

NOV 24 2008

SCH08-135



CERTIFIED MAIL
RETURN RECEIPT REQUESTED
ARTICLE NUMBER: 7008 0150 0000 5749 2525

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 October 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,

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

Robert C. Braun
Site Vice President – Salem

IE25
NRR

Attachments

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

NOV 24 2008

EXPLANATION OF CONDITIONS

October 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.

NOV 24 2008

SCH08-135
NJPDES DMR

4

EXPLANATION OF EXCEEDANCES

October 2008

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

DSN No.	EXPLANATION
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None.	
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NOV 24 2008

SCH08-135
NJPDES DMR

5

COUNTY OF SALEM
STATE OF NEW JERSEY

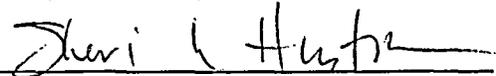
I, Robert C. Braun, of full age, being duly sworn according to law, upon my oath depose and say:

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 24 day of November 2008



SHERI L. HUSTON
NOTARY PUBLIC - NEW JERSEY
My Commission Expires 1-15-09

NOV 24 2008

SCH08-135
NJPDES DMR

6

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



TO: William G. Biggs
Technical Analyst
Salem Chemistry - PSEG Power

October 15, 2008
Report No. TP08078

SUBJECT: DETERMINATION OF CIRCULATING WATER FLOW AT
SALEM GENERATING STATION UNIT 1

CONDUCTED BY: Victor Simpson
Sr. Test Engineer, Maplewood Testing Services

SUMMARY

The Mechanical Division of Maplewood Testing Services conducted a series of test runs at Salem Unit No. 1 to determine the capacities of the circulating water pumps shown in the table below..

Work was performed under SAP work orders:
30157820, 30157875, 30157821, 30157822, 30157867, 30157823

Please note that the CMS designation for the pump in 11A could not be determined.

Final results are as follows:

SUMMARY OF TEST RESULTS

Pump No.	CMS Pump Desig.	Test Date	Measured Pump Capacity (gpm)	Pump Suction Head (ft h2o)	Pump Discharge Head (ft h2o)	Total Static Head (ft h2o)
11A	?	10/05/08	168174	-11.4	10.0	21.4
11B	H	10/05/08	169274	-12.2	9.8	22.0
12A	C	10/05/08	165091	-8.6	14.3	22.9
12B	K	10/05/08	160043	-8.0	14.8	22.8
13A	L	10/05/08	163426	-7.7	16.6	24.3
13B	J	10/05/08	147008	-7.7	15.3	23.0

Note: Pump suction heads and discharge heads corrected to elevation 100'

William G. Biggs
Technical Analyst
Salem Chemistry - PSEG Power

October 15, 2008
Report No. TP08078

SUMMARY (Cont'd)

For reporting purposes, shown below is the data pertinent to the injection of Rhodamine WT dye released to the river during testing. Testing is complete at this station.

RECORD OF RHODAMINE WT DYE INJECTION

Test Date	Pump No.	Injection Time		Pure Dye Injected (ml)	Number of Pumps in Service	Total System Flow (1000 gpm)	Effluent Concentration (ppb)
		(start)	(stop)				
10/05/08	11A	1033	1100	36.57	6	1110.0	0.32
10/05/08	11B	921	947	34.98	6	1110.0	0.32
10/05/08	12A	1324	1349	33.24	6	1110.0	0.32
10/05/08	12B	1402	1425	36.77	6	1110.0	0.32
10/05/08	13A	1437	1460	31.40	6	1110.0	0.32
10/05/08	13B	1523	1548	34.26	6	1110.0	0.33
10/05/08	11A	1014	1023	12.19	6	1110.0	0.32
10/05/08	13B	1509	1516	9.59	6	1110.0	0.33

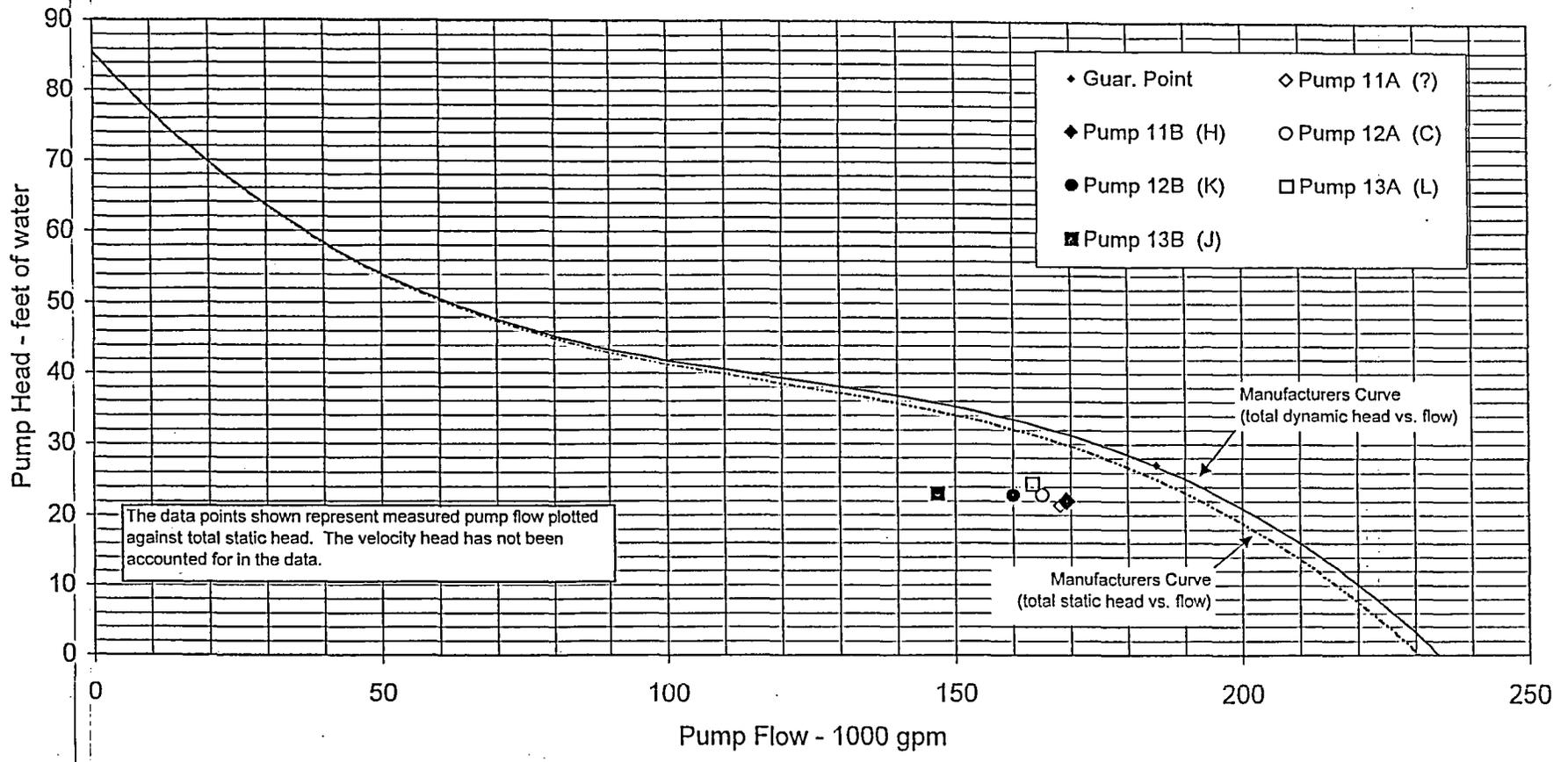
TEST METHOD

The circulating water flow rate was determined by fluorometry using MTS Mechanical Division Work Instruction TPG-19 Rev. 7 "Water Flow Using The Turner Fluorometer". Rhodamine WT dye was injected into the bell mouth of each pump using 1/2 inc PVC pipe with a carrier flow of screen wash water at 3 gallons per minute.

The dye was injected at a known rate using a peristaltic pump and a class A burette to measure rate. The diluted sample was retrieved and monitored by taking a sample from the inlet water box piping. The ratio of the injected concentration to the sample concentration multiplied by the injection flow rate yielded the circulator flow rate.

The total static head was obtained by measuring the pump suction head in feet from elevation

Salem Generating Station - Unit No. ^{WAB} 21
 Total Pump Head vs. Pump Flow



The data points shown represent measured pump flow plotted against total static head. The velocity head has not been accounted for in the data.

- ◆ Guar. Point
- ◆ Pump 11B (H)
- Pump 12B (K)
- Pump 13B (J)
- ◇ Pump 11A (?)
- Pump 12A (C)
- Pump 13A (L)

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
NJ0005622	Month 10	Day 1	Year 2008	To	Month 10	Day 31	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:

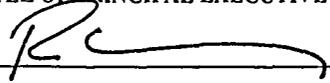
PSEG NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE: No Discharge this Monitoring Period Monitoring Report Comments Attached

WHO MUST SIGN . The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. 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 also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification.

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Robert C. Braun, Site Vice President - Salem	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
	11/24/2008 856-339-1998
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.

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

Surface Water Discharge Monitoring Report

PI 48814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: FACA SW Outfall FACA MONITORING PERIOD: 10/1/2008 TO 10/31/2008 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER	X	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Temperature, oC 00010 G Raw Sew/Influent	SAMPLE MEASUREMENT	*****	*****	*****	*****	18.3	22.3	DEG.C	0	CONTINUOUS	CONTIN	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX					
	QL	*****	*****		*****	*****	*****					
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	18.3	32.0	DEG.C	0	CONTINUOUS	CONTIN	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	43.3 01DAMX					
	QL	*****	*****		*****	*****	*****					
Temperature, oC 00010 2 Effluent Net Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.8	9.7	DEG.C	0	1/DAY	CALCTD	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	15.3 01DAMX					
	QL	*****	*****		*****	*****	*****					
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	17451	*****	PA166			*****	*****	Not Applic	NOT AP	
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		*****	REPORT Lab #	REPORT Lab #					REPORT Lab #
	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".

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT NJ0005622	MONITORING PERIOD						MONITORED LOCATION: FACB – SW Outfall FACB
	Month 10	Day 1	Year 2008	To	Month 10	Day 31	

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

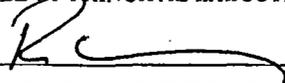
CHECK IF APPLICABLE: No Discharge this Monitoring Period Monitoring Report Comments Attached

WHO MUST SIGN The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. 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 also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification.

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 that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of and/or imprisonment, pursuant to N.J.A.C. 7:14A-6.9(B). The New Jersey water Pollution Control Act provides for penalties up to \$50,000 per violation.

Robert C. Braun, Site Vice President - Salem N/A

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR GRADE AND REGISTRY NUMBER (IF APPLICABLE)

 11/24/2008 856-339-1998

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR DATE AREA CODE/PHONE NUMBER

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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.

N/A N/A N/A N/A

NAME AND TITLE SIGNATURE DATE AREA CODE/PHONE NUMBER

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: FACB SW Outfall FACB MONITORING PERIOD: 10/1/2008 TO 10/31/2008 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATI

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 G Raw Sew/Influent	SAMPLE MEASUREMENT	*****	*****	*****	*****	18.3	22.3	DEG.C	0	CONTINUOUS	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX		CONTINUOUS	CONTIN	
	QL	*****	*****		*****	*****	*****		*****		
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	26.8	30.6	DEG.C	0	CONTINUOUS	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	43.3 01DAMX		CONTINUOUS	CONTIN	
	QL	*****	*****		*****	*****	*****		*****		
Temperature, oC 00010 2 Effluent Net Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.5	10.1	DEG.C	0	1/DAY	CALCTD.
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	15.3 01DAMX		1/Day	CALCTD	
	QL	*****	*****		*****	*****	*****		*****		
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	17457	*****	PA166			*****			
	PERMIT REQUIREMENT	REPORT Lab #	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".

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
	Month	Day	Year	To	Month	Day		Year
NJ0005622	10	1	2008		10	31	2008	FACC – SW Outfall FACC

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

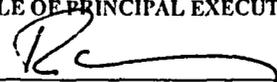
REPORT RECIPIENT:
PSEG NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE: No Discharge this Monitoring Period Monitoring Report Comments Attached

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Robert C. Braun, Site Vice President - Salem	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
	11/24/2008 856-339-1998
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER

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

Surface Water Discharge Monitoring Report

PI 43814

PERMIT NUMBER: NJ0005622
 MONITORED LOCATION: FACC SW Outfall FACC
 MONITORING PERIOD: 10/1/2008 TO 10/31/2008
 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 G Raw Sew/Influent	SAMPLE MEASUREMENT	1732	2593	MGD	*****	*****	*****	*****	0	1/DAY	CALCTD
	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX		*****	*****	*****		*****	1/Day	CALCTD
	QL	*****	*****		*****	*****	*****		*****		
Thermal Discharge Million BTUs per Hr 00015 2 Effluent Net Value	SAMPLE MEASUREMENT	9709	13990	MBTU/HR	*****	*****	*****	*****	0	1/DAY	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	30600 01DAMX		*****	*****	*****		*****	1/Day	CALCTD
	QL	*****	*****		*****	*****	*****		*****		
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	17451		PA166						
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #		REPORT Lab #	Not Applic	NOT AP
	QL	*****	*****		*****	*****	*****		*****		

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New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
NJ0005622	Month	Day	Year	To	Month	Day	Year	048C – SW Outfall 48C
	10	1	2008		10	31	2008	

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

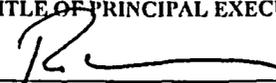
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Robert C. Braun, Site Vice President - Salem N/A

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N/A N/A N/A N/A

NAME AND TITLE SIGNATURE DATE AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 43814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

048C SW Outfall 48C

10/1/2008 TO 10/31/2008

PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER	<input checked="" type="checkbox"/>	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	0.4057	0.5623	MGD	*****	*****	*****	*****	0	1/DAY	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****	1/Day	CALCTD
	QL	*****	*****		*****	*****	*****		*****		
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	9	9	MG/L	0	2/MONTH	COMPOS
	PERMIT REQUIREMENT	*****	*****		*****	30 01MOAV	100 01DAMX		*****	2/Month	COMPOS
	QL	*****	*****		*****	*****	*****		*****		
Nitrogen, Ammonia Total (as N) 00610 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	1	MG/L	0	2/MONTH	COMPOS
	PERMIT REQUIREMENT	*****	*****		*****	35 01MOAV	70 01DAMX		*****	2/Month	COMPOS
	QL	*****	*****		*****	*****	*****		*****		
Petroleum Hydrocarbons 00551 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	<5	<5	MG/L	0	2/MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	10 01MOAV	15 01DAMX		*****	2/Month	GRAB
	QL	*****	*****		*****	*****	*****		*****		
Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	5	6	MG/L	0	2/MONTH	COMPOS
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	50 01DAMX		*****	2/Month	COMPOS
	QL	*****	*****		*****	*****	*****		*****		
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	17451		PA166e						
	PERMIT REQUIREMENT	REPORT Lab #	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)292-4680 or via email at "srosenwi@dep.state.nj.us".

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT NJ0005622	MONITORING PERIOD						MONITORED LOCATION: 481A – SW Outfall 481A
	Month 10	Day 1	Year 2008	To	Month 10	Day 31	

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

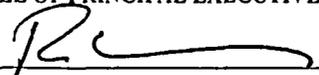
REPORT RECIPIENT:
PSEG NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE: No Discharge this Monitoring Period Monitoring Report Comments Attached

WHO MUST SIGN The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. 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 also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification.

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 that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of and/or imprisonment, pursuant to N.J.A.C. 7:14A-6.9(B). The New Jersey water Pollution Control Act provides for penalties up to \$50,000 per violation.

Robert C. Braun, Site Vice President - Salem	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
	11/24/2008 856-339-1998
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.

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

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

10/1/2008 TO 10/31/2008

PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	152	485	MGD	*****	*****	*****	*****	0	1/DAY	CALCTD	
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****		1/Day	CALCTD
	QL	*****	*****		*****	*****	*****		*****			
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	7.8	SU	0	1/WEEK	GRAB	
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX		*****		1/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****			
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	7.9	SU	0	1/WEEK	GRAB	
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX		*****		1/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****			
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	CODE = N	*****	*****	%EFFL	0	CODE = N	CODE = N	
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****		*****		2/Year	COMPOS
	QL	*****	*****		*****	*****	*****		*****			
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	0.1	MG/L	0	3/WEEK	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX		*****		3/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****			
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/WEEK	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX		*****		3/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****			

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

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 481A SW Outfall 481A MONITORING PERIOD: 10/1/2008 TO 10/31/2008 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER	X	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	24.6	34.7	DEG.C	0	1/DAY	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX				
	QL	*****	*****		*****	*****	*****				
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	17451		PA166					Not Applic	NOT AP
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #				
	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.

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:
	Month	Day	Year	To	Month	Day	
NJ0005622	10	1	2008		10	31	2008
							482A – SW Outfall 482A

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 APPLICABLE: No Discharge this Monitoring Period Monitoring Report Comments Attached

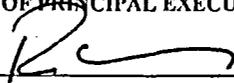
WHO MUST SIGN The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. 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 also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification.

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 that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of and/or imprisonment, pursuant to N.J.A.C. 7:14A-6.9(B). The New Jersey water Pollution Control Act provides for penalties up to \$50,000 per violation.

Robert C. Braun, Site Vice President - Salem

N/A

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR GRADE AND REGISTRY NUMBER (IF APPLICABLE)



11/24/2008 856-339-1998

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.

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

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 482A SW Outfall 482A MONITORING PERIOD: 10/1/2008 TO 10/31/2008 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER	X	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	215	452	MGD	*****	*****	*****	*****	0	1/DAY	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.8	SU	0	1/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX				
	QL	*****	*****		*****	*****	*****				
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	7.9	SU	0	1/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX				
	QL	*****	*****		*****	*****	*****				
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	CODE=N	*****	*****	%EFFL	0	CODE=N	CODE=N
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****				
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX				
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX				
	QL	*****	*****		*****	*****	*****				

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

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 482A SW Outfall 482A MONITORING PERIOD: 10/1/2008 TO 10/31/2008 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER	X	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	25.0	32.2	DEG.C	0	1/DAY	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX				
	QL	*****	*****		*****	*****	*****				
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	17451		PA166					Not Applic	NOT AP
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #				
	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.

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:
NJ0005622	Month	Day	Year	To	Month	Day	Year
	10	1	2008		10	31	2008
							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 County

CHECK IF APPLICABLE: No Discharge this Monitoring Period Monitoring Report Comments Attached

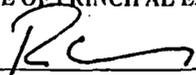
WHO MUST SIGN The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. 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 also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification.

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Robert C. Braun, Site Vice President - Salem

N/A

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR GRADE AND REGISTRY NUMBER (IF APPLICABLE)



11/24/2008 856-339-1998

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.

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 483A SW Outfall 483A MONITORING PERIOD: 10/1/2008 TO 10/31/2008 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	238	468	MGD	*****	*****	*****	*****	0	1/DAY	CALCTD	
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****		1/Day	CALCTD
	QL	*****	*****		*****	*****	*****		*****			
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	7.8	SU	0	1/WEEK	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	6.0 01DAMN	*****		9.0 01DAMX	*****	1/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****	*****		
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	7.9	SU	0	1/WEEK	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01DAMN	*****		REPORT 01DAMX	*****	1/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****	*****		
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/WEEK	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.3 01MOAV		0.5 01DAMX	*****	3/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****	*****		
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/WEEK	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT 01MOAV		0.2 01DAMX	*****	3/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****	*****		
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	24.2	31.9	DEG.C	0	1/DAY	CONTIN	
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT 01MOAV		REPORT 01DAMX	*****	1/Day	CONTIN
	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.

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 483A SW Outfall 483A MONITORING PERIOD: 10/1/2008 TO 10/31/2008 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER	X	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	17451		FAIL						
	PERMIT REQUIREMENT	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.

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:
NJ0005622	Month	Day	Year	To	Month	Day	Year
	10	1	2008		10	31	2008
							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 APPLICABLE: No Discharge this Monitoring Period Monitoring Report Comments Attached

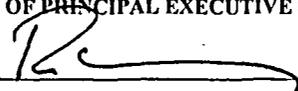
WHO MUST SIGN The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. 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 also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification.

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 that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of and/or imprisonment, pursuant to N.J.A.C. 7:14A-6.9(B). The New Jersey water Pollution Control Act provides for penalties up to \$50,000 per violation.

Robert C. Braun, Site Vice President - Salem

N/A

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR GRADE AND REGISTRY NUMBER (IF APPLICABLE)



11/24/2008 856-339-1998

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.

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

484A SW Outfall 484A

10/1/2008 TO 10/31/2008

PSEG NUCLEAR LLC SALEM GENERATION

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value		394	451	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
pH 00400 1 Effluent Gross Value		*****	*****	*****	7.6	*****	7.8	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX				
	QL	*****	*****		*****	*****	*****				
pH 00400 7 Intake From Stream		*****	*****	*****	7.8	*****	7.9	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX				
	QL	*****	*****		*****	*****	*****				
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value		*****	*****	*****	CODE = N	*****	*****	%EFFL	0	2/Year	COMPOS
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****				
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1		*****	*****	*****	*****	CODE = N	CODE = N	MG/L	0	3/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX				
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2		*****	*****	*****	*****	< 0.1	0.1	MG/L	0	3/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX				
	QL	*****	*****		*****	*****	*****				

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

Surface Water Discharge Monitoring Report

PI 45814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 484A SW Outfall 484A MONITORING PERIOD: 10/1/2008 TO 10/31/2008 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	27.6	33.3	DEG.C	0	1/DAY	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX		1/Day	CONTIN	
	QL	*****	*****		*****	*****	*****				
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	17451		PA166						
	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.

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT NJ0005622	MONITORING PERIOD						MONITORED LOCATION: 485A – SW Outfall 485A
	Month 10	Day 1	Year 2008	To	Month 10	Day 31	

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

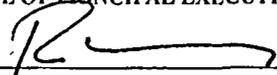
CHECK IF APPLICABLE: No Discharge this Monitoring Period Monitoring Report Comments Attached

WHO MUST SIGN The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. 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 also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification.

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 that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of and/or imprisonment, pursuant to N.J.A.C. 7:14A-6.9(B). The New Jersey water Pollution Control Act provides for penalties up to \$50,000 per violation.

Robert C. Braun, Site Vice President - Salem N/A

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR GRADE AND REGISTRY NUMBER (IF APPLICABLE)

 11/24/2008 856-339-1998

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.

N/A N/A N/A N/A

NAME AND TITLE SIGNATURE DATE AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 485A SW Outfall 485A MONITORING PERIOD: 10/1/2008 TO 10/31/2008 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	444	449	MGD	*****	*****	*****	*****	0	1/DAY	CALCTD	
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****		1/Day	CALCTD
	QL	*****	*****		*****	*****	*****		*****			
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	7.8	SU	0	1/WEEK	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	6.0 01DAMN	*****		9.0 01DAMX	*****	1/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****	*****		
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	7.9	SU	0	1/WEEK	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01DAMN	*****		REPORT 01DAMX	*****	1/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****	*****		
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	CODE=N	*****	*****	%EFFL	0	CODE=N	CODE=N	
	PERMIT REQUIREMENT	*****	*****		*****	50 01DAMN	*****		*****	*****	2/Year	COMPOS
	QL	*****	*****		*****	*****	*****		*****	*****		
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	CODE=N	CODE=N	MG/L	0	CODE=N	CODE=N	
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.3 01MOAV		0.5 01DAMX	*****	3/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****	*****		
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/WEEK	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT 01MOAV		0.2 01DAMX	*****	3/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****	*****		

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

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 485A SW Outfall 485A MONITORING PERIOD: 10/1/2008 TO 10/31/2008 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER	X	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	26.7	31.0	DEG.C	0	1/DAY	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX		1/Day	CONTIN	
	QL	*****	*****		*****	*****	*****				
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	17451		PA166					Not Applic	NOT AP
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #				
	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.

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
NJ0005622	Month	Day	Year	To	Month	Day	Year	486A – SW Outfall 486A
	10	1	2008		10	31	2008	

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

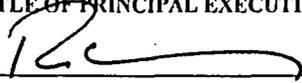
REPORT RECIPIENT:
PSEG NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE: No Discharge this Monitoring Period Monitoring Report Comments Attached

WHO MUST SIGN The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. 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 also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification.

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<u>Robert C. Braun, Site Vice President - Salem</u>	<u>N/A</u>
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
	11/24/2008 856-339-1998
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER

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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

Surface Water Discharge Monitoring Report

PI 45814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

486A SW Outfall 486A

10/1/2008 TO 10/31/2008

PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	381	399	MGD	*****	*****	*****	*****	0	1/DAY	CALCTD	
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****		1/Day	CALCTD
	QL	*****	*****		*****	*****	*****		*****			
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	7.8	SU	0	1/WEEK	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	6.0 01DAMN	*****		9.0 01DAMX	*****	1/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****	*****		
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	7.9	SU	0	1/WEEK	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01DAMN	*****		REPORT 01DAMX	*****	1/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****	*****		
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	CODE=N	CODE=N	MG/L	0	CODE=N	CODE=N	
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.3 01MOAV		0.5 01DAMX	*****	3/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****	*****		
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/WEEK	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT 01MOAV		0.2 01DAMX	*****	3/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****	*****		
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	26.6	31.1	DEG.C	0	1/DAY	CONTIN	
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT 01MOAV		REPORT 01DAMX	*****	1/Day	CONTIN
	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

PI 45814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 486A SW Outfall 486A MONITORING PERIOD: 10/1/2008 TO 10/31/2008 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification # 99999 99 Lab		SAMPLE MEASUREMENT	17327	17451		PA166					
		PERMIT REQUIREMENT	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.

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT NJ0005622	MONITORING PERIOD						MONITORED LOCATION: 487B – SW Outfall 487B
	Month 10	Day 1	Year 2008	To	Month 10	Day 31	

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

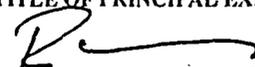
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 11/24/2008 856-339-1998

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR DATE AREA CODE/PHONE NUMBER

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N/A N/A N/A N/A

NAME AND TITLE SIGNATURE DATE AREA CODE/PHONE NUMBER

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:
NJ0005622	Month	Day	Year	To	Month	Day	Year
	10	1	2008		10	31	2008
							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:
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PO BOX 236/N21
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REGION / COUNTY: Southern / Salem County

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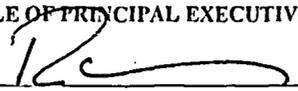
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11/24/2008 856-339-1998

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N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 45814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 489A SW Outfall 489A MONITORING PERIOD: 10/1/2008 TO 10/31/2008 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER	X	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	0.0131	0.0131	MGD	*****	*****	*****	*****	0	1/MONTH	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	7.7	SU	0	1/MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX				
	QL	*****	*****		*****	*****	*****				
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	24	24	*****	MG/L	0	1/MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		100 01DAMX	30 01MOAV	*****				
	QL	*****	*****		*****	*****	*****				
Petroleum Hydrocarbons 00551 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	<5	<5	MG/L	0	1/MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	10 01MOAV	15 01DAMX				
	QL	*****	*****		*****	*****	*****				
Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	6	6	MG/L	0	1/MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	50 01DAMX				
	QL	*****	*****		*****	*****	*****				
Lab Certification #. 99999 99 Lab	SAMPLE MEASUREMENT	17327	17451	*****	PA166			*****			
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #				
	QL	*****	*****		*****	*****	*****				

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".