PSEG Nuclear LLC
P.O. Box 236, Hancock Bridge, NJ 08038-0236

PSEG
Nuclear LLC

MAY 20 2010
SCH10-066

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
ARTICLE NUMBER: 7008 0150 0000 5749 3638

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 April 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 Mark Pyle (856) 339-2331.

Sincerely,

Carl J. Fricker
Site Vice President – Salem

IE25
NRR

Attachment (12 DMR's)

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

MAY 20 2010

EXPLANATION OF CONDITIONS

April 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 DMR Instruction Manual and specific guidance from DEP personnel.

MAY 20 2010

EXPLANATION OF EXCEEDANCES

April 2010

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

DSN No.	EXPLANATION
None.	

MAY 20 2010

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 20 day of May 2010

Sheri L. Keyes

SHERI L KEYES
Commission # 2051967
Notary Public, State of New Jersey
My Commission Expires
January 15, 2014

MAY 20 2010

bc: Site Vice President – Salem
Director – Regulatory Affairs
John Valeri Jr., Esq.
Salem Radwaste and Environmental Supervisor
E. J. Keating
Helen Gregory
Chem File SCH10-052

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD							MONITORED LOCATION:
	Month	Day	Year		Month	Day	Year	
NJ0005622	4	1	2010	To	4	30	2010	FACA – SW Outfall FACA

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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Carl J. Fricker, Site Vice President - Salem — N/A

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR — **GRADE AND REGISTRY NUMBER (IF APPLICABLE)**

05/20/2010 — 856-339-1102

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**

Surface Water Discharge Monitoring Report

PI 46314

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	FACA SW Outfall FACA	4/1/2010 TO 4/30/2010	PSEG NUCLEAR LLC SALEM GENERATIN

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	******	******		******	14.3	15.6		0	Continuous	CONTIN
00010 G Raw Sew/influent	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
	QL	******	******		******	******	******				
Temperature, oC	SAMPLE MEASUREMENT	******	******		******	17.9	26.1		0	Continuous	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
	QL	******	******		******	******	******				
Temperature, oC	SAMPLE MEASUREMENT	******	******		******	3.5	13.6		0	1/Day	CALCTD
00010 2 Effluent Net Value	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD
	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	******	******		******	******	******				

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:
	Month	Day	Year		Month	Day	Year	
NJ0005622	4	1	2010	To	4	30	2010	FACB – SW Outfall FACB

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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Carl J. Fricker, Site Vice President - Salem — N/A

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR — **GRADE AND REGISTRY NUMBER (IF APPLICABLE)**

05/20/2010 — 856-339-1102

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**

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	FACB SW Outfall FACB	4/1/2010 TO 4/30/2010	PSEG NUCLEAR LLC SALEM GENERATIN

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	******	******		******	14.3	15.6		0	Continuous	CONTIN
00010 G Raw Sew/influent	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
	QL	******	******		******	******	******				
Temperature, oC	SAMPLE MEASUREMENT	******	******		******	23.6	24.8		0	Continuous	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
	QL	******	******		******	******	******				
Temperature, oC	SAMPLE MEASUREMENT	******	******		******	9.3	11.8		0	1/Day	CALCTD
00010 2 Effluent Net Value	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD
	QL	******	******		******	******	******				
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA166						
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	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:
	Month	Day	Year		Month	Day	Year	
NJ0005622	4	1	2010	To	4	30	2010	FACC – SW Outfall FACC

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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Carl J. Fricker, Site Vice President - Salem — N/A

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR — **GRADE AND REGISTRY NUMBER (IF APPLICABLE)**

05/20/2010 — 856-339-1102

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**

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	FACC SW Outfall FACC	4/1/2010 TO 4/30/2010	PSEG NUCLEAR LLC SALEM GENERATIN

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 G Raw Sew/influent	SAMPLE MEASUREMENT	1556	2480	MGD	******	******	******	******	0	1/Day	CALCTD
	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX		******	******	******			1/Day	CALCTD
	QL	******	******		******	******	******				
Thermal Discharge Million BTUs per Hr 00015 2 Effluent Net Value	SAMPLE MEASUREMENT	8855	19553	MBTU/HR	******	******	******	******	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	30600 01DAMX		******	******	******			1/Day	CALCTD
	QL	******	******		******	******	******				
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	17451		PA 166						
	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
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD							MONITORED LOCATION:
	Month	Day	Year		Month	Day	Year	
NJ0005622	4	1	2010	To	4	30	2010	048C – SW Outfall 48C

PERMITTEE:
PSE&G NUCLEAR LLC
80 PARK PLAZA
NEWARK, NJ 07101

LOCATION OF ACTIVITY:
PSEG NUCLEAR LLC SALEM
GENERATING STATION
ALLOWAY CREEK NECK RD
HANCOCKS BRIDGE, NJ 08038

REPORT RECIPIENT:
PSEG NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE: ☐ **No Discharge this Monitoring Period** ☐ **Monitoring Report Comments Attached**

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05/20/2010 — 856-339-1102

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**

Surface Water Discharge Monitoring Report

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	048C SW Outfall 48C	4/1/2010 TO 4/30/2010	PSEG NUCLEAR LLC SALEM GENERATIN

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	0.2852	0.6833	MGD	******	******	******	******	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		******	******	******			1/Day	CALCTD
	QL	******	******		******	******	******				
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	******	13	19	MG/L	0	2/MONTH	COMPOS
	PERMIT REQUIREMENT	******	******		******	30 01MOAV	100 01DAMX			2/Month	COMPOS
	QL	******	******		******	******	******				
Nitrogen, Ammonia Total (as N) 00610 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	******	1	1	MG/L	0	2/MONTH	COMPOS
	PERMIT REQUIREMENT	******	******		******	35 01MOAV	70 01DAMX			2/Month	COMPOS
	QL	******	******		******	******	******				
Petroleum Hydrocarbons 00551 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	******	<5	<5	MG/L	0	2/MONTH	GRAB
	PERMIT REQUIREMENT	******	******		******	10 01MOAV	15 01DAMX			2/Month	GRAB
	QL	******	******		******	******	******				
Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	******	4	4	MG/L	0	2/MONTH	COMPOS
	PERMIT REQUIREMENT	******	******		******	REPORT 01MOAV	50 01DAMX			2/Month	COMPOS
	QL	******	******		******	******	******				
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	17451		PA 166						
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	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:
	Month	Day	Year		Month	Day	Year	
NJ0005622	4	1	2010	To	4	30	2010	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

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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Carl J. Fricker, Site Vice President - Salem — N/A

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR — **GRADE AND REGISTRY NUMBER (IF APPLICABLE)**

05/20/2010 — 856-339-1102

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

Surface Water Discharge Monitoring Report

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	481A SW Outfall 481A	4/1/2010 TO 4/30/2010	PSEG NUCLEAR LLC SALEM GENERATIN

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	95	465	MGD	******	******	******	******	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		******	******	******			1/Day	CALCTD
	QL	******	******		******	******	******				
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	6.6	******	7.5	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	******	******	******	7.5	******	7.7	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.

Surface Water Discharge Monitoring Report

PI 46314

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	481A SW Outfall 481A	4/1/2010 TO 4/30/2010	PSEG NUCLEAR LLC SALEM GENERATIN

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	******	******		******	19.0	28.4		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 Applic	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

NJPDES PERMIT	MONITORING PERIOD							MONITORED LOCATION:
	Month	Day	Year		Month	Day	Year	
NJ0005622	4	1	2010	To	4	30	2010	482A – SW Outfall 482A

PERMITTEE:
PSE&G NUCLEAR LLC
80 PARK PLAZA
NEWARK, NJ 07101

LOCATION OF ACTIVITY:
PSEG NUCLEAR LLC SALEM
GENERATING STATION
ALLOWAY CREEK NECK RD
HANCOCKS BRIDGE, NJ 08038

REPORT RECIPIENT:
PSEG NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE: ☐ **No Discharge this Monitoring Period** ☐ **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. Fricker, Site Vice President - Salem — N/A

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR — **GRADE AND REGISTRY NUMBER (IF APPLICABLE)**

05/20/2010 — 856-339-1102

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**

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	482A SW Outfall 482A	4/1/2010 TO 4/30/2010	PSEG NUCLEAR LLC SALEM GENERATIN

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	137	472	MGD	******	******	******	******	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		******	******	******			1/Day	CALCTD
	QL	******	******		******	******	******				
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	7.0	******	7.5	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	******	******	******	7.5	******	7.7	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	0.3	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. .

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	482A SW Outfall 482A	4/1/2010 TO 4/30/2010	PSEG NUCLEAR LLC SALEM GENERATIN

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	******	******		******	18.0	31.0		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 Applic	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

NJPDES PERMIT	MONITORING PERIOD							MONITORED LOCATION:
	Month	Day	Year		Month	Day	Year	
NJ0005622	4	1	2010	To	4	30	2010	483A – SW Outfall 483A

PERMITTEE:
PSE&G NUCLEAR LLC
80 PARK PLAZA
NEWARK, NJ 07101

LOCATION OF ACTIVITY:
PSEG NUCLEAR LLC SALEM
GENERATING STATION
ALLOWAY CREEK NECK RD
HANCOCKS BRIDGE, NJ 08038

REPORT 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.

Carl J. Fricker, Site Vice President - Salem — N/A

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR — **GRADE AND REGISTRY NUMBER (IF APPLICABLE)**

05/20/2010 — 856-339-1102

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**

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	483A SW Outfall 483A	4/1/2010 TO 4/30/2010	PSEG NUCLEAR LLC SALEM GENERATIN

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	104	451	MGD	******	******	******	******	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		******	******	******			1/Day	CALCTD
	QL	******	******		******	******	******				
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	7.0	******	7.5	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	******	******	******	7.5	******	7.7	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	******	******		REPORT 01DAMN	******	REPORT 01DAMX			1/Week	GRAB
	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	******	******		******	******	******				
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	******	17.0	31.4	DEG.C	0	1/Day	CONTIN
	PERMIT REQUIREMENT	******	******		******	REPORT 01MOAV	REPORT 01DAMX			1/Day	CONTIN
	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.

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	483A SW Outfall 483A	4/1/2010 TO 4/30/2010	PSEG NUCLEAR LLC SALEM GENERATIN

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 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:
	Month	Day	Year		Month	Day	Year	
NJ0005622	4	1	2010	To	4	30	2010	484A – SW Outfall 484A

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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Carl J. Fricker, Site Vice President - Salem — N/A

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR — **GRADE AND REGISTRY NUMBER (IF APPLICABLE)**

05/20/2010 — 856-339-1102

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**

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	484A SW Outfall 484A	4/1/2010 TO 4/30/2010	PSEG NUCLEAR LLC SALEM GENERATIN

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	468	490	MGD	******	******	******	******	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		******	******	******			1/Day	CALCTD
	QL	******	******		******	******	******				
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.6	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	******	******	******	7.5	******	7.7	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	******	******	******	******	CODE : N	CODE = N	MG/L	0	CODE = N	CODE = N
	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.

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	484A SW Outfall 484A	4/1/2010 TO 4/30/2010	PSEG NUCLEAR LLC SALEM GENERATIN

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	******	******		******	23.6	29.1		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 Applic	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

NJPDES PERMIT	MONITORING PERIOD							MONITORED LOCATION:
	Month	Day	Year		Month	Day	Year	
NJ0005622	4	1	2010	To	4	30	2010	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 / Salem County

CHECK IF APPLICABLE: ☐ **No Discharge this Monitoring Period** ☐ **Monitoring Report Comments Attached**

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Carl J. Fricker, Site Vice President - Salem — N/A

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR — **GRADE AND REGISTRY NUMBER (IF APPLICABLE)**

05/20/2010 — 856-339-1102

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

Surface Water Discharge Monitoring Report

PI 46614

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	485A SW Outfall 485A	4/1/2010 TO 4/30/2010	PSEG NUCLEAR LLC SALEM GENERATIN

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	423	446	MGD	******	******	******	******	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		******	******	******			1/Day	CALCTD
	QL	******	******		******	******	******				
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.5	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	******	******	******	7.5	******	7.7	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	******	******	******	******	CODE = N	CODE = N	MG/L	0	CODE = N	CODE = N
	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.

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	485A SW Outfall 485A	4/1/2010 TO 4/30/2010	PSEG NUCLEAR LLC SALEM GENERATI

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	******	******		******	23.7	28.9		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 Applic	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

NJPDES PERMIT	MONITORING PERIOD							MONITORED LOCATION:
	Month	Day	Year		Month	Day	Year	
NJ0005622	4	1	2010	To	4	30	2010	486A – SW Outfall 486A

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.

Carl J. Fricker, Site Vice President - Salem — N/A

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR — **GRADE AND REGISTRY NUMBER (IF APPLICABLE)**

05/20/2010 — 856-339-1102

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**

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	486A SW Outfall 486A	4/1/2010 TO 4/30/2010	PSEG NUCLEAR LLC SALEM GENERATIN

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	407	424	MGD	******	******	******	******	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		******	******	******			1/Day	CALCTD
	QL	******	******		******	******	******				
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.4	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	******	******	******	7.5	******	7.7	SU	0	1/week	GRAB
	PERMIT REQUIREMENT	******	******		REPORT 01DAMN	******	REPORT 01DAMX			1/Week	GRAB
	QL	******	******		******	******	******				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	******	******	******	******	CODE=N	CODE=N	MG/L	0	CODE=N	CODE=N
	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	******	******		******	******	******				
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	******	23.7	28.0	DEG.C	0	1/Day	CONTIN
	PERMIT REQUIREMENT	******	******		******	REPORT 01MOAV	REPORT 01DAMX			1/Day	CONTIN
	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.

Surface Water Discharge Monitoring Report

PI 46314

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	486A SW Outfall 486A	4/1/2010 TO 4/30/2010	PSEG NUCLEAR LLC SALEM GENERATIN

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 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:
	Month	Day	Year		Month	Day	Year	
NJ0005622	4	1	2010	To	4	30	2010	487B – SW Outfall 487B

PERMITTEE:
PSE&G NUCLEAR LLC
80 PARK PLAZA
NEWARK, NJ 07101

LOCATION OF ACTIVITY:
PSEG NUCLEAR LLC SALEM
GENERATING STATION
ALLOWAY CREEK NECK RD
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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Carl J. Fricker, Site Vice President - Salem — N/A

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR — **GRADE AND REGISTRY NUMBER (IF APPLICABLE)**

05/20/2010 — 856-339-1102

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**

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD							MONITORED LOCATION:
	Month	Day	Year		Month	Day	Year	
NJ0005622	4	1	2010	To	4	30	2010	489A – 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

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

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	489A SW Outfall 489A	4/1/2010 TO 4/30/2010	PSEG NUCLEAR LLC SALEM GENERATIN

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	0.0420	0.0420		******	******	******		0	1/MONTH	CALCTD
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	******	******	******		1/Month	CALCTD
	QL	******	******		******	******	******				
pH	SAMPLE MEASUREMENT	******	******		7.7	******	7.7		0	1/MONTH	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	******	6.0 01DAMN	******	9.0 01DAMX	SU		1/Month	GRAB
	QL	******	******		******	******	******				
Solids, Total Suspended	SAMPLE MEASUREMENT	******	******		8	8	******		0	1/MONTH	GRAB
00530 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	******	100 01DAMX	30 01MOAV	******	MG/L		1/Month	GRAB
	QL	******	******		******	******	******				
Petroleum Hydrocarbons	SAMPLE MEASUREMENT	******	******		******	<5	<5		0	1/MONTH	GRAB
00551 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	******	******	10 01MOAV	15 01DAMX	MG/L		1/Month	GRAB
	QL	******	******		******	******	******				
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	******	******		******	<1	<1		0	1/MONTH	GRAB
00680 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	50 01DAMX	MG/L		1/Month	GRAB
	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	******	******		******	******	******				

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".