MAR 23 2010

SEG Nuclear L.L.C.

HCH-2010-031

CERTIFIED MAIL RETURN RECEIPT REQUESTED ARTICLE NUMBER: 7006 0100 0004 0657 6606

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 February 2010.

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

Attachments

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

EXPLANATION OF CONDITIONS

February 2010

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.

EXPLANATION OF EXCEEDANCES

February 2010

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

4

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.

F. Ferr

John F. Perry Site Vice President – Hope Creek

Sworn and subscribed before me this 33nd day of March 2010.

Delonis D. Hadden Notary Public of New Jersey My Commission Expires 3/29/2018 ID # 2073649

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

NJPDES PERMIT	MONITORING PERIOD	MONITORE	D LOCATION:
NJ0025411	MonthDayYearMonthDayYear212010To2282010	461A - DSN 461A	- dsw
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236-N21 - ALLOWA RD HANCOCKS BRIDGE, NJ 084	FOOT OF BUTTONWOOD RD LOWER ALLOWAYS CREEK, NJ 08038	REPORT REC PSE&G « TIFFANY BABA N P.O. BOX 236 / HI HANCOCKS BRID	Maryonn McLoughlin 5
	REGION / COUNTY: Southern / Salem County		
CHECK IF APPLICABLE:	No Discharge this Monitoring Period Monitoring I	Report Comments Attack	ned
the certification or, in his absence the certification. Where the higher reponsibility or person designated another entity to operate the treat I certify under penalty of law that that, based on my inquiry of tho complete. I am aware that there	t ranking official having day-to-day managerial and operational response a person designated by that person. For a local agency, the highest ranking operator does not have the ability to authorize capital expended d by that person shall also sign the second certification at the bottom of ment works, the highest-ranking official of the contracted entity shall at I have personally examined and am familiar with the information se individuals immediately responsible for obtaining the information are significant penalties for submitting false information, including the New Jersey Water Pollution Control Act provides for penalties up to \$	anking operator of the trea enditures and hire personne of this page. If the local ag sign the certification. submitted in this documen h, I believe that the inform the possibility of fine and/	tment works shall sign el, a person having that gency has contracted with nt and all attachments, and nation is true, accurate and
John F. Perry, Site	/ice President – Hope Creek	N/A	
10-1	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	· · ·	RY NUMBER (IF APPLICABLE)
Gok F. Fe	net	3-22-10	856-339-3463
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the high person designated by that person sho	est ranking operator does not have the ability to authorize capital expendit all sign the following certification:	ures and hire personnel, a p	erson having that responsibility or
I certify under penalty of law and in	accordance with N.J.S.A. 58:10A-6F(5) that I have received and reviewed th	e attached discharge monitor	ing reports.
N/A	N/A	N/A	N/A
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

Surface water Discharge Monitoring Report

PERMIT NUMBER:	MON	ITORED LOCA	TION: N	IONITOR	NING PERIOD:	FACILITY NA	AME:				
NJ0025411	461A	DSN 461A - ds	SW 2	/1/2010 T	O 2/28/2010	HOPE CREE	K GENERATIN	G STATI	ON		
PARAMETER	\searrow	QUANTITY C	DR LOADING	UNITS	QUALIT	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	36.317	41.152		*****	*****	*****		D.	continuous	meter
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	******	******	******		Continuous	METER
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	50,846	52:872		****	****	****		0	continuous	meter
50050 7 Intake From Stream	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	******	******	*****		Continuous	METER
рН	SAMPLE MEASUREMENT	*****	****		8.4	*****	8.6		0	lweek	Grab
00400 1 Effluent Gross Value		******	******	****	6.0 01DAMN	******	9.0 01DAMX	SU		1/Week	GRAB
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		****	< 0.1	< 0.1		0	continuous	Grab
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	******* *******		*****	*****	0.2 01MOAV	0.5 01DAMX	MG/L		Continuous	GRAB
Temperature,	RQL SAMPLE MEASUREMENT	*****	*****	<u></u>	*****	0.1 19.4	0.1		0	continuous	meter
00010 1 Effluent Gross Value		******	*****	******	*****	REPORT 01MOAV	36.2 01DAMX	DEG.C		Continuous	METER
Temperature, oC	QL SAMPLE MEASUREMENT	*****	*****	<u>}</u>	*****	3.1	4.5	 	0	continuous	Meter
00010 7 Intake From Stream		******	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	METER
	QL,			<u>-</u>							

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

FI 46815

PERMIT NUMBER:	MONI	TORED LOCA	TION: N	IONITOR	ING PERIOD:	FACILITY N	AME:					
NJ0025411	461A	DSN 461A - de	sw 2	/1/2010 T	O 2/28/2010	HOPE CREE	EK GENERATIN	G STAT	ION			
PARAMETER	$\mathbf{\mathbf{X}}$	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTF	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE]
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	***	****		*****	4.3	4.3		0	Knowth	Grab	
00680 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	******	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	GRAB	Sci William and
Carbon, Tot Organic		*****	******		******	******	*******		0	Ymonth	Culctd	
(TOC) 00680 2	PERMIT	*****	******		*****	- 0.3	- 0, 3 REPORT	MG/L		1/Month	CALCTD	
Effluent Net Value		*****	******		*****	01MOAV	01DAMX			al anna an a		
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	. ******	*****		*****	3.3	3.3		0	Ymonth	Gr4b	
00680 7 Intake From Stream	PERMIT REQUIREMENT	******	******	*****	*****	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	GRAB	
Heat (winter)	SAMPLE MEASUREMENT	368	417		******	******	*****		0	16ay	Calctd	
(per Hr.) 81387 1 Effluent Gross Value	PERMIT	REPORT . 01MOAV	662 01DAMX	MBTU/HR	******	A+++++	**************************************	•••••		1/Day	CALCTD	
	QL	******		<u></u>			*****		and rates			
Lab Certification #	SAMPLE MEASUREMENT	17451	PA 166		04653							
99999 99 Lab	PERMIT	REPORT Lab #	REPORT Lab #		REPORT Lab#	REPORT Lab.#	REPORT Lab #			Not Applic	NOT AP	00 AN

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

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New Jersey Department of Environmental Protection Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATI	
NJ0025411	MonthDayYearMonthDayYe212010To22820	ar 461C - DSN 461C - DSW int	
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236-N21 - ALLOWA RD HANCOCKS BRIDGE, NJ 08	FOOT OF BUTTONWOOD RD	TIFFANY BABAN Maryin Mals P.O. BOX 236 / H15	U
	REGION / COUNTY: Southern / Salem County		
CHECK IF APPLICABLE:	No Discharge this Monitoring Period 🛛 Monit	oring Report Comments Attached	
the certification or, in his absence the certification. Where the higher reponsibility or person designated another entity to operate the treat I certify under penalty of law that	t ranking official having day-to-day managerial and operational a person designated by that person. For a local agency, the hi est ranking operator does not have the ability to authorize capit d by that person shall also sign the second certification at the b ment works, the highest-ranking official of the contracted enti- at I have personally examined and am familiar with the infor- se individuals immediately responsible for obtaining the infor-	ghest ranking operator of the treatment works sh tal expenditures and hire personnel, a person hav bottom of this page. If the local agency has contr ty shall sign the certification. mation submitted in this document and all attach	nall sign ring that acted with hments, and
complete. I am aware that there	are significant penalties for submitting false information, incl lew Jersey Water Pollution Control Act provides for penalties	luding the possibility of fine and/or imprisonment	
John F. Perry, Site	/ice President – Hope Creek	N/A	
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OP	ERATOR GRADE AND REGISTRY NUMBER (IF	APPLICABLE)
Joh F. Fe	up	<i>3-22-10</i> 856-33	9-3463
SIGNATURE OF PRINCIPAL EXEC	TIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERAT	TOR DATE AREA CODE/PH	HONE NUMBER
*For a local agency where the high person designated by that person sho	est ranking operator does not have the ability to authorize capital e all sign the following certification:	xpenditures and hire personnel, a person having tha	t responsibility or
I certify under penalty of law and in	accordance with N.J.S.A. 58:10A-6F(5) that I have received and revi	ewed the attached discharge monitoring reports.	·
<u>N/A</u>	N/A	N/A	N/A
NAME AND TITLE	SIGNATURE	DATE AREA CODE/PI	HONE NUMBER

PI 46815

PERMIT NUMBER:	<u>MONI</u>	TORED LOCA	TION: I	MONITOR	ING PERIOD:	FACILITY N	AME:		·		
NJ0025411	461C	DSN 461C - DS	SW interna 2	2/1/2010 T	O 2/28/2010	HOPE CREI	EK GENERATIN	G STAT	ION		; ·
PARAMETER	$\mathbf{\mathbf{X}}$	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTR	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.064	0,150		*****	****	*****		0	continuous	meter
50050 1 Effluent Gross Value		REPORT 01MOAV	REPORT 01DAMX	MGD	******		*****	******		Continuous	METER
Solids, Total Suspended	SAMPLE	******	*****	34 	*****	2	2		0	Ymonth	Compos
00530 1 Effluent Gross Value		*****	******	******	*****	30 01MOAV	100 01DAMX	MG/L		1/Month	COMPOS
Petrol Hydrocarbons, Total Recoverable	SAMPLE MEASUREMENT	*****	*****		*****	< 5	< 5		U	2/month	Grab
45501 1 Effluent Gross Value		*****		******	*****	10 01MOAV	15 01DAMX	MG/L		2/Month	GRAB
Carbon, Tot Organic	QL SAMPLE MEASUREMENT	******	*****		*******	3	3		0	1/month	Compos
00680 1 Effluent Gross Value		*****	*****	*****	*****	REPORT 01MOAV	50 01DAMX	MG/L		1/Month	COMPOS
Lab Certification #	QL SAMPLE MEASUREMENT	17451	PA166		04653						
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP

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

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

NJPDES PERMIT	MONITORING PERIO	DD	MONITORI	ED LOCATION:
NJ0025411	MonthDayYearMonth212010To2	DayYear282010	462B - dsn 462B -	
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236-N21 - ALLOWA RD HANCOCKS BRIDGE, NJ 08	FOOT OF BUTTONWO	TING STATION OD RD REEK, NJ 08038	REPORT REC PSE&G TIFFANY BABAN P.O. BOX 236 / H HANCOCKS BRII	- Maryann McLaughlin 15
CHECK IF APPLICABLE:	No Discharge this Monitoring Period		Report Comments Attacl	red
the certification or, in his absence the certification. Where the higher reponsibility or person designated another entity to operate the treat I certify under penalty of law that that, based on my inquiry of tho complete. I am aware that there	t ranking official having day-to-day managerial e a person designated by that person. For a local est ranking operator does not have the ability to d by that person shall also sign the second certif ment works, the highest-ranking official of the o at I have personally examined and am familiar se individuals immediately responsible for obta are significant penalties for submitting false in New Jersey Water Pollution Control Act provide	agency, the highest authorize capital exp cation at the bottom contracted entity sha with the information ining the information formation, including	ranking operator of the treat penditures and hire personne of this page. If the local a ll sign the certification. In submitted in this docume on, I believe that the inform the possibility of fine and	ttment works shall sign el, a person having that gency has contracted with nt and all attachments, and nation is true, accurate and
John F. Perry, Site \	/ice President – Hope Creek		N/A	۰.
10-1	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR	*LICENSED OPERAT	OR GRADE AND REGIST $3 - 22 - 10$	RY NUMBER (IF APPLICABLE) 856-339-3463
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICI	ENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the high person designated by that person sh	est ranking operator does not have the ability to au all sign the following certification:	thorize capital expend	itures and hire personnel, a p	erson having that responsibility of
I certify under penalty of law and in	accordance with N.J.S.A. 58:10A-6F(5) that I have r	eceived and reviewed	the attached discharge monitor	ing reports.

N/A	N/A	Ń/A	N/A
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER
		•	

PI 46815

Surface water Discharge wonitoring Report

PERMIT	NUMBER:
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NJ0025411

MONITORED LOCATION:

462B dsn 462B - dsw outfall

MONITORING PERIOD:

2/1/2010 TO 2/28/2010

FACILITY NAME:

HOPE CREEK GENERATING STATION

Pre-Print Creation Date:	1/1/2010	

						•					
PARAMETER	\square	QUANTITY C	R LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.008	0.022		*****	****	****		0	1/Day	meter
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Day	METER
BOD, 5-Day (20 oC)	QL SAMPLE	*****				······				11	Compos
	MEASUREMENT	*****	*****		*****	469	469	1	0	lmost h	
00310 G Raw Sew/influent		******* ******	******	*****	*****	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	COMPOS.
BOD, 5-Day (20 oC)	SAMPLE	0	· 0		***	14	14		0	Imonth	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	*****	******		97.1	*****	*****		0	Knorth	Calctd
00310 K Percent Removal	PERMIT REQUIREMENT	**************************************	******	****	87.5 01MOAVMN			PERCENT		1/Month	CALCTD
Solids, Total Suspended	SAMPLE	*****	*****	*	****	635	635		0	Ymonth	Compo
00530 G Raw Sew/influent	PERMIT	A+2285	******	*****	******	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	COMPOS
Solids, Total Suspended	SAMPLE MEASUREMENT	******	******	₿ <mark></mark>	*****	8	P		0	1month	Compos
00530 1 Effluent Gross Value		*****	*****	******	******	30 01MOAV	45 01WKAV	MG/L		1/Month	COMPOS

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

Surrace water L	Jischarg	e wonitori	пд нероп								PI 46815
PERMIT NUMBER:	MON	ITORED LOCA	TION: A	IONITOF	NING PERIOD:	FACILITY N	AME:				
NJ0025411	462B	dsn 462B - ds	w outfall 2	2/1/2010 T	O 2/28/2010	HOPE CREI		IG STAT	ION		
PARAMETER	\square	QUANTITY (OR LOADING	UNITS	QUAL	TY OR CONCENTR	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Solids, Total	SAMPLE MEASUREMENT	****	*****		99	99	*****		0	1month:	Calcte
00530 K Percent Removal	PERMIT REQUIREMENT	******	*****	*****	85 01MOAVMN	REPORT 01MOAV	*****	PERCENT		1/Month	CALCTD
Oil and Grease		*****	*****	<u></u>	*****	< .5	< 5		0	1month.	Grab
00556 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******		Sectore .	10 01MOAV	15: 01DAMX	MG/L		1/Month	GRAB
Coliform, Fecal	QL SAMPLE MEASUREMENT	******	******	3	*****	< 10	< /D		0	Imosth	Grab
General 74055 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	******	******	200 01MOGE	400 01WKGE	#/100ML		1/Month	GRAB
Lab Certification #	SAMPLE	17451	PA166		06005					7	
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #-	REPORT Lab.#	REPORT Lab #			Not Applic	NOT AP

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