MAR 24 2009

HCH-2009-032



CERTIFIED MAIL
RETURN RECEIPT REQUESTED
ARTICLE NUMBER: 7006 0100 0004 0657 6514

Department of Environmental Protection Division of Water Quality Bureau of Permit Management P.O. Box 029 Trenton, N.J. 08625-0029

NEW JERSEY POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT HOPE CREEK GENERATING STATION NJPDES PERMIT NJ0025411

Dear Sir:

Attached is the Discharge Monitoring Report for the Hope Creek Generating Station for the month of February 2009.

This report is required by and prepared specifically for the New Jersey Department of Environmental Protection (NJDEP). It presents only the observed results of measurements and analyses required to be performed by the above agencies. The choice of the measurement devices and analytical methods are controlled by the EPA and the NJDEP, not by the company, and there are limitations on the accuracy of such measurement devices and analytical techniques even when used and maintained as required. Accordingly, this report is not intended as an assertion that any instrument has measured, or that any reading or analytical result represents the true value with absolute accuracy, nor is it an endorsement of the suitability of any analytical or measurement procedure.

If you have any questions concerning this report, please feel free to contact Christopher White at (856) 339-3301.

Sincerely,

George P. Barnes

Site Vice President – Hope Creek

I ESS NM

2

Attachments

C Executive Director, DRBC USNRC - Docket number 50-354

3

EXPLANATION OF CONDITIONS

February 2009

The following explanations are included to clarify possible deviation from permit conditions.

General - The columns labeled "No. Ex" on the enclosed DMR tabulate the number of daily discharge values outside the indicated limits.

Data reporting and accuracy reflect the working environment, the design capabilities and reliability of the monitoring instruments and operating equipment.

Deviations from required sampling, analysis monitoring and reporting methods and periodicities are noted on the respective transmittal sheet.

Results reported on the Discharge Monitoring Report forms are consistent with permit limits, data supplied from contract laboratories, the December 2007 revision of the NJDEP Monitoring Report Form Reference Manual and specific guidance from DEP personnel.

4

EXPLANATION OF EXCEEDANCES

February 2009

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

DSN No.

EXPLANATION

No Exceedances

5

COUNTY OF SALEM STATE OF NEW JERSEY

I, George P. Barnes, of full age, being duly sworn according to law, upon my oath depose and say:

- 1. I am the Site Vice President-Hope Creek for PSEG Nuclear, and as such am authorized to sign Hope Creek's Discharge Monitoring Reports submitted to the New Jersey Department of Environmental Protection pursuant to the Station's New Jersey Pollutant Discharge Elimination System permit.
- I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.
- 3. The signature on the attached Discharge Monitoring Reports is my signature and I am submitting this affidavit in satisfaction of the requirement that my signature be notarized.

George P. Barnes

Site Vice President - Hope Creek

Sworn and subscribed before me this 24/1/2 day of March 2009.

DELORIS D. HADDEN

Notary Public of New Jersey My Commission Expires 03/29/2010

ID # 2073649

New Jersey Department of Environmental Protection Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MO	ONITORING PER	IOD	MONITO	RED LOCATION:
NJ0025411	Month Day 2	Year Monti 2009 To 2	Day Year 28 2009	461A - DSN 461	A - dsw
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236-N21 - ALLOWA RD HANCOCKS BRIDGE, NJ 08	038	LOCATION OF A HOPE CREEK GENER ARTIFICIAL ISLAND FOOT OF BUTTONW LOWER ALLOWAYS	RATING STATION OOD RD CREEK, NJ 08038	REPORT REPSE&G THE ANY BABA P.O. BOX 236 / HANCOCKS BE	AN Maryann makaughlih
CHECK IF APPLICABLE:	No Discharge	this Monitoring Period	Monitorin	g Report Comments Atta	ached
WHO MUST SIGN The highest the certification or, in his absence the certification. Where the higher reponsibility or person designated another entity to operate the treatment of the certify under penalty of law that that, based on my inquiry of those complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The N.	a person designated st ranking operator do by that person shall nent works, the highen at I have personally est individuals immed are significant penalt	by that person. For a loc oes not have the ability also sign the second cer est-ranking official of the examined and am familiately responsible for of ties for submitting false	cal agency, the highes to authorize capital ex tification at the botton e contracted entity sh ar with the informatio otaining the informatio information, includin	t ranking operator of the transition of this page. If the local all sign the certification. on submitted in this document, I believe that the infog the possibility of fine and	reatment works shall sign nnel, a person having that I agency has contracted with nent and all attachments, and rmation is true, accurate and
George P. Barnes, S	ite Vice Presider	nt – Hope Creek			N/A
NAME AND TITLE OF PRINCIPAL I	EXECUTIVE OFFICER,		R *LICENSED OPERAT	FOR GRADE AND REGI	STRY NUMBER (IF APPLICABLE) 856-339-1952
person designated by that person sha	TIVE OFFICER, AUTH st ranking operator do il sign the following cer	HORIZED AGENT, OR *LI ves not have the ability to a tification:	uuthorize capital expend		AREA CODE/PHONE NUMBER person having that responsibility or
I certify under penalty of law and in a N/A	eccordance with N.J.S.A	A. 58:10A-6F(5) that I have N/A		the attached discharge monit	oring reports. N/A
NAME AND TITLE	SIC	GNATURE		DATE	AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

461A DSN 461A - dsw

2/1/2009 TO 2/28/2009

HOPE CREEK GENERATING STATION

							LIC GENERALIN				
PARAMETER	X	QUANTITY	OR LOADING	טאודפ	QUALI	TY OR CONCENTR	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	34.456	38.562		*****	****	*****		0	COULINACITY	meter
50050 1 Effluent Gross Value	PERMIT REOUREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD				*****		Continuous	METER:
Flow, In Conduit or	SAMPLE MEASUREMENT	48.220	49.807		*****	*****	****	· · · · · · · · · · · · · · · · · · ·	0	touthur my	meter
50050 7 Intake From Stream	PERMIT REQUIREMENT.	REPORT 0 IMOAV	REPORT OIDAMX	MGD				*****		Continuous	METER
рН	SAMPLE MEASUREMENT	****	****		8.5	*****	8.7		Ò	/week	Grab
00400 1 Effluent Gross Value	PERMIT REQUIREMENT			******	60 colbaniu		9.0 01DAMX	s u		1/Week	.I (GRAB
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	****		****	<0,i	<0.1		0	coithnucis!	Grab
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT			*****		0.2 OIMOAV	0.5 12 01DAMX	MG/L		Continuous	GRAB.
Temperature,	SAMPLE MEASUREMENT	*****	***		*****	20.7	27.0		0	anthu ou S	vneter
00010 1 Effluent Gross Value	PERMIT REQUIREMENT			*****		REPORT 01MbAV	36.2 -01DAMX	DEG.C		Continuous	METER
Temperature,	SAMPLE MEASUREMENT	*****	*****		****	3.8	4,9		0	continuous	meter
00010 7 Intake From Stream	PERMIT REGUIREMENT			******		REPORT O'MOAV	REPORT 01DAMX	DEG.C		Continuous.	METER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

461A DSN 461A - dsw

2/1/2009 TO 2/28/2009

HOPE CREEK GENERATING STATION

1400025411	10171	DON 7017 - 44	_								
PARAMETER	\times	QUANTITY O	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	****		*****	5	5		0	Ymonth	Grab
00680 1 Effluent Gross Value	PERMIT REGUIREMENT			*****		REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	GRAB
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	****	****		*****	1	l .		0	(mont h	Calcad
00680 2 Effluent Net Value	PEAMIT REGUIREAENT WGCLE			******		PREPORT. O IMOAV	PREPORT OIDAMX	MG/L		1/Month	CALCTD
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	*****	r	*****	3	3		0	Ymonth	Grzb
00680 7 Intake From Stream	PERMIT REQUIREMENT			*****		HEPORIA DIMOAV	REPORT 01DAMX	MG/L		1/Month	- GRAB
Heat (winter) (per Hr.)	SAMPLE MEASUREMENT	363	475		*****	****	*****		0	Youy	Calctd
81387 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT OTMOAY	GE2 DAMX	мвти/нп				*****		i/Day	CALCID
Lab Certification #	SAMPLE MEASUREMENT	17451	PA166		04653						
99999 99 Lab	PERMIT HEOUREMENT	INERORIZA Lak	REPORTE Lab. #2		HEROTAL	A Lab #	PEPORIT. Lab#			Not Applic	NOT, AP

New Jersey Department of Environmental Protection Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	M	ONITORING	G PERIOD		MONITO	RED LOCATION:
NJ0025411	Month Day	Year To		ay Year 28 2009	461C - DSN 461	C - DSW internal
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236-N21 - ALLOWA RD HANCOCKS BRIDGE, NJ 086	038	LOCATION HOPE CREEK ARTIFICIAL FOOT OF BU LOWER ALL / COUNTY: So	GENERATII ISLAND TTONWOOD OWAYS CRE	NG STATION RD EK, NJ 08038	REPORT RE PSE&G THEANY BABA P.O. BOX 236 / HANCOCKS BR	The Maryenn McLaughlin H15
CHECK IF APPLICABLE:	No Discharge	this Monitorin	g Period	Monitoring	Report Comments Atta	ched
WHO MUST SIGN The highest the certification or, in his absence the certification. Where the higher reponsibility or person designated another entity to operate the treatment of law that that, based on my inquiry of those complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The N.	a person designated st ranking operator of by that person shall nent works, the high t I have personally se individuals imme- are significant penal	by that person. loes not have the lalso sign the se hest-ranking office examined and and diately responsibilities for submitti	For a local age ability to authorize ability to authorize a control of the control familiar with the for obtaining false informants.	oncy, the highest corize capital exp con at the bottom racted entity shat the information of the information pation, including	ranking operator of the tree cenditures and hire person of this page. If the local all sign the certification. In submitted in this document, I believe that the information, the possibility of fine and	eatment works shall sign unel, a person having that agency has contracted with ment and all attachments, and rmation is true, accurate and
George P. Barnes, S	ite Vice Preside	nt – Hope Cr	reek	•:		N/A
NAME AND TITLE OF PRINCIPAL E	EXECUTIVE OFFICER	, AUTHORIZED A	GENT, OR *LIC	ENSED OPERAT	or grade and regis $3/24/09$	STRY NUMBER (IF APPLICABLE) 856-339-1952
SIGNATURE OF PRINCIPAL EXECU	TIVE OFFICER, AU	HORIZED AGEN	r, or *Licensi	D OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the highe person designated by that person sha	st ranking operator d	oes not have the a		•	itures and hire personnel, a	person having that responsibility or
I certify under penalty of law and in a N/A	accordance with N.J.S.	A. 58:10A-6F(5) t N/A	hat I have receiv	red and reviewed (he attached discharge monit N/A	oring reports. N/A
NAME AND TITLE	S	IGNATURE	1		DATE	AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

461C DSN 461C - DSW interna

2/1/2009 TO 2/28/2009

HOPE CREEK GENERATING STATION

							- COLITERATION				<u></u>
PARAMETER		QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTE	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.052	0.110		*****	****	****		0	continuous	Meter
60050 - 1 Effluent Gross Value	PERMIT REQUIREMENT	SREPORT OIMOAV	REPORT.	MGD				*****		Continuous.	METER:
Colids, Total	SAMPLE MEASUREMENT	*****	*****		*****	7	7	·	0	Ymonth	Compos
0530 1 Iffluent Gross Value	PERMIT REQUIREMENT			*****		130. 01MOAV.	100 Col DAMX	MĠ/L		I/Month	COMPOS
etrol Hydrocarbons,	SAMPLE MEASUREMENT	*****	*****		*****	45	45		0	2/month	Grab
5501 1 Effluent Gross Value	PERMIT PE			*****		01 VAONIo	15 OI DAMX	MG/L		2/Month	GRAB .
arbon, Tot Organic	SAMPLE MEASUREMENT	****	***	2 31 1	*****	3	3		0	Ymonth	Compes
0680 1 ffluent Gross Value	PETMIT REQUIREMENT			******		REPORT: 0 IMOAV	50 01DAMX	MG/L		n J/Montine	COMPOS
ab Certification #	SAMPLE MEASUREMENT	17451	PA/66		04653						
99999 99 .ab	PER SENT	REPORTS	REPORTA Lab.		月目20日 日本	HEPORTS	BEPORT			Not/Applie	NOT AP

New Jersey Department of Environmental Protection Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0025411	Month Day Year 2 1 2009 To 2 28 2009	462B - dsn 462B - dsw outfall
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236-N21 - ALLOWA RD HANCOCKS BRIDGE, NJ 086	FOOT OF BUTTONWOOD RD	REPORT RECIPIENT: PSE&G THTANY BABAN Meryana Melaughlia P.O. BOX 236 / H15 HANCOCKS BRIDGE, NJ 08038
CHECK IF APPLICABLE:	No Discharge this Monitoring Period Monitoring I	Report Comments Attached
the certification or, in his absence the certification. Where the higher reponsibility or person designated another entity to operate the treats. I certify under penalty of law that that, based on my inquiry of those complete. I am aware that there	tranking official having day-to-day managerial and operational response a person designated by that person. For a local agency, the highest rest ranking operator does not have the ability to authorize capital expert by that person shall also sign the second certification at the bottom of ment works, the highest-ranking official of the contracted entity shall at I have personally examined and am familiar with the information are significant penalties for submitting false information, including the works water Pollution Control Act provides for penalties up to \$	anking operator of the treatment works shall sign and tures and hire personnel, a person having that of this page. If the local agency has contracted with sign the certification. submitted in this document and all attachments, and a, I believe that the information is true, accurate and the possibility of fine and/or imprisonment, pursuant
George P. Barnes, S	Site Vice President Hope Creek	N/A
NAME AND TITLE OF PRINCIPAL I	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE) 3/29/09 856-339-1952
SIGNATURE OF PRINCIPAL EXECU	TIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER
*For a local agency where the higher person designated by that person sha	est ranking operator does not have the ability to authorize capital expendite ll sign the following certification:	ures and hire personnel, a person having that responsibility or
I certify under penalty of law and in a N/A	accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed the N/A	e attached discharge monitoring reports. N/A N/A
NAME AND TITLE	SIGNATURE	DATE AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

462B dsn 462B - dsw outfall

2/1/2009 TO 2/28/2009

HOPE CREEK GENERATING STATION

PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, in Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.019	0.058		****	*****	*****		0	10 ay	meter
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORTS 47,01MOAV	REPORT 01DAMX	MGD				*****		21/Day	METER
	LQL T										
BOD, 5-Day (20 oC)	SAMPLE MEASUREMENT	****	****		*****	282	282		0	1/minth	Compos
00310 G Raw Sew/influent	PERMIT REQUIREMENT:			******		REPORTED LOIMOAV	MREPORT G01DAMX	MG/L		1/Month 4	COMPOS
BOD, 5-Day (20 oC)	SAMPLE MEASUREMENT	1	1		****	12	12		0	Ymesth	Compas
00310 1 Effluent Gross Value	PÊRMIT REQUIREMENT	8 OIMOAV	REPORT L' 0 WKAV	KG/DAY		30 IOIMOAV	45 OIWKAV	MG/L		1/Month	COMPOS
BOD, 5-Day (20 oC)	SAMPLE MEASUREMENT	*****	****		95.7	****	****		0	Ymenth	Calctl
00310 K Percent Removal	PERMIT REQUIREMENT			*****	0 MOAWMY			PERCENT		1/Month	CALCID
Solids, Total Suspended	SAMPLE MEASUREMENT	****	****		*****	204	204		0	1/month	Compos
00530 G Raw Sew/influent	PERMIT REQUIREMENT			*******		PREPORT OILIONV	REPORT 01DAMX	MG/L		i/Month	COMPOS
Solids, Total Suspended	SAMPLE MEASUREMENT	****	****		*****	5	5		0	Ymenth	Compos
00530 1 Effluent Gross Value	PERMITAL PER			*****		GO On MONAY	diwkay	MG/L		1/Month	COMPOS:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

462B dsn 462B - dsw outfall

2/1/2009 TO 2/28/2009

HOPE CREEK GENERATING STATION

110002371 (402D - 45	w outlan .	112005			EN GENERATIN	UUIAI	1014		
PARAMETER	X	QUANTITY	OR LOADING	UNITS QUALITY OR CONCENTRATION					NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Solids, Total Suspended	SAMPLE MEASUREMENT	****	*****		98	98	*****		0	1/month	Calctd
00530 K Percent Removal	PERMIT REQUIREMENT			. •••••	L BS NO I MO AVIANT	REPORT POIMGAV2		PERCENT		I/Month	CALCID
Oil and Grease	SAMPLE MEASUREMENT	****	****	,	*****	15	45		0	Yment h	Grab
00556 1 Effluent Gross Value	PERMIT HEQUIREMENT			4,444		0.1M(0.AV)	01DAMX	MG/L		a/Month	GRAB
Coliform, Fecal General	SAMPLE MEASUREMENT	****	****		***	< 10	410		0	1/month	
74055 1 Effluent Gross Value	PERMIT REGULARMENT					200 Le pi Moge	400 cotWKGE	#/100ML		. (/Month.)	GRAB
Lab Certification #	SAMPLE MEASUREMENT	17451	PA 166		06005			-			
99999 99 Lab	PERLITA RECUIREMENT GL	Haroni Gab	PEROFIC - HILD		東。 州日本O AF (B)	#HEPOTT	TREPORT 12 Lab#			Not Applic	NOT AP