



DEC 21 2009
SCH09-139

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
ARTICLE NUMBER: 7008 0150 0000 5749 4376

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 November 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.

Please note, a dye test was performed on November 17th & 18th, 2009. The summary of results is also attached.

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 the word "Sincerely,".

Robert C. Braun
Site Vice President – Salem

JE25
NRA

DEC 21 2009

Attachment (12 DMR's & Dye Test Results)

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

EXPLANATION OF CONDITIONS

November 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.

DEC 21 2009

EXPLANATION OF EXCEEDANCES

November 2009

The following exceedance(s) are included in the attached report and explained below.

DSN No.

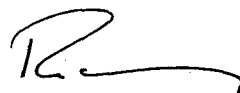
EXPLANATION

None.

COUNTY OF SALEM
STATE OF NEW JERSEY

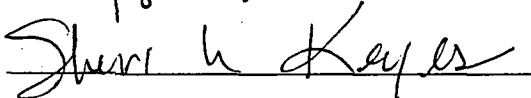
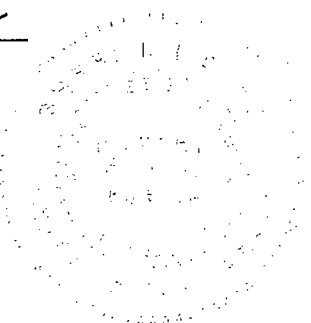
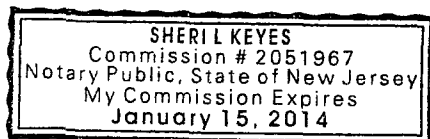
I, Robert C. Braun of full age, being duly sworn according to law, upon my oath depose and say:

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 18 day of December 2009

DEC 21 2009

BC Site Vice President – Salem
Director – Regulatory Affairs
John Valeri Jr., Esq.
Salem Radwaste and Environmental Supervisor
E. J. Keating
Helen Gregory
Chem File SCH09-139



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

November 20, 2009
Report No. TP09066

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

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

SUMMARY

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

Work was performed under SAP work orders:
30171093, 30171169, 30171094, 30171095, 30171161, 30171096

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

Final results are as follows:

SUMMARY OF TEST RESULTS

Pump No.	CMS Pump Desig.	Test Date	Measured Pump Capacity (gpm)	Pump Suction Head (ft h ₂ o)	Pump Discharge Head (ft h ₂ o)	Total Static Head (ft h ₂ o)
11A	?	11/17/09	159598	-6.0	18.3	24.3
11B	H	11/17/09	159364	-5.9	18.8	24.7
12A	C	11/17/09	144053	-8.8	18.9	27.7
12B	K	11/18/09	155878	-7.5	18.3	25.8
13A	D	11/18/09	162400	-6.9	19.8	26.7
13B	J	11/18/09	151199	-6.1	17.9	24.0

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

Pump 12A (C) was removed from service after testing of this pump was completed. Station indications showed necessity to clean the water box.

William G. Biggs
Technical Analyst
Salem Chemistry - PSEG Power

November 20, 2009
Report No. TP09066

SUMMARY (Cont'd)

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

RECORD OF RHODAMINE WT DYE INJECTION

Test Date	Pump No.	Injection Time		Pure Dye Injected (ml)	Number of Pumps in Service	Total System Flow (1000 gpm)	Effluent Concentration (ppb)
		(start)	(stop)				
11/17/09	11A	1014	1040	31.77	6	1110.0	0.29
11/17/09	11B	1051	1116	29.87	6	1110.0	0.30
11/17/09	12A	1341	1409	35.19	6	1110.0	0.30
11/18/09	12B	854	917	29.18	5	925.0	0.36
11/18/09	13A	930	953	29.27	5	925.0	0.36
11/18/09	13B	1021	1045	30.66	5	925.0	0.36
11/17/09	12A	1254	1301	8.80	6	1110.0	0.30
11/17/09	12A	1307	1315	10.05	6	1110.0	0.30
11/17/09	12A	1320	1320	7.54	6	1110.0	0.30
11/18/09	13B	1005	1005	12.77	5	925.0	0.36

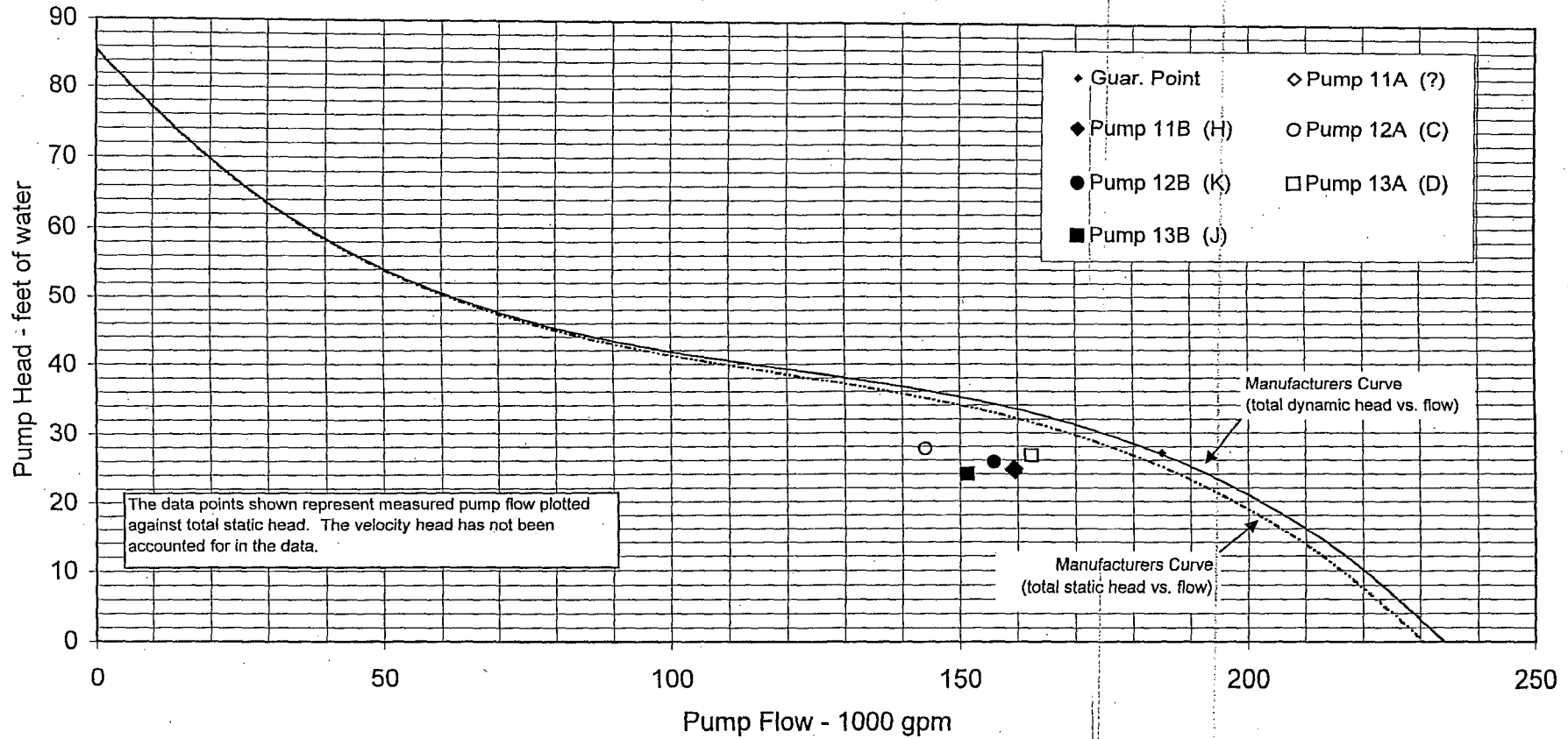
TEST METHOD

The circulating water flow rate was determined by fluorometry using MTS Mechanical Division Work Instruction TPG-19 Rev. 10 "Water Flow Using The Turner Fluorometer". Rhodamine WT dye was injected into the bell mouth of each pump using 1/2 inc PVC pipe with a carrier flow of screen wash water at 3 gallons per minute.

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

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

Salem Generating Station - Unit No.2 Total Pump Head vs. Pump Flow



New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:												
NJ0005622	<table border="1"><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td>11</td><td>1</td><td>2009</td></tr></table>	Month	Day	Year	11	1	2009	To	<table border="1"><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td>11</td><td>30</td><td>2009</td></tr></table>	Month	Day	Year	11	30	2009				FACA – SW Outfall FACA
Month	Day	Year																	
11	1	2009																	
Month	Day	Year																	
11	30	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.

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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)

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

11/1/09 TO 11/30/09

PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, °C		*****	*****		*****	12.7	14.8		0	Continuous	CONTIN
00010 G Raw Sew/influent	SAMPLE MEASUREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
Temperature, °C		*****	*****		*****	21.8	23.7		0	Continuous	CONTIN
00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
Temperature, °C		*****	*****		*****	9.1	9.9		0	1/Day	CALCTD
00010 2 Effluent Net Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CALCTD
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
Lab Certification #		17327	17451		PA 166						
99999 99 Lab	SAMPLE MEASUREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applicable	NOT AP
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				

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

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:												
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Month	Day	Year												
11	1	2009												
Month	Day	Year												
11	30	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

☐

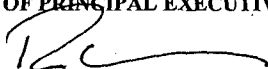
Monitoring Report Comments Attached

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.

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Robert C. Braun, Site Vice President - Salem

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR



SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR

N/A

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

12/18/2009

856-339-1998

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

NAME AND TITLE

N/A

SIGNATURE

N/A

DATE

N/A

AREA CODE/PHONE NUMBER

PERMIT NUMBER:

NJ0005622

MONITORED LOCATION:

FACB SW Outfall FACB

MONITORING PERIOD:

11/1/09 TO 11/30/09

FACILITY NAME:

PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER		QUANTITY OR LOADING	UNITS	QUALITY OR CONCENTRATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Temperature, °C		*****	*****	*****	12.7	14.8	0	CONTINUOUS	CONTIN
00010 G Raw Sew/Influent	SAMPLE MEASUREMENT	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C	Continuous	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
	QL	*****	*****	*****	*****	*****			
Temperature, °C		*****	*****	*****	19.3	22.8	0	CONTINUOUS	CONTIN
00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	REPORT 01MOAV	46.1 01DAMX	DEG.C	Continuous	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
	QL	*****	*****	*****	*****	*****			
Temperature, °C		*****	*****	*****	6.6	9.7	0	1/Day	CALCTD
00010 2 Effluent Net Value	SAMPLE MEASUREMENT	*****	*****	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C	1/Day	CALCTD
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
	QL	*****	*****	*****	*****	*****			
Lab Certification #		17327	17451	PA166					
99999 99 Lab	SAMPLE MEASUREMENT	REPORT Lab #	REPORT Lab #	REPORT Lab #	REPORT Lab #	REPORT Lab #		Not Applicable	NOT AP
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
	QL	*****	*****	*****	*****	*****			

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New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

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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

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR

N/A

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

12/18/2009

856-339-1998

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR

DATE

AREA CODE/PHONE NUMBER

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N/A

N/A

N/A

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NAME AND TITLE

SIGNATURE

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MONITORED LOCATION:

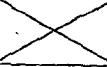
FACC SW Outfall FACC

MONITORING PERIOD:

11/1/09 TO 11/30/09

FACILITY NAME:

PSEG NUCLEAR LLC SALEM GENERATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	2340	2727	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
50050 G Raw Sew/influent	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
Thermal Discharge	SAMPLE MEASUREMENT	12999	15964	MBTU/HR	*****	*****	*****	*****	0	1/Day	CALCTD
Million BTUs per Hr	PERMIT REQUIREMENT	REPORT 01MOAV	30600 01DAMX		*****	*****	*****			1/Day	CALCTD
00015 2 Effluent Net Value	QL	*****	*****		*****	*****	*****				
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	*****	*****		*****	*****	*****				

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New Jersey Department of Environmental Protection
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Surface Water Discharge Monitoring Report Submittal Form

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NJ0005622	Month	Day	Year	To	Month	Day	Year	048C – SW Outfall 48C
	11	1	2009		11	30	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

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Monitoring Report Comments Attached

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GRADE AND REGISTRY NUMBER (IF APPLICABLE)



12/18/2009

856-339-1998

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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

11/1/09 TO 11/30/09

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	SAMPLE MEASUREMENT	0.3209	0.8044		*****	*****	*****		0	1/Day	CALCTD
50050 1	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Day	CALCTD
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
Solids, Total	SAMPLE MEASUREMENT	*****	*****		*****	5	6		0	2/MONTH	COMPOS
Suspended	PERMIT REQUIREMENT	*****	*****	*****	*****	30 01MOAV	100 01DAMX	MG/L		2/Month	COMPOS
00530 1	QL	*****	*****		*****	*****	*****				
Effluent Gross Value											
Nitrogen, Ammonia	SAMPLE MEASUREMENT	*****	*****		*****	1	1		0	2/MONTH	COMPOS
Total (as N)	PERMIT REQUIREMENT	*****	*****	*****	*****	35 01MOAV	70 01DAMX	MG/L		2/Month	COMPOS
00610 1	QL	*****	*****		*****	*****	*****				
Effluent Gross Value											
Petroleum	SAMPLE MEASUREMENT	*****	*****		*****	<5	<5		0	2/MONTH	GRAB
Hydrocarbons	PERMIT REQUIREMENT	*****	*****	*****	*****	10 01MOAV	15 01DAMX	MG/L		2/Month	GRAB
00551 1	QL	*****	*****		*****	*****	*****				
Effluent Gross Value											
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	*****		*****	16	18		0	2/MONTH	COMPOS
00680 1	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	50 01DAMX	MG/L		2/Month	COMPOS
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
Lab Certification #	SAMPLE MEASUREMENT	17327	17457		PA166						
99999 99	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
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)292-4680 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	MONITORING PERIOD	MONITORED LOCATION:												
NJ0005622	<table border="1"><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td>11</td><td>1</td><td>2009</td></tr></table> To <table border="1"><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td>11</td><td>30</td><td>2009</td></tr></table>	Month	Day	Year	11	1	2009	Month	Day	Year	11	30	2009	481A – SW Outfall 481A
Month	Day	Year												
11	1	2009												
Month	Day	Year												
11	30	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.

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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)

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:

MONITORED LOCATION:

MONITORING PERIOD:


FACILITY NAME:

NJ0005622

481A SW Outfall 481A

11/1/09 TO 11/30/09

PSEG NUCLEAR LLC SALEM GENERATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	498	504	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
50050 1	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.8	SU	0	1/Week	GRAB
00400 1	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX			1/Week	GRAB
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	8.0	SU	0	1/Week	GRAB
00400 7	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX			1/Week	GRAB
Intake From Stream	QL	*****	*****		*****	*****	*****				
LC50 Statre 96hr Acu	SAMPLE MEASUREMENT	*****	*****	*****	CODE = N	*****	*****	%EFFL	0	CODE = N	CODE = N
Cyprinodon	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****			2/Year	COMPOS
TAN6A 1	QL	*****	*****		*****	*****	*****				
Effluent Gross Value											
Chlorine Produced	SAMPLE MEASUREMENT	*****	*****	*****	*****	CODE = N	CODE = N	MG/L	0	CODE = N	CODE = N
Oxidants	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX			3/Week	GRAB
*CPOX 1	QL	*****	*****		*****	*****	*****				
Effluent Gross Value											
Option 1											
Chlorine Produced	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/Week	GRAB
Oxidants	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX			3/Week	GRAB
*CPOX 1	QL	*****	*****		*****	*****	*****				
Effluent Gross Value											
Option 2											

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:

NJ0005622

481A SW Outfall 481A

11/1/09 TO 11/30/09

PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, °C	SAMPLE MEASUREMENT	*****	*****		*****	22.0	26.9		0	1/Day	CONTIN
00010 1	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166						
99999 99	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
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

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Month	Day	Year																	
11	1	2009																	
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11	30	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.

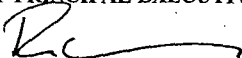
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate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



12/18/2009

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:

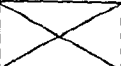
482A SW Outfall 482A

MONITORING PERIOD:

11/1/09 TO 11/30/09

FACILITY NAME:

PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	463	471	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
50050 1	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	8.0	SU	0	1/Week	GRAB
00400 1	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX			1/Week	GRAB
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	8.0	SU	0	1/Week	GRAB
00400 7	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX			1/Week	GRAB
Intake From Stream	QL	*****	*****		*****	*****	*****				
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****	*****	CODE = N	*****	*****	%EFFL	0	CODE = N	CODE = N
TAN6A 1	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****			2/Year	COMPOS
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
Chlorine Produced	SAMPLE MEASUREMENT	*****	*****	*****	*****	CODE = N	CODE = N	MG/L	0	CODE = N	CODE = N
Oxidants	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX			3/Week	GRAB
*CPOX 1	QL	*****	*****		*****	*****	*****				
Effluent Gross Value Option 1											
Chlorine Produced	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/Week	GRAB
Oxidants	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX			3/Week	GRAB
*CPOX 1	QL	*****	*****		*****	*****	*****				
Effluent Gross Value Option 2											

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:


482A SW Outfall 482A

MONITORING PERIOD:

11/1/09 TO 11/30/09

FACILITY NAME:

PSEG NUCLEAR LLC SALEM GENERATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	21.6	24.6		0	1/Day	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	QL	*****	*****		*****	*****	*****				
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166						
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applicable	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

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Month	Day	Year												
11	1	2009												
Month	Day	Year												
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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

☐

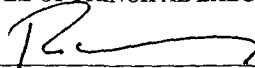
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Robert C. Braun, Site Vice President - Salem

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR



SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR

N/A

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

12/18/2009

856-339-1998

DATE

AREA CODE/PHONE NUMBER

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N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

PERMIT NUMBER:

NJ0005622

MONITORED LOCATION:


483A SW Outfall 483A

MONITORING PERIOD:

11/1/09 TO 11/30/09

FACILITY NAME:

PSEG NUCLEAR LLC SALEM GENERATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	452	460		*****	*****	*****		0	1/Day	CALCTD
50050 1	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Day	CALCTD
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****		7.5	*****	7.9		0	1/Week	GRAB
00400 1	PERMIT REQUIREMENT	*****	*****	*****	6.0 01DAMN	*****	7.9 01DAMX	SU		1/Week	GRAB
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****		7.7	*****	8.0		0	1/Week	GRAB
00400 7	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01DAMN	*****	REPORT 01DAMX	SU		1/Week	GRAB
Intake From Stream	QL	*****	*****		*****	*****	*****				
Chlorine Produced	SAMPLE MEASUREMENT	*****	*****		*****	CODE = N	CODE = N		0	CODE = N	CODE = N
Oxidants	PERMIT REQUIREMENT	*****	*****	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
*CPOX 1	QL	*****	*****		*****	*****	*****				
Effluent Gross Value											
Option 1											
Chlorine Produced	SAMPLE MEASUREMENT	*****	*****		*****	<0.1	<0.1		0	3/Week	GRAB
Oxidants	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
*CPOX 1	QL	*****	*****		*****	*****	*****				
Effluent Gross Value											
Option 2											
Temperature,	SAMPLE MEASUREMENT	*****	*****		*****	22.0	26.4		0	1/Day	CONTIN
oC	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
00010 1	QL	*****	*****		*****	*****	*****				
Effluent Gross Value											

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

PERMIT NUMBER:

NJ0005622

MONITORED LOCATION:

483A SW Outfall 483A

MONITORING PERIOD:

11/1/09 TO 11/30/09

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		PA 166						
99999 99	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
Lab	QL	*****	*****		*****	*****	*****				

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New Jersey Department of Environmental Protection
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Surface Water Discharge Monitoring Report Submittal Form

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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

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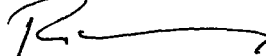
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12/18/2009

856-339-1998

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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

484A SW Outfall 484A

11/1/09 TO 11/30/09

PSEG NUCLEAR LLC SALEM GENERATION

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	374	491	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.9	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	*****	*****	*****	7.7	*****	8.0	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX			1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	CODE=N	*****	*****	%EFFL	0	CODE=N	CODE=N
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****			2/Year	COMPOS
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX			3/Week	GRAB
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX			3/Week	GRAB
	QL	*****	*****		*****	*****	*****				

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

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

IJ0005622

484A SW Outfall 484A

11/1/09 TO 11/30/09

PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, °C	SAMPLE MEASUREMENT	*****	*****		*****	19.3	27.5		0	1/Day	CONTIN
00010 1	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Effluent Gross Value	QI	*****	*****		*****	*****	*****				
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166						
99999 99	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
Lab	QI	*****	*****		*****	*****	*****				

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

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:												
NJ0005622	<table border="1"><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td>11</td><td>1</td><td>2009</td></tr></table> To <table border="1"><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td>11</td><td>30</td><td>2009</td></tr></table>	Month	Day	Year	11	1	2009	Month	Day	Year	11	30	2009	485A – SW Outfall 485A
Month	Day	Year												
11	1	2009												
Month	Day	Year												
11	30	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.

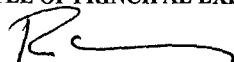
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate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



12/18/2009

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

485A SW Outfall 485A

11/1/09 TO 11/30/09

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	SAMPLE MEASUREMENT	318	446	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
50050 1	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.9	SU	0	1/week	GRAB
00400 1	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX			1/Week	GRAB
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	8.0	SU	0	1/week	GRAB
00400 7	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX			1/Week	GRAB
Intake From Stream	QL	*****	*****		*****	*****	*****				
LC50 Statre 96hr Acu	SAMPLE MEASUREMENT	*****	*****	*****	CODE = N	*****	*****	%EFFL	0	CODE = N	CODE = N
Cyprinodon	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****			2/Year	COMPOS
TAN6A 1	QL	*****	*****		*****	*****	*****				
Effluent Gross Value											
Chlorine Produced	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	<0.1	MG/L	0	3/week	GRAB
Oxidants	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX			3/Week	GRAB
*CPOX 1	QL	*****	*****		*****	*****	*****				
Effluent Gross Value											
Option 1											
Chlorine Produced	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/week	GRAB
Oxidants	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX			3/Week	GRAB
*CPOX 1	QL	*****	*****		*****	*****	*****				
Effluent Gross Value											
Option 2											

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:

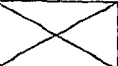
FACILITY NAME:

NJ0005622

485A SW Outfall 485A

11/1/09 TO 11/30/09

PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	19.5	23.8		0	1/Day	CONTIN
00010 1	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166						
99999 99	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applicable	NOT AP
Lab	QL	*****	*****		*****	*****	*****				

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

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
NJ0005622	Month	Day	Year	To	Month	Day	Year	486A – SW Outfall 486A
	11	1	2009		11	30	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)



12/18/2009

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:

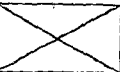
FACILITY NAME:

NJ0005622

486A SW Outfall 486A

11/1/09 TO 11/30/09

PSEG NUCLEAR LLC SALEM GENERATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	301	422	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
50050 1	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.8	SU	0	1/Week	GRAB
00400 1	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX			1/Week	GRAB
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	8.0	SU	0	1/Week	GRAB
00400 7	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX			1/Week	GRAB
Intake From Stream	QL	*****	*****		*****	*****	*****				
Chlorine Produced	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/Week	GRAB
Oxidants	PERMIT REQUIREMENT	*****	*****		*****	0.5 01MOAV	0.5 01DAMX			3/Week	GRAB
*CPOX 1	QL	*****	*****		*****	*****	*****				
Effluent Gross Value Option 1											
Chlorine Produced	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/Week	GRAB
Oxidants	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX			3/Week	GRAB
*CPOX 1	QL	*****	*****		*****	*****	*****				
Effluent Gross Value Option 2											
Temperature, °C	SAMPLE MEASUREMENT	*****	*****	*****	*****	19.6	26.0	DEG.C	0	1/Day	CONTIN
00010 1	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX			1/Day	CONTIN
Effluent Gross Value	QL	*****	*****		*****	*****	*****				

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

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

486A SW Outfall 486A

11/1/09 TO 11/30/09

PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #											
99999 99	SAMPLE MEASUREMENT	17327	17451		PA 166						
Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	*****	*****		*****	*****	*****				

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

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:												
NJ0005622	<table border="1"><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td>11</td><td>1</td><td>2009</td></tr></table> To <table border="1"><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td>11</td><td>30</td><td>2009</td></tr></table>	Month	Day	Year	11	1	2009	Month	Day	Year	11	30	2009	487B – SW Outfall 487B
Month	Day	Year												
11	1	2009												
Month	Day	Year												
11	30	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)



12/18/2009

856-339-1998

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR

DATE

AREA CODE/PHONE NUMBER

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N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:												
NJ0005622	<table border="1"><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td>11</td><td>1</td><td>2009</td></tr></table> To <table border="1"><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td>11</td><td>30</td><td>2009</td></tr></table>	Month	Day	Year	11	1	2009	Month	Day	Year	11	30	2009	489A – SW Outfall 489A
Month	Day	Year												
11	1	2009												
Month	Day	Year												
11	30	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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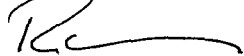
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Robert C. Braun, Site Vice President - Salem

N/A

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12/18/2009

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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

489A SW Outfall 489A

11/1/09 TO 11/30/09

PSEG NUCLEAR LLC SALEM GENERATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.0408	0.0408		*****	*****	*****		0	1/Month	CALCTD
50050 1	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Month	CALCTD
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****		7.2	*****	7.2		0	1/Month	GRAB
00400 1	PERMIT REQUIREMENT	*****	*****	*****	8.0 01DAMN	*****	9.0 01DAMX	SU		1/Month	GRAB
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****		7	7	*****		0	1/Month	GRAB
00530 1	PERMIT REQUIREMENT	*****	*****	*****	100 01DAMX	30 01MOAV	*****	MG/L		1/Month	GRAB
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
Petroleum Hydrocarbons	SAMPLE MEASUREMENT	*****	*****		*****	<5	<5		0	1/Month	GRAB
00551 1	PERMIT REQUIREMENT	*****	*****	*****	*****	10 01MOAV	15 01DAMX	MG/L		1/Month	GRAB
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	*****		*****	6	6		0	1/Month	GRAB
00680 1	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	50 01DAMX	MG/L		1/Month	GRAB
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA166						
99999 99	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
Lab	QL	*****	*****		*****	*****	*****				

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