NOV 23 2009

HCH-2009-136



CERTIFIED MAIL
RETURN RECEIPT REQUESTED
ARTICLE NUMBER: 7006 0100 0004 0657 6583

Department of Environmental Protection Division of Water Quality Bureau of Permit Management P.O. Box 029 Trenton, N.J. 08625-0029

NEW JERSEY POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT HOPE CREEK GENERATING STATION NJPDES PERMIT NJ0025411

Dear Sir:

Attached is the Discharge Monitoring Report for the Hope Creek Generating Station for the month of October 2009.

This report is required by and prepared specifically for the New Jersey Department of Environmental Protection (NJDEP). It presents only the observed results of measurements and analyses required to be performed by the above agencies. The choice of the measurement devices and analytical methods are controlled by the EPA and the NJDEP, not by the company, and there are limitations on the accuracy of such measurement devices and analytical techniques even when used and maintained as required. Accordingly, this report is not intended as an assertion that any instrument has measured, or that any reading or analytical result represents the true value with absolute accuracy, nor is it an endorsement of the suitability of any analytical or measurement procedure.

If you have any questions concerning this report, please feel free to contact Christopher White at (856) 339-3301.

Sincerely,

John F. Perry

Site Vice President – Hope Creek

IE25 NRR HCH-2009-136 NJPDES DMR

Attachments

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

HCH-2009-136 NJPDES DMR 3

EXPLANATION OF CONDITIONS

October 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 Monitoring Report Form Reference Manual and specific guidance from DEP personnel.

HCH-2009-136 NJPDES DMR 4

EXPLANATION OF EXCEEDANCES

October 2009

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

DSN No.

EXPLANATION

No Exceedances

COUNTY OF SALEM STATE OF NEW JERSEY

I, John F. Perry, of full age, being duly sworn according to law, upon my oath depose and say:

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

John F. Perry

Site Vice President – Hope Creek

Sworn and subscribed before me

this 23 day of November 2009.

DELORIS D. HADDEN
Notary Public of New Jersey
My Commission Expires 03/29/2010
ID # 2073649

New Jersey Department of Environmental Protection Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORI	ED LOCATION:
NJ0025411	Month Day Year Month Day Year 10 1 2009 To 10 31 2009	461A - DSN 461A	- dsw
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236-N21 - ALLOWA RD HANCOCKS BRIDGE, NJ 080	FOOT OF BUTTONWOOD RD	REPORT REC PSE&G TIFFANY BABAN P.O. BOX 236 / HI HANCOCKS BRID	manyan melaughlin
CHECK IF APPLICABLE:	☐ No Discharge this Monitoring Period ☐ Monitoring I	Report Comments Attacl	ied
the certification or, in his absence the certification. Where the higher reponsibility or person designated another entity to operate the treatr I certify under penalty of law that that, based on my inquiry of thos complete. I am aware that there a	ranking official having day-to-day managerial and operational responsal person designated by that person. For a local agency, the highest rest ranking operator does not have the ability to authorize capital expense by that person shall also sign the second certification at the bottom of ment works, the highest-ranking official of the contracted entity shall to I have personally examined and am familiar with the information is e individuals immediately responsible for obtaining the information are significant penalties for submitting false information, including the works.	anking operator of the trea inditures and hire personne of this page. If the local ag sign the certification. submitted in this document, I believe that the information and/of the possibility of fine and/of	tment works shall sign cl, a person having that gency has contracted with at and all attachments, and ation is true, accurate and
John F. Perry, Site V	ice President – Hope Creek	N/A	
•	XECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	R GRADE AND REGISTI	RY NUMBER (IF APPLICABLE)
Gol F. P.	recept	11-23-09	856-339-3463
SIGNATURE OF PRINCIPAL EXECU	TIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
person designated by that person shall			
I certify under penalty of law and in a	ccordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed the N/A	e attached discharge monitorii	ng reports. N/A
NAME AND TITLE	SIGNATURE		AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

461A DSN 461A - dsw

10/1/2009 TO 10/31/2009

HOPE CREEK GENERATING STATION

	401A DSN 401A - dsW				10 10/01/2000	10/31/2009 HOPE CHEEK GENERATING STATION					
PARAMETER		QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	44.205	59,006		*****	*****	*****		D	10nthuous	meter
50050 1 Effluent Gross Value	PERMIT. REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	estere.	*****	******	*****		Continuous	METER
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	59.407	73.355		*****	*****	*****		0	continuous	Meter
50050 7 Intake From Stream	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	sairin 7	******	*****	*****		Continuous	METER
рН	SAMPLE MEASUREMENT	*****	*****		8.3	*****	8.6	- <u></u>	0	1/week	Grab
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	. *****	6.0 01DAMN	\$12242 24444	9.0 01DAMX	su		1/Week	GRAB
Chlorine Produced Oxidants	QL SAMPLE MEASUREMENT	*****	*****		*****	40.1	40.1		0	continuous	Grab
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT RQL	207246 21 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	******* ******	*****	******	0.2 01MOAV	0.5 01DAMX 0.1	MG/L	70	Continuous	GRAB
Temperature,	SAMPLE MEASUREMENT	*****	*****		*****	27.3	31.5		0	continuous	meter
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	1.112.00 E.L.	*******	*****	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	REPORT 01MOAV	36.2 01DAMX	DEG.C		Continuous	METER
Temperatüre,	SAMPLE MEASUREMENT	*****	*****		*****	18.3	21.8	<u> </u>	0	to intinuous	meter
00010 7 Intake From Stream	PERMIT REQUIREMENT:	A*****	- escite!	*****	pinis	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	METER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

461A DSN 461A - dsw

10/1/2009 TO 10/31/2009

HOPE CREEK GENERATING STATION

1100025411		D311 701A - 0.	• • • • • • • • • • • • • • • • • • • •		10 10/01/2009		IN GENERALII				
PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	*****		*****	5	5	:	0	1/month	Grab
00680 1 Effluent Gross Value	PERMIT REQUIREMENT		arrest.	*****	******	REPORT 01MOAV	REPORT 01DAMX	MG/L	2	1/Month	GRAB
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	****		****	- /	- /		0	Ymonth	Calcutd
00680 2 Effluent Net Value	PERMIT REQUIREMENT	*****	******	*****	******	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	CALCTD
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	*****		*****	5	5		0	Ymonth	Grab
00680 7 Intake From Stream	PERMIT REQUIREMENT	*****	******	*****	******	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	GRAB
Heat (winter) (per Hr.)	SAMPLE MEASUREMENT	238	366		****	****	*****		0	loay	Calctd
81387 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	662 01DAMX	MBTU/HR	******	******	******	*****		1/Day	CALCTD
Lab Certification #	SAMPLE MEASUREMENT	17451	PA 166		04653		N CS-				
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT. Lab #	REPORT Lab #	REPORT Lab #			Not Applie	NOT AP

New Jersey Department of Environmental Protection Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	M	MONITO	RED LOCATION:				
NJ0025411	Month Day	Year 2009 To	Month 10	Day 31	Year 2009	461C - DSN 461	C - DSW internal
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236-N21 - ALLOWA RD HANCOCKS BRIDGE, NJ 086		LOCATION HOPE CREEK ARTIFICIAL I FOOT OF BUI LOWER ALLO	GENERA ISLAND ITONWO	TING S' OD RD	TATION T	REPORT RE PSE&G TIFFANY BAB/ P.O. BOX 236 / HANCOCKS BR	Maryan McLinghlin H15
•	REGION	/ COUNTY: So	uthern / S	alem Co	unty		
CHECK IF APPLICABLE:	No Discharge	this Monitoring	g Period		Monitoring	Report Comments Atta	iched
the certification or, in his absence the certification. Where the higher eponsibility or person designated another entity to operate the treatment of the certify under penalty of law that that, based on my inquiry of those complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The N	st ranking operator of by that person shal nent works, the high t I have personally e individuals imme- are significant penal	does not have the l also sign the sen nest-ranking office examined and and diately responsibilities for submitting	e ability to a cond certificial of the condition of familiar value for obtaining false inf	authorize cation at contracted with the ining the cormation	capital exp the bottom dentity sha information information including	penditures and hire person of this page. If the local ll sign the certification. In submitted in this document, I believe that the inforthe possibility of fine an	anel, a person having that agency has contracted with ment and all attachments, and rmation is true, accurate and
John F. Perry, Site V	ice President –	Hope Creek				N/A	
NAME AND TITLE OF PRINCIPAL E	XECUTIVE OFFICER	t, AUTHORIZED A	GENT, OR *	LICENSE	D OPERATO	OR GRADE AND REGIS	TRY NUMBER (IF APPLICABLE) 856-339-3463
SIGNATURE OF PRINCIPAL EXECU	TIVE OFFICER, AUT	HORIZED AGENT	T, OR *LICE	NSED OP	ERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the highe person designated by that person sha	l sign the following ce	ertification:	,	· . :			
I certify under penalty of law and in a	ccordance with N.J.S.		hat I have re	ceived an	d reviewed tl		
N/A		N/A	· .			N/A	N/A
NAME AND TITLE	Si	IGNATURE				DATE	AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

461C DSN 461C - DSW interna

10/1/2009 TO 10/31/2009

HOPE CREEK GENERATING STATION

PARAMETER		QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.025	0,080		*****	*****	*****		0	tontinucus.	meter
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	******	*****	*****		Continuous	METER
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****		*****	2	2		0	Ymonth	Compos
00530 1 Effluent Gross Value	PERMIT REQUIREMENT	enthi l	iliani	*****	******	30 .01MOAV	100 01DAMX	MG/L		1/Month	COMPOS.
Petrol Hydrocarbons, Total Recoverable	SAMPLE MEASUREMENT	*****	*****	-	****	45	45		U	2/nonth	Grab
45501 1 Effluent Gross Value	PERMIT: REQUIREMENT	Arrani Arrani	******	*****	main main	10 01MOAV	15 01DAMX	MG/L		2/Month	GRAB
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	****		. ****	4	4		0	1/month	Compos
00680 1 Effluent Gross Value	PERMIT REQUIREMENT	411344 231644	493411 493411	*****	******	REPORT 01MOAV	50 01DAMX	MG/L		1/Month	COMPOS
Lab Certification #	SAMPLE MEASUREMENT	17451	PA166		04653						
99999 99 Lab	PERMIT REQUIREMENT.	REPORT: Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP

New Jersey Department of Environmental Protection Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	M	MONITO	RED LOCATION:				
NJ0025411	Month Day	Year 2009 To	Month 10	Day 31	Year 2009	462B - dsn 462B	- dsw outfall
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236-N21 - ALLOWA RD HANCOCKS BRIDGE, NJ 086		LOCATIO HOPE CREEI ARTIFICIAL FOOT OF BU LOWER ALL	K GENERA ISLAND ITTONWO	ATING S OD RD	TATION	P.O. BOX 236 /	M maryan mcLaughlin
	REGION	/ COUNTY: Se	outhern / S	alem Co	unty		
CHECK IF APPLICABLE:	No Discharge	this Monitorin	g Period		Monitoring	Report Comments Atta	ached
who must sign The highest the certification or, in his absence the certification. Where the higher reponsibility or person designated another entity to operate the treatr. I certify under penalty of law that that, based on my inquiry of those complete. I am aware that there is to N.J.A.C. 7:14A-6.9(B). The N	a person designated st ranking operator d by that person shall nent works, the high t I have personally e individuals immedare significant penalt	by that person. oes not have the also sign the seest-ranking office examined and a liately responsities for submitti	For a local e ability to econd certificial of the omega for obtaining false in	agency, authorized ication and contracted with the ining the formation	the highest e capital exp t the bottom d entity sha information e information i, including	ranking operator of the trenditures and hire person of this page. If the local ll sign the certification. submitted in this documn, I believe that the info the possibility of fine an	reatment works shall sign neel, a person having that agency has contracted with nent and all attachments, and rmation is true, accurate and
John F. Perry, Site V	ice President – I	Hope Creek				N/A	
NAME AND TITLE OF PRINCIPAL E	EXECUTIVE OFFICER,	, AUTHORIZED A	AGENT, OR	*LICENSI	ED OPERATO	OR GRADE AND REGIS	STRY NUMBER (IF APPLICABLE) 856-339-3463
SIGNATURE OF PRINCIPAL EXECU	TIVE OFFICER, AUT	HORIZED AGEN	T, OR *LICE	NSED OP	ERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the highe person designated by that person shal			ability to aut	horize cap	oital expendi	tures and hire personnel, a	person having that responsibility or
I certify under penalty of law and in a	ccordance with N.J.S.A		that I have re	ceived an	d reviewed tl		
N/A		N/A				N/A	N/A ·

SIGNATURE

NAME AND TITLE

DATE

AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

462B dsn 462B - dsw outfall

10/1/2009 TO 10/31/2009

HOPE CREEK GENERATING STATION

1400025411	411 402B USH 402B - USW OULIAH				10 10/31/2009	9 HOPE CHEEK GENERATING STATION						
PARAMETER	$\overline{}$	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.017	0.035		*****	*****	*****		0	Day	moter	
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	Attita Attita	*****	*******	*****		1/Day	METER	
BOD, 5-Day (20 oC)	SAMPLE MEASUREMENT	*****	****	,	****	257	257		0	1/month	Compos	
00310 G Raw Sew/influent	PERMIT REQUIREMENT	******	*****	*****		REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	COMPOS	
BOD, 5-Day (20 oC)	SAMPLE MEASUREMENT	1	1		****	9	. 9		0	Vmenth	Compos	
00310 1 Effluent Gross Value	PERMIT REQUIREMENT	8 01MOAV	REPORT 01WKAV	KG/DAY	******	30 01MOAV	45 01WKAV	MG/L		1/Month	COMPOS	
BOD, 5-Day (20 oC)	SAMPLE MEASUREMENT	*****	*****	·	96.6	*****	****		0	1/month	Calctd	
00310 K Percent Removal	PERMIT REQUIREMENT	4444	******	*****	87.5 01MOAVMN	irreni irreni	*****	PERCENT		1/Month	CALCTD	
Solids, Total	SAMPLE MEASUREMENT	*****	*****		###### - Index representation of the second of #######	285	285		0	1/month	Compos	
00530 G Raw Sew/influent	PERMIT REQUIREMENT	ASSAS	******	*****		REPORT 01 MOAV	REPORT 01DAMX	MG/L		1/Month	COMPOS	
Solids, Total Suspended	QL SAMPLE MEASUREMENT	######################################	· *****			11	11		0	"/month	Compos	
00530 1 Effluent Gross Value	PERMIT REQUIREMENT	Attant.	eraix 350	*****	*******	30 01MOAV	45 01WKAV	MG/L		1/Month	COMPOS	

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

462B dsn 462B - dsw outfall

10/1/2009 TO 10/31/2009

HOPE CREEK GENERATING STATION

			T							
	QUANTITY (OR LOADING	UNITS	QUALI	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE		
SAMPLE MEASUREMENT	****	*****		96	96	*****		0	1/mo.2+ h	Calctd
PERMIT REQUIREMENT	timi.		*****	85 01MOAVMN	REPORT 01MOAV	41141	PERCENT		1/Month	CALCTD
SAMPLE MEASUREMENT	*****	*****		*****	45	5		0	1/month	Gab
PERMIT REQUIREMENT	******	******	*****	******	10 01MOAV	-15 01DAMX	MG/L		1/Month	GRAB
SAMPLE MEASUREMENT	*****	*****		*****	< 10	<10		0	Ymonth	Grib
PERMIT REQUIREMENT	Arreit Arreit	. ************************************	*****	******	200 01MOGE	400 01WKGE	#/100ML		1/Month	GRAB
SAMPLE MEASUREMENT	17451	P4 166		06 005						
PERMIT'S REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab#	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	PERMIT REQUIREMENT GL SAMPLE MEASUREMENT PERMIT REQUIREMENT QL SAMPLE MEASUREMENT QL SAMPLE MEASUREMENT QL SAMPLE MEASUREMENT PERMIT REQUIREMENT QL SAMPLE MEASUREMENT PERMIT REQUIREMENT	PERMIT ****** PERMIT REQUIREMENT ***** PERMIT REQUIREMENT /7 4 5 // PERMIT REQUIREMENT // 4 5 // PERMIT REQU	PERMIT SAMPLE MEASUREMENT STATE SAMPLE MEASUREMENT SAMPLE MEASUREME	PERMIT SAMPLE MEASUREMENT STATE STATE SAMPLE MEASUREMENT STATE STATE SAMPLE MEASUREMENT STATE STATE STATE SAMPLE MEASUREMENT STATE STATE SAMPLE MEASUREMENT STATE STATE SAMPLE MEASUREMENT STATE SAMPLE SAMPLE MEASUREMENT STATE SAMPLE SAMPLE MEASUREMENT STATE SAMPLE	PERMIT REQUIREMENT ****** SAMPLE MEASUREMENT ****** PERMIT REQUIREMENT ****** PERMIT REQUIREMENT ****** PERMIT RECUIREMENT /7 45 / P4 / 166 PERMIT REQUIREMENT /7 45 / P4 / 166 PERMIT REQUIREMENT Lab # REPORT Lab # REPORT Lab #	DERMIT REPORT Lab # L	SAMPLE MEASUREMENT	PERMIT	B85 REPORT O1MOAVMN O1MOAV O1DAMX O1	Semini Redurement Semini Semini Redurement Semini Redurement Semini Redurement Semini Sem