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SCH10-014

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
ARTICLE NUMBER: 7008 0150 0000 5749 3997

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 December 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.

Carl J. Fricker

Sincerety

Site Vice President - Salem

IE25 Mer Attachment (12 DMR's)

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

EXPLANATION OF CONDITIONS

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December 2009

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

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

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

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

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

EXPLANATION OF EXCEEDANCES

ЯX

December 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, Carl J. Fricker 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.

Carl J. Fricker

Site Vice President - Salem

Sworn and subscribed before me

this 🏒 📗 day of January 2010

SHERIL KETES
Commission # 2051967
Notary Public, State of New Jersey
My Commission Expires
January 15, 2014

BC Site Vice President – Salem
Director – Regulatory Affairs
John Valeri Jr., Esq.
Salem Radwaste and Environmental Supervisor
E. J. Keating
Helen Gregory
Chem File SCH10-014

NJPDES PERMIT	MONITORING PERIOD		MONITORED LOCATION:						
NJ0005622	Month Day Year 12 1 2009 To Month Day 12 31	Year 2009 FAC	A – SW O	utfall FACA					
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	REGION / COUNTY: South	ern / Salem County							
CHECK IF APPLICABLE:	No Discharge this Monitoring Period	Monitoring Report	Comments Atta	ched					
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SIGNATURE OF PRINCIPAL EXEC	TIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED O	PERATOR	DATE	AREA CODE/PHONE NUMBER					
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I certify under penalty of law and i	n accordance with N.J.S.A. 58:10A-6F(5) that I have revie	wed the attached disch	arge monitoring re	ports.					
<u>N/A</u>	N/A	<u></u> `	N/A	<u>N/A</u>					
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MONITORED LOCATION:

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J0005622

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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".

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person designated by that person	shall sign the	followin	g certificat	ion:			- 1.		-	l, a person having that responsibility
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MONITORED LOCATION:

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PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

048C SW Outfall 48C

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TO 12/31/09 PSEG NUCLEAR LLC SALEM GENERATIN

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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		
ľ	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	Month Day Year 12 1 2009 To Month Day Year 12 31 2009	481A – SW Outfall 481A
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 REGION / COUNTY: Southern / Salem C	
CHECK IF APPLICABLE:	☐ No Discharge this Monitoring Period ☐ Monitoring	Report Comments Attached
the certification. Where the high responsibility or person designat another entity to operate the trea	the a person designated by that person. For a local agency, the high hest ranking operator does not have the ability to authorize capital ted by that person shall also sign the second certification at the bottoment works, the highest-ranking official of the contracted entity at I have personally examined and am familiar with the information	l expenditures and hire personnel, a person having that of this page. If the local agency has contracted with shall sign the certification.
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that, based on my inquiry of tho complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The last of the complete of the com	se individuals immediately responsible for obtaining the information are significant penalties for submitting false information, include New Jersey water Pollution Control Act provides for penalties up the Vice President - Salem EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATORS.	tion, I believe that the information is true, accurate and ding the possibility of and/or imprisonment, pursuant to \$50,000 per violation. N/A OR GRADE AND REGISTRY NUMBER (IF APPLICABLE) 01/22/2010 856-339-1102 DATE AREA CODE/PHONE NUMBER
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ERMIT NUMBER:

MONITORED LOCATION:

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J0005622

481A SW Outfall 481A 12/1/09

10 12/31/09

PSEG NUCLEAR LLC SALEM GENERATIN

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PARAMETER		QUANTITY C	OR LOADING	UNITS.	QUALI	TY OR CONCENTE	MATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
ow, In Conduit or	SAMPLE MEASUREMENT	487	प्रप		*****	*****	*****			1004	CALCTO
iru Treatment Plant 1050-1	III CASOTIL III ZIVI		postcoorde for self-total from the control total						0	•	
fluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	BEPORT 01DAMX	MGD	The Lateria	*******	internal internal control	*****		1/Day	CALCTO
	ran QL gr.	ALLEN TO ALLEN THE TOTAL	interest of the same of the		Andrew Control	*****	AAAAA			Arbelie	
H	SAMPLE MEASUREMENT	****	. *****		7.4	****	7.9		0	\week	GRAIS
0400 1	PERMIT REQUIREMENT			****	6.0		9.0	ខប		1/Week	GRAB
:ffluent Gross Value		*****	*****		01DAMN	*****	01DAMX	50			
»H	- QL		*		**************************************	Carachine Co.	#44.2003# 100 100 540 		dia (F)	uccenstantin	ed Harbert
<i>"</i> "	SAMPLE MEASUREMENT	******	****		7.4	*****	8.3		0	Week	GRAB
00400 7	PERMIT			*****	REPORT		REPORT	ຣບ		⊬ 1/Week	GRAB.
ntake From Stream	REQUIREMENT	*****	*****		01DAMN	******	01DAMX	30			
	QL	*****	*****		AAAAA Aaan Digit District Backson	******* no en la company de la	Attore Page 10 Sept.				
LC50 Statre 96hr Acu	SAMPLE MEASUREMENT	****	*****	·	CODE=N	*****	****		0	CODE : N	CODE = M
Cyprinodon TAN6A 1				:	50		1			2/Year	COMPOS
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	01DAMN	15 ***** 15 *******	******* *******	%EFFL			en de Austra
	J.QL,	of the state of th	*****		###### Soluminarian arabi in	ing distribution	- ****** - *** ************************		sec di a	100 mg	102/1627: Na Cia
Chlorine Produced	SAMPLE MEASUREMENT	*****	*****		*****	CODE = N	CODE 2 N		0	C00€ : N	CODE = N
Oxidants	MEASUHEMENT					0.3	0.5		7.0	3/Week	GRAB
*CPOX 1	PERMIT REQUIREMENT	*****	****	*****	******	01MOAV	015 01DAMX	MG/L		J/Week	GNAD
Effluent Gross Value Option 1	Aut OL out	******	4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	;	AAAAA CESTATI PERANGANIS	******			all the		Margaret kradine
Chlorine Produced	SAMPLE			1					1	3/	
Oxidants	MEASUREMENT	****	*****		*****	10.1	101		0	lweek	GRAB
*CPOX 1	PERMIT	*****	*****	*****	*****	REPORT 01MOAV	0.2	MG/L		3/Week	GRAB
Effluent Gross Value	REQUIREMENT			1	*****		01DAMX				
Option 2	, QL	****** *******	*****	<u> </u>	Carlotte Special State Contraction	******		<u> </u>	25.4.2		

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.

IJ0005622	481 <i>A</i>	SW Outfall 48	1A 12/1/0	9 7	12/3/109	PSEG NUC	LEAR LLC SAL	EM GEN	IERA	TIP	·	
PARAMETER		QUANTITY (OR LOADING	UNITS	QUALI	IY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPI TYPE	
emperature, C	SAMPLE MEASUREMENT	*****	*****	·	*****	15.6	21.7		0	1/Day	CONT	in
0010 1 Iffluent Gross Value	PERMIT REQUIREMENT:	*****	*****	*****	**************************************	REPORT	REPORT 01DAMX	DEG.C	1	1/Day	CONT	in .
.ab Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166				#50°#5*			
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT		REPORT ;Lab#	REPORT Lab#	REPORT Lab #			Not Applic		\P

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.

'ERMIT NUMBER:

MONITOHED LUCATION:

NJPDES PERMIT	MONITORING PERIOD		MONITO	RED LOCATION:
NJ0005622	Month Day Year 12 1 2009 To Month Day Year 12 31 2009	482	A – SW Out	fall 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	PS PG H	EPORT RECI SEG NUCLEAR LI D BOX 236/N21 ANCOCKS BRIDO	LC .
	REGION / COUNTY: Southern / Salem	County		
CHECK IF APPLICABLE	: No Discharge this Monitoring Period Monitoring	Report	Comments Attac	hed
another entity to operate the tree I certify under penalty of law that, based on my inquiry of the complete. I am aware that the	ated by that person shall also sign the second certification at the botatment works, the highest-ranking official of the contracted entity nat I have personally examined and am familiar with the informationse individuals immediately responsible for obtaining the information are are significant penalties for submitting false information, include New Jersey water Pollution Control Act provides for penalties up	shall si on subn tion, I b ding the	gn the certification itted in this docute lieve that the infector and possibility of an	n. ment and all attachments, and ormation is true, accurate and d/or imprisonment, pursuant
Carl V. Fricker, S	ite Vice President - Salem			N/A
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	OR	GRADE AND REC	GISTRY NUMBER (IF APPLICABLI 856-339-1102
SIGNATURE OF PRINCIPAL EXEC	CUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	-	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the hig person designated by that person	thest-ranking operator does not have the ability to authorize capital expensionshall sign the following certification:	nditures	and hire personnel,	
I certify under penalty of law and	in accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attach	ned disch	arge monitoring rep	ports.
N/A	<u>N/A</u>		N/A_	<u>N/A</u>
NAME AND TITLE	SIGNATURE	DA	TE	AREA CODE/PHONE NUMBER
			1	

ERMIT NUMBER: MONITORED LOCATION: MONITURING PERIOD: PAULLIET IVAIVIE. J0005622 482A SW Outfall 482A 12\1\09 TO 12/31/09 PSEG NUCLEAR LLC SALEM GENERATIN PARAMETER QUANTITY OR LOADING FREQ. OF SAMPLE UNITS QUALITY OR CONCENTRATION UNITS EX. **ANALYSIS** TYPE ow, In Conduit or SAMPLE 440 446 Day MEASUREMENT ***** **** ***** O CALCTO **1ru Treatment Plant** 050 1 REPORT REPORT PERMIT ⊬1/Day 🗄 CALCID MGD ***** ***** REQUIREMENT 01MOAV 01DAMX Illuent Gross Value ***** QL . - Comment | 1800 SAMPLE MEASUREMENT 7.3 ***** ***** דיד week GRAB O ∞⁵25 # 6 0 ° ° 0400 1 9.0 1/Week GRAB PERMIT SU REQUIREMENT OIDAMN: 01DAMX **Effluent Gross Value** - QL ****** ****** ж SAMPLE MEASUREMENT week GRAB ***** ***** ***** 8.3 0 7.4 REPORT REPORT 00400 7 1/Week GRAB ***** รบ ***** 01DAMN 01DAMX REQUIREMENT Intake From Stream ***** ****** LC50 Statre 96hr Acu SAMPLE MEASUREMENT CODE + N CODE = N ***** ***** CODE : N ***** ***** Cyprinodon a in a care of the care **5**0. COMPOS 2/Year TANGA 1 ***** ***** %EFFL 01DAMN REQUIREMEN Effluent Gross Value eleci dini ****** QL ... Chlorine Produced SAMPLE CODE : N CODE = N CODE:N CODE = N ***** ***** MEASUREMENT Oxidants GRAB 0.3 . Ö.5 3/Week *CPOX 1 MG/L O1MOAV." 01DAMX REQUIREMENT Effluent Gross Value 27114111 Option 1 QL 3 week **Chlorine Produced** SAMPLE GRAB O 1.0> 1.07 ***** ***** MEASUREMENT Oxidants GRAB REPORT 0.2 3/Week *CPOX 1 MG/L ***** PERMIT **VAOM10** 01DAMX REQUIREMENT

Effluent Gross Value

Option 2

ERMIT NUMBER:

MONITORED LOCATION:

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J0005622

482A SW Outfall 482A

1211/09

TO 12/31/09

PSEG NUCLEAR LLC SALEM GENERAT

<u> </u>		r	121110	' 'I '	12131104	PSEGIN	OCLEA	H LLC SAL	EM GEN	IERA	TIP.	
PARAMETER		QUANTITY	or Loading	UNITS	QUALI	TY OR CONC	ENTRATIO	DN	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
emperature,	SAMPLE MEASUREMENT	*****	*****		*****	15.6		בווץ		0	110ay	CONTIN
0010 1	PERMIT. REQUIREMENT	******	######################################	******	******	REPORT 01MOAV	-	REPORT 01DAMX	DEG.C		1/Day	CONTIN
b Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166							
9999 99 ab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab#		REPORT Lab:#	REPORT		REPORT.		i	Not Applic	NOT AP
	1.# QL; 1.	Life Military	ACC 1. 10 10 10 10 10 10 10 10 10 10 10 10 10		2 3 3 (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	eles systems.	altite la	kuma est		2.7539-6-4	and Street State Lab	santanteril E

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	NJPDES PERMIT MONITORING PERIOD MONITORED LOC									
NJ0005622	Month 12	Day 1	Year 2009	То	Month 12	Day 31	Year 2009	483	A – SW Out	fall 483A
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101		PS GI AI	SEG NUC ENERAT LLOWAY	CLEAF ING S Y CRE	OF ACT R LLC SA STATION EEK NECK IDGE, NJ	LEM RD		PS PC	EPORT RECI SEG NUCLEAR L D BOX 236/N21 ANCOCKS BRIDG	LC
			REGIO	ON/C	COUNTY:	Souther	n / Salem	County		
CHECK IF APPLICABLE:	No	o Discharge	e this Mo	nitori	ng Period			ónitorin	: g Report Comme	nts Attached
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	tment wor at I have pose se individu are signif	ks, the high ersonally e uals immed ficant pena	hest-rank examined liately resulties for	and and sponsi submi	ficial of the m familian ble for ob- tting false	e contraction with the taining the informa	cted entity informat ne informat tion, inclu	shall si ion subnation, I b	ign the certification in this docuble that the inference of an elieve that the inference possibility of an	ment and all attachments, and formation is true, accurate and d/or imprisonment, pursuant
Carl J. Fricker, Si	e Vice Pre	sident - Sa	ılem							N/A
NAME AND TITLE OF PRAYCIPAL	XECUTIVE	OFFICER, A	AUTHORIZ	ZED A(GENT, OR	LICENSE	D OPERAT	OŘ	GRADE AND REG	GISTRY NUMBER (IF APPLICABLE) 856-339-1102
SIGNATURE OF PRINCIPAL EXECU	TIVE OFFI	CER, AUTHO	ORIZED A	GENT,	OR *LICE	NSED OPI	ERATOR		DATE	AREA CODE/PHONE NUMBER
*For a local agency where the high person designated by that person s					ability to a	uhorize c	apital expe	inditures	and hire personnel,	a person having that responsibility or
I certify under penalty of law and i	accordance	e with N.J.S	S.A. 58:10.	A-6F(5	5) that I hav	e reviewe	d the attac	hed discl	arge monitoring rep	ports.
<u>N/A</u>					N/A				N/A	<u>N/A</u>
NAME AND TITLE			SIGNATUI	D.F.					•	

PERMIT NUMBER:

MONITORED LOCATION:

MUNITUHING PEHIOD:

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JJ0005622

483A SW Outfall 483A

1211/09

TO 12/31/09

PSEG NUCLEAR LLC SALEM GENERATIN

	<u> </u>	Oli Outiun 40	0) // (U	,	0 13131104	PSEG NUCL	EAR LLC SAL	EM GEN	IERA	71 7	
PARAMETER		QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
low, In Conduit or hru Treatment Plant	SAMPLE MEASUREMENT	343	425		*****	*****	*****		0	11 Day	CHLETO
0050 1 Iffluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	2985 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	11 11 11 11 11 11 11 11 11 11 11 11 11		*****		1/Day:	CALCTD
	a, QL	akkakk manakantan manatan manata	international designation of		1111111 T			<u> </u>		A CARLOS AND	and the contract of the contra
Н	SAMPLE MEASUREMENT	*****	*****		7.5	****	7,8		0	1 week	GRA13
10400 1 Effluent Gross Value	PERMIT REQUIREMENT			*****	6:0 01DAMN		9.0 01DAMX	ຣບ		1/Week	GRAB!
	, - QL		Europe de l'étable		Code Constitution of Constitution				113.10		
ρΗ	SAMPLE MEASUREMENT	****	*****		7.4	*****	8.3		0	\\week	GRAB
00400 7	PERMIT REQUIREMENT	******	***************************************	*****	REPORT 01DAMN	election of the second of the	REPORT 01DAMX	ຣບ		1/Week	GRAB
Intake From Stream	OL)	######################################	Carrier Control		*****	allegas Company	E ALPENTAR AND RES				please in a second
Chlorine Produced	William Annual Control of the Contro			<u> </u>					2000001000		
Oxidants	SAMPLE MEASUREMENT	*****	*****		****	CODE = H	CODE: N		0	C00E = N	COOE = N
*CPOX 1	PERMIT			*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L	100	3/Week	GRAB
Effluent Gross Value	REQUIREMENT					0.1WOAV			\$6.00 E		
Option 1	QL.	**************************************	11 - 10 - 12 - 12 - 12 - 12 - 12 - 12 -		AND THE PROPERTY OF THE PARTY O	State Willer		<u> </u>			Market Atalian
Chlorine Produced	SAMPLE MEASUREMENT	*****	. *****		*****	40.1	10.1	1	0	3/week	GRAB
Oxidants	MEASUREMENT	The second secon	The second secon			Lobor Control Common Province Institute	. Lean residence de la company				
*CPOX 1	PERMIT	******	******	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Effluent Gross Value		N 10 11111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			The same of	****** ******	Altan	6			100
Option 2	QL	Carlomar and Carloma		ļ		i i de la composition de la composition La composition de la compo					Statistical Landing
Temperature,	SAMPLE MEASUREMENT	*****	*****		*****	17.6	26.3		0	1004	COULTH
00010 1	PERMIT REQUIREMENT	******	******	*****	Stage of the stage	REPORT	REPORT- 01DAMX	DEG.C		1/Day	CONTIN
Effluent Gross Value	4 OL	7	an Friting			******	Attion of the second and		verste bis	a Resident and a state of	e company and the same of

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.

ERMIT NUMBER:	MON	TORED LOCA	TION:	10NI I UF	IING PEHIOU;	FAUILII IVAI					
J0005622	483A SW Outfall 483A 12/1/0							EM GENERATIN			
PARAMETER		QUANTITY OR LOADING UI			UNITS QUALITY OR CONCENTRATION					FREQ. OF	SAMPLE
b Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166		i	UNITS	NO. EX.	ANALYSIS	TYPE
999 99 b	PERMIT. REQUIREMENT	REPORT Lab.#	REPORT Lab#		REPORT *	REPORT***** Lab.#	FREPORT : 2 Lab #			Not Applic	NOT AP,
	i ol	**************************************	# # # # # # # # # # # # # # # # # # #	<u> </u>	and the state of t				s 5.1b	<u>ia ele es</u>	<u> Estat Sancil</u>
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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.

NJ0005622 Month Day Year 12 1 2009 To Month Day Year 12 31 2009 484A - SW Outfall 484A PERMITTEE: LOCATION OF ACTIVITY: REPORT RECIPIENT:
PSE&G NUCLEAR LLC PSEG NUCLEAR LLC SO PARK PLAZA NEWARK, NJ 07101 PSEG NUCLEAR LLC PSEG NUCLEAR LLC PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038 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.
Carl J. Frieker, Site Vice President - Salem N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR O1/22/2010 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR *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.
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

ERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

J0005622

484A SW Outfall 484A 121109

TO 12/31/09

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
w, In Conduit or ru Treatment Plant	SAMPLE MEASUREMENT	487	492		*****	****	*****		0	1100y	CALCTO
050 1 fluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	ANNA MILES	******		*****		1/Day	CALCTO
1	SAMPLE			<u> </u>	Townships and additional pages 129-199-20-20-21-20-20-2	Value of the State		<u> </u>	A (5.1.)	<u> </u>	
	MEASUREMENT	****	*****		7.5	****	7.8		0	week	GRAB
)400 1 ffluent Gross Value	PERMIT. REQUIREMENT	******	11111	******	6:0. 01DAMN	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9:0 01DAMX	ຮບ		1/Week.	GRAB
Н	Car QL	State Call to be the	**************************************		******	u correctional de la sela		, -			ARRIGINATION STATES
	SAMPLE MEASUREMENT	****	*****		7.4	*****	8.3		0	week	GRAIS
0400 7	PERMIT	*****	******	*****	REPORT	1985	REPORT	SU		1/Week	GRAB
ntake From Stream	REQUIREMENT	8.5% (c	**************************************		01DAMN	111111	01DAMX				
.C50 Statre 96hr Acu			A CONSTRUCTION	<u> </u> 				ļ	32.214		
Syprinodon	SAMPLE MEASUREMENT	*****	*****		CODE = N	****	*****		O	CODE 2 N	CODE N
TAN6A 1	PERMIT			*****	50		19 E - 19 G - 19 E	%EFFL		2/Year	COMPOS
Effluent Gross Value	REQUIREMENT	*****	*****		01DAMN	*****	******	70EFFL		32.34	
	-, QL	a company of Address of the Company	######################################		Supplied the Control	*****	****** *******************************		B 4 5 5 2	Epril 1544	a accersos substituti
Chlorine Produced	SAMPLE	****	*****		*****	CODE = N	CODE : M		0	CODE : N	CODE = N
Oxidants	MEASUREMENT				- (<u>.</u>			
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Effluent Gross Value				5	**************************************	THEFT.	(
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Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	10.1	10.1		0	3/week	CRUB
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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.

RMIT NUMBER:

MONITORED LOCATION:

MONITOHING PEHIOD:

)005622

484A SW Outfall 484A

12/1/09 TO 12/3/109 PSEG NUCLEAR LLC SALEM GENERATIN

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PARAMETER		QUANTITY (OR LOADING	UNITS	UNITS QUALITY OR CONCENTRATION			UNITS	NO.	FREQ. OF ANALYSIS	SAMPLE TYPE
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ent Gross Value	REQUIREMENT	*****	******	******	*****	VAOM10	01DAMX	DEG.C		1/Day	CONTIN
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	REQUIREMENT	Lab#	Lab.#		Lab#	Lab#	Lab#				A Property
	QL	*****	PRINCE STATE		10 June 10 Jun	******	ALLEN Explorer				11.5

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 LOCATION:
NJ0005622	Month Day Year 12 1 2009 To Month Day Year 12 31 2009	485A – SW Outfall 485A
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 / Salei	n County
CHECK IF APPLICABLE	E: No Discharge this Monitoring Period Monitoring	ng Report Comments Attached
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the certification. Where the his responsibility or person design another entity to operate the tr I certify under penalty of law that, based on my inquiry of the complete. I am aware that the	ghest ranking operator does not have the ability to authorize capi	tal expenditures and hire personnel, a person having that bottom of this page. If the local agency has contracted wity shall sign the certification. Ition submitted in this document and all attachments, and nation, I believe that the information is true, accurate and luding the possibility of and/or imprisonment, pursuant
the certification. Where the havesponsibility or person designanother entity to operate the transfer 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 Carl J. Fricker, S.	ighest ranking operator does not have the ability to authorize capitated by that person shall also sign the second certification at the eatment works, the highest-ranking official of the contracted entitle. That I have personally examined and am familiar with the informationse individuals immediately responsible for obtaining the information are are significant penalties for submitting false information, include New Jersey water Pollution Control Act provides for penalties to Site Vice President - Salem	tal expenditures and hire personnel, a person having that bottom of this page. If the local agency has contracted with shall sign the certification. Ition submitted in this document and all attachments, and nation, I believe that the information is true, accurate and luding the possibility of and/or imprisonment, pursuant up to \$50,000 per violation. N/A
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PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

485A SW Outfall 485A 12/1/09

10 12/31/09

PSEG NUCLEAR LLC SALEM GENERATIN

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PARAM			QUANTITY (DR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
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50050 1 Effluent Gross	Value	PERMIT REQUIREMENT	REPORT' 01MOAV	REPORT 01DAMX	MGD	E Proposition of the Control of the	******	ipung (Pagasa)	*****	110	% 1/Day **	"= CALCTD*
pH					ļ	(11.11)	**************************************	******				ti del greet e
P.		SAMPLE MEASUREMENT	*****	*****		7.5	*****	7.8		0	1 week	GRAB
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LC50 Statre 96	hr Acu	SAMPLE MEASUREMENT	*****	*****		CODE = N	*****	****		0	CODE : N	CODE : N
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		-QL.		1.00 Telephone (1.00 Telephone		*****	******* *****	*****				Callery, is a
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Effluent Gross	Value	REQUIREMENT	*****	*****	*****	*****	01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
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j					L				<u> </u>	track in		SEAL SEAL CALLS

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 \2\\\09

10 12/31/09

PSEG NUCLEAR LLC SALEM GENERATIN

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Temperature,	`	SAMPLE MEASUREMENT	*****	*****		*****	15.9	23.1		0	Your	CONTIN
00010 1 Effluent Gross	s Value	PERMIT REQUIREMENT	******	111 **********************************	*****	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
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		QL	*****	in access to the second		6 ******* 4 #8 # 1	******* Carlos	******		1	200	e statistica.

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 LOCATIO	N:
NJ0005622	Month Day Year 12 1 2009 To Month Day Year 12 31 2009	486A – SW Outfall 486A	Amenda and a second a second and a second an
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	ounty	
CHECK IF APPLICABLE:	No Discharge this Monitoring Period Monitoring	Report Comments Attached	
responsibility or person designal another entity to operate the treat restriction. I certify under penalty of law the that, based on my inquiry of the complete. I am aware that ther	thest ranking operator does not have the ability to authorize capital atted by that person shall also sign the second certification at the beatment works, the highest-ranking official of the contracted entity nat I have personally examined and am familiar with the informationse individuals immediately responsible for obtaining the information are are significant penalties for submitting false information, including New Jersey water Pollution Control Act provides for penalties up	tom of this page. If the local agency has conthall sign the certification. In submitted in this document and all attachmon, I believe that the information is true, according the possibility of and/or imprisonment,	ntracted with nents, and curate and
Carl J. Fricker. Si	te Vice President - Salem	N/A	,
	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERAT	. 1	
	· · · · · · · · · · · · · · · · · · ·	01/22/2010 856-339-11	02
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHON	E NUMBER
	hest-ranking operator does not have the ability to authorize capital expe shall sign the following certification:	ditures and hire personnel, a person having that	responsibility
I certify under penalty of law and i	in accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attack	d discharge monitoring reports.	
<u>N/A</u>	<u>N/A</u>	N/A N/A	·
NAME AND TITLE	SIGNATURE	DATE AREA CODE/PHONI	ENUMBÉR

'ERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

IJ0005622

486A SW Outfall 486A 12/1/09

TO 12/31/09 PSEG NUCLEAR !!

			121110	1	12/3/10	Y PSEG NUC	LEAR LLC SAL	EM GEN	IERA	TIN	: - !
PARAMETER low, In Conduit or		QUANTITY	OR LOADING	UNITS	QUAL	ITY OR CONCENTE	UNITS	NO, EX.	FREQ. OF	SAMPLE	
hru Treatment Plant	SAMPLE MEASUREMENT	406	423		*****	*****	*****		0	May	CALCTO
0050 † iffluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT	MGD	**************************************	*****	******	*****		1/Day ==	CALCID
H	_: QL .		ATTENDED		######################################	1111111 2000 - 1111111			io e la	aliana da mala	Elizar (T. 1814)
	SAMPLE MEASUREMENT	*****	*****		7.4	****	7.8		0	Tweek	GRAB
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Н	ELF QLES	Andrews Complete	11.11.11 10.11.11.11.11.11.11.11.11.11.11.11.11.1		Lange Constitution and all	energi tuje utjevere	######################################		je. Banto	national particular	Sales S. Marie
	SAMPLE MEASUREMENT	*****	*****		7.4	*****	8.3		٥	Week	GRAB
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Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	CODE=N	CODE = N		O	CODE = N	CODE = N
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Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	*****		*****	40.1	40.1		0	3/week	GRAG
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Temperature, oC	SAMPLE MEASUREMENT	*****	*****		****	15.8	25.3		0	Your	CONTIN
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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.

'ERMIT NUMBER: MONITORED LOCATION: MONITORING PERIOD: FACILITY NAME: J0005622 486A SW Outfall 486A 1211/09 TO 12/31/09 PSEG NUCLEAR LLC SALEM GENERATIN PARAMETER QUANTITY OR LOADING FREQ. OF ANALYSIS NÓ. UNITS SAMPLE QUALITY OR CONCENTRATION UNITS EX. TYPE ab Certification # SAMPLE . MEASUREMENT 17327 17451 PA 166 3999 99 REPORT*** REPORT i.e., REPORT.≂... ∴Lab.#/ REPORT PERMIT REQUIREMENT REPORT Not Applic NOT AP Lab#, ab

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.

NJPDES PERMIT	PERMIT MONITORING PERIOD							ORED LOCATION:
NJ0005622	Month Day 12 1	Year 2009	To Month 12	Day 31	Year 2009	487	B – SW Ou	tfall 487B
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101		PSEG NUCL GENERATIN ALLOWAY	ON OF ACT LEAR LLC SA NG STATION CREEK NECK S BRIDGE, NJ	LEM . RD		P P	EPORT REC SEG NUCLEAR I O BOX 236/N21 ANCOCKS BRID	LLC
			N/COUNTY:	Souther	n / Salem	County		
CHECK IF APPLICABLE:	: 🔯 No Discha	rge this Monit	toring Period		Monitori	ng Rep	ort Comments At	tached
the certification or, in his absent he certification. Where the hig responsibility or person designate another entity to operate the treatment 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	thest ranking opera ted by that person atment works, the lat I have personal ose individuals im- re are significant p	ator does not he shall also sign highest-rankin ly examined ar mediately respe enalties for su	nave the ability on the second ce and official of the and am familiar consible for obto bomitting false	to author rtificatio e contrac with the aining th informat	rize capita n at the botted entity informati e informa ion, inclu	of expending the standard of t	ditures and hire p this page. If the gn the certification nitted in this doc pelieve that the in possibility of a	personnel, a person having that be local agency has contracted with on. ument and all attachments, and aformation is true, accurate and and/or imprisonment, pursuant
Carl J. Fricker, Si	te Vice President -	Salem					*	<u>N/A</u>
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICE	ER, AUTHORIZE	ED AGENT, OR *	LICENSE	D OPERAT	OŔ	GRADE AND RE 01/22/2010	EGISTRY NUMBER (IF APPLICABLE) 856-339-1102
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AU	THORIZED AGI	ENT, OR *LICE	NSED OPE	RATOR		DATE	AREA CODE/PHONE NUMBER
*For a local agency where the high	hest-ranking operato	or does not have	e the ability to at			nditures	and hire personne	l, a person having that responsibility o
person designated by that person s	n accordance with N	I.J.S.A. 58:10A-	-6F(5) that I hav	e reviewe	d the attacl	hed discl	l parge monitoring re	eports.
	n accordance with N	J.J.S.A. 58:10A-	-6F(5) that I hav	e reviewe	d the attacl	hed disc	l parge monitoring re : N/A	eports.

NJPDES PERMIT	MONITORING PERIOD		MONITORED LOCATION:				
NJ0005622	Month Day Year 12 1 2009 To Month Day Ye 12 31 20	ear 489	A – SW Outfall 489A				
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038	F F	REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038				
	REGION / COUNTY: Southern / S	Salem Count	y				
CHECK IF APPLICABLE:	No Discharge this Monitoring Period Monitoring Monitoring Period	nitoring Rep	ort Comments Attached				
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*For a local agency where the high person designated by that person s	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERAT	OR al expenditure	DATE AREA CODE/PHONE NUMBER s and hire personnel, a person having that responsibility or				
*For a local agency where the high person designated by that person s	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERAT hest-ranking operator does not have the ability to authorize capital shall sign the following certification:	OR al expenditure	DATE AREA CODE/PHONE NUMBER s and hire personnel, a person having that responsibility or				

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MUNITURED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

489A SW Outfall 489A \2\\\09

TO 12/31/09

PSEG NUCLEAR LLC SALEM GENERATIN

		On Outlan 40.	3A 1211101	`	0 12131104	PSEG NUCL	.EA	R LLC SAL	EM GEN	ERA	TIN	i la ii
PARAMETER		QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATIC	ĐN	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0901.0	0.1090		*****	*****		******	. :	0	1 month	CALCTD
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	- REPORT	MGD	******	The second secon			*****		1/Month	(CALCTD)
hH	/X OL.					******		ac Continue	* 1			in the Santalian
	SAMPLE MEASUREMENT	***	****		7.7 -	*****		ריל		٥	Vmon-u	GRAG
00400 1 Effluent Gross Value	PERMIT. REQUIREMENT	******	i	*****	6.0 01DAMN			9.0 01DAMX	su		〗.1/Month □	GRAB = 1
	QL	e projekt skrivers	****** Sacrate for Discours Superior		ilitii Girid bara	****** Missaulususkiningiles	P to gil.	A Line & Alver	* v*	Caratria	or actified for	Like 11 Pakes 11 Co.
Solids, Total	SAMPLE MEASUREMENT	*****	*****		37	17		****		0	MONTH	GRAB
Suspended 00530 1 Effluent Gross Value	PERMIT REQUIREMENT			; *****	100 01DAMX	30 - 01MOAY			MG/L		1/Month	GRAB
Petroleum	os QL=s, .	(**************************************			(September 194				(4.1). 		
Hydrocarbons	SAMPLE MEASUREMENT	*****	*****		*****	۷5		15		Ó	MONTH	GRAB
00551 1 Effluent Gross Value	PERMIT REQUIREMENT	******		*****	14 ************************************	10 D1MOÁV		15 01DAMX	MG/L		∴1/Month	GRAB
Lindent Gross value	-}s,QLin vs	135-91 - **********************************					10.				1000	acentale:
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	*****		****	૪		8		0	MONTH	GRAG
00680 1 Effluent Gross Value	PERMIT REQUIREMENT		sterios (1)	*****	******	REPORT 01MOAV		50 01DAMX	. MG/L		_1/Month	GRAB
Emidem Gloss value	QL	*******	ARAKA Signal of the trice book average		THE SHARK	STATE STATE	a università	en Managara (Sanasa Sanasa (Sanasa (Sanasa Sanasa (Sanasa (Sanasa (Sanasa (Sanasa (Sanasa (Sanasa (Sanasa (San		2.084.52	Salar Balanda in	erebiliste (D. 2001)
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PAILL							12 to
99999 99	PERMIT/	REPORT	REPORT		REPORT	REPORT		AEPORT			Not Applic	NOT-AP
Lab	REQUIREMENT	Lab #	Lab#		Lab#	Lab#		,Lab #			a the state of the	
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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".