SEP 2 2 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,

Robert C. Braun

Site Vice President - Salem

IEAS

Attachment (12 DMR's)

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

#### **EXPLANATION OF CONDITIONS**

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

## EXPLANATION OF EXCEEDANCES

#### August 2009

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:

- 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.
- 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 2/2/ day of September 2009

Nancy M. Gunning
Notary Public of New Jersey

Commission Expires on September 22, 2009

NJPDES PERMIT	· · · · · · · · · · · · · · · · · · ·	MONITOR	ING PERIO	D			MONITO	RED LO	CATION:
NJ0005622	Month 1	Day         Year           1         2009	To Month 8	Day 31	Year 2009	FACA -	- SW O	utfall FA	CA
PERMITTEE: PSE&G NUCLEAR LLC 30 PARK PLAZA NEWARK, NJ 07101		PSEG NUCI GENERATI ALLOWAY	ON OF ACT LEAR LLC SAI NG STATION CREEK NECK S BRIDGE, NJ	LEM RD		PSEG N PO BOX	UCLEAR X 236/N21	IPIENT: LLC DGE, NJ 080	38
		REGIO	N / COUNTY:	Southern	ı / Salem (	County		-	
CHECK IF APPLICABLE:	No Disc	charge this Monite	oring Period		onitoring	Report Com	ments Atta	ched	
the certification. Where the highesponsibility or person designary another entity to operate the treat certify under penalty of law that, based on my inquiry of the complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The	ted by that pe atment works, at I have pers se individuals e are significa	rson shall also sig the highest-ranking onally examined as immediately respond penalties for significant	n the second ce ng official of th and am familiar ponsible for obt ubmitting false	rtification e contrac with the aining the informat	at the botted entity information information, including	ottom of this j shall sign the on submitted tion, I believed ding the poss	e certification this doc that the institution of a	e local agend on. ument and a aformation is nd/or impris	ll attachments, and true, accurate and
Robert C. Braun,	Site Vice Pre	sident - Salem						·	N/A
NAME AND TITLE OF PRINCIPAL I	EXECUTIVE OF	FFICER, AUTHORIZ	ED AGENT, OR *	LICENSEI	OPERAT(		ADE AND RI 18/2009		iber (if Applicable) 39-1998
SIGNATURE OF PRINCIPAL EXECU	TIVE OFFICE	R, AUTHORIZED AG	ENT, OR *LICEN	NSED OPE	RATOR	DATE		AREA CO	DE/PHONE NUMBER
								*	1 1
*For a local agency where the high person designated by that person s				uthorize ca	pital expen	ıditureş and hi	re personne	l, a person ha	ving that responsibility or
	hall sign the fo	llowing certification	n:						ving that responsibility or
person designated by that person s	hall sign the fo	llowing certification	n:			ed discharge r			ving that responsibility or

MONITORED LOCATION:

**MONITORING PERIOD:** 

FACILITY NAME:

NJ0005622

FACA SW Outfall FACA

8/1/2009 TO 8/31/2009

PSEG NUCLEAR LLC SALEM GENERATIN

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PARAMETER		QUANTITY (	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO EX	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	28.1	29.2	Victoria dell'impreso di I	0	Continuos	CONTIN
00010 G Raw Sew/influent	PERMIT 1 REQUIREMENT			*****	******	REPORT. 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
Temperature, oC	SAMPLE MEASUREMENT	****	*****		****	36.4	37,7	·	0	CONTINUOUS	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	erter.	*****	******	REPORT 01MOAV	46.1 01DAMX	DEG.C		Continuous	CONTIN
Temperature,	SAMPLE MEASUREMENT	****	*****		*****	8,3	8.5		٥	Yoay	CHLOTO
00010 2 Effluent Net Value	PERMIT REQUIREMENT	estere	224425 226524	*****	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166						
99999 99 Lab	PERMIT: REQUIREMENT	REPORT Lab #	REPORT Lab#		REPORT Lab#	REPORT Lab#	REPORT Lab#	4		Not Applic	NOT AP

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

NJPDES PERMIT	MONITORING PERIOD	MONITO	ORED LOCATION:
NJ0005622	Month         Day         Year           8         1         2009   To           Month         Day         Year           8         31         2009	FACB – SW O	
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038	REPORT REC PSEG NUCLEAR PO BOX 236/N21 HANCOCKS BRII	LLC
	REGION / COUNTY: Southern / Salem	County	
CHECK IF APPLICABLE:	No Discharge this Monitoring Period Mo	nitoring Report Comm	ents Attached
the certification. Where the hig responsibility or person designa another entity to operate the tree. I certify under penalty of law th that, based on my inquiry of the complete. I am aware that ther	ce a person designated by that person. For a local agency, the highest ranking operator does not have the ability to authorize capital ted by that person shall also sign the second certification at the boatment works, the highest-ranking official of the contracted entity at I have personally examined and am familiar with the informationse individuals immediately responsible for obtaining the information are significant penalties for submitting false information, including Mew Jersey water Pollution Control Act provides for penalties up	l expenditures and hire oftom of this page. If the shall sign the certification submitted in this doction, I believe that the iding the possibility of a	personnel, a person having that e local agency has contracted with ion.  cument and all attachments, and information is true, accurate and and/or imprisonment, pursuant
Robert C. Braun.	Site Vice President - Salem		N/A
	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	OR GRADE AND R 09/18/2009	EGISTRY NUMBER (IF APPLICABLE)  856-339-1998
SIGNATURE OF PRINCIPAL EXECU	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
	nest-ranking operator does not have the ability to authorize capital expensional sign the following certification:	nditures and hire personne	el, a person having that responsibility or
I certify under penalty of law and in	n accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attach	ed discharge monitoring	eports.
<u>N/A</u>	<u>N/A</u>	N/A	N/A
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACB SW Outfall FACB

8/1/2009 TO 8/31/2009

PSEG NUCLEAR LLC SALEM GENERATIN

	·							7	1		
PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO EX	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	****	*****		*****	28.1	29.2		0	CONTENUOUS	CONTIN
00010 G Raw Sew/influent	PERMIT REQUIREMENT	******	******	*****	*****	REPORT 01MOAV	REPORT 01 DAMX	DEG.C		Continuous	CONTIN
Temperature,	QL SAMPLE	19 *******	*****	<u> </u>	******	*****	******			1,500	
оС	MEASUREMENT	*****	*****	i	*****	36.0	37.1	1	0	CONTINUOUS	
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	******	REPORT 01MOAV	46.1 01 DAMX	DEG.C		Continuous	CONTIN
	QL	*****	*****		*****	*****	******				4.
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	7.9	8.0		0	1/Day	CALCID
00010 2 Effluent Net Value	PERMIT REQUIREMENT	******	******	*****	******	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD
	QL	*****	*****		*****	*****	*****	)			ه د الوال
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166					,	
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab#		REPORT Lab#	REPORT Lab#	REPORT Lab#			Not Applic	NOT AP
	QL	eastes.	*****		******	*****	******	la		4 1 1	

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".

NJPDES PERMIT		MONITO	RING PER	HOD		MONITO	PRED LOCATION:	
NJ0005622	Month 8	Day         Year           1         2009	To Mo	nth Day 31	Year 2009	FACC – SW O	utfall FACC	execution in a constant to a second
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101		PSEG NU GENERA ALLOWA	TION OF A CLEAR LLC TING STATIO AY CREEK NI CKS BRIDGE,	SALEM ON ECK RD	<u>.</u>	REPORT REC PSEG NUCLEAR I PO BOX 236/N21 HANCOCKS BRIE	LLC	
		REG	ION / COUN	TY: Southe	n / Salem	County		-
CHECK IF APPLICABLE:	$\square_{\text{No E}}$	Discharge this M	Ionitoring Per	riod		Monitoring Report Com	ments Attached	
the certification. Where the high responsibility or person designat another entity to operate the treat. I certify under penalty of law that, based on my inquiry of the complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The law that the complete is a second to the complete in th	ed by that pe tment works, at I have pers se individuals are significa	erson shall also so the highest-ran conally examine s immediately rant penalties for	sign the secon king official of d and am fami esponsible for r submitting fo	d certification the contraction of the contraction	on at the bocted entity information, inclu	ottom of this page. If the shall sign the certification submitted in this docution, I believe that the inding the possibility of an	e local agency has contra on. ument and all attachment formation is true, accura nd/or imprisonment, purs	s, and
Robert C. Braun, S	ite Vice Pres	sident - Salem					N/A	
NAME AND TITLE OF PRINCIPAL I	XECUTIVE OF	FFICER, AUTHOR	UZED AGENT, (	OR *LICENSI	D OPERAT	OR GRADE AND RE 09/18/2009	EGISTRY NUMBER (IF APPL 856-339-1998	JCABLE)
SIGNATURE OF PRINCIPAL EXECU	TIVE OFFICE	R, AUTHORIZED	AGENT, OR *L	ICENSED OP	ERATOR	DATE	AREA CODE/PHONE NU	MBER
*For a local agency where the high person designated by that person si	est-ranking op aall sign the fo	erator does not h bllowing certificat	ave the ability i	to authorize c	apital expe	nditures and hire personnel	l, a person having that respo	onsibility o
I certify under penalty of law and in	accordance w	ith N.J.S.A. 58:10	0A-6F(5) that I	have reviewe	d the attach	ned discharge monitoring re	ports.	
<u>N/A</u>		·	N/A		·	<u>N/A</u>	N/A	eft and between
NAME AND TITLE		SIGNATU	JRE		*	DATE	AREA CODE/PHONE NU	MBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

**FACC SW Outfall FACC** 

8/1/2009 TO 8/31/2009

PSEG NUCLEAR LLC SALEM GENERATIN

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PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, in Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	2725	2727		*****	*****	*****	: .	0	1/004	CHLCTO
50050 G Raw Sew/influent	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX	MGD	******* ******	*****	254474 254474	*****		1/Day	CALCTD
Thermal Discharge Million BTUs per Hr	SAMPLE MEASUREMENT	14443	14604		*****	*****	*****		0	1/Day	CALCTO
00015 2 Effluent Net Value	PERMIT: REQUIREMENT.	REPORT 01MOAV	30600 01DAMX	MBTU/HR	******	*****	*****	*****		1/Day	CALCTD
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166			T I I I I I I I I I I I I I I I I I I I			
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab#	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP

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

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	Month         Day         Year           8         1         2009   To           Month         Day           8         31	Year     048C - SW Outfall 48C
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038	REPORT RECIPIENT:  PSEG NUCLEAR LLC  PO BOX 236/N21  HANCOCKS BRIDGE, NJ 08038
•	REGION / COUNTY: Southern	n / Salem County
CHECK IF APPLICABLE:	No Discharge this Monitoring Period	Monitoring Report Comments Attached
the certification. Where the hig responsibility or person designa another entity to operate the tree I certify under penalty of law th that, based on my inquiry of the complete. I am aware that ther	hest ranking operator does not have the ability to authorited by that person shall also sign the second certification atment works, the highest-ranking official of the contract at I have personally examined and am familiar with the see individuals immediately responsible for obtaining the	information submitted in this document and all attachments, and ne information, I believe that the information is true, accurate and tion, including the possibility of and/or imprisonment, pursuant
Robert C. Braun.	Site Vice President - Salem	N/A
	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED	
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPER	
	nest-ranking operator does not have the ability to authorize ca hall sign the following certification:	apital expenditures and hire personnel, a person having that responsibility c
I certify under penalty of law and in	accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed	d the attached discharge monitoring reports.
N/A	<u>N/A</u>	N/A N/A
NAME AND TITLE	SIGNATURE	DATE AREA CODE/PHONE NUMBER

MONITORED LOCATION:

**MONITORING PERIOD:** 

FACILITY NAME:

NJ0005622

048C SW Outfall 48C

8/1/2009 TO 8/31/2009

PSEG NUCLEAR LLC SALEM GENERATIN

	0.100	SW Odlian 40	<b>.</b>	/ 1/2009 1	0 0/3 1/2003	F SEG NOCI	LEAN LLC SAL	LIVI GEN	IENA	( I II'	<b>,</b> ,
PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.2492	0.3989		****	*****	*****		0	Youy	CALCITO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	dentes.	errer errer	******	*****		1/Day	CALCTD
Solids, Total	SAMPLE MEASUREMENT	****	*****		*****	3	3		0	3/month	compos
00530 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	******	30 01MOAV	100 01DAMX	MG/L		2/Month	COMPOS
Nitrogen, Ammonía Total (as N)	SAMPLE MEASUREMENT	****	*****		*****	·			0	2/ Month	compos
00610 1 Effluent Gross Value	PERMIT REQUIREMENT:	*****	201411	*****	******	35 01MOAV	70 01DAMX	· MG/L		2/Month	COMPOS
Petroleum Hydrocarbons	SAMPLE MEASUREMENT	*****	*****		*****	<b>45</b>	<b>12</b>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0	2/ Month	GRAB
00551 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	*****	10 01MOAV	15 01DAMX	MG/L		2/Month	GRAB
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	****		*****	4	5		0	2/ month	Compos
00680 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	******	REPORT 01MOAV	50 01DAMX	MG/L		2/Month	COMPOS
Lab Certification #	SAMPLE MEASUREMENT	17327	17487		PA 166					3	Section 1 to 1
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab#		REPORT Lab #	REPORT Lab#	REPORT Lab#			Not Applic	NOT AP
	QL	*****	*****		*****	*****	*****		24	12 L	e iu diel

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".

NJPDES PERMIT	MON	NITORING PERIOD		MONITO	ORED LO	OCATION:
NJ0005622		T	481A -	- SW Ou	tfall 48	1A
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	PSE GEI ALI	DCATION OF ACTIVITY: EG NUCLEAR LLC SALEM NERATING STATION LOWAY CREEK NECK RD NCOCKS BRIDGE, NJ 08038  REGION / COUNTY: Southern /	PSEG PO B HAN	ORT REC NUCLEAR OX 236/N21 COCKS BRII	LLC	038
CHECK IF APPLICABLE:	No Discharge t	<del></del>	nitoring Report Co	mments Att	ached	The second secon
responsibility or person designa 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 ther to N.J.A.C. 7:14A-6.9(B). The	ted by that person shall atment works, the higher at I have personally ex se individuals immedia e are significant penalt New Jersey water Pollo	loes not have the ability to authorize also sign the second certification a est-ranking official of the contracter amined and am familiar with the intelly responsible for obtaining the intelligence for submitting false information attended to the control of the contracter of the	at the bottom of the dentity shall sign formation submitted information, I believe, including the position.	is page. If the the certificate ed in this document that the increase in this document in the increase in the	e local age ion. cument and nformation and/or impr n.	all attachments, and is true, accurate and isonment, pursuant
	Site Vice President - Sa		DED ATOR	ND ADE AND D	N/A	<del></del>
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, A	UTHORIZED AGENT, OR *LICENSED C	PERATOR (	09/18/2009		MBER (IF APPLICABLE) 56-339-1998
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHO	RIZED AGENT, OR *LICENSED OPERA	ATOR DAT	re	AREA C	ODE/PHONE NUMBER
person designated by that person s	hall sign the following ce	es not have the ability to authorize capiertification:  A. 58:10A-6F(5) that I have reviewed to		1	,	naving that responsibility o
<u>N/A</u>		<u>N/A</u>	· ·	N/A		N/A
NAME AND TITLE	SI	GNATURE	DATE		AREA C	ODE/PHONE NUMBER

MONITORED LOCATION:

**MONITORING PERIOD:** 

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

8/1/2009 TO 8/31/2009

PSEG NUCLEAR LLC SALEM GENERATIN

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PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	519	519		****	*****	*****		0	1,00rl	CHLCTD
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	******	TARRES .	*****		1/Day	CALCTD
рН	SAMPLE MEASUREMENT	****	*****		7.3	*****	7.4	3 }	o	\\ \week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT.	******	******	*****	6.0 01DAMN	******	9.0 01DAMX	SU		1/Week	GRAB
pH .	QL SAMPLE MEASUREMENT	*****	*****	<del></del>	7.6	*****	7.9	:	0	Week	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	******	*****	*****	REPORT 01DAMN	Attaca	REPORT 01DAMX	SU	i	1/Week	GRAB
LC50 Statre 96hr Acu Cyprinodon	QL SAMPLE MEASUREMENT	****	*****		CoDE ≈ N	*****	*****		0	CODE = N	CODE = N
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	Atticks	<u></u>	*****	50 01DAMN	******		%EFFL		2/Year	COMPOS
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	Coo£ ≈ N	C00F = N		0	CODE=N	C00E=N
*CPOX 1 Effluent Gross Value	PERMIT: REQUIREMENT	Attons 12	******	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1 Chlorine Produced	SAMPLE MEASUREMENT	*****	*****	 	*****	₹0.1	く0.1	4	0	3/wek	CRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	******	REPORT 01MOAV	0:2 01DAMX	MG/L		3/Week	GRAB
Option 2	QL	*****	111111		******	*****	ASSARS				dest.

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.

Outland March Propriet So morning ... -

PERMIT NUMBER:

MONITORED LOCATION:

**MONITORING PERIOD:** 

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

8/1/2009 TO 8/31/2009

PSEG NUCLEAR LLC SALEM GENERATIN

										i	, <u> </u>
PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTR	RATION	UNITS	NO EX	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature,	SAMPLE MEASUREMENT	*****	*****		****	36.4	38,3		0	bay	CONTAN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166					1	**************************************
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT: Lab #		REPORT Lab #	REPORT Lab#	REPORT Lab #			Not Applic	NOT AP
	QL	******	*****		*****	*****	*****				100

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

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCAT	1011.
NJ0005622	Month         Day         Year           8         1         2009   To           Month         Day         Year           8         31         2009	482A – SW Outfall 482A	
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038	REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038	
	REGION / COUNTY: Southern / Salem	County	
CHECK IF APPLICABLE	No Discharge this Monitoring Period Monitorin	Report Comments Attached	
me certification of, in the descr	ce a person designated by that person. For a local agency, the hi	1	n having that
the certification. Where the his responsibility or person design another entity to operate the tree. I certify under penalty of law that, based on my inquiry of the complete. Lam aware that the	thest ranking operator does not have the ability to authorize capitated by that person shall also sign the second certification at the latment works, the highest-ranking official of the contracted entiting at I have personally examined and am familiar with the informationse individuals immediately responsible for obtaining the informative are significant penalties for submitting false information, incl. New Jersey water Pollution Control Act provides for penalties of	of tom of this page. If the local agency has a shall sign the certification.  ion submitted in this document and all attaction, I believe that the information is true, adding the possibility of and/or imprisonme	chments, and accurate and
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Dullane Marci Pioniai de memeros ... -----

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

482A SW Outfall 482A

8/1/2009 TO 8/31/2009

PSEG NUCLEAR LLC SALEM GENERATIN

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PARAMETER		QUANTITY	OR LOADING	UNITS	QUAL	ITY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	474	474		乔妆女女女	****	*****		0	Day	CALCED
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT. 01DAMX	MGD	******	OTTOS	*******	*****		1/Day	CALCTD
рН	SAMPLE	*****	*****	<u></u>		*****		1 to		٧ .	
	MEASUREMENT	*****	*****		フロ	*****	7.5	:	0	/meck	C RAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	Trease 7	*****	6.0 01DAMN	******	9.0 01DAMX	ຮບ		1/Week	GRAB
	QL	*****	*****		*****	*****	ATTAR	<u> </u>			1 11
pH	SAMPLE MEASUREMENT	*****	*****		7.6	*****	7.9	:	0	mek	CKUB
00400 7 Intake From Stream	PERMIT REQUIREMENT	******	*****	*****	REPORT 01DAMN	*****	REPORT 01DAMX	SU		1/Week	GRAB
LC50 Statre 96hr Acu	1				<u> </u>	<u> </u>	i i i i i i i i i i i i i i i i i i i		] <u></u>	1	11 11
Cyprinodon	SAMPLE MEASUREMENT	*****	*****		CODE = N	****	*****		0	CODE = M	C00E=14
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	50 01DAMN	(AFFEAT)	, 2000 -	%EFFL		2/Year	COMPOS
	QL	*****	*****		*****	*****	*****	1			111
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	****		*****	CODE : N	CODE = N	;	0	C00E = N	CODE = N
*CPOX 1	PERMIT			*****	-	0.3	0.5	MG/L	31	3/Week	GRAB
Effluent Gross Value	REQUIREMENT	*****	*****		*****	01MOAV	01DAMX	WG/L			
Option 1	QL .	*****	*****		*****	*****	******	9			1.10
Chlorine Produced	SAMPLE			}		1 , ,	, .		1	3/	
Oxidants	MEASUREMENT	****	***		*****	< 0.1	(0.1		0	Week	GRAB
*CPOX 1	PERMIT			*****	7, 10	REPORT	0.2	MG/L		3/Week	GRAB
Effluent Gross Value	REQUIREMENT	*****	*****		*****	01MOAV	01DAMX	IVIG/L			Later :
Option 2	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: **MONITORED LOCATION: MONITORING PERIOD:** FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATIN NJ0005622 482A SW Outfall 482A 8/1/2009 TO 8/31/2009 NO. EX. FREO, OF SAMPLE **PARAMETER** QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS **ANALYSIS** TYPE Temperature, SAMPLE MEASUREMENT YDay 36,2 38.4 0 \*\*\*\*\* CONTIN \*\*\*\*\* \*\*\*\*\* oС 00010 1 REPORT REPORT 1/Day CONTIN PERMIT REQUIREMENT DEG.C 01MOAV 01DAMX **Effluent Gross Value** \*\*\*\*\* OL Lab Certification # SAMPLE MEASUREMENT 17327 17451 PA 166 REPORT REPORT NOT AP REPORT REPORT REPORT Not Applic 99999 99 PERMIT REQUIREMENT Lab# Lab# Lab# Lab# Lab# 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.

NJPDES PERMIT	MONITORING PERIOD	MONITO	RED LOCATION:
NJ0005622	Month         Day         Year           8         1         2009   To           Month         Day         Year           8         31         2009	483A – SW Out	fall 483A
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038	REPORT RECI PSEG NUCLEAR L PO BOX 236/N21 HANCOCKS BRID	LC
	REGION / COUNTY: Southern / Salem	County	
CHECK IF APPLICABLE:	No Discharge this Monitoring Period Mo	onitoring Report Comme	nts Attached
responsibility of person designs			local agency has contracted with
I certify under penalty of law the that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The	atted by that person shall also sign the second certification at the beatment works, the highest-ranking official of the contracted entity at I have personally examined and am familiar with the informationse individuals immediately responsible for obtaining the informatic are significant penalties for submitting false information, including the penalties of the provides for penalties up the provides for penalties up the provides for penalties up the person of the provides for penalties up the person of the person of the penalties up the penalties up the penalties are penalties up the penalties	o shall sign the certification submitted in this documention, I believe that the influding the possibility of an	ment and all attachments, and ormation is true, accurate and d/or imprisonment, pursuant
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PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

483A SW Outfall 483A

8/1/2009 TO 8/31/2009

PSEG NUCLEAR LLC SALEM GENERATIN

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PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF	SAMPLE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	470	471		*****	****	*****	:	0	1/Day	CALCTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	*****	******	******		1/Day	CALCTD
рН	SAMPLE MEASUREMENT	*****	****		7.2	*****	7.4	1	0	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	****	6.0 01DAMN	*****	9.0 01DAMX	su		1/Week	GRAB'
рН	SAMPLE MEASUREMENT	*****	. *****		7.6	*****	7.9		0	Meek	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	******	******	*****	REPORT 01DAMN	417444	REPORT 01DAMX	SU		1/Week	GRAB
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	*****		*****	CODE = N	CODE = N	3"	O	CODE = N	CODE N
*CPOX 1 Effluent Gross Value	PERMIT. REQUIREMENT	*****	1m 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1 Chlorine Produced Oxidants	GL SAMPLE MEASUREMENT	*****	*****		*****	₹0·1	₹0·1	ļ .	0	3/week	CHAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	******	*****	*****	###### ######	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2 Temperature, oC	GL SAMPLE MEASUREMENT	*****	*****		*****	36.6	40.0	4	O	Yoay	CONTEN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	- Carrier	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	QL	*****	*****		*****	*****	******		0		4 0175

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

PERMIT NUMBER:	MON				MONITORING PERIOD: FACILITY NAME:				-		
NJ0005622	483A	SW Outfall 483	BA	8/1/2009 T	O 8/31/2009	PSEG NUC	LEAR LLC SAL	LEM GENERAT		TIP.	
PARAMETER		QUANTITY O	R LOADING	UNITS	QUALIT	TY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166				de la composition della compos	;	
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #	i .		Not Applic	NOT AP
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Comments: Any questions	in regards to th	ne monitoring report	form can be direc	eted to S. Rose	enwinkel of the BPSF	P - Region 2 at (60	09)292-4860.			.)	State of the state

PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101  CHECK IF APPLICABLE: WHO MUST SIGN The highest the certification or, in his absence a the certification. Where the highes responsibility or person designated another entity to operate the treatm	ranking official person designa t ranking operat by that person s	PSEG NUC GENERAT ALLOWAY HANCOCK REGIO ge this Mon having day ited by that jutor does not	person. For a have the abilit	TIVITY: ALEM  K RD 1 08038  T: Souther  Merial and occurrence agence	n / Salem ( lonitoring perational cy, the high	REPORT REC PSEG NUCLEAR PO BOX 236/N21 HANCOCKS BRII  County  Report Comments Attaresponsibilities for the	tfall 48 IPIENT LLC DGE, NJ 0	: 8038 g facility shall sign
PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101  CHECK IF APPLICABLE:  WHO MUST SIGN The highest the certification or, in his absence at the certification. Where the highes responsibility or person designated	ranking official person designa t ranking operat by that person s	PSEG NUC GENERAT ALLOWAY HANCOCK REGIO ge this Mon having day ited by that jutor does not	CLEAR LLC S TING STATION Y CREEK NEC KS BRIDGE, N ON / COUNT? nitoring Period 7-to-day manag person. For a	K RD 1 08038  T: Souther  Merial and occurrences	n / Salem ( lonitoring perational cy, the high	PSEG NUCLEAR PO BOX 236/N21 HANCOCKS BRII  County  Report Comments Attaresponsibilities for the	LLC DGE, NJ 0 ached dischargin	8038 g facility shall sign
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WHO MUST SIGN The highest the certification or, in his absence a the certification. Where the highes responsibility or person designated	ranking official person designa t ranking operat by that person s	ge this Mon having day ated by that j tor does not	nitoring Period v-to-day manag person. For a have the abilit	merial and o	Ionitoring perational by, the high	Report Comments Attaresponsibilities for the	dischargin	
WHO MUST SIGN The highest the certification or, in his absence a the certification. Where the highes responsibility or person designated	ranking official person designa t ranking operat by that person s	having day ited by that j tor does not	v-to-day manag person. For a have the abilit	erial and o	perational by, the high	responsibilities for the	dischargin	
the certification or, in his absence a the certification. Where the highes responsibility or person designated	person designate ranking operate by that person s	ited by that j tor does not	person. For a have the abilit	ocal agend	y, the high			
I certify under penalty of law that I that, based on my inquiry of those complete. I am aware that there are to N.J.A.C. 7:14A-6.9(B). The New Robert C. Braun, Site	have personally individuals immer significant per water l	nighest-rank y examined nediately resemalties for s Pollution Co	and am familians sponsible for o submitting fals	ertification he contract with the otaining the informate	n at the booted entity information including i	d expenditures and hire pottom of this page. If the shall sign the certification submitted in this doction, I believe that the inding the possibility of a	personnel, e local age ion. ument and information and/or imp	a person having that ency has contracted with all attachments, and is true, accurate and risonment, pursuant
								·
NAME AND TITLE OF PRINCIPAL EXE	CUTIVE OFFICE	R, AUTHORIZ	ZED AGENT, OR	*LICENSE	O OPERATO	OR GRADE AND RI	EGISTRY N	UMBER (IF APPLICABLE)
16	, •					09/18/2009	)	856-339-1998
SIGNATURE OF PRINCIPAL EXECUTIV	VE OFFICER, AUT	THORIZED A	GENT, OR *LIC	ENSED OPE	RATOR	DATE		CODE/PHONE NUMBER
*For a local agency where the highest- person designated by that person shall I certify under penalty of law and in ac	ranking operator l sign the followir	r does not hav ng certificatio	eve the ability to on:	uthorize co	ıpital expen	nditures and hire personne	el, a person	
recently ander penalty of law and in ac-	cordance with IV.	J.D.P1. JO.1U	rs-or(3) mat 1 li	AS TEATEME	a uit anath	ed discharge monitoring t	eponis.	
<u>N/A</u>			<u>N/A</u>			N/A		N/A
NAME AND TITLE		SIGNATUR	RE		<del>-</del>	DATE	AREA C	ODE/PHONE NUMBER

oullace water bisonarde monitoring reper-

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

484A SW Outfall 484A

8/1/2009 TO 8/31/2009

PSEG NUCLEAR LLC SALEM GENERATIN

NJ0005622	484A	SW Outfall 48	94A 8	3/1/2009 1	O 8/31/2009	PSEG NUCI	EAR LLC SAL	EW GEN	IEKA	T I I	
PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUAL	ITY OR CONCENTE	RATION	UNITS	NO.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	506	507		****	***	*****		0	Day	CALCTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01 DAMX	MGD	******	errier .	enter.	******		1/Day	CALCTD
рН	SAMPLE MEASUREMENT	****	****		7,4	****	7.5	:	0	Ywek	GRAB
00400  1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	6:0 01DAMN	Annah	9.0 01DAMX	SU		1/Week	GRAB
рН	SAMPLE MEASUREMENT	****	*****		7.6	****	7,9	!	0	Yweek	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	******	******	*****	REPORT 01DAMN	*****	REPORT 01DAMX	SU		1/Week	GRAB
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	****	*****		CODE ≈ M	****	*****		0	CODE = M	CODE N
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	******	50: 01DAMN	Atten	ppting:	%EFFL		2/Year	COMPOS
Chlorine Produced Oxidants	QL SAMPLE MEASUREMENT	*****	*****		*****	CODE = N	CODE = M		0	CODE= N	CODE N
*CPOX 1 Effluent Gross Value Option 1	PERMIT REQUIREMENT	*****	*******	*****	pates.	0.3 01MOAV	0.5 01DAMX	MG/L	111	3/Week	GRAB
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	*****		*****	₹0.1	<0.1	_ 1	0	3/week	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	ATTACK TO SERVICE THE SERVICE	*****	*****	******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	QL	*****	*****		******	*****	ARTHAR	<u> </u>		100	

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.

The state of the s

PERMIT NUMBER:

MONITORED LOCATION:

**MONITORING PERIOD:** 

FACILITY NAME:

NJ0005622

484A SW Outfall 484A

8/1/2009 TO 8/31/2009

PSEG NUCLEAR LLC SALEM GENERATIN

								1 1	+ $l$	1 .	1 16 6
PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	36.4	38.1	12 E	0	1/Day	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166	*****	ABROOMS				
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT		REPORT Lab #	REPORT Lab#	REPORT Lab#	i		Not Applic	NOT AP
	QL	*****	*****		*****	*****	*****	;	1.		1 1 1

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.

	IVI	IONITORING F	PERIOD		MONI	<b>TORED</b>	LOC	ATIC	ON:	
NJ0005622	Month Day 8 1	Year 70 To	Month Day 8 31	Year 2009	485A – SW C	outfall	485 <i>A</i>	<u> </u>	:	
PERMITTEE:		LOCATION O	F ACTIVITY	V•	REPORT RE	CIDIEN	Trice		,	
PSE&G NUCLEAR LLC		PSEG NUCLEAR I		<u></u>	PSEG NUCLEA		11:			
80 PARK PLAZA		GENERATING ST.			PO BOX 236/N2					
NEWARK, NJ 07101		ALLOWAY CREE			HANCOCKS BI	3	T ก็ลกั้วร	2		
,		HANCOCKS BRID			, marcocks bi	OL, 14.	00050	,		
·		DEGION / GG			_					
	<u></u>		OUNTY: South	ern / Salem (	County					
CHECK IF APPLICABLE:	No Dischar	ge this Monitoring	Period	Monitoring	Report Comments A	ttached		:		
the certification. Where the hig		or account marc mi		corize capita						
I certify under penalty of law the that, based on my inquiry of the complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The Robert C. Braun, S.	atment works, the hat I have personally se individuals imme are significant pe New Jersey water F	ighest-ranking office rexamined and am ediately responsible nalties for submitting collution Control Actual Salem	econd certificate cial of the control familiar with the for obtaininging false informate provides for	acted entity ne information the information, include penalties up	ttom of this page. If shall sign the certific on submitted in this dion, I believe that the ling the possibility of to \$50,000 per violate.	the local a cation. locument a c informati f and/or in tion.	and all ion is to apprison	attach rue, ac nment,	ments, and curate and pursuant	with d
I certify under penalty of law the that, based on my inquiry of the complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The Robert C. Braun, S.	atment works, the hat I have personally se individuals imme are significant pe New Jersey water F	ighest-ranking office rexamined and am ediately responsible nalties for submitting collution Control Actual Salem	econd certificate cial of the control familiar with the for obtaininging false informate provides for	acted entity ne information the information, include penalties up	ttom of this page. If shall sign the certific on submitted in this dion, I believe that the ling the possibility of to \$50,000 per violate.	the local a cation. locument a c informati f and/or in tion.	and all ion is to apprison	attach rue, ac nment,	ments, and curate and pursuant	with d
certify under penalty of law the hat, based on my inquiry of the complete. I am aware that there is N.J.A.C. 7:14A-6.9(B). The Robert C. Braun, S.	atment works, the hat I have personally se individuals imme are significant pe New Jersey water F	ighest-ranking office rexamined and am ediately responsible nalties for submitting collution Control Actual Salem	econd certificate cial of the control familiar with the for obtaininging false informate provides for	acted entity ne information the information, include penalties up	shall sign the certific on submitted in this dion, I believe that the ling the possibility o to \$50,000 per violat	the local action. locument action information.  REGISTRY	and all ion is to apprison	attach rue, ac nment,	ments, and curate and pursuant	with)
I certify under penalty of law that that, based on my inquiry of the complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The Robert C. Braun, S. NAME AND TITLE OF PRINCIPAL I	atment works, the hat I have personally see individuals imme are significant pe New Jersey water Faite Vice President EXECUTIVE OFFICER	ighest-ranking office vexamined and am ediately responsible nalties for submitting office of the control Action Con	econd certificate cial of the control familiar with the for obtaininging false informate provides for the control of the contr	racted entity ne information the informat nation, includ penalties up	ttom of this page. If shall sign the certific on submitted in this dion, I believe that the ling the possibility of to \$50,000 per violate.	document as informatif and/or in ion.	agency and all ion is t nprison N/A NUMB	attach rue, ac nment, DER (IF	ments, and curate and pursuant	with d
I certify under penalty of law that that, based on my inquiry of the complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The Robert C. Braun, S. NAME AND TITLE OF PRINCIPAL EXECUTE.	atment works, the hat I have personally see individuals imme are significant pe New Jersey water Faite Vice President EXECUTIVE OFFICER  UTIVE OFFICER, AUT	examined and am ediately responsible nalties for submitting collution Control Active Salem  R, AUTHORIZED AGE  THORIZED AGENT, On does not have the above	econd certificate cial of the control of the control familiar with the for obtaining ing false informate provides for the control of the cont	racted entity the information the information, include penalties up  SED OPERATO  PERATOR	ttom of this page. If shall sign the certific on submitted in this dion, I believe that the ling the possibility o to \$50,000 per violate  OR GRADE AND  09/18/20  DATE	document as informatification.  REGISTRY	and all ion is to prison  N/A  NUMB  856- A CODI	attach rue, ac nment, DER (IF 339-19	ments, and curate and pursuant  APPLICAB  1998	with d
I certify under penalty of law that that, based on my inquiry of the complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The Robert C. Braun, S. NAME AND TITLE OF PRINCIPAL EXECUTE.  *For a local agency where the high person designated by that person s	atment works, the hat I have personally see individuals imme are significant pe New Jersey water Factor Vice President EXECUTIVE OFFICER  UTIVE OFFICER, AUT test-ranking operator hall sign the following the sign that sign the sign the sign the sign that sign the sign the sign that s	ighest-ranking office vexamined and am ediately responsible nalties for submitting office of the control Action Control	econd certificate cial of the control of the control familiar with the for obtaining ing false informed provides for CNT, OR *LICENSER** *LICENSED OF the cility to authorize	racted entity ne information the information, include penalties up  SED OPERATO  PERATOR  capital expen	ttom of this page. If shall sign the certific on submitted in this dion, I believe that the ling the possibility o to \$50,000 per violate  OR GRADE AND  09/18/20  DATE  ditures and hire person	document a informatif and/or in ion.  REGISTRY	and all ion is to prison  N/A  NUMB  856- A CODI	attach rue, ac nment, DER (IF 339-19	ments, and curate and pursuant  APPLICAB  1998	d d LE)
responsibility or person designa another entity to operate the treat another entity to operate the treat another entity to operate the treat to certify under penalty of law that, based on my inquiry of the complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The Robert C. Braun, S. NAME AND TITLE OF PRINCIPAL EXECUTE.  *For a local agency where the high person designated by that person s. I certify under penalty of law and in N/A.	atment works, the hat I have personally see individuals imme are significant pe New Jersey water Factor Vice President EXECUTIVE OFFICER  UTIVE OFFICER, AUT test-ranking operator hall sign the following the sign that sign the sign the sign the sign that sign the sign the sign that s	ighest-ranking office vexamined and am ediately responsible nalties for submitting office of the control Action Control	econd certificate cial of the control of the control familiar with the for obtaining ing false informed provides for CNT, OR *LICENSER** *LICENSED OF the cility to authorize	racted entity ne information the information, include penalties up  SED OPERATO  PERATOR  capital expen	ttom of this page. If shall sign the certific on submitted in this dion, I believe that the ling the possibility o to \$50,000 per violate  OR GRADE AND  09/18/20  DATE  ditures and hire person	document a informatif and/or inion.  REGISTRY	and all ion is to prison  N/A  NUMB  856- A CODI	attach rue, ac nment, DER (IF 339-19	ments, and curate and pursuant  APPLICAB  998  NE NUMBEI  responsibi	with d

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

485A SW Outfall 485A

8/1/2009 TO 8/31/2009

PSEG NUCLEAR LLC SALEM GENERATIN

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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	448	449		****	*****	*****		0	1/Day	CHLCILO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******* *******	*****	*****	******		1/Day	CALCTD
рН	SAMPLE MEASUREMENT	*****	*****		7.3	*****	7,5	2,1	0	Meek	CRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	6.0 01DAMN	Arrain Arrain	9.0 01DAMX	ຮຸບ		1/Week	GRAB
pH .	SAMPLE MEASUREMENT	****	*****		7.6	****	7,9	-	0	Yweek	GRN3
00400 7 Intake From Stream	PERMIT REQUIREMENT	******	*****	*****	REPORT 01DAMN	*****	REPORT 01DAMX	SU		1/Week	GRAB
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****		CODE = N	*****	*****		0	C00E=1	CODE = N
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	50 01DAMN	****** *****	*****	%EFFL		2/Year	COMPOS
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	CODE = N	CODE = N		0	CODE = N	CODE = N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	· *****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1   Chlorine Produced   Oxidants	SAMPLE MEASUREMENT	****	****		*****	701	<0.1	:	O	3/ Week	GRAB
*CPOX 1 Effluent Gross Value Option 2	PERMIT REQUIREMENT	******	*****	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB

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

**MONITORING PERIOD:** FACILITY NAME: PERMIT NUMBER: MONITORED LOCATION: PSEG NUCLEAR LLC SALEM GENERATIN NJ0005622 485A SW Outfall 485A 8/1/2009 TO 8/31/2009 NÓ. FREQ. OF SAMPLE PARAMETER QUANTITY OR LOADING QUALITY OR CONCENTRATION UNITS UNITS ANALYSIS TYPE Temperature, SAMPLE Day 36,0 37.6 CONTIN \*\*\*\*\* \*\*\*\*\* MEASUREMENT οС REPORT REPORT CONTIN 00010 1 1/Day PERMIT REQUIREMENT \*\*\*\*\* DEG.C 01MOAV 01DAMX **Effluent Gross Value** QL Lab Certification # SAMPLE MEASUREMENT 17327 17451 PA 166 REPORT NOT AP REPORT REPORT REPORT **Not Applic** REPORT 99999 99

Lab#

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Lab#

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Lab #

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 REQUIREMENT

QL

Lab

Lab#

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Lab#

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NJPDES PERMIT	MONITORING PERIOD	MONIT	ORED LOCATION:
NJ0005622	Month         Day         Year           8         1         2009   To           Month         Day         Year           8         31         2009	486A – SW Ou	
<b>PERMITTEE:</b> PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038	REPORT REC PSEG NUCLEAR PO BOX 236/N21 HANCOCKS BRI	LLC
	REGION / COUNTY: Southern / Sale	•	
CHECK IF APPLICABLE	No Discharge this Monitoring Period Monitori	ng Report Comments Att	ached
responsibility or person designanother entity to operate the treat I certify under penalty of law that, based on my inquiry of the complete. I am aware that the to N.J.A.C. 7:14A-6.9(B). The	thest ranking operator does not have the ability to authorize cap atted by that person shall also sign the second certification at the atment works, the highest-ranking official of the contracted ent nat I have personally examined and am familiar with the inform ose individuals immediately responsible for obtaining the information erace significant penalties for submitting false information, income Jersey water Pollution Control Act provides for penalties Site Vice President - Salem	bottom of this page. If the ity shall sign the certificate ation submitted in this domation, I believe that the including the possibility of	ne local agency has contracted with tion.  cument and all attachments, and information is true, accurate and and/or imprisonment, pursuant
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERA	ATOR GRADE AND R	REGISTRY NUMBER (IF APPLICABLE)
14		09/18/200	9 856-339-1998
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICÉR, AUTHORIZED AGENT, OR *LIČENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
person designated by that person	hest-ranking operator does not have the ability to authorize capital exshall sign the following certification:  n accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the atta	ached discharge monitoring	
NT/A	NT/A	NT/A	NI/A
N/A NAME AND TITLE	N/A SIGNATURE	N/A DATE	N/A AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

486A SW Outfall 486A

8/1/2009 TO 8/31/2009

PSEG NUCLEAR LLC SALEM GENERATIN

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PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NC EX	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	434	434	,	****	****	****		٥	Year	CALCTO
50050 1 Effluent Gross Value	PERMIT. REQUIREMENT	REPORT # 01MOAV	REPORT* 01DAMX	MGD	******	******	******	*****		1/Day	CALCTD
	QL	*****	*****		****	*****	*****	Hidda		e er jeste gradin	and the second
pH	SAMPLE MEASUREMENT	********	*****		7.3	****	7.5		0	Week	GRAB
00400 1 Effluent Gross Value	PERMIT. REQUIREMENT	*****	County.	*****	6.0 01DAMN	******	9:0 01DAMX	SU		1/Week	GRAB H MENSON
	QL	****** 4)164.55.55.55.55.55.55.55.55.55	Assess Tall of the Control of the Co		*****	*****	######################################	ا إزالا	16.3	Printer in the large of	eschiological region (sec
рН	SAMPLE MEASUREMENT	****	*****		7.6	*****	7.9		0	Week	GRAB
00400 7 Intake From Stream	PERMIT. REQUIREMENT	* e **********************************	******	****	REPORT 01DAMN	******	REPORT 1	SU		1/Week	GRAB
	QL <sub>+</sub> -	Constant Market	*****		# 1 TO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	19-14-19-1-18-18-18-18-18-18-18-18-18-18-18-18-1	*****			i a serialis	william.
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	***		****	CODE=H	CODE = H		0	CODE=N	CODE TN
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	C ******		*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	QL	******	******		*****	*****	Sales estimates			la compression	and the Marie
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	*****		****	₹ <i>0</i> ·1	10.1		0	3/Week	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****		*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	QL,	*****	*****		*****	******	ANNAN LEGAL CO		Section 2	Lagrana en Santación	an obtaine & de
Temperature,	SAMPLE MEASUREMENT	*****	****		*****	35.6	37.1		0	Your	CONTAIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C	1000	1/Day	CONTIN
Linuelli Gloss value	QL,	*****	1+++++		*****	1 ******	*****		Jakes .	e e compa	a an Africa (de la compansión de la comp

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

PERMIT NUMBER:	MON	ITORED LOCA	TION:	MONITOR	RING PERIOD:	FACILITY N	IAME:						
NJ0005622	486A	SW Outfall 486	SA .	8/1/2009 T	O 8/31/2009	PSEG NUC	PSEG NUCLEAR LLC SAL			ALEM GENERATIN			
PARAMETER	X	QUANTITY C	R LOADING	UNITS	QUALI	TY OR CONCENTI	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE		
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166								
99999 99 Lab	PERMIT. REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab#	REPORT Lab #			Not Applic	NOTAP		
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							2)200 4000	:					
Comments: Any questions in	n regards to the	e monitoring report	form can be direc	ted to S. Rose	enwinkel of the BPSI	P - Region 2 at (609	9)292-4860.	:		1			
Pre-Print Creation Date: 7/1	· · · · · · · · · · · · · · · · · · ·										Page 2 o		

	MONITORING PERIOD	MONITO	DRED LOCATION:
NJ0005622	Month         Day         Year           8         1         2009   To           Month         Day         Year           8         31         2009	487B – SW Ou	tfall 487B
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD	REPORT REC PSEG NUCLEAR PO BOX 236/N21 HANCOCKS BRIL	LLC
	HANCOCKS BRIDGE, NJ 08038		
	REGION / COUNTY: Southern / Salem Co	- !	
CHECK IF APPLICABLE:	No Discharge this Monitoring Period Monitoring	Report Comments A	ttached
the certification. Where the high responsibility or person designate	te a person designated by that person. For a local agency, the higher these ranking operator does not have the ability to authorize capital extended by that person shall also sign the second certification at the bott truent works, the highest-ranking official of the contracted entity st	expenditures and hire or of this page. If the	personnel, a person having that le local agency has contracted with
that, based on my inquiry of tho complete. I am aware that there	at I have personally examined and am familiar with the information se individuals immediately responsible for obtaining the information are significant penalties for submitting false information, including New Jersey water Pollution Control Act provides for penalties up to	on, I believe that the inning the possibility of a	nformation is true, accurate and nd/or imprisonment, pursuant
that, based on my inquiry of the complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The	se individuals immediately responsible for obtaining the information are significant penalties for submitting false information, including	on, I believe that the inning the possibility of a	nformation is true, accurate and nd/or imprisonment, pursuant
that, based on my inquiry of tho complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The Robert C. Braun, S.	se individuals immediately responsible for obtaining the information are significant penalties for submitting false information, including New Jersey water Pollution Control Act provides for penalties up to	on, I believe that the inning the possibility of a constant of \$50,000 per violation of GRADE AND RE	nformation is true, accurate and nd/or imprisonment, pursuant a.  N/A  CGISTRY NUMBER (IF APPLICABLE)
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NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:					
NJ0005622	Month         Day         Year           8         1         2009   To           Month         Day         Year           8         31         2009	489A – SW Ou	ıtfall 489A				
PERMITTEE:	LOCATION OF ACTIVITY:	REPORT REC	IDIENT.				
PSE&G NUCLEAR LLC	PSEG NUCLEAR LLC SALEM	PSEG NUCLEAR					
80 PARK PLAZA	GENERATING STATION	PO BOX 236/N21					
NEWARK, NJ 07101	ALLOWAY CREEK NECK RD	HANCOCKS BRI	DGE, NJ 08038				
	HANCOCKS BRIDGE, NJ 08038						
	DECION / COINTY, C4 / C-l						
	REGION / COUNTY: Southern / Salem	County					
CHECK IF APPLICABLE:	No Discharge this Monitoring Period Monitor	ing Report Comments A	ttached				
WHO MUST SICN The bigh	agt ranking official having day to day managarial and anarations	1 roomanaihilitiaa fan tha	diagharaina facility shall sign				
	est ranking official having day-to-day managerial and operationa ce a person designated by that person. For a local agency, the hi						
	hest ranking operator does not have the ability to authorize capit						
	ted by that person shall also sign the second certification at the b						
	atment works, the highest-ranking official of the contracted entity						
• •	, , , , , , , , , , , , , , , , , , ,						
	at I have personally examined and am familiar with the informat						
	se individuals immediately responsible for obtaining the inform						
	e are significant penalties for submitting false information, incli						
to N.J.A.C. 7:14A-6.9(B). The	New Jersey water Pollution Control Act provides for penalties up	p to \$50,000 per violatio	n.				
Dahaut C. Burun 1	7/4- 17/1 Dun-1/1		77/4				
	Site Vice President - Salem	·	N/A				
NAME AND TITLE OF PRINCIPAL I	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERAT	OR GRADE AND R	EGISTRY NUMBER (IF APPLICABLE)				
1/6	7	09/18/2009	856-339-1998				
SIGNATURE OF PRINCIPAL EXECU	JTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER				
	test-ranking operator does not have the ability to authorize capital expenses the control of the	enditures and hire personne	el, a person having that responsibility or				
person designated by that person s	hall sign the following certification:						
I certify under penalty of law and in	accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attac	hed discharge monitoring	eports.				
<u>N/A</u>	. <u>N/A</u>	N/A	N/A				
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER				
		FERRINA					

489A SW Outfall 489A

8/1/2009 TO 8/31/2009

FACILITY NAME:

Fax: bU99842147

NJ-DEP B.N.P.C.

PSEG NUCLEAR LLC SALEM GENERATIN

1430003622	7057	SW Outlan 46	3A 0	/1/2009 1	U 8/3 1/2009	PSEG NUCL	EARLLU SAL	CIVI GET	ENA	i er	16.0
PARAMETER	$\times$	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1	SAMPLE MEASUREMENT	0.0642	0.0642	MGD	A	416444	****	****	0	/month	CALCTO
Effluent Gross Value				MGD							
рН	SAMPLE MEASUREMENT	A++ eA+	****		, 7,5	. A344A#	7,5		0	MONTH	GRAB
00400 1 Effluent Gross Value				1444A#				ຮບ		####S##F	
Solids, Total Suspended	SAMPLE MEASUREWENT	\$444 <del>4</del>	44444		4	4	AGGAG	•	0	/month	GANB
00530 1 Effluent Gross Value				*****		I I I I I I I I I I I I I I I I I I I		MG/L		noni.	
Petroleum Hydrocarbons	SAMPLE MEASUREMENT	SPAAPE	ARTAR	·	*****	45	45		0	1/топтн	GRAB
00551 1 Effluent Gross Value						POLICE AV		MG/L			GHA
Carbon, Tot Organic (TOC)	SAMPLE WEASUREMENT	****	****		*****	5	5	2	0	month	GRAB
00580 1 Effluent Gross Value				****		DEOM.	TOTAL A	MG/L		, (Lienti)	CHAB A
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166				-	1	The state of the s
99999 99							TOTAL STATE	- :			

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.inj.us".