JUN 24 2009



#### HCH-2009-074

CERTIFIED MAIL RETURN RECEIPT REQUESTED ARTICLE NUMBER: 7006 0100 0004 0657 6545

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 May 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,

ecro P. Barnu

George P. Barnes Site Vice President – Hope Creek

# JUN 24 2009

HCH-2009-074 NJPDES DMR

## Attachments

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

## HCH-2009-074 **JUN 2 4 2009** NJPDES DMR

## EXPLANATION OF CONDITIONS

#### May 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.

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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.

## HCH-2009-074 JUN 24 2009 NJPDES DMR

EXPLANATION OF EXCEEDANCES

May 2009

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

DSN No.

# EXPLANATION

# **No Exceedances**

### HCH-2009-074 NJPDES DMR JUN 2 4 2009

## COUNTY OF SALEM STATE OF NEW JERSEY

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

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

George P. Barnes Site Vice President – Hope Creek

Sworn and subscribed before me this  $\partial a_n d$  day of June 2009.

JENNIFER M. TURNER NOTARY PUBLIC OF NEW JERSEY Commission Excites 8/8/2010

## New Jersey Department of Environmental Protection Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORIN	G PERIOD	MONITORE	D LOCATION:
NJ0025411	Month   Day   Year     5   1   2009   To	MonthDayYear5312009	461A - DSN 461A	- dsw
<b><u>PERMITTEE:</u></b> PSE&G NUCLEAR LLC PO BOX 236-N21 - ALLOWA RD HANCOCKS BRIDGE, NJ 08	AY CREEK NECK ARTIFICIAL FOOT OF BU	N OF ACTIVITY: CGENERATING STATION ISLAND ITTONWOOD RD OWAYS CREEK, NJ 08038	REPORT REC PSE&G THTANY BABAN P.O. BOX 2367 H1 HANCOCKS BRID	proving from the claughtin 5
	<b>REGION / COUNTY: S</b>	outhern / Salem County		
CHECK IF APPLICABLE:	No Discharge this Monitori	ng Period 🗌 Monitoring	g Report Comments Attach	ed
the certification or, in his absence the certification. Where the high reponsibility or person designate another entity to operate the treat I certify under penalty of law the that, based on my inquiry of the complete. I am aware that there	st ranking official having day-to-day e a person designated by that person est ranking operator does not have th d by that person shall also sign the s tment works, the highest-ranking off hat I have personally examined and ose individuals immediately respons are significant penalties for submit New Jersey Water Pollution Control	For a local agency, the highest the ability to authorize capital ex- econd certification at the bottor icial of the contracted entity sha am familiar with the informatio ible for obtaining the information ting false information, includin	t ranking operator of the trea penditures and hire personne n of this page. If the local ag all sign the certification. on submitted in this document on, I believe that the inform g the possibility of fine and/	tment works shall sign I, a person having that gency has contracted with at and all attachments, and nation is true, accurate and
George P. Barnes,	Site Vice President – Hope	Creek	۸	J/A
NAME AND TITLE OF PRINCIPAL	executive officer, Authorized	AGENT, OR *LICENSED OPERAT	FOR GRADE AND REGIST	RY NUMBER (IF APPLICABLE) 856-339-1952
SIGNATURE OF PRINCIPAL EXEC	CUTIVE OFFICER, AUTHORIZED AGE	NT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the hig person designated by that person st	hest ranking operator does not have the vall sign the following certification:	e ability to authorize capital expen	ditures and hire personnel, a p	erson having that responsibility or
I certify under penalty of law and if N/A	h accordance with N.J.S.A. 58:10A-6F(5 N/A		the attached discharge monitor N/A	ing reports. N/A
NAME AND TITLE	SIGNATURE		ĎATE	AREA ÇÖDE/PHONE NUMBER

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<u>PERMIT NUMBER:</u> NJ0025411	······································			<u>MONITORING PERIOD:</u> 5/1/2009 TO 5/31/2009		FACILITY NAME:					•
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PARAMETER	>	QUANTITY C	R LOADING	UNITS	QUALI	TY OR CONCENTR	IATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE
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0050 1 ffluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******		794678	*****		Continuous	METER
<b>low, in Conduit or</b> hru Treatment Plant	SAMPLE MEASUREMENT	60.133	73.994		*****	*****	14	electronic de la contra de la contra de la contra contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la contra de la c	0	Continuous	meter
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Tëmperature, oC	SAMPLE MEASUREMENT	*****	, 24 de - 1, 27 gent de la defense d 1 de la defense de 1 de la defense		*****	18.9	22.2		0	conthuous	meter
00010  7 Intake From Stream	PERMIT REQUIREMENT		brinst.	*****		REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	METER

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

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PERMIT	NU	MB.	ER:
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MONITORED LOCATION:

MONITORING PERIOD: FACILITY NAME:

NJ0025411	461A	DSN 461A - de	sw 5/	/1/2009 T	O 5/31/2009	HOPE CREEK GENERATING STATION						
PARAMETER	$\bowtie$	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITŠ	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
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00680 1 Effluent Gross Value		interes 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	etteret a series and a series of the series	•••••		REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month:	GRAB	
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(TOC) 00680 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****		*****	Y	4		0	Ymonth	Graß	
		ARTING C	lesanse Stanson	*****	******	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	GRAB	
Heat (winter) (per Hr.)	SAMPLE MEASUREMENT	217	368		*****	****	******	in in the second s	0	Yoiy	Cilcte	
81387  1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	662 01DAMX	MBTU/HR				******		1/Day	CALCTD	
Lab Certification #	SAMPLE MEASUREMENT	17451	PA166	B	04653							
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 - Regin 2 at (609) 292-4860 or via email at "susah.rosenwinkel@dep.state.nj.us".

# New Jersey Department of Environmental Protection Division of Water Quality

# Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONI	TORING PERIOD	· · · · · · · · · · · · · · · · · · ·	MONITORE	D LOCATION:
NJ0025411	MonthDayYe5120		ay Year 31 2009	461C - DSN 461C	- DSW internal
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	<b>REGION / CO</b>	UNTY: Southern / Sale	n County		· · · · · · · · · · · · · · · · · · ·
CHECK IF APPLICABLE:	<b>No Discharge this</b>	Monitoring Period	Monitoring	Report Comments Attack	ieđ
the certification. Where the high reponsibility or person designate another entity to operate the treat I certify under penalty of law th that, based on my inquiry of tho complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The f	I by that person shall also ment works, the highest-r at I have personally exam se individuals immediated are significant penalties f	sign the second certificat anking official of the con ined and am familiar wit ly responsible for obtaini for submitting false inform	ion at the botton tracted entity sha h the information ng the information nation, including	n of this page. If the local ag an of this page. If the local ag an submitted in this document on, I believe that the inform the possibility of fine and/	ency has contracted with at and all attachments, and nation is true, accurate and
George P. Barnes,	Site Vice President –	- Hope Creek		N	/Α
NAME AND THE OF PRINCIPAL	EXECUTIVE OFFICER, AUT	fhorized agent, or *Li	CENSED OPERAT	or grade and regist $\frac{6}{2209}$	RY NUMBER (IF APPLICABLE) 856-339-1952
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHOR	IZED AGENT, OR *LICENS	ED OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the high person designated by that person sh			ize capital expend	litures and hire personnel, a p	erson having that responsibility or
I certify under penalty of law and in N/A	accordance with N.J.S.A. 58	3:10A-6F(5) that I have rece N/A	ved and reviewed	the attached discharge monitor N/A	ing reports. N/A
NAME AND TITLE	SIGNA	TURE		DATE	AREA CODE/PHONE NUMBER

<u>PERMIT NUMBER:</u> NJ0025411		<i>TORED LOCA</i> DSN 461C - D			ING PERIOD: 0 5/31/2009	<u>FACILITY NA</u> HOPE CREEI					
PARAMETER	$\mathbf{>}$	QUANTITY	DR LOADING	UNITS	QUALIT	TY OR CONCENTRA	TION	UNITS	NO. EX.	FREQ. OF	SAMPLE TYPE
Flow, In Conduit or Ihru Treatment Plant	SAMPLE MEASUREMENT	0.042	0.080		*****	*****	*****		0	continuous	
50050 1 Effluent Gross Value		REPORT 01MOAV	REPORT 01DAMX	MGD	******	A*****	******	******		Continuous	METER
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00530  1 Effluent Gross Value		*****	******	•••••	sittine.	30 01MOAV	100 01DAMX	MG/L		1/Month	COMPOS
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arbon, Tot Organic TOC)	SAMPLE MEASUREMENT	******	Alasta Pranciska – Konstant Konstant Banaria	and the second sec		5	5		0	Ymont h	Compo.
00680 1 Effluent Gross Value			615445 615445	*****	*****	REPORT 01MOAV	50 01DAMX	MG/L		1/Month	COMPOS
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99999 99 Lab	PERMIT REQUIREMENT	REPORT	REPORT Lab #		REPORT	REPORT Lab #	REPORT Lab.#			Not Applic	NOT AP

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

## New Jersey Department of Environmental Protection Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	M	IONITORIN	<b>G PERIC</b>	D		MONITORED LOCATION:	
NJ0025411	MonthDay51	Year     2009   To	462B - dsn 462B - dsw outfall	w outfall			
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the certification or, in his absence the certification. Where the highe reponsibility or person designated	a person designate st ranking operator l by that person sha	ed by that person does not have t all also sign the	n For a loca he ability to second certif	l agency, authoriz ication a	the highes capital ex t the bottor	st ranking operator of the treatment works shall sign xpenditures and hire personnel, a person having that m of this page. If the local agency has contracted wi	th
that, based on my inquiry of those complete. I am aware that there	se individuals imm are significant pen	ediately respon alties for submi	sible for obt tting false in	aining th formatio	e informati n, includin	ion, I believe that the information is true, accurate a signal of the possibility of fine and/or imprisonment, pursu o \$50,000 per violation.	and
George P. Barnes, S	ite Vice Presid	ent – Hope (	Creek			N/A	· · · ·
NAME AND TITLE OF PRINCIPAL I	1.1		) AGENT, OR	*LICENS	ED OPERA	거리가 가 것 같아요. 이 것 같은 것 같아요. 여러 가 가지 않아 안 없는 것 수 있을 것 같은 것 같	11년 12년 11년 11년 11년 11년 11년 11년 11년 11년
NJ0025411 Month Day Year Year 462B - dsn 462B - dsw outfall   PERMITTEE: Image: State of the state	MBER						
			e ability to ai	uthorize c	ipital expen	nditures and hire personnel, a person having that respons	ibility or
I certify under penalty of law and in	accordance with N.J.	S.A. 58:10A-6F(	5) that I have	received a	nd reviewed	d the attached discharge monitoring reports.	
						· 영영철 방전 2011년 1월 10일 1월 18일 18일 국내가 가지 수 있는 것은 이름값 손을 통했다. 한 것 같은 것 같은 것 같이 하는 것	
NAME AND TITLE		SIGNATURE		· .		DATE AREA CODE/PHONE NU	MBER

PERMIT NUMBER: NJ0025411	RMIT NUMBER:   MONITORED LOCA     0025411   462B dsn 462B - ds				ING PERIOD: 0 5/31/2009	FACILITY NAME: HOPE CREEK GENERATING STATION						
PARAMETER	QUANTITY OR LOADING			UNITS	QUALIT	QUALITY OR CONCENTRATION			NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Now, In Condult or Thru Treatment Plant	SAMPLE MEASUREMENT	0.012	0.022		****	*****			Ø	1044	weter	
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00310 K Percent Removal			(******	••••••	87:5 01MOAVMN	******	******* *******	PERCENT		1/Month	CALCTD	
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Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Regin 2 at (609) 292-4860 or via email at "susan rosenwinkel @dep.state.nj.us".

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PERMIT NUMBER: NJ0025411		TORED LOCAT dsn 462B - dsv			ING PERIOD: 0 5/31/2009	<u>FACILITY NA</u> Hope cree	<i>ME:</i> K GENERATIN	IG STAT	ION.		
PARAMETER	$\bowtie$	QUANTITY C	DR LOADING	UNITS	QUALIT	Y OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
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00530 K Percent Removal	PERMIT REQUIREMENT	attact	alle and a second	*****	85 01MOAVMN	REPORT 01MOAV		PERCENT		1/Month	CALCTD
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00556  1 Effluent Gross Value			****** 		******	10 01MOAV	15 01DAMX	MG/L		1/Month	GRAB
Coliform, Fecal General	SAMPLE MEASUREMENT	an ar a Sayaran ar a saalay ar ar a	nanigi mangena sing Akkang		*****	< 10	<10		0	Ymonth	Grab
74055 1 Effluent Gross Value			677464 	******	*****	200 01MOGE	400 01WKGE	#/100ML		1/Month	GRAB
Lab Certification #	SAMPLE MEASUREMENT	17451	PA 166		06005		nii mar sanad nana hara dah				
99999 99 Lab	PERMIT REQUIREMENT	BEPORT	REPORT		REPORT Lab #	REPORT Lab #	REPORT			Not Applic	NOT AP

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

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