

SEP 22 2009



SCH09-114

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED  
ARTICLE NUMBER: 7008 0150 0000 5749 4192  
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 August 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 Bob Bernard (856) 339-1636.

Sincerely,

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

Robert C. Braun  
Site Vice President – Salem

IE25

KRR

SEP 22 2009

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Attachment (12 DMR's)

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

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EXPLANATION OF CONDITIONS

**August 2009**

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

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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 1993 revision of the NJDEP DMR Instruction Manual and specific guidance from DEP personnel.

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EXPLANATION OF EXCEEDANCES

**August 2009**

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

DSN No.

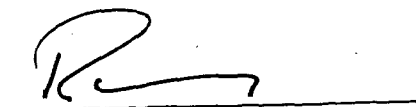
EXPLANATION

None.

COUNTY OF SALEM  
STATE OF NEW JERSEY

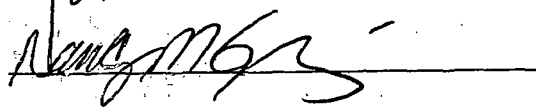
I, Robert C. Braun of full age, being duly sworn according to law, upon my oath  
depose and say:

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



Robert C. Braun  
Site Vice President – Salem

Sworn and subscribed before me  
this 21<sup>st</sup> day of September 2009



Nancy M. Gunning  
Notary Public of New Jersey  
Commission Expires on September 22, 2009

New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

<b>NJPDES PERMIT</b>	<b>MONITORING PERIOD</b>						<b>MONITORED LOCATION:</b>	
<b>NJ0005622</b>	<b>Month</b>	<b>Day</b>	<b>Year</b>	To	<b>Month</b>	<b>Day</b>	<b>Year</b>	<b>FACA – SW Outfall FACA</b>
	8	1	2009		8	31	2009	

**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

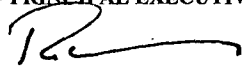
**WHO MUST SIGN** The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign 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)**



09/18/2009

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:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACA SW Outfall FACA

8/1/2009 TO 8/31/2009

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	*****	*****	*****	*****	28.1	29.2	DEG.C	0	Continuous	CONTIN	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX					
	QL	*****	*****		*****	*****	*****					
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	36.4	37.7	DEG.C	0	Continuous	CONTIN	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	46.1 01DAMX					
	QL	*****	*****		*****	*****	*****					
Temperature, oC 00010 2 Effluent Net Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.3	8.5	DEG.C	0	1/Day	CALCTD	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	15.3 01DAMX					
	QL	*****	*****		*****	*****	*****					
Lab Certification #  99999 99 Lab	SAMPLE MEASUREMENT	17327	17451	*****	PA 166			*****	*****	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 8	Day 1	Year 2009	To	Month 8	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

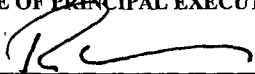
**REPORT RECIPIENT:**  
PSEG NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

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)
	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE
	09/18/2009
	AREA CODE/PHONE NUMBER
	856-339-1998

*\*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:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACB SW Outfall FACB

8/1/2009 TO 8/31/2009

PSEG NUCLEAR LLC SALEM GENERATIN

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	*****	*****	*****	*****	28.1	29.2	DEG.C	0	CONTINUOUS	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX		Continuous	CONTIN	
	QL	*****	*****		*****	*****	*****		*****		
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	36.0	37.1	DEG.C	0	CONTINUOUS	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	46.1 01DAMX		Continuous	CONTIN	
	QL	*****	*****		*****	*****	*****		*****		
Temperature, oC 00010 2 Effluent Net Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.9	8.0	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	17451		PA 166						
	PERMIT REQUIREMENT	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  NJ0005622	MONITORING PERIOD						MONITORED LOCATION:  FACC – SW Outfall FACC
	Month 8	Day 1	Year 2009	To	Month 8	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

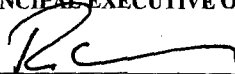
**WHO MUST SIGN** The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign 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.

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

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

 09/18/2009 856-339-1998

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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

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NAME AND TITLE SIGNATURE DATE AREA CODE/PHONE NUMBER

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACC SW Outfall FACC

8/1/2009 TO 8/31/2009

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	2725	2727	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	14443	14604	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		PA 166						
	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  NJ0005622	MONITORING PERIOD						MONITORED LOCATION:  048C – SW Outfall 48C
	Month 8	Day 1	Year 2009	To	Month 8	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

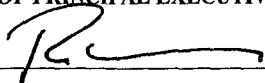
**WHO MUST SIGN** The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign 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.

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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)

 09/18/2009 856-339-1998

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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:

MONITORED LOCATION:

MONITORING PERIOD:


FACILITY NAME:

NJ0005622

048C SW Outfall 48C

8/1/2009 TO 8/31/2009

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	0.2492	0.3989	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	*****	*****	*****	*****	3	3	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	*****	*****	*****	*****	1	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	*****	*****	*****	*****	4	5	MG/L	0	2/MONTH	COMPOS	
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT 01MOAV		50 01DAMX	*****	2/Month	COMPOS
	QL	*****	*****		*****	*****	*****		*****	*****		
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	17457		PA 166							
	PERMIT REQUIREMENT	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  <b>NJ0005622</b>	MONITORING PERIOD						MONITORED LOCATION:  <b>481A – SW Outfall 481A</b>
	Month 8	Day 1	Year 2009	To	Month 8	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

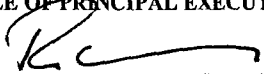
**REPORT RECIPIENT:**  
PSEG NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

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.

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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)
	<u>09/18/2009</u> <u>856-339-1998</u>
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.

<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



PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

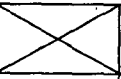
FACILITY NAME:

NJ0005622

481A SW Outfall 481A

8/1/2009 TO 8/31/2009

PSEG NUCLEAR LLC SALEM GENERATI

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	519	519	MGD	*****	*****	*****	*****	0	1/Day	CALCTD	
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****		1/Day	CALCTD
	QL	*****	*****		*****	*****	*****		*****			
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.4	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	*****	*****	*****	7.6	*****	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

PERMIT NUMBER: NJ0005622      MONITORED LOCATION: 481A SW Outfall 481A      MONITORING PERIOD: 8/1/2009 TO 8/31/2009      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	*****	*****	*****	*****	36.4	38.3	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		PA 166							
	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:  482A – SW Outfall 482A
	Month 8	Day 1	Year 2009	To	Month 8	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

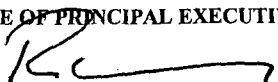
**REPORT RECIPIENT:**  
PSEG NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

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)
	09/18/2009 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

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

482A SW Outfall 482A

8/1/2009 TO 8/31/2009

PSEG NUCLEAR LLC SALEM GENERATI

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	474	474	MGD	*****	*****	*****	*****	0	1/Day	CALCTD	
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****		1/Day	CALCTD
	QL	*****	*****		*****	*****	*****		*****			
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.5	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	*****	*****	*****	7.6	*****	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

PERMIT NUMBER: NJ0005622      MONITORED LOCATION: 482A SW Outfall 482A      MONITORING PERIOD: 8/1/2009 TO 8/31/2009      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	*****	*****	*****	*****	36.2	38.4	DEG.C	0	1/Day	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX				
	QL	*****	*****		*****	*****	*****				
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	17451		PA 166					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	8	1	2009		8	31	2009
							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.

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)
	09/18/2009 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

Surface Water Discharge Monitoring Report

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

483A SW Outfall 483A

8/1/2009 TO 8/31/2009


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	470	471	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****	1/Day	CALCTD
	QL	*****	*****		*****	*****	*****		*****		
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.4	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	*****	*****	*****	7.6	*****	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	*****	*****	*****	*****	36.6	40.0	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

PERMIT NUMBER: NJ0005622      MONITORED LOCATION: 483A SW Outfall 483A      MONITORING PERIOD: 8/1/2009 TO 8/31/2009      FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA166						
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	*****	*****		*****	*****	*****				

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New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT  <b>NJ0005622</b>	MONITORING PERIOD						MONITORED LOCATION:  <b>484A – SW Outfall 484A</b>
	Month 8	Day 1	Year 2009	To	Month 8	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

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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)
	09/18/2009 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




Surface Water Discharge Monitoring Report

PERMIT NUMBER: NJ0005622

MONITORED LOCATION: 484A SW Outfall 484A

MONITORING PERIOD: 8/1/2009 TO 8/31/2009

FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATI

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	506	507	MGD	*****	*****	*****	*****	0	1/Day	CALCTD	
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****		1/Day	CALCTD
	QL	*****	*****		*****	*****	*****		*****			
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.5	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	*****	*****	*****	7.6	*****	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.



**PERMIT NUMBER:** NJ0005622     
**MONITORED LOCATION:** 484A SW Outfall 484A     
**MONITORING PERIOD:** 8/1/2009 TO 8/31/2009     
**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	*****	*****	*****	*****	36.4	38.1	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

<b>NJPDES PERMIT</b>	<b>MONITORING PERIOD</b>						<b>MONITORED LOCATION:</b>	
<b>NJ0005622</b>	<b>Month</b>	<b>Day</b>	<b>Year</b>	To	<b>Month</b>	<b>Day</b>	<b>Year</b>	<b>485A – SW Outfall 485A</b>
	8	1	2009		8	31	2009	

**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

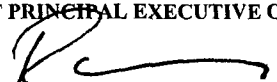
**REPORT RECIPIENT:**  
PSEG NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

**REGION / COUNTY:** Southern / Salem County

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

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<u>Robert C. Braun, Site Vice President - Salem</u>	<u>N/A</u>
<b>NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR</b>	<b>GRADE AND REGISTRY NUMBER (IF APPLICABLE)</b>
	<u>09/18/2009</u> <u>856-339-1998</u>
<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR</b>	<b>DATE</b> <b>AREA CODE/PHONE NUMBER</b>

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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>
<b>NAME AND TITLE</b>	<b>SIGNATURE</b>	<b>DATE</b>	<b>AREA CODE/PHONE NUMBER</b>

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

485A SW Outfall 485A

8/1/2009 TO 8/31/2009

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	448	449	MGD	*****	*****	*****	*****	0	1/Day	CALCTD	
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****		1/Day	CALCTD
	QL	*****	*****		*****	*****	*****		*****			
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.5	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	*****	*****	*****	7.6	*****	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

PERMIT NUMBER: NJ0005622      MONITORED LOCATION: 485A SW Outfall 485A      MONITORING PERIOD: 8/1/2009 TO 8/31/2009      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	*****	*****		*****	36.0	37.6		0	1/Day	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	QL	*****	*****		*****	*****	*****				
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	17451		PA 166						
	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:  486A – SW Outfall 486A
	Month 8	Day 1	Year 2009	To	Month 8	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.

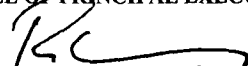
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate 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)



09/18/2009

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:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

486A SW Outfall 486A

8/1/2009 TO 8/31/2009

PSEG NUCLEAR LLC SALEM GENERATI

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	434	434	MGD	*****	*****	*****	*****	0	1/Day	CALC'D	
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****	1/Day	CALC'D	
	QL	*****	*****		*****	*****	*****		*****			
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.5	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	*****	*****	*****	7.6	*****	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	*****	*****	*****	*****	35.6	37.1	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 BPS - Region 2 at (609)292-4860.

Surface Water Discharge Monitoring Report

PERMIT NUMBER: NJ0005622      MONITORED LOCATION: 486A SW Outfall 486A      MONITORING PERIOD: 8/1/2009 TO 8/31/2009      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		PA 166						
	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  <b>NJ0005622</b>	MONITORING PERIOD						MONITORED LOCATION:  <b>487B – SW Outfall 487B</b>
	Month 8	Day 1	Year 2009	To	Month 8	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)
	09/18/2009 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



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	8	1	2009		8	31	2009
							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:**

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

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GRADE AND REGISTRY NUMBER (IF APPLICABLE)



09/18/2009

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: 489A SW Outfall 489A MONITORING PERIOD: 8/1/2009 TO 8/31/2009 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATI

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	0.0642	0.0642	MGD	*****	*****	*****	*****	0	1/MONTH	CALC'D
	REPORT DUE	REPORT DUE	REPORT DUE								
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.5	SU	0	1/MONTH	GRAB
	REPORT DUE	REPORT DUE	REPORT DUE								
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	4	4	*****	MG/L	0	1/MONTH	GRAB
	REPORT DUE	REPORT DUE	REPORT DUE								
Petroleum Hydrocarbons 00551 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	25	25	MG/L	0	1/MONTH	GRAB
	REPORT DUE	REPORT DUE	REPORT DUE								
Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	5	5	MG/L	0	1/MONTH	GRAB
	REPORT DUE	REPORT DUE	REPORT DUE								
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	17451	PA 166	*****	*****	*****	*****	*****	*****	*****
	REPORT DUE	REPORT DUE	REPORT DUE								

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 "srosenwl@dep.state.nj.us".

NJ-DEP B. N. P. C. Fax: 609 998 4214