

JUN 22 2010



SCH10-076

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
ARTICLE NUMBER: 7008 0150 0000 5749 3164

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**

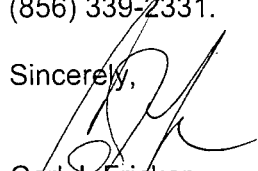
Dear Sir:

Attached is the Discharge Monitoring Report for the Salem Generating Station for the month of May 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

TEAS
NRR

JUN 22 2010

Attachment (12 DMR's)

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

EXPLANATION OF CONDITIONS

May 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.

EXPLANATION OF EXCEEDANCES

May 2010

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

| DSN No. | EXPLANATION |
|---------|-------------|
|---------|-------------|

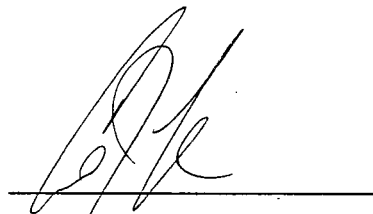
| | |
|-------|--|
| None. | |
|-------|--|

JUN 22 2010

COUNTY OF SALEM
STATE OF NEW JERSEY

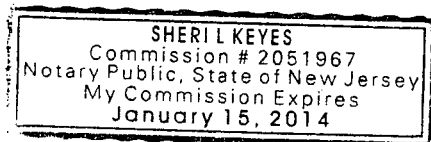
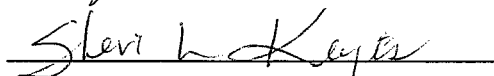
I, Carl J. Fricker of full age, being duly sworn according to law, upon my oath depose and say:

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 22 day of June 2010



JUN 22 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 SCH10-076



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

June 8, 2010
Report No. TP10023

**SUBJECT: DETERMINATION OF CIRCULATING WATER FLOW AT
SALEM GENERATING STATION UNIT 2**

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

SUMMARY

The Mechanical Division of Maplewood Testing Services conducted a series of test runs at Salem Unit No. 2 to determine the capacities of the circulating water pumps shown in the table below.

Work was performed under SAP work orders:
30181085 30181130, 30181031, 30181032, 30181086, 30181087

Please note that the CMS designation for the pump 23B could not be determined.

Final results are as follows:

SUMMARY OF TEST RESULTS

| Pump No. | CMS Pump Desig. | Test Date | Measured Pump Capacity (gpm) | Pump Suction Head (ft h ₂ o) | Pump Discharge Head (ft h ₂ o) | Total Static Head (ft h ₂ o) |
|----------|-----------------|-----------|------------------------------|---|---|---|
| 21A | I | 06/02/10 | 167914 | -12.3 | 8.5 | 20.8 |
| 21B | B | 05/25/10 | 159332 | -8.3 | 11.9 | 20.2 |
| 22A | M | 05/25/10 | 150999 | -8.8 | 12.5 | 21.3 |
| 22B | F | 05/25/10 | 150041 | -11.8 | 6.3 | 18.1 |
| 23A | E | 05/25/10 | 133960 | -12.5 | 8.6 | 21.1 |
| 23B | | 05/25/10 | 144344 | -12.8 | 8.2 | 21.0 |

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

William G. Biggs
Technical Analyst
Salem Chemistry - PSEG Power

June 8, 2010
Report No. TP10023

SUMMARY (Cont'd)

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

RECORD OF RHODAMINE WT DYE INJECTION

| Test Date | Pump No. | Injection Time | | Pure Dye Injected (ml) | Number of Pumps in Service | Total System Flow (1000 gpm) | Effluent Concentration (ppb) |
|-----------|----------|----------------|--------|------------------------|----------------------------|------------------------------|------------------------------|
| | | (start) | (stop) | | | | |
| 06/02/10 | 21A | 852 | 921 | 37.94 | 6 | 1110.0 | 0.32 |
| 05/25/10 | 21B | 1017 | 1050 | 42.71 | 5 | 925.0 | 0.38 |
| 05/25/10 | 22A | 1103 | 1128 | 33.65 | 5 | 925.0 | 0.38 |
| 05/25/10 | 22B | 1337 | 1432 | 73.96 | 5 | 925.0 | 0.38 |
| 05/25/10 | 23A | 1447 | 1513 | 35.20 | 5 | 925.0 | 0.39 |
| 05/25/10 | 23B | 1528 | 1556 | 38.09 | 5 | 925.0 | 0.39 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

TEST METHOD

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

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

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

William G. Biggs
Technical Analyst
Salem Chemistry - PSEG Power

June 8, 2010
Report No. TP10023

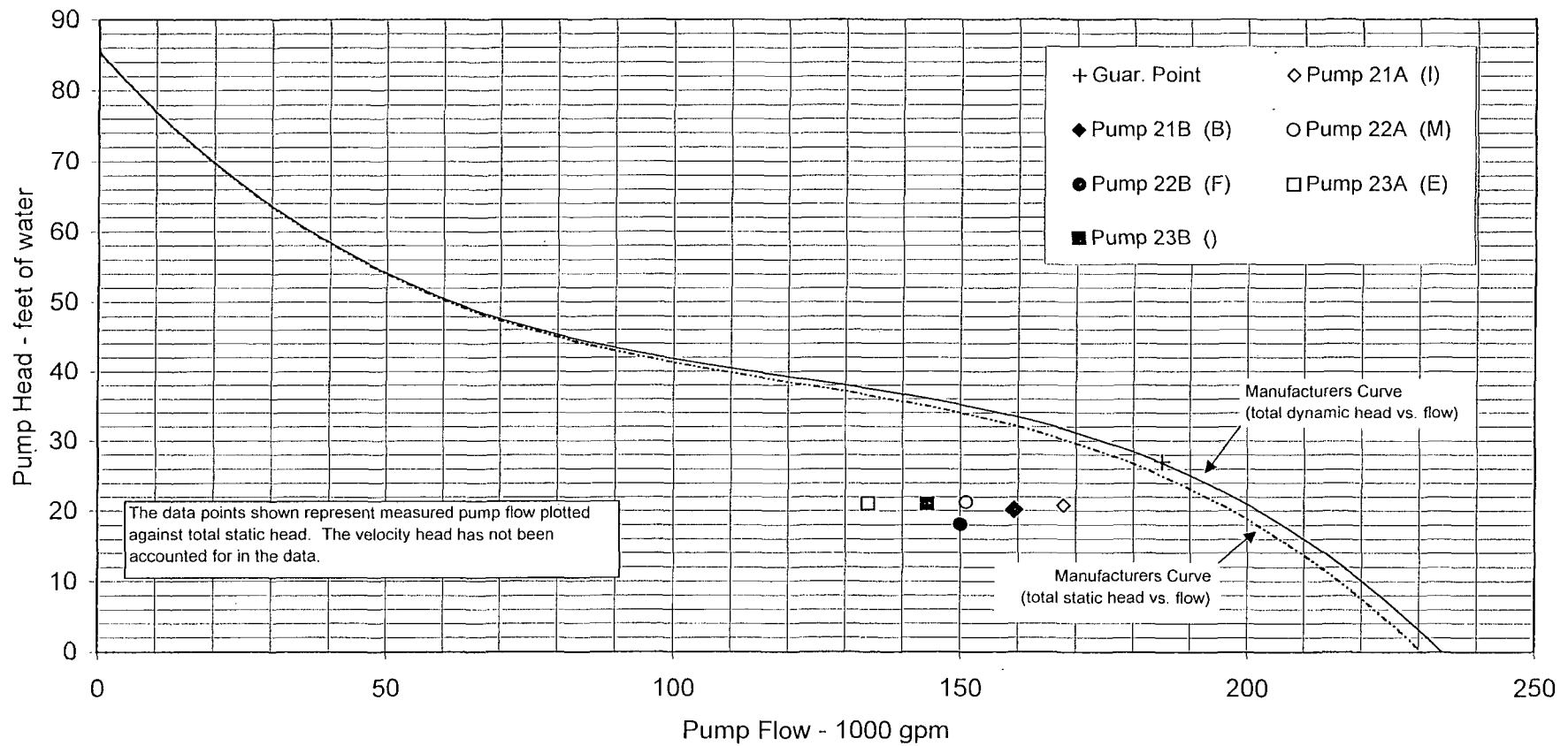
TEST METHOD (Cont'd)

100' and the pump discharge head in feet of water at the water box inlet. After correcting for elevation, the total pump head was calculated as the pump discharge head minus the pump suction head.



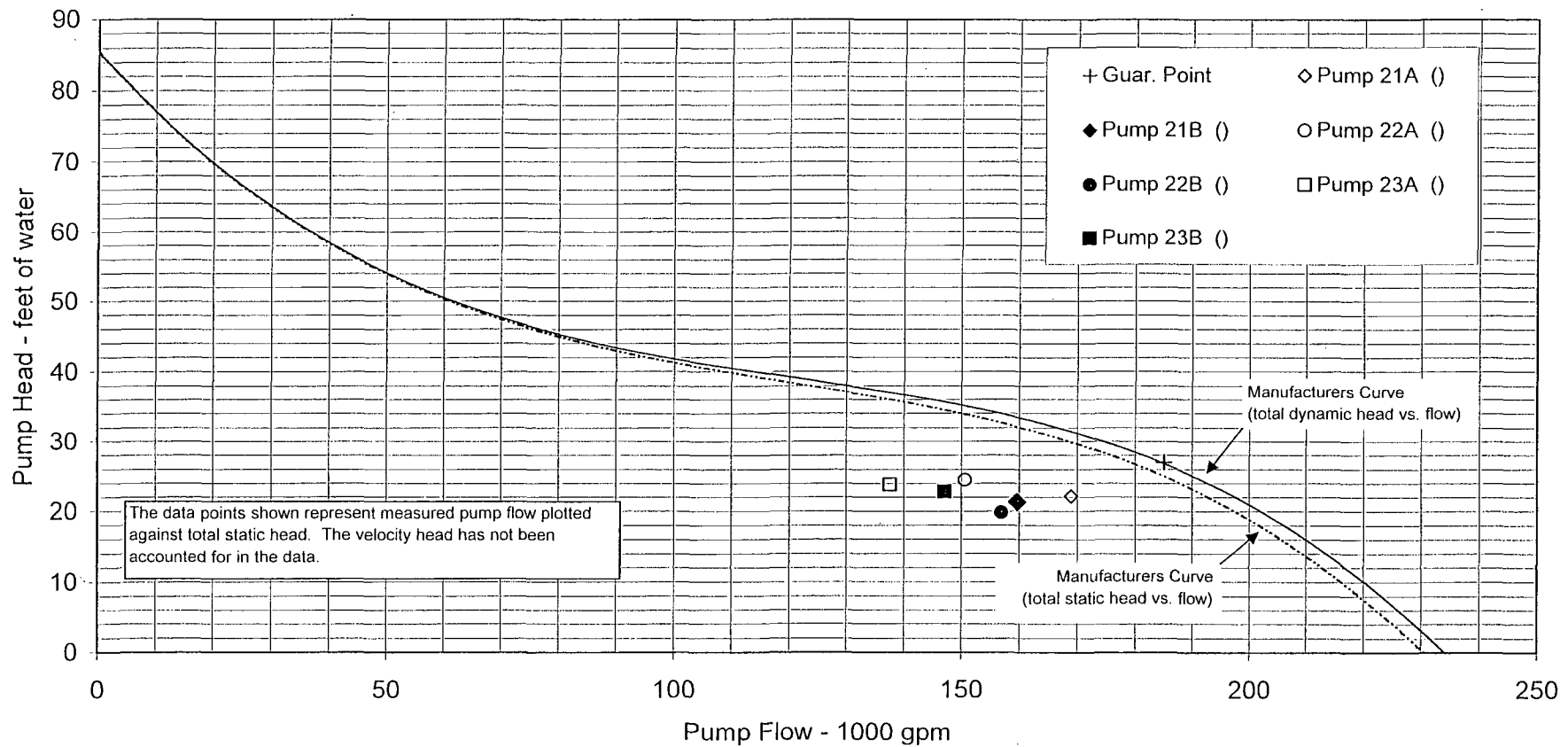
Anthony R. Fortunato
Supervising Test Engineer
MTS Mechanical Division

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



2009 RESULTS - FOR COMPARISON

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



Maplewood Testing Services

Report No. TP09039

6/ 2009

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

| NJPDES PERMIT | MONITORING PERIOD | | | | | | MONITORED LOCATION: | |
|---------------|-------------------|-----|------|----|-------|-----|---------------------|------------------------|
| NJ0005622 | Month | Day | Year | To | Month | Day | Year | FACA – SW Outfall FACA |
| | 5 | 1 | 2010 | | 5 | 31 | 2010 | |

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:

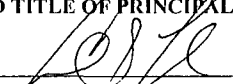
PSEG NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

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) |
|  | 06/21/2010 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 460 4

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: FACA SW Outfall FACA MONITORING PERIOD: 5/1/2010 TO 5/31/2010 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

| PARAMETER | | QUANTITY OR LOADING | | UNITS | QUALITY OR CONCENTRATION | | | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|--------------|-------|--------------------------|---------------|---------------|-------|---------|-------------------|-------------|
| Temperature, oC 00010 G Raw Sew/influent | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 19.2 | 23.7 | DEG.C | 0 | Continuous | CONTIN |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | REPORT 01MOAV | REPORT 01DAMX | | | Continuous | CONTIN |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Temperature, oC 00010 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 29.0 | 33.8 | DEG.C | 0 | Continuous | CONTIN |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | REPORT 01MOAV | 43.3 01DAMX | | | Continuous | CONTIN |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Temperature, oC 00010 2 Effluent Net Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 9.8 | 10.7 | DEG.C | 0 | 1/Day | CALCTD |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | REPORT 01MOAV | 15.3 01DAMX | | | 1/Day | CALCTD |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Lab Certification # 99999 99 Lab | SAMPLE MEASUREMENT | 17327 | 17451 | | PA166 | | | | | | |
| | 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: | |
|---------------|-------------------|-----|------|----|-------|-----|---------------------|------------------------|
| NJ0005622 | Month | Day | Year | To | Month | Day | Year | FACB – SW Outfall FACB |
| | 5 | 1 | 2010 | | 5 | 31 | 2010 | |

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)

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

06/21/2010

DATE

856-339-1102

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 46014

PERMIT NUMBER: NJ0005622
 MONITORED LOCATION: FACB SW Outfall FACB
 MONITORING PERIOD: 5/1/2010 TO 5/31/2010
 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

| PARAMETER | | QUANTITY OR LOADING | | UNITS | QUALITY OR CONCENTRATION | | | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|--------------|-------|--------------------------|---------------|---------------|-------|---------|-------------------|-------------|
| Temperature, oC 00010 G Raw Sew/influent | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 19.2 | 23.7 | DEG.C | 0 | CONTINUOUS | CONTIN |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | REPORT 01MOAV | REPORT 01DAMX | | | Continuous | CONTIN |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Temperature, oC 00010 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 28.2 | 32.3 | DEG.C | 0 | CONTINUOUS | CONTIN |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | REPORT 01MOAV | 43.3 01DAMX | | | Continuous | CONTIN |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Temperature, oC 00010 2 Effluent Net Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 9.0 | 9.9 | DEG.C | 0 | 1/Day | CALCTD |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | REPORT 01MOAV | 15.3 01DAMX | | | 1/Day | CALCTD |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Lab Certification # 99999 99 Lab | SAMPLE MEASUREMENT | 17327 | 17451 | ***** | PA166 | | | | | | |
| | 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: | |
|---------------|-------------------|-----|------|----|-------|-----|---------------------|------------------------|
| NJ0005622 | Month | Day | Year | To | Month | Day | Year | FACC – SW Outfall FACC |
| | 5 | 1 | 2010 | | 5 | 31 | 2010 | |

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

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

N/A

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

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

DATE

AREA CODE/PHONE NUMBER

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I certify under penalty of law and in accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attached discharge monitoring reports.

N/A

NAME AND TITLE

N/A

SIGNATURE

N/A

DATE

N/A

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46824

PERMIT NUMBER: NJ0005622
 MONITORED LOCATION: FACC SW Outfall FACC
 MONITORING PERIOD: 5/1/2010 TO 5/31/2010
 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

| PARAMETER | | QUANTITY OR LOADING | | UNITS | QUALITY OR CONCENTRATION | | | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|------------------|---------|--------------------------|-----------------|-----------------|-------|---------|-------------------|-------------|
| Flow, In Conduit or Thru Treatment Plant 50050 G Raw Sew/influent | SAMPLE MEASUREMENT | 2447 | 2578 | 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 | 14429 | 14899 | 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 |
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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: | |
|---------------|-------------------|-----|------|----|-------|-----|---------------------|-----------------------|
| NJ0005622 | Month | Day | Year | To | Month | Day | Year | 048C – SW Outfall 48C |
| | 5 | 1 | 2010 | | 5 | 31 | 2010 | |

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)

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:*

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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 46314

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

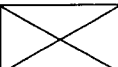
FACILITY NAME:

NJ0005622

048C SW Outfall 48C

5/1/2010 TO 5/31/2010

PSEG NUCLEAR LLC SALEM GENERATI

| 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 | 0.3925 | 1.2322 | MGD | ***** | ***** | ***** | ***** | 0 | 1/Day | CALCTD |
| 50050 1 | PERMIT REQUIREMENT | REPORT 01MOAV | REPORT 01DAMX | | ***** | ***** | ***** | | | 1/Day | CALCTD |
| Effluent Gross Value | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Solids, Total | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 6 | 9 | MG/L | 0 | 2/month | COMPOS |
| Suspended | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30 01MOAV | 100 01DAMX | | | 2/Month | COMPOS |
| 00530 1 | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Nitrogen, Ammonia | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 2 | 3 | MG/L | 0 | 2/month | COMPOS |
| Total (as N) | PERMIT REQUIREMENT | ***** | ***** | | ***** | 35 01MOAV | 70 01DAMX | | | 2/Month | COMPOS |
| 00610 1 | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Petroleum | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | < 5 | < 5 | MG/L | 0 | 2/month | GRAB |
| Hydrocarbons | PERMIT REQUIREMENT | ***** | ***** | | ***** | 10 01MOAV | 15 01DAMX | | | 2/Month | GRAB |
| 00551 1 | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Carbon, Tot Organic (TOC) | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 10 | 12 | MG/L | 0 | 2/month | COMPOS |
| 00680 1 | PERMIT REQUIREMENT | ***** | ***** | | ***** | REPORT 01MOAV | 50 01DAMX | | | 2/Month | COMPOS |
| Effluent Gross Value | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Lab Certification # | SAMPLE MEASUREMENT | | | | | | | | | | |
| 99999 99 | PERMIT REQUIREMENT | REPORT Lab # | REPORT Lab # | | REPORT Lab # | REPORT Lab # | REPORT Lab # | | | Not Applic | NOT AP |
| Lab | QL | ***** | ***** | | ***** | ***** | ***** | | | | |

Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4680 or via email at "srosenwi@dep.state.nj.us".

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

| NJPDES PERMIT | MONITORING PERIOD | | | | | | MONITORED LOCATION: |
|---------------|-------------------|-----|------|----|-------|-----|------------------------|
| NJ0005622 | Month | Day | Year | To | Month | Day | Year |
| | 5 | 1 | 2010 | | 5 | 31 | 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:

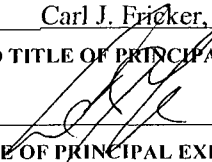
PSEG NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

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

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) |
|  | 06/21/2010 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: NJ0005622 MONITORED LOCATION: 481A SW Outfall 481A MONITORING PERIOD: 5/1/2010 TO 5/31/2010 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

| PARAMETER | | QUANTITY OR LOADING | | UNITS | QUALITY OR CONCENTRATION | | | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|---------------|-------|--------------------------|---------------|---------------|-------|---------|-------------------|-------------|
| Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value | SAMPLE MEASUREMENT | 269 | 269 | MGD | ***** | ***** | ***** | ***** | 0 | 1/Day | CALCTD |
| | PERMIT REQUIREMENT | REPORT 01MOAV | REPORT 01DAMX | | ***** | ***** | ***** | | | 1/Day | CALCTD |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| pH 00400 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.4 | ***** | 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 | ***** | ***** | ***** | 7.4 | ***** | 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 46044

PERMIT NUMBER: NJ0005622
 MONITORED LOCATION: 481A SW Outfall 481A
 MONITORING PERIOD: 5/1/2010 TO 5/31/2010
 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING STATION

| PARAMETER | | QUANTITY OR LOADING | | UNITS | QUALITY OR CONCENTRATION | | | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------|-------|--------------------------|---------------|---------------|-------|---------|-------------------|-------------|
| Temperature, °C 00010 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 31.2 | 36.6 | DEG.C | 0 | 1/Day | CONTIN |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | REPORT 01MOAV | REPORT 01DAMX | | | 1/Day | CONTIN |
| | 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: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

| NJPDES PERMIT | MONITORING PERIOD | | | | | | MONITORED LOCATION: | |
|---------------|-------------------|-----|------|----|-------|-----|---------------------|------------------------|
| NJ0005622 | Month | Day | Year | To | Month | Day | Year | 482A – SW Outfall 482A |
| | 5 | 1 | 2010 | | 5 | 31 | 2010 | |

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:

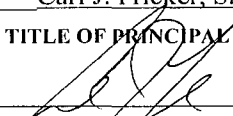
PSEG NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

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) |
|  | 06/21/2010 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: NJ0005622 MONITORED LOCATION: 482A SW Outfall 482A MONITORING PERIOD: 5/1/2010 TO 5/31/2010 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATION

| PARAMETER | | QUANTITY OR LOADING | | UNITS | QUALITY OR CONCENTRATION | | | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|---------------|-------|--------------------------|---------------|---------------|-------|---------|-------------------|-------------|
| Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value | SAMPLE MEASUREMENT | 471 | 472 | MGD | ***** | ***** | ***** | ***** | 0 | 1/Day | CALCTD |
| | PERMIT REQUIREMENT | REPORT 01MOAV | REPORT 01DAMX | | ***** | ***** | ***** | | | 1/Day | CALCTD |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| pH 00400 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.3 | ***** | 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 | ***** | ***** | ***** | 7.4 | ***** | 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: NJ0005622
 MONITORED LOCATION: 482A SW Outfall 482A
 MONITORING PERIOD: 5/1/2010 TO 5/31/2010
 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

| PARAMETER | | QUANTITY OR LOADING | | UNITS | QUALITY OR CONCENTRATION | | | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|--------------|-------|--------------------------|---------------|---------------|-------|---------|-------------------|-------------|
| Temperature, oC 00010 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 28.4 | 34.9 | DEG.C | 0 | 1/Day | CONTIN |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | REPORT 01MOAV | REPORT 01DAMX | | | 1/Day | CONTIN |
| | 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: 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

| NJPDDES PERMIT | MONITORING PERIOD | MONITORED LOCATION: | | | | | | | | | | | | |
|----------------|---|---------------------|-----|------|---|---|------|-------|-----|------|---|----|------|------------------------|
| NJ0005622 | <table border="1"><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td>5</td><td>1</td><td>2010</td></tr></table> To <table border="1"><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td>5</td><td>31</td><td>2010</td></tr></table> | Month | Day | Year | 5 | 1 | 2010 | Month | Day | Year | 5 | 31 | 2010 | 483A – SW Outfall 483A |
| Month | Day | Year | | | | | | | | | | | | |
| 5 | 1 | 2010 | | | | | | | | | | | | |
| Month | Day | Year | | | | | | | | | | | | |
| 5 | 31 | 2010 | | | | | | | | | | | | |

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)

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

5/1/2010 TO 5/31/2010

PSEG NUCLEAR LLC SALEM GENERATI

| 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 | 460 | 466 | 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 | ***** | ***** | ***** | 7.4 | ***** | 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 | ***** | ***** | ***** | ***** | 28.4 | 35.7 | 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: NJ0005622
MONITORED LOCATION: 483A SW Outfall 483A
MONITORING PERIOD: 5/1/2010 TO 5/31/2010
FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

| PARAMETER | | QUANTITY OR LOADING | | UNITS | QUALITY OR CONCENTRATION | | | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------|-------|--------------------------|--------------|--------------|-------|---------|-------------------|-------------|
| Lab Certification # 99999 99 Lab | SAMPLE MEASUREMENT | 17327 | 17451 | | PA166 | | | | | | |
| | PERMIT REQUIREMENT | REPORT Lab # | REPORT Lab # | | REPORT Lab # | REPORT Lab # | REPORT Lab # | | | Not Applic | NOT AP |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |

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

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

| NJPDES PERMIT | MONITORING PERIOD | | | | | | MONITORED LOCATION: | |
|---------------|-------------------|-----|------|----|-------|-----|---------------------|------------------------|
| NJ0005622 | Month | Day | Year | To | Month | Day | Year | 484A – SW Outfall 484A |
| | 5 | 1 | 2010 | | 5 | 31 | 2010 | |

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:

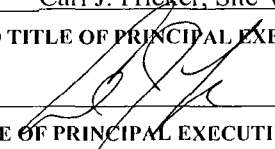
PSEG NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

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) |
|  | 06/21/2010 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 46-14

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 484A SW Outfall 484A MONITORING PERIOD: 5/1/2010 TO 5/31/2010 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

| PARAMETER | | QUANTITY OR LOADING | | UNITS | QUALITY OR CONCENTRATION | | | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|---------------|-------|--------------------------|---------------|---------------|-------|---------|-------------------|-------------|
| Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value | SAMPLE MEASUREMENT | 458 | 506 | MGD | ***** | ***** | ***** | ***** | 0 | 1/Day | CALCTD |
| | PERMIT REQUIREMENT | REPORT 01MOAV | REPORT 01DAMX | | ***** | ***** | ***** | | | 1/Day | CALCTD |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| pH 00400 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.4 | ***** | 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 | ***** | ***** | ***** | 7.4 | ***** | 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 | ***** | ***** | ***** | ***** | LO.1 | LO.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: NJ0005622
 MONITORED LOCATION: 484A SW Outfall 484A
 MONITORING PERIOD: 5/1/2010 TO 5/31/2010
 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

| PARAMETER | | QUANTITY OR LOADING | | UNITS | QUALITY OR CONCENTRATION | | | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|--------------|-------|--------------------------|---------------|---------------|-------|---------|-------------------|-------------|
| Temperature, oC 00010 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 28.3 | 35.1 | | 0 | 1/Day | CONTIN |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT 01MOAV | REPORT 01DAMX | DEG.C | | 1/Day | CONTIN |
| | 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: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

| NJPDES PERMIT | MONITORING PERIOD | | | | | | MONITORED LOCATION: | |
|---------------|-------------------|-----|------|----|-------|-----|---------------------|------------------------|
| NJ0005622 | Month | Day | Year | To | Month | Day | Year | 485A – SW Outfall 485A |
| | 5 | 1 | 2010 | | 5 | 31 | 2010 | |

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)

06/21/2010

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 46-14

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 485A SW Outfall 485A MONITORING PERIOD: 5/1/2010 TO 5/31/2010 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

| PARAMETER | | QUANTITY OR LOADING | | UNITS | QUALITY OR CONCENTRATION | | | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|---------------|-------|--------------------------|---------------|---------------|-------|---------|-------------------|-------------|
| Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value | SAMPLE MEASUREMENT | 395 | 448 | MGD | ***** | ***** | ***** | ***** | 0 | 1/Day | CALCTD |
| | PERMIT REQUIREMENT | REPORT 01MOAV | REPORT 01DAMX | | ***** | ***** | ***** | | | 1/Day | CALCTD |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| pH 00400 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.3 | ***** | 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 | ***** | ***** | ***** | 7.4 | ***** | 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 46014

PERMIT NUMBER: NJ0005622
 MONITORED LOCATION: 485A SW Outfall 485A
 MONITORING PERIOD: 5/1/2010 TO 5/31/2010
 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

| PARAMETER | | QUANTITY OR LOADING | | UNITS | QUALITY OR CONCENTRATION | | | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|--------------|-------|--------------------------|---------------|---------------|-------|---------|-------------------|-------------|
| Temperature, oC 00010 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 28.5 | 33.1 | | 0 | 1/Day | CONTIN |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT 01MOAV | REPORT 01DAMX | DEG.C | | 1/Day | CONTIN |
| | 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: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

| NJPDES PERMIT | MONITORING PERIOD | | | | | | | MONITORED LOCATION: |
|---------------|-------------------|-----|------|----|-------|-----|------|------------------------|
| NJ0005622 | Month | Day | Year | To | Month | Day | Year | 486A – SW Outfall 486A |
| | 5 | 1 | 2010 | | 5 | 31 | 2010 | |

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:

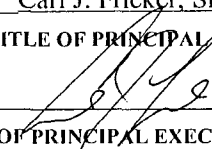
PSEG NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

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) |
|  | 06/21/2010 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: NJ0005622 MONITORED LOCATION: 486A SW Outfall 486A MONITORING PERIOD: 5/1/2010 TO 5/31/2010 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

| PARAMETER | | QUANTITY OR LOADING | | UNITS | QUALITY OR CONCENTRATION | | | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|---------------|-------|--------------------------|---------------|---------------|-------|---------|-------------------|-------------|
| Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value | SAMPLE MEASUREMENT | 394 | 434 | MGD | ***** | ***** | ***** | ***** | 0 | 1/Day | CALCTD |
| | PERMIT REQUIREMENT | REPORT 01MOAV | REPORT 01DAMX | | ***** | ***** | ***** | | | 1/Day | CALCTD |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| pH 00400 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.3 | ***** | 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 | ***** | ***** | ***** | 7.4 | ***** | 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 | ***** | ***** | ***** | ***** | 28.5 | 32.6 | 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: NJ0005622
 MONITORED LOCATION: 486A SW Outfall 486A
 MONITORING PERIOD: 5/1/2010 TO 5/31/2010
 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

| PARAMETER | | QUANTITY OR LOADING | | UNITS | QUALITY OR CONCENTRATION | | | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------|-------|--------------------------|--------------|--------------|-------|---------|-------------------|-------------|
| Lab Certification # 99999 99 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: Any questions in regards to the monitoring report form can be directed to S. Rosenwinkel of the BPSP - Region 2 at (609)292-4860.

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

| NJPDES PERMIT | MONITORING PERIOD | | | | | | MONITORED LOCATION: | |
|---------------|-------------------|-----|------|----|-------|-----|---------------------|------------------------|
| NJ0005622 | Month | Day | Year | To | Month | Day | Year | 487B – SW Outfall 487B |
| | 5 | 1 | 2010 | | 5 | 31 | 2010 | |

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:

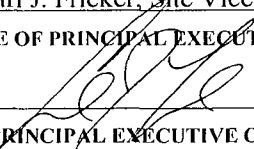
PSEG NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

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) |
|  | 06/21/2010 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 |

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

| NJPDES PERMIT | MONITORING PERIOD | | | | | | MONITORED LOCATION: | |
|---------------|-------------------|-----|------|----|-------|-----|---------------------|------------------------|
| NJ0005622 | Month | Day | Year | To | Month | Day | Year | 489A – SW Outfall 489A |
| | 5 | 1 | 2010 | | 5 | 31 | 2010 | |

PERMITTEE:

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

LOCATION OF ACTIVITY:

PSEG NUCLEAR LLC SALEM
GENERATING STATION
ALLOWAY CREEK NECK RD
HANCOCKS BRIDGE, NJ 08038

REPORT RECIPIENT:

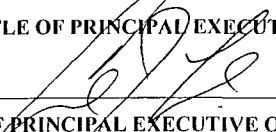
PSEG NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

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| | | |
|--|---|------------------------|
| 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) | |
|  | 06/21/2010 | 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

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

489A SW Outfall 489A

5/1/2010 TO 5/31/2010

PSEG NUCLEAR LLC SALEM GENERATION

| PARAMETER | | QUANTITY OR LOADING | | UNITS | QUALITY OR CONCENTRATION | | | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|---------------|-------|--------------------------|---------------|--------------|-------|---------|-------------------|-------------|
| Flow, In Conduit or Thru Treatment Plant | SAMPLE MEASUREMENT | 0.0387 | 0.0387 | | ***** | ***** | ***** | | 0 | 1/Month | CALCTD |
| 50050 1 | PERMIT REQUIREMENT | REPORT 01MOAV | REPORT 01DAMX | MGD | ***** | ***** | ***** | ***** | | 1/Month | CALCTD |
| Effluent Gross Value | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | | 7.6 | ***** | 7.6 | | 0 | 1/Month | GRAB |
| 00400 1 | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.0 01DAMN | ***** | 9.0 01DAMX | SU | | 1/Month | GRAB |
| Effluent Gross Value | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Solids, Total Suspended | SAMPLE MEASUREMENT | ***** | ***** | | 18 | 18 | ***** | | 0 | 1/Month | GRAB |
| 00530 1 | PERMIT REQUIREMENT | ***** | ***** | ***** | 100 01DAMX | 30 01MOAV | ***** | MG/L | | 1/Month | GRAB |
| Effluent Gross Value | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Petroleum Hydrocarbons | SAMPLE MEASUREMENT | ***** | ***** | | ***** | <5 | <5 | | 0 | 1/Month | GRAB |
| 00551 1 | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 10 01MOAV | 15 01DAMX | MG/L | | 1/Month | GRAB |
| Effluent Gross Value | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Carbon, Tot Organic (TOC) | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 7 | 7 | | 0 | 1/Month | GRAB |
| 00680 1 | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT 01MOAV | 50 01DAMX | MG/L | | 1/Month | GRAB |
| Effluent Gross Value | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Lab Certification # | SAMPLE MEASUREMENT | 17327 | 17451 | | PA 166 | | | | | | |
| 99999 99 | PERMIT REQUIREMENT | REPORT Lab # | REPORT Lab # | | REPORT Lab # | REPORT Lab # | REPORT Lab # | | | Not Applic | NOT AP |
| Lab | QL | ***** | ***** | | ***** | ***** | ***** | | | | |

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