - ALLOWA RD HANCOCKS BRIDGE, NJ 086		LOCATION O HOPE CREEK GE ARTIFICIAL ISLA FOOT OF BUTTO LOWER ALLOWA	NERATING S AND NWOOD RD	TATION	PSE&G TIFFAN P.O. BOX	RT RECIPIE CBABAN (236 / H15 CKS BRIDGE, 1	IN WEST
	REGION	N / COUNTY: Southe	ern / Salem Co	ounty			
CHECK IF APPLICABLE:	No Discharg	e this Monitoring Pe	riod 🔲	Monitoring	Report Comme	rts Attached	· · · ·
WHO MUST SIGN The highest				, –			
the certification or, in his absence the certification. Where the higher reponsibility or person designated another entity to operate the treath I certify under penalty of law that that, based on my inquiry of thos complete. I am aware that there a to N.J.A.C. 7:14A-6.9(B). The N	st ranking operator by that person sha nent works, the hig t I have personally e individuals imme- are significant pena	does not have the abil ll also sign the second thest-ranking official of examined and am far ediately responsible for alties for submitting fa	ity to authoriz certification a of the contractent niliar with the or obtaining the use information	e capital exp t the bottom d entity shal information e information n, including	enditures and hir of this page. If t l sign the certific submitted in thi n, I believe that the possibility of	e personnel, a p he local agency ation. s document and the information f fine and/or im	erson having that has contracted with all attachments, and is true, accurate and
George P. Barnes, S	Site Vice Presid	lent – Hope Creel	K			N/A	
NAME AND TITLE OF PRINCIPAL E	XECUTIVE OFFICE	R, AUTHORIZED AGEN	T, OR *LICENS	ED OPERATO	DR GRADE AN	D REGISTRY NU	MBER (IF APPLICABLE)
_ perge P. 1.	amer			· · ·	8/15	108	856-339-1952
SIGNATURE OF PRINCIPAL EXECU	TIVE OFFICER, AU	THORIZED AGENT, OR	*LICENSED O	PERATOR	DATE	AREA	CODE/PHONE NUMBER
*For a local agency where the highe person designated by that person sha	st ranking operator i I sign the following c	does not have the ability sertification:	to authorize co	ipital expendii	tures and hire pers	onnel, a person h	naving that responsibility or
I certify under penalty of law and in a	ccordance with N.J.S	S.A. 58:10A-6F(5) that I	have received a	nd reviewed th	ne attached dischar	ge monitoring rep	orts.
N/A	".	N/A	. · · · · · · · · · · · · · · · · · · ·		N	I/A	N/A
NAME AND TITLE		SIGNATURE		· · · · · · · · · · · · · · · · · · ·	DATE	AREA	CODE/PHONE NUMBER

Surrace water Discharge Monitoring Report

PERMIT NUMBER: NJ0025411		ITORED LOCA		· · · · · · · · · · · · · · · · · · ·	RING PERIOD:	FACILITY N	······································					
	4026	462B dsn 462B - dsw outfall 7/1/2008 TO 7/31/2008 HOPE CREEK GENERATII						NO.	FREQ. OF	SAMPLE		
PARAMETER		QUANTITY		UNITS	QUALI			UNITS	EX.	ANALYSIS	TYPE	
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.019	0.047		*****	*****	*****		0	1044	meter	
50050 1 Effluent Gross Value		REPORT 01MOAV	REPORT 01DAMX	MGD	******	A12442	*****	*****		1/Day	METER	
BOD, 5-Day (20 oC)	SAMPLE	*****	*****		*****	298	298		0	Ymonth	Compos	
00310 G Raw Sew/influent	PERMIT REQUIREMENT	*****	*****	••••••••	******	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	COMPOS	
BOD, 5-Day (20 oC)	SAMPLE	2	2		*****	13	13		0	Imonth	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)	SAMPLE MEASUREMENT	*****	*****		95.7	****	*****		0	Ymonth	Calctd	
00310 K Percent Removal	PERMIT REQUIREMENT	******	******	******	87.5 01MOAVMN	****** ******	*****	PERCENT		1/Month	CALCTD	
Solids, Total Suspended	SAMPLE MEASUREMENT	****	*****		*****	271	271		0	Ymonth	Compos	
00530 G Raw Sew/influent				******	******	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	COMPOS	
Solids, Total Suspended	SAMPLE	*****	*****		*****	17	17		0	Imonth	Compos	
00530 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	******	******	30 01MOAV	45 01WKAV	MG/L		1/Month	COMPOS	
	QL	*****	****		******	*****	.A#2846					

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".

PI 46815

PERMIT NUMBER:	MON	ITORED LOCA	TION:	MONITOF	ONITORING PERIOD: FACILITY NAME:								
NJ0025411	462B	dsn 462B - ds	w outfall	7/1/2008 1	FO 7/31/2008	HOPE CREE	EK GENERATI	NG STAT	· · ·				
PARAMETER	$\mathbf{\mathbf{X}}$	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTF	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE		
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****		94	94	*****		0	1/month	Calcte		
00530 K Percent Removal	PERMIT REQUIREMENT	*****	*****	******	85 01MOAVMN	REPORT 01MOAV	******	PERCENT		1/Month	CALCTD		
Oil and Grease	SAMPLE MEASUREMENT	****	*****		*****	6	6		0	1/month	Greb		
00556 1 Effluent Gross Value		******	*****	*****	553155 553155	10 01MOAV	15 01DAMX	MG/L		1/Month	GRAB		
Coliform, Fecal General	SAMPLE	*****	*****		*****	< 10	<10		0	Ymonth	Grab		
74055 1 Effluent Gross Value		******	*****	******	5×55×61	200 01MOGE	400 01WKGE	#/100ML		1/Month	GRAB		
Lab Certification #	SAMPLE	17451	PA166		06005								
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".

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