

SCH08-092

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CERTIFIED MAIL RETURN RECEIPT REQUESTED ARTICLE NUMBER: 7008 1140 0004 6749 6946

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 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 Luis Cataldo (856) 339-2307

Sincerely

Robert C. Braun Site Vice President – Salem

Attachments

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

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 DMR Instruction Manual and specific guidance from DEP personnel.

Monitoring was not conducted as required for DSN 489 during this reporting period.

EXPLANATION OF EXCEEDANCES

July 2008

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

DSN No.

EXPLANATION

None.

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 25day of August 2008



Ann L. Shimp Notary Public of New Jersey My Commission Expires October 17, 2012

BC Site Vice President – Salem Director – Regulatory Assurance John Valeri Jr., Esq. Salem Radwaste and Environmental Supervisor E. J. Keating NJPDES Technician Chem File SCH08-092 NBS Room M/C N64

	<u></u>		
NJPDES PERMIT	MONITORING PERIOD	MONITC	ORED LOCATION:
NJ0005622	MonthDayYear712008To7312008	FACA – SŴ O	utfall 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 REC PSEG NUCLEAR I PO BOX 236/N21 HANCOCKS BRID	LLC
	REGION / COUNTY: Southern / Salem	County	
CHECK IF APPICABLE:	No Discharge this Monitoring Period] Monitoring Report Co	mments Attached
the certification or, in his absen the certification. Where the hig responsibility or person designal another entity to operate the treas I certify under penalty of law th that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The	est ranking official having day-to-day managerial and operationa ce a person designated by that person. For a local agency, the hi hest ranking operator does not have the ability to authorize capit ted by that person shall also sign the second certification at the b atment works, the highest-ranking official of the contracted entity at I have personally examined and am familiar with the informat se individuals immediately responsible for obtaining the informa- e are significant penalties for submitting false information, inclu- New Jersey water Pollution Control Act provides for penalties up	ghest ranking operator of al expenditures and hire p ottom of this page. If the y shall sign the certification ion submitted in this docu ation, I believe that the in uding the possibility of ar	the treatment works shall sign bersonnel, a person having that clocal agency has contracted with on. ument and all attachments, and formation is true, accurate and nd/or imprisonment, pursuant
	Site Vice President - Salem		<u>N/A</u>
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERAT	OR GRADE AND RE08/25/2008	GISTRY NUMBER (IF ÅPPLICÅBLE) 856-339-1998
SIGNATURE OF PRINCIPAL EXEC	utive officer, authorized agent, or *Licensed operator	DATE	AREA CODE/PHONE NUMBER
person designated by that person s	nest-ranking operator does not have the ability to authorize capital expe hall sign the following certification: n accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attac		
N/A	N/A	N/A	N/A
NAME AND TITLE	SÍGNATURE	DATE	AREA CODE/PHONE NUMBER

PERMIT NUMBER:	MONI	TORED LOCA	TION: N	IONITOR	NING PERIOD:	FACILITY N		· · ·	······································	· . 	
NJ0005622	FACA	SW Outfall F	ACA 7	/1/2008 T	O 7/31/2008	PSEG NUCL	EAR LLC SAL	EM GEN	ERA	TIN	
PARAMETER		QUANTITY (DR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Femperature,	SAMPLE MEASUREMENT	***	*****		*****	28.2	29.4		0	Continuous	CONTIN
00010 G Raw Sew/influent	PERMIT, REQUIREMENT	*****	******	******	545554 *****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
Femperature,	SAMPLE MEASUREMENT	******	*****		*****	36,6	38.6		0	CONTINUOUS	CONTIN
00010 1 Effluent Gross Value	PERMIT. REQUIREMENT	*****	******	******	<u></u>	REPORT 01MOAV	46.1 01DAMX	DEG.C		Continuous	CONTIN
emperature, oC	QL SAMPLE MEASUREMENT	*****	*****		******	8.4	9.4		0	1/DAY	CALCTI
00010_2 Effluent Net Value	PERMIT REQUIREMENT	******	*****	******	******	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD
ab Certification #	SAMPLE MEASUREMENT	17327	17451		PA166						<u> </u>
9999 99 ab	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 - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us".

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONIT	TORED LOCATION:
NJ0005622		Year 2008 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 RE PSEG NUCLEA PO BOX 236/N2 HANCOCKS BR	R LLĆ 1
	REGION / COUNTY: Southern	Salem County	
CHECK IF APPICABLE:	No Discharge this Monitoring Period	🔲 Monitoring Report (Comments Attached
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	ce a person designated by that person. For a local agency hest ranking operator does not have the ability to authoriz ted by that person shall also sign the second certification atment works, the highest-ranking official of the contracte at I have personally examined and am familiar with the ir use individuals immediately responsible for obtaining the e are significant penalties for submitting false informatio New Jersey water Pollution Control Act provides for pena	e capital expenditures and hir at the bottom of this page. If d entity shall sign the certificat formation submitted in this do information, I believe that the n, including the possibility of	e personnel, a person having that the local agency has contracted with ation. becument and all attachments, and information is true, accurate and and/or imprisonment, pursuant
Robert C. Braun,	Site Vice President - Salem		N/A
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED	OPERATOR GRADE AND 08/25/2008 08/25/2008	REGISTRY NUMBER (IF APPLICABLE) 856-339-1998
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERA	ATOR DATE	AREA CODE/PHONE NUMBER
	nest-ranking operator does not have the ability to authorize cap hall sign the following certification:	tal expenditures and hire person	nel, a person having that responsibility or
I certify under penalty of law and in	n accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed t	he attached discharge monitoring	reports.
N/A	N/A	N/A	N/A

AREA CODE/PHONE NUMBER

NAME AND TITLE SIGNATURE DATE	NAME AND TITLE	SIGNATURE	DATE

surface water Discharge Monitoring Report FACILITY NAME: MONITORING PERIOD: PERMIT NUMBER: MONITORED LOCATION: 7/1/2008 TO 7/31/2008 ŃJ0005622 FACB SW Outfall FACB

PSEG NUCLEAR LLC SALEM GENERATIN

100003022								UNITS	NO.	FREQ. OF	SAMPLE
PÅRÅMETER		QUANTITY C	DR LOADING	UNITS	QUALI	TY OR CONCENTE			EX.	ANALYSIS	TYPE
Temperature,	SAMPLE MEASUREMENT	******	*****		*****	28.2	29.4		0	Cantinuous	CONTIN
0010 G Raw Sew/influent	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
	QL.	*****	******		*****	*****	*****			5 m	
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	36.8	39.5		0	Continuous	(DITTIN)
00010 i Effluent Gross Value	PERMIT REQUIREMENT.		***	••••••	*****	REPORT 01MOAV	46:1 01DAMX	DEG.C		Continuous	CONTIN
-	QL	******	******		*****	*****	*****	1			1.40.22
Temperature, oC	SAMPLE MEASUREMENT.	*****	*****		*****	8.6	10.1		0	1/DAY	(ALCT)
00010 2 Efflüent Net Value			******	******	****** ******	REPORT 01MOAV	15.3 01DAMX	DEG.C	1. 1. 1.	1/Day	CALCTD
_ab Certification #	SAMPLE	17327	17451		PA166			· · · · · · · · · · · · · · · · · · ·			
99999 99 ab	PERMIT REQUIREMENT:	REPORT Lab.#	REPORT Lab #	· · ·	REPORT Lab #	REPORT	REPORT Lab #			Not Applic	NOT AP
	QL	******	******		*****	*****	******				

PI 46814

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NJPDES PERMIT	MONITORING PERIOD		MONITO	RED LOCATION:
NJ0005622	MonthDayYear712008To7731	Year 2008	FACC – SW Oi	ıtfall FACC
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVIT PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038 REGION / COUNTY: South	o	REPORT RECI PSEG NUCLEAR L PO BOX 236/N21 HANCOCKS BRID	LC
CHECK IF APPICABLE:	No Discharge this Monitoring Period	רח	Monitoring Report Co	mmonto Attonioù
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 the	shest ranking operator does not have the ability to auth ated by that person shall also sign the second certificat atment works, the highest-ranking official of the contr nat I have personally examined and am familiar with th ose individuals immediately responsible for obtaining te are significant penalties for submitting false inform New Jersey water Pollution Control Act provides for	tion at the botto racted entity should be the information the information nation, includin	om of this page. If the nall sign the certification submitted in this docu on, I believe that the inf ng the possibility of an	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
	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICEN	SED OPERATOR	GRADE AND REG 08/25/2008	GISTRY NUMBER (IF ÁPPLICABLE) 856-339-1998
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED O	PERATOR	08/25/2008 DATE	AREA CODE/PHONE NUMBER
*For a local agency where the hig	hest-ranking operator does not have the ability to authorize shall sign the following certification:		itures and hire personnel,	a person having that responsibility c
I certify under penalty of law and i	n accordance with N.J.S.A. 58:10A-6F(5) that I have review	ved the attached	discharge monitoring rep	ports.
<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

Suitace water Discharge womening Report FACILITY NAME: MONITORING PERIOD: PERMIT NUMBER: MONITORED LOCATION: 7/1/2008 TO 7/31/2008 NJ0005622 FACC SW Outfall FACC

PSEG NUCLEAR LLC SALEM GENERATIN

PARAMETER	\searrow	QUANTITY (DR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, İn Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	2734	2781		*****	*****	*****		0	1/DAY	CALCTD
50050 G Raw Sew/influent	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX	MGD	244622 	******	5753553 ******	******		1/Day	CALCTD
Thermal Discharge Million BTUs per Hr	SAMPLE MEASUREMENT	15123	15392		****	****	****		0	1/DAY	CALCTD
00015_2 Effluent Net Value		REPORT 01MOAV	30600 01DAMX	МВТU/НВ	*****	*****	*****	*****		1/Day	CALCTD
Lab Certification #	SAMPLE	17327	17451		PA166						, openen men en den jog : reg : ing : ing : ing en et en et e
99999 99 Lab		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 - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us".

PI 46814

NJPDES PERMIT	MONITORING PERIOD	MONI	TORED LOCATION:
NJ0005622		ear 008 048C - SW C	Dutfall 48C
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 R PSEG NUCLEA PO BOX 236/N HANCOCKS B	AR LLC
	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 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	test ranking official having day-to-day managerial and oper ce a person designated by that person. For a local agency, thest ranking operator does not have the ability to authorize atted by that person shall also sign the second certification a atment works, the highest-ranking official of the contracted at I have personally examined and am familiar with the information se individuals immediately responsible for obtaining the in- e are significant penalties for submitting false information New Jersey water Pollution Control Act provides for penal	the highest ranking operator capital expenditures and hi t the bottom of this page. If a entity shall sign the certific formation submitted in this of nformation, I believe that th , including the possibility of	r of the treatment works shall sign ire personnel, a person having that f the local agency has contracted with cation. document and all attachments, and e information is true, accurate and of and/or imprisonment, pursuant
Robert C. Braun.	Site Vice President - Salem		N/Á
	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED O	PERATOR GRADE AND 08/25/20	D REGISTRY NUMBER (IF APPLICABLE)
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERAT		AREA CODE/PHONE NUMBER
person designated by that person s	hest-ranking operator does not have the ability to authorize capito shall sign the following certification: n accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed th	- -	
<u>N/A</u> NÁME ÁND TITLE	<u>N/A</u> SIGNATURE	<u>N/A</u> DATE	<u>N/A</u> AREA CODE/PHONE NUMBER

Surface water Discharge wonitoning neport

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PERMIT NUMBER:	MON	ITORED LOCA	TION:	MONITOF	RING PERIOD:	FACILITY N	AME:	<u> </u>			
NJ0005622	048C	SW Outfall 48	C 7	7/1/2008 1	FO 7/31/2008	PSEG NUC	LEAR LLC SAL	EM GEN	IERA	TIP	
PARÀMETER	$\mathbf{\mathbf{X}}$	QUANTITY	OR LOADING	UNITS	QUAL	ITY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE	0.3819	0.7242		*****	*****	*****		0	1/DAY	CALCTD
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	*****	*****	*****		1/Day	CALCTD
Solids, Total Suspended	SAMPLE	*****	****	«	*****	11	16	· · ·	0	2/month	(ompos
00530 1 Effluent Gross Value		******	414444 414444	******	******	30. 01MOAV	100 01DAMX	MG/L		2/Month	COMPOS
Nitrogen, Ammonia Total (as N)	SAMPLE	*****	*****	<u>.</u>	*****	6	9		0	2/MONTH	Compos
00610 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	******	35 01MOAV	70 01DAMX	MG/L		2/Month	COMPOS
Petroleum Hydrocarbons	SAMPLE	*****	*****		*****	<5	<5		٥	2/month	GRAB
00551 1 Efflüent Gross Value	PERMIT REQUIREMENT QL		******	*****	*****	10 01MOAV	15 01DAMX	MG/L		2/Month	GRAB
Carbon, Tot Organic (TOC)	SAMPLE	*****	*****		*****	7	7		0.	2/month	BARDS.
00680 1 Effluent Gross Value			******	******		REPORT 01MOAV	50 01DAMX	MG/L		2/Month	COMPOS
Lab Certification #	, SAMPLE MEASUREMENT	17327	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 - Region 2 at (609)292-4680 or via email at "srosenwi@dep.state.nj.us".

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NJPDES PERMIT	MONITO	DRING PERIOD		. M	ONITORED LOC.	ATION:
NJ0005622	MonthDayYear712008	To Month Day 7 31	Year 2008	481A – S	W Outfall 481A	L
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	PSEG N GENERA ALLOW	TION OF ACTIVIT UCLEAR LLC SALEM ATING STATION AY CREEK NECK RD CKS BRIDGE, NJ 08038	<u>Y:</u>	PSEG NU PO BOX 2	T RECIPIENT: CLEAR LLC 236/N21 KS BRIDGE, NJ 08038	
	REC	GION / COUNTY: South	ern / Salem (County		
CHECK IF APPICABLE:	No Discharge this	Monitoring Period		Monitoring R	eport Comments Attac	hed
responsibility or person designal 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 ther to N.J.A.C. 7:14A-6.9(B): The	atment works, the highest-ran at I have personally examine se individuals immediately r e are significant penalties fo	nking official of the cont ed and am familiar with t responsible for obtaining r submitting false inforn	acted entity ne informatio the information ation, includ	shall sign the c on submitted in ion, I believe th ing the possibi	ertification. this document and all a hat the information is tr ility of and/or imprison	attachments, and ue, accurate and
Robert C. Braun,	Site Vice President - Salem				N/A	
NÂME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHOR	RIZED AGENT, OR *LICEN	SED OPERATO		E AND REGISTRY NUMB /25/2008 856-	ER (IF ÁÞÝLÍCÁBLE) 339-1998
SIGNATURE OF PRINCIPAL EXEC	JTÍVE OFFICER, AUTHORIZED	AGENT, OR *LICENSED O	PERATOR	DĂTE		PHONE NUMBER
*For a local agency where the high person designated by that person s I certify under penalty of law and in	hall sign the following certifica	tion:				ng that responsibility of
	r accordance with 19.3.5.A. 30.1			-		
<u>N/A</u>	SIGNAŤ	<u>N/A</u>		<u>N/A</u> DATE		<u>N/A</u> PHONE NUMBER

Surface water Discharge womtoning Report

PERMIT NUMBER:	MON	ITORED LOCA	TION:	MONITOF	RING PERIOD:	FACILITY N	AME:				· .
NJ0005622	481A	SW Outfall 48	1A	7/1/2008 1	1/2008 TO 7/31/2008 PSEG NUCLEAR LLC SÄLE				IERA	TİN	
PARAMETER	\square	QUANTITY	OR LOÀDING	UNITS	TS QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	488	493		*****	******	*****		0	1/DAY	CALCTD
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	******	· · · · · · · · · · · · · · · · · · ·	******	7 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	1/Day	CALCTD
ъН	SAMPLE MEASUREMENT	*****	*****	2/413	7.2	*****	7.6		0	1/WEEK	GRAB
00400 1 Efflüent Gross Value	PERMIT REQUIREMENT QL	******	******	******	6.0 01DAMN	****** ******	9.0 01DAMX	SU		1/Week	GRAB
ЪН	SAMPLE MEASUREMENT	****	*****		7.7	****	7.9		0	1/WEEK	GRIAB
00400 7 ntake From Stream	PERMIT REQUIREMENT		******	******		******	REPORT 01DAMX	SU	- - - - -	1/Week	GRAB
C50 Statre 96hr Acu Syprinodon	SAMPLE	****	*****		CODE=N	*****	****		0	CODE=N	CODE=
ÅN6A 1 ffluent Gross Value	PERMIT REQUIREMENT	******		••••••	50 01DAMN *****	<u>488888</u> 	****** ******	%EFFL		2/Year	ÇOMPOS
Chlorine Produced Dxidants	SAMPLE MEASUREMENT	*****	*****		*****	CODE=N	CODE=N		0	CODE=N	(ODE=N
CPOX_1 iffluent Gross Value option_1		seeses		*****	*****	0.3 01MOAV	0.5 01DAMX	∷ MG/L		3/Week	GRAB
hlorine Produced	SAMPLE	****	****		*****	<0.1	<0.1		0	3/WEK	GRAD
CPOX 1 Iffluent Gross Value	PERMIT REQUIREMENT		155455 255455	******	******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB

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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Surrace water i	Dischary	je inomori	ing nepuri	È trans							ri 40014
PERMIT NUMBER:	MON	IITÔRED LOCA	TION:	MONITOF	RING PERIOD:	FACILITY N	AME:	·····			
NJ0005622	481A	SW Outfall 48	1A	7/1/2008 7	FO 7/31/2008	PSEG NUC	LEAR LLC SAL	EM GEN	· · ·		
PARAMETER	$\mathbf{>}$	QUANTITY	OR LOADING	UNITS	JNITS QUALITY OR CONCENTRATION U					FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	36.4	40.7		0	1/DAY	Contin
00010 1 Effluent Gross Value	PERMIT			******	arrith Hereit	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
_ab Certification #	QL	******	******		******	******		·			
	SAMPLE MEASUREMENT	17327	17451		PA166					· · ·	
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT	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.

Surface Water Discharge Monitoring Report Submittal Form

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NJPDES PERMIT	MONITORING PERIOD	MONITO	RED LOCATION:			
NJ0005622	MonthDayYear712008ToMonthDayYear7312008Year12008Year	482A – SW Out	fall 482A			
<u>PERMITTEE:</u> 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 Con	ments Attached			
the certification or, in his absent the certification. Where the high responsibility or person designat another entity to operate the treas I certify under penalty of law that that, based on my inquiry of tho complete. I am aware that there	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 capita ted by that person shall also sign the second certification at the be atment works, the highest-ranking official of the contracted entity at I have personally examined and am familiar with the information se individuals immediately responsible for obtaining the information e are significant penalties for submitting false information, inclue New Jersey water Pollution Control Act provides for penalties up	hest ranking operator of the stranking operator of the system of this page. If the shall sign the certification submitted in this docution, I believe that the infining the possibility of an	he treatment works shall sign ersonnel, 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, S	Site Vice President - Salem		N/A			
NAME AND TITLE OF PRINCIPAL I	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	OR GRĂDE AND REG 08/25/2008	GISTRY NUMBER (IF APPLÌCABLE) 856-339-1998			
SÍGNÁTURE OF PRINCIPAL EXECU	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER			
person designated by that person s	nest-ranking operator does not have the ability to authorize capital expen- chall sign the following certification: n accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attach					
N/A	N/A	N/A	N/Å			
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER			

,

Surface water Discnarge wonitoring Report

NJ0005622	482A	SW Outfall 48	······································	7/1/2008 1	TO 7/31/2008	<u>G PERIOD:</u> 7/31/2008 PSEG NUCLEAR LLC SA									
PARAMETER	\searrow	QUANTITY	OR LOADING	UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE				
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	454	454		*****	*****	****		0	1/DAY	ALCTO				
50050 1 Effluent Gross Value		REPORT 01MOAV	REPORT 01DAMX	MGD	******	A42244	******	*****		1/Day	CALCTD				
pH	SAMPLE MEASUREMENT	*****	****		7.5	*****	7.6	¢	0	1/WEEK	GRAB.				
00400 1 Effluent Gross Value	PERMIT, REQUIREMENT			******* ***	6.0 01DAMN	*****	9.0 01 DAMX	SU		1/Week	ĜRAB				
Η	SAMPLE	*****	*****		7.7	*****	7.9		0	1/WEEK	GRAB.				
00400 7 Intake From Stream	PERMIT REQUIREMENT		******		REPORT 010AMN	******	REPORT 01DAMX	SU		1/Week	GRAB				
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****		CODE = N	******	****		0	BDE-N	QDE=N				
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	211144 11114	******	50 01DAMN	449445 <u>11444</u>	finess Asteas	%EFFL		2/Year	COMPOS				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	CODE = N	ODE=N		Ø	(ODE =N	ODE=N				
CPOX 1 ffluent Gross Value option 1		******		******	******	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB				
Chlorine Produced	SAMPLE	****	*****		*****	20.1	<0.1		0	3/WEEK	GRAB				
CPOX 1 Iffluent Gross Value	PERMIT. REQUIREMENT	******			******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB				

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 i	Jistiiaių	je municui	ing nepuiri						. •		ri 40014		
PERMIT NUMBER:		NITORED LOCATION: MONITORING PERIOD: FACILITY NAME: A SW Outfall 482A 7/1/2008 TO 7/31/2008 PSEG NUCLEAR LLC SA											
PARÅMETER			OR LOADING	UNITS						FREQ. OF ANALYSIS	SAMPLE TYPE		
Temperature, oC	SAMPLE MEASUREMENT	÷++++	******							1/DAY	Contin		
00010 1 Effluent Gross Value	PERMIT: REQUIREMENT	******	******	******	sektera 	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN		
Lab Certification #	SAMPLE MEASUREMENT	17327	17451	*	PA166								
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Låb #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP		
· · · · · · · · · · · · · · · · · · ·	QL	*****	******		*****	*****	******			1990 (M. 1990)			

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. .

NJPDES PERMIT	MONITORING PERIOD	<u> </u>	MONITO	RED LOCATION:
NJ0005622	MonthDayYearMonthDay712008To731	Year 2008	483A – SW Out	fall 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 RECH PSEG NUCLEAR LI PO BOX 236/N21 HANCOCKS BRIDO	LC
1	REGION / COUNTY: Southern	/ Salem C	ountý	
CHECK IF APPICABLE:	No Discharge this Monitoring Period		Monitoring Report Com	aments Attached
the certification or, in his absent the certification. Where the hig responsibility or person designal another entity to operate the treas I certify under penalty of law that that, based on my inquiry of tho complete. I am aware that there	est ranking official having day-to-day managerial and op ce a person designated by that person. For a local agence hest ranking operator does not have the ability to authoris ted by that person shall also sign the second certification atment works, the highest-ranking official of the contract at I have personally examined and am familiar with the se individuals immediately responsible for obtaining the e are significant penalties for submitting false information New Jersey water Pollution Control Act provides for per	y, the high ze capital (a t the both ed entity sh information information on, includi	est ranking operator of the expenditures and hire per tom of this page. If the hall sign the certification in submitted in this docum on, I believe that the info- ing the possibility of and	he treatment works shall sign ersonnel, 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, S	Site Vice President - Salem			<u>N/A</u>
NAME AND TITLE OF PRINCIPAL I	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED	OPERÁTOI	R GRADE AND REG 08/25/2008	GISTRY NUMBER (IF APPLICABLE) 856-339-1998
SIGNATURE OF PRINCIPAL EXECU	JTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPEF	ATOR	DATE	AREA CODE/PHONE NUMBER
person designated by that person s	est-ranking operator does not have the ability to authorize cap hall 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	1 discharge monitoring rep	orts.
<u>N/A</u>	<u>N/A</u>	_	<u>N/A</u>	<u>N/A</u>
NAME ÁND TITLE	SIGNÁTURE		DATE	AREA CODE/PHONE NUMBER

Sufface water Discharge womforming neport

PERMIT NUMBER:	MON	ITORED LOCA	TION:	MONITOR	ING PERIOD:	FACILITY N	AME:				
NJ0005622	483A	SW Outfall 48	3A	7/1/2008 T	O 7/31/2008	B PSEG NUCLEAR LLC SAI			IERA	TIŃ	
PARAMETER	$\mathbf{\mathbf{X}}$	QUANTITY		UNITS	QUALITY OR CONCENTRATION		UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	470	474		*****	*****	***		Q	1/DAY	CALCTS
50050 1 Effluent Gross Value		REPORT 01MOAV	REPORT 01DAMX	MGD	*****	******	*****	*****	4	1/Day	CALCTD
рН	SAMPLE MEASUREMENT	****	*****		7.5	*****	7.5		0	I/WEEK	GRAB.
00400 1 Efflüent Gross Value	PERMIT REQUIREMENT	******		******	6.0 01DAMN	******	9.0 01DAMX	SU		1/Week	GRAB
рН	SAMPLE	*****	*****		7.7	*****	7.9		0	1/WEEK	GPAB
00400 7 Intake From Stream	PERMIT REQUIREMENT			******	REPORT 01DAMN	*****	REPORT 01DAMX	SU	N. D.	1/Week	GRAB
Chlorine Produced Oxidants	SAMPLE	*****	*****		*****	CODE=N	ODE=N		0	CODE=N	GdE=N
*CPOX 1 Effluent Gross Value Option 1	PERMIT REQUIREMENT		******		1000000	0.3 01MOAV	0.5 01DAMX	MG/L		3/Wéek	GRAB
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	44,420+=249,532+269,429,429,429 44 44 45 44 45 44 45 44 45 44 45 44 45 44 45 45	*****		*****	۲٥.۱	20.1		Ō.	3/WEEK).
*CPOX i Effluent Gross Value Option 2	PERMIT REQUIREMENT	******	374443. 386248	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	36.6	39.7		0	1/DAY	GATIN
00010 1 Efflüent Gross Value	PERMIT REQUIREMENT		******	**************************************	3	REPORT 01MOAV	REPORT 01DAMX	DEG.C		∵1/Day	CONTIN

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.

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NJ0005622	483À	SW Outfall 483	BA 7	7/1/2008 T	O 7/31/2008	PSEG NUCLEAR LLC SALEM GENERATIN					
PARAMETER	QUANTITY OR LOADING			UNITS	QUALIT	TY OR CONCENT	NO. FREC		FREQ. OF ANALYSIS	SAMPLE TYPE	
ab Certification #	SAMPLE MEASUREMENT	17327	27 17451		PA166						
9999 99 ab	PERMIT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
······	QL	*****	******			*****					
								· · ·	· · ·		
	· · ·								• •		
								· · ·	•		

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

Surface Water Discharge Monitoring Report Submittal Form

· · · · ·	• • • • • • • • • • • • • • • • • • •		
NJPDES PERMIT	MONITORING PERIOD	MONITO	RED LOCATION:
NJ0005622	Month Day Year Month Day Year 7 1 2008 To 7 31 2008] 484A – SW Out	fall 484A
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	PIENT: LC GE, NJ 08038		
	REGION / COUNTY: Southern / Sale	m County	
CHÈCK ÌF 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 designa another entity to operate the treas I certify under penalty of law th that, based on my inquiry of tho complete. I am aware that ther	est ranking official having day-to-day managerial and operation ce a person designated by that person. For a local agency, the h hest ranking operator does not have the ability to authorize cap ted by that person shall also sign the second certification at the atment works, the highest-ranking official of the contracted enti- at I have personally examined and am familiar with the informa- bese individuals immediately responsible for obtaining the infor- e are significant penalties for submitting false information, inc. New Jersey water Pollution Control Act provides for penalties	highest ranking operator of t ital expenditures and hire per bottom of this page. If the ity shall sign the certification ation submitted in this docu nation, I believe that the inf luding the possibility of an	he treatment works shall sign ersonnel, 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
	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERA	GRADE AND REC 08/25/2008	GISTRY NUMBER (IF APPLICABLE) 856-339-1998
SIGNATURE OF PRINCIPAL EXECU	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATĖ	AREA CODE/PHONE NUMBER
	hest-ranking operator does not have the ability to authorize capital explanal sign the following certification:	penditures and hire personnel,	a person having that responsibility or
I certify under penalty of law and in	n accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the atta	ched discharge monitoring rep	oorts.
N/Å	N/À	<u>N/Á</u>	<u>N/A</u>

DATE

AREA CODE/PHONÉ NÚMBER

SIGNATURE

NAME AND TITLE

Guidde water Discharge Wombuilig neput

PERMIT NUMBER:	-	ITORED LOCA			NING PERIOD:	FACILITY N	AME:	· · ·			. * .
NJ0005622	484A	SW Outfall 48	4A	7/1/2008 T	0 7/31/2008	PSEG NUC	EAR LLC SAL	EM GEN	ERA	TIP	
PÀRAMETER		QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	511	548		*****	*****	****		0	1/DAY	CALCTD
50050 1 Effluent Gross Value		REPORT 01MOAV	REPORT 01DAMX	MGD	******	******	*****	*****		1/Day	CALCTD
рН	SAMPLE MEASUREMENT	*****	*****		7.5	*****	7.6		0	Kueek	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	******	****** ******	••••••• <u>******</u>	6.0 01DAMN	******	9:0 01DAMX	SU		1/Week	GRAB
pH	SAMPLE MEASUREMENT	· · · *****	*****		ר'.ר	*****	7.9		0	1/week	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	*****	*****	******	REPORT 01DAMN	******	REPORT 01DAMX	SU		1/Week	GRAB
LC50 Statre 96hr Acu Cyprinodon	SAMPLE	*****	*****		CODE= N	*****	*****		0	CODES N	CODE = N
TAN6A 1 Efflüent Gross Value	PERMIT REQUIREMENT	****** ******	******	· ······	50 01DAMN	******	*****	%EFFL		2/Year	COMPOS (
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	****	*****	*****	CODE: N	CODE= N	6.	0	CODE=N	CODE = N
*CPOX 1 Effluent Gross Value Option 1	PERMIT REQUIREMENT	*****	******	•••••	******	0.3 01MOAV	0:5 01DAMX	MG/L		3/Week	GRAB
Chlorine Produced Oxidants	SAMPLE	*****	*****		*****	(0.1	20.1	<u>.</u>	0	3/ Week	GRAB
*CPOX 1 Effluent Gross Value	PERMIT	*****	******	•••••	******	REPORT 01MOAV	0:2 01DAMX	MG/L		3/Week	GRAB
Option 2	L.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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surrace water Discharge wonnoring Report

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•••••••		,	-								
PERMIT NUMBER:	MON	ITORED LOCA	TION: N	IONITOF	RING PERIOD:	FACILITY N	AME:	· · ·			
NJ0005622	484Á	SW Outfall 48	4A 7	/1/2008 1	FO 7/31/2008	PSEG NUCI					
PARAMETER	PARAMETER QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION						RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature,	SAMPLE	****	*****		*****	37.2	42.3		0	VDAY	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	· ******	******	RÉPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	QL	*****	******		******	*****	4+++4+			STEL.	
Lab Certification #	SAMPLE MEASUREMENT	רכצרו	17451		PA 166						
99999 99 Lab	PERMIT REQUIREMENT	REPORT	REPORT Lab #		REPORT Lab #	REPORT.	REPORT Lab #			Not Applic	NOT AP

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

PI 46814

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT		N	10NITO	RING	PERIO	D		MONITOI	RED LOCATION:
NJ0005622	Month 7	Day 1	Year 2008] To	Month 7	Day 31	Year 2008	485A – SW Out	fall 485A
<u>PERMITTEE:</u> PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101			LOCAT PSEG NU GENERA ALLOWA HANCOC	CLEAF TING S AY CRE	R LLC SA STATION EEK NECK	LEM RD	<u>i</u>	REPORT RECH PSEG NUCLEAR LI PO BOX 236/N21 HANCOCKS BRIDO	.C
			RÈG	ION / C	COUNTY:	Souther	n / Salem	County	
CHECK IF APPICABLE:	<u>ы</u> и	lo Disch	iarge this Ň	Ionitor	ing Period	1] Monitoring Report Com	ments Attached
<u>WHO MUST SIGN</u> The high the certification or, in his absen the certification. Where the hig responsibility or person designa another entity to operate the tree	ce a person hest rankin ted by that	designa g opera person	ated by tha tor does no shall also s	t persor t have t ign the	h. For a lo the ability second ce	cal agen to autho rtificatio	cy, the hi rize capit on at the b	ghest ranking operator of th al expenditures and hire pe pottom of this page. If the l	ne treatment works shall sign rsonnel, a person having that ocal agency has contracted witl
I certify under penalty of law th that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The	se individu e are signif	ials imn icant pe	nediately re enalties for	esponsil submit	ble for obt tting false	aining th informa	e information, inclu	ation, I believe that the info iding the possibility of and	rmation is true, accurate and
Robert C. Braun,	Site Vice P	resident	- Salem	,					<u>N/A</u>
NAME AND TITLE OF PRINCIPAL I		OFFICE	R, ÁUTHOR	IZED ÀC	GENT, OR *	LICENSE	D OPERAT	OR GRADE AND REG 08/25/2008	ISTRY NUMBER (IF APPLICABLE) 856-339-1998
SIGNATURE OF PRINCIPAL EXECT	JTIVE OFFI	CER, AU	THORÌZĖD A	AGENT,	OR *LICE	NSED OPE	RÂTOR	DÀTE	AREA CODE/PHONE NUMBER
*For a local agency where the high person designated by that person s					ability to au	thorize c	ipital expe	enditures and hire personnel, a	a person having that responsibilit

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>
NĂME AND TITLE	SIGNATURE	DÁTE	AREA CODE/PHONE NUMBER

PERMIT NÜMBER:	MON	ITORED LOCA	ATION:	MONITOF	RING PERIOD:	FACILITY N	AME:				
ŃJ0005622	485A	SW Outfall 48	35A	7/1/2008 1	O 7/31/2008	PSEG NUCLEAR LLC SALEM GENERATIN					
PARAMETER	$\mathbf{\mathbf{X}}$	QUANTITY	OR LOADING	UNITS	UNITS QUALITY OR CONCENTRATION		UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	491	494		*****	*****	*****		0	1/DAY	CALCID.
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	****** ******	\$17844 \$44845	*****	*****		1/Day	CALCTD
рН	SAMPLE	*****	*****		7.4	****	7.6		0	1/WEEK	GRAB
00400 1 Efflüent Gross Value		******		· •••••	6:0 01DAMN	4493447 	9:0 01DAMX ******	SU		1/Week	GRAB
рН	SAMPLE	******	*****		7.7	*****	7,9		0	1/WEEK	GRAB,
00400 7 Intake From Stream		******	******		REPORT 01DAMN	418488 #18489	REPORT 01DAMX	SU		1/Week	GRAB
LC50 Statre 96hr Acu Cyprinodon	SAMPLE	*****	*****		Code=N	*****	*****		0	Code-N 2/Year	
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT QL		innen	******	50 01DAMN	****** *****	2+++52+ +++2++5	%EFFL		2/Year	COMPOS
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	Code=N	Code=N		0	Code=N	
*CPOX_1 Effluent Gross Value Option 1		*****	******	•••••	******	0.3 01MOAV	0.5 01DAMX	MG/L	1	3/Week	GRAB
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		****	<0.1	20.1		0	3/WEEK	GRAB .
*CPOX i Effluent Gross Value		*****	*****		*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB

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 bischarge wormoning neport

<u>PERMIT NUMBER:</u> NJ0005622	,,	IITORED LOCA SW Outfall 48	FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATIN								
PARAMETER	$\mathbf{\mathbf{X}}$	QUANTITY		UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	36.7	40.0		0	1/DAY	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	****** ******	*****	<u></u>	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	
Lab Certification #	SAMPLE	17327	17451		PA 166				<u> </u>		
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applië	NOT AP

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.

PI 46814

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	MonthDayYear712008To7312008	486A – SW Outfall 486A
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038	REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038
	REGION / COUNTY: Southern / Salem (County
CHECK IF APPICABLE:	No Discharge this Monitoring Period	Monitoring Report Comments Attached
the certification. Where the hig responsibility or person designal 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 there	ce a person designated by that person. For a local agency, the high thest ranking operator does not have the ability to authorize capital ited by that person shall also sign the second certification at the bo- atment works, the highest-ranking official of the contracted entity is at I have personally examined and am familiar with the information is 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 the second second second second second second second second second second include the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	expenditures and hire personnel, a person having that ttom of this page. If the local agency has contracted with shall sign the certification. In submitted in this document and all attachments, and 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	N/A
NĂME AND TITLE OE PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	R GRADE AND REGISTRY NUMBER (IF APPLICABLE) 08/25/2008 856-339-1998
SIGNATURE OF PRINCIPAL EXECT	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER
	hest-ranking operator does not have the ability to authorize capital expension of the second state of the second	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 attache	ed discharge monitoring reports.
N/A	N/A	N/A N/A

NAME AND TITLE	SİGNATURE	DÀTE	AREA CODE/PHONE NUMBER

Surrace water Discharge wormdring Report

NJ0005622	486A	SW Outfall 48	36A 7	7/1/2008 T	O 7/31/2008	PSEG NUCLEAR LLC SALEM GENERATIN						
PARAMETER	\square	QUANTITY OR LOADING		UNITS	QUAL	QUALITY OR CONCENTRATION			NO. EX.		SAMPLE TYPE	
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	448	450		****	*****	*****		D	1/DAY	CALCITO	
50050 1 Effluent Gross Value		REPORT 01MOAV	REPORT. 01DAMX	MGD	*****	******		*****		1/Day	CALCTD	
ЪН	SAMPLE	*****	*****		7.4	*****	7.6		0	1/WEEK	GRAB	
00400 1 Effluent Gross Value		******	*****	******	6.0 01DAMN	*****	9.0 01DAMX	SU		1/Week	GRAB	
эΗ	SAMPLE MEASUREMENT	*****	*****	<u>*</u>	7.7	*****	7.9		0	1/WEEK	GRAB	
00400 7 ntake From Stream		******	******* 	*****	HEPORT 01DAMN		RÉPORT 01DAMX	ຣບ		1/Week	GRAB	
Chlorine Produced	SAMPLE	*****	*****	2	*****	Code=N	Code=N		0	Code=N	Code=t	
CPOX 1 Effluent Gross Value Option 1		******	tinkin,	******	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB	
Chlorine Produced	SAMPLE	*****	*****		*****	20.1	<0.1		٥	3/WEEK	GRAR	
CPOX 1 iffluent Gross Value ption 2			****** 	******	*****	REPORT 01MOAV	0:2 01DAMX	MG/L		3/Week	GRAB	
emperature, C	SAMPLE		*****		*****	36.4	39.4		0	1/DAY	BNTIN	
0010 1 ffluent Gross Value	PERMIT	******	******	*****	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		:1/Day	CONTIN	

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.

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J0005622	486A	SW Outfall 486	5A 7	7/1/2008 1	O 7/31/2008	PSEG NUC	LEAR LLC SA	LEM GEN	ERA	TIN	
PARAMETER	QUANTITY OR LOADING		DR LOADING	UNITS	QUAL	ITY OR CONCENT	Y OR CONCENTRATION		NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
ab Certification #	SAMPLE MEASUREMENT	17327	17451		PAIGO						
9999 99 ib	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		IREPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
									· · · ·		
											••••••••••••••••••••••••••••••••••••••
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NJPDES PERMIT	MONITORING PERIOD	M	ONITORED LOCATION:
NJ0005622	MonthDayYear712008To731	$\frac{\frac{Year}{2008}}{487B} - SV$	W Outfall 487B
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038	PSEG NU PO BOX 2	T RECIPIENT: CLEAR LLC 236/N21 KS BRIDGE, NJ 08038
	REGION / COUNTY: Southern	/ Salem County	
CHECK IF APPICABLE:	No Discharge this Monitoring Period	Monitoring Re	eport Comments Attached
the certification or, in his absen the certification. Where the hig responsibility or person designa another entity to operate the trea I certify under penalty of law th that, based on my inquiry of the complete. I am aware that ther	test ranking official having day-to-day managerial and op ce a person designated by that person. For a local agency hest ranking operator does not have the ability to authori ted by that person shall also sign the second certification atment works, the highest-ranking official of the contract at I have personally examined and am familiar with the i ose individuals immediately responsible for obtaining the e are significant penalties for submitting false information New Jersey water Pollution Control Act provides for pen-	y, the highest ranking op- ze capital expenditures a at the bottom of this pag- ed entity shall sign the co- information submitted in information, I believe th on, including the possibi	erator of the treatment works shall sign and hire personnel, a person having that ge. If the local agency has contracted with ertification. this document and all attachments, and hat the information is true, accurate and ility of and/or imprisonment, pursuant
Robert C. Braun	Site Vice President - Salem		N/A
······································	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED		E AND REGISTRY NUMBER (IF APPLICABLE) /25/2008 856-339-1998
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPER	· · · · · · · · · · · · · · · · · · ·	AREA CODE/PHONE NUMBER
person designated by that person s	hest-ranking operator does not have the ability to authorize cap shall sign the following certification: n accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed		
N/A	N/Å	N/A	N/A
NÁMÉ AND TITLE	SIGNATURE	DĂTE	AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORING PERIOD MONITO						
NJ0005622	MonthDayYearMonthDay712008To731	Year 2008 489A - SV	V Outfall 489A					
<u>PERMITTEE:</u> 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	PSEG NUC PO BOX 23						
	REGION / COUNTY: Southern	/ Salem County						
CHECK IF APPICABLE:	No Discharge this Monitoring Period	Monitoring Rep	Monitoring Report Comments Attached					
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 the	shest ranking operator does not have the ability to authoristed by that person shall also sign the second certification attment works, the highest-ranking official of the contract nat I have personally examined and am familiar with the is ose individuals immediately responsible for obtaining the re are significant penalties for submitting false information New Jersey water Pollution Control Act provides for pen-	at the bottom of this page ed entity shall sign the cer nformation submitted in the information, I believe that on, including the possibili	. If the local agency has contracted with tification. his document and all attachments, and t the information is true, accurate and ty of and/or imprisonment, pursuant					
Robert C. Braun,	Site Vice President - Salem		N/A					
	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED		ÁND REGISTRY NUMBER (IF ÁPPLICÁBLE) 5/2008 856-339-1998					
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPER		AREA CODE/PHONE NUMBER					
*For a local agency where the hig person designated by that person s	hest-ranking operator does not have the ability to authorize cap shall sign the following certification:	ital expenditures and hire pe	rsonnel, a person having that responsibility of					
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 discharge monit	oring reports.					
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>					
NÀME AND TITLE	SIGNATURE	DÁTE	AREA CODE/PHONE NUMBER					

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PERMIT NUMBER: MONITORED LOCATION:				MONITOF	RING PERIOD:	FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATIN					
NJ0005622	489A SW Outfall 489A			7/1/2008 TO 7/31/2008							
PARAMETER		QUANTITY OR LOADING				QUALITY OR CONCENTRATION		UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, in Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.0464	0.0464		*****	****	*****		0	1/Month	CHLCTD
50050 1 Efflüent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	santaa kaanta	******		****		1/Mönth	CALCTD
pH	SAMPLE	*****	*****			*****				c/Morth	GRAB
00400 1 Effluent Gross Value	PEAMIT REQUIREMENT	******	******	******	6.0 01DAMN	******	9.0 01DAMX	SU		1/Month	GRAB
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****				*****			o/Month	GRAB
00530 1 Effluent Gross Value	PERMIT REQUIREMENT,	******	*****	******	100 01DAMX	30 01MOAV	*****	MG/L		1/Month	GRAB
Petroleum Hydrocarbons	SAMPLE	****	*****		*****					0/MonTh	GRAB
00551 1 Effluent Gross Value	PERMIT REQUIREMENT		třeně: ******	•	******	10 01MOAV	15 01DAMX	MG/L		1/Month	GRAB
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	****	****		*****					0/Month	GRHB
00680 1 Effluent Gross Value		******	******	••••••	*****	REPORT 01MOAV	50 01DAMX	MG/L		1/Month	GRAB
Lab Certification #	SAMPLE MEASUREMENT										
99999 99 Lab		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 the BPSP - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us".

* No grad samples taken this monitoring period.

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