JUL 22 2010

HCH-2010-066



CERTIFIED MAIL
RETURN RECEIPT REQUESTED
ARTICLE NUMBER: 7006 0100 0004 0657 6644

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

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

Dear Sir:

Attached is the Discharge Monitoring Report for the Hope Creek Generating Station for the month of June 2010.

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

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

Sincerely,

John F. Perry

Site Vice President – Hope Creek

IE25 MUR Attachments

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

EXPLANATION OF CONDITIONS

June 2010

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

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

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

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

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

EXPLANATION OF EXCEEDANCES

June 2010

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

DSN No.

EXPLANATION

No Exceedances

COUNTY OF SALEM STATE OF NEW JERSEY

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

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

John F. Perry

Site Vice President - Hope Creek

Sworn and subscribed before me this える ~d day of July 2010.

Deloris D. Hadden
Notary Public of New Jersey
My Commission Expires 3/29/2015
ID # 2073649

New Jersey Department of Environmental Protection Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT		MONITORING PERIOD MONITORED LOC						RED LOCATION:
NJ0025411	Month Da	· · · · · · · · · · · · · · · · · · ·	То	Month 6	Day 30	Year 2010	461A - DSN 462	IA - dsw
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236-N21 - ALLOWA RD HANCOCKS BRIDGE, NJ 08		HOPE C K ARTIFI FOOT C	CREEK CIAL I OF BUT	GENERA GENERA SLAND TONWO DWAYS C	ATING S OD RD	TATION	P.O. BOX 236 /	AN maryan melaughlin
	REGI	ON / COUN	ΓY: So	uthern / S	alem Co	ounty		
CHECK IF APPLICABLE:	No Discha	rge this Mor	itoring	g Period		Monitoring	g Report Comments At	tached
the certification. Where the higher reponsibility or person designated another entity to operate the treat I certify under penalty of law that, based on my inquiry of tho complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The N	d by that person s ment works, the at I have persona se individuals in are significant p	shall also sign highest-rankir lly examined amediately res enalties for su	the sec ng offic and an sponsib ibmittir	cond certification in the condition in t	ication a contracte with the nining th formatio	t the botton ed entity shat information e information, including	n of this page. If the local sign the certification. In submitted in this document, I believe that the infection of the possibility of fine a	ment and all attachments, and formation is true, accurate and
John F. Perry, Site	e Vice Presid	ent – Hope	Cree	<u>k</u> .			N/A_	
NAME AND TITLE OF PRINCIPAL I	EXECUTIVE OFFI	CER, AUTHOR	IZED A	GENT, OR	*LICENS	ED OPERAT	OR GRADE AND REG	ISTRY NUMBER (IF APPLICABLE)
Joh F. Per	uj .				ere erenan en er		7-22-10	856-339-3463
SIGNATURE OF PRINCIPAL EXEC							DATE	AREA CODE/PHONE NUMBER
*For a local agency where the high person designated by that person sho	est ranking operat all sign the followin	or does not hav ng certification:	ve the au	bility to au	thorize ca	ipital expend	itures and hire personnel,	a person having that responsibility or
I certify under penalty of law and in N/A	accordance with N		-6F(5) tl ·N/A	nat I have r	eceived a	nd reviewed	the attached discharge mor N/A	itoring reports. N/A
NAME AND TITLE	and the same of the same and th	SIGNATURI					DATE	AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

461A DSN 461A - dsw

6/1/2010 TO 6/30/2010

HOPE CREEK GENERATING STATION

PARAMETER	\times	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTR	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	54.825	68.008	-	****	*****	*****		0	CENTINUOUS	meter
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	Anna.	*****	*****		Continuous	METER
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	71.082	71.851		*****	*****	*****	***	0	(entinuous	meter
50050 7 Intake From Stream	PERMIT REQUIREMENT	REPORT- 01MOAV	REPORT 01DAMX	MGD	*****	******	******	*****		Continuous	METER
pH	SAMPLE MEASUREMENT	****	*****		8.6	*****	8.6	•	0	Yweek	Gr4b
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	ຮບ		1/Week	GRAB
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	<0.1	40.1		0	Centinuous	Grab
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	*****	0.2 01MOAV	0.5 01DAMX 0.1	MG/L		Continuous	GRAB
Temperature,	SAMPLE MEASUREMENT	****	*****		*****	33.0	35.9		0	Continuous	meter
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	****	REPORT 01MOAV	36.2 01DAMX	DEG.C		Continuous	METER
Temperature,	SAMPLE MEASUREMENT	*****	*****		*****	26.3	29.4		0	CL: THANKU)	Meter
00010 7 Intake From Stream	PERMIT REQUIREMENT	******	******	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	METER :

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

461A DSN 461A - dsw

6/1/2010 TO 6/30/2010

HOPE CREEK GENERATING STATION

PARAMETER		QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Carbon, Tot Organic	SAMPLE	****	*****		****	11.2	11.2			1/	Grab
(TOC)	MEASUREMENT	*****	*****		****	4.3	4.3		0	1/minth	G14B
00680 1	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01 DAMX	MG/L		1/Month	GRAB
Effluent Gross Value	QL	******	******		*****	UTWOAV	******				
Carbon, Tot Organic	SAMPLE MEASUREMENT	****	****		****	- 0.5	- 0.5		0	Ymonth	Calctd
(TOC)	MEASUREMENT					777738.3.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2				month	
00680 2 Effluent Net Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	CALCTD
Efficient Net Value	QL	*****	****		****	****	ANTAN				
Carbon, Tot Organic	SAMPLE	**************************************					.7 (0	1/ /.	Cal
(TOC)	MEASUREMENT	*****	*****		****	3.6	3.6			Ymouth	Grab
00680 7	PERMIT REQUIREMENT	*****	*****	*****	****	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	GRAB
Intake From Stream	QL	*****	15-1-		*****	*****	*****				
Heat (summer)	SAMPLE	2.2.0									
(per Hr.)	MEASUREMENT	228	329		*****	*****	*****		0	1007	Calctd
81386 1	PERMIT	REPORT	534	MBTU/HR	*****	*****	*****	*****		1/Day	CALCTD
Effluent Gross Value	REQUIREMENT	01MOAV	01DAMX		*****	*****	*****				
Lab Certification #	QL	•	*****				<u> </u>				
Lab Cordinadion #	SAMPLE MEASUREMENT	17451	PAILL		04653	PA 010					
99999 99	PERMIT	REPORT	REPORT		REPORT	REPORT	REPORT			Not Applic	NOT AP
Lab	REQUIREMENT	Lab#	Lab#		Lab#.	Lab#	Lab#				
L	QL	*****	*****		*****	*****	*****				

New Jersey Department of Environmental Protection Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJP	DES PERMIT		M	IONITO	RIN	G PERIO)D		MONITO	RED LOCATION:
N	J0025411	Month 6	Day 1	Year 2010	 То	Month 6	Day 30	Year 2010	461C - DSN 461	C - DSW internal
PSE&G PO BOX RD	ITTEE: NUCLEAR LLC X 236-N21 - ALLOWA DCKS BRIDGE, NJ 08		NECK	HOPE O ARTIFI FOOT O	CREEK CIAL I OF BU	NOFAC GENERA ISLAND ITONWO OWAYS C	ATING S OD RD	TATION	P.O. BOX 236 /	AN maryan malaughlih
		R	EGION	/ COUN	TY: So	uthern / S	alem Co	ounty		
СНЕСК	IF APPLICABLE:	No D	ischarge	e this Moi	nitorin	g Period		Monitoring	Report Comments Att	ached
reponsibilianother en I certify un that, based complete.	ty or person designated tity to operate the treat nder penalty of law that on my inquiry of tho	d by that per ment works, at I have per se individua are significa	son shal the high sonally Is imme ant pena	l also sign hest-rankin examined diately res lties for su	the seeing office and are sponsibushmitting	cond certificial of the manifer familiar ole for obtaining false in	ication a contracte with the nining the formation	t the bottom d entity sha information e information n, including	of this page. If the local sign the certification. It submitted in this document, I believe that the infect the possibility of fine a	nnel, a person having that l agency has contracted with ment and all attachments, and ormation is true, accurate and nd/or imprisonment, pursuant
	John F. Perry, Site	<u> Vice Pre</u>	esident	_ <u>Норе</u>	Cree	·k			N/A	THE STREET STREET BOOK & ALL II AMERICAN STREET
NAME AND	TITLE OF PRINCIPAL	EXECUTIVE	OFFICEI	R, AUTHOR	RIZED A	GENT, OR	*LICENS	ED OPERATO	OR GRADE AND REG	STRY NUMBER (IF APPLICABLE)
John	F. Pary			and a segment of the second of					7-22-10	856-339-3463
SIGNATUR	E OF PRINCIPAL EXECU	UTIVE OFFIC	CER, AU	THORIZED	AGEN'	Γ, OR *LIC	ENSED OI	PERATOR	DATE	AREA CODE/PHONE NUMBER
	l agency where the high gnated by that person sho					ıbility to au	thorize ca	pital expend	itures and hire personnel, a	a person having that responsibility or
I certify und	der penalty of law and in	accordance w	ith N.J.S	.A. 58:10A	-6F(5) t	hat I have r	eceived a	nd reviewed t	he attached discharge mon	toring reports.
	N/A	,		· · · · · · · · · · · · · · · · · · ·	N/A				N/A	N/A
NAME AND	TITLE		S	SIGNATUR	E				DATE	AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

461C DSN 461C - DSW interna

6/1/2010 TO 6/30/2010

HOPE CREEK GENERATING STATION

					0 0/00/2010		-IC GENERALII		. •		
PARAMETER	X	QUANTITY (OR LOADING	UNITS	QUALI	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Flow, in Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.018	0.050		*****	*****	*****	To All Section Control	0	(อาทักฯขน)	meter
50050 1 Effluent Gross Value	PERMIT	REPORT 01MOAV	REPORT 01DAMX	MGD	- p. seese	1 ******	*****	*****		Continuous	METER
Solids, Total	SAMPLE MEASUREMENT	*****	*****		*****	3	3		0	Ymosth	Compos
Suspended 00530 1 Effluent Gross Value	PERMIT REQUIREMENT	44***	. stokes	****	*****	30 01MOAV	100 01DAMX	MG/L		1/Month	COMPOS
Petrol Hydrocarbons,	QL SAMPLE	in States	*****		######	2.	7		0	2/month	(0.1
Total Recoverable 45501 1	MEASUREMENT PERMIT REQUIREMENT	******	*****	*****	*****	10	15	MG/L		2/Month	Grab GRAB
Effluent Gross Value	REQUIREMENT	**************************************	*****		*****	01MOAV	01DAMX	Wa/L			
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	****	*****		****	6	6		0	Ymonth	Compos
00680 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	****	******	REPORT 01MOAV	50 01DAMX	MG/L		1/Mönth	COMPOS
Lab Certification #	SAMPLE MEASUREMENT	17451	PA 166		04653	PA 010					
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab#		REPORT Lab#	REPORT Lab #	REPORT Lab#			Not Applic	NOT AP
	QL	*****	*****		*****	*****	*****				

New Jersey Department of Environmental Protection Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	N	IONITORIN	IG PERIC)D		MONITO	RED LOCATION:					
NJ0025411	Month Day 6 1	Year 2010 To	Month 6	THE PERSON NAMED IN COLUMN 2 I	ear)10	462B - dsn 462B	3 - dsw outfall					
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236-N21 - ALLOWA RD HANCOCKS BRIDGE, NJ 08	038	ARTIFICIAI FOOT OF B	K GENERA L ISLAND JTTONWO LOWAYS C	TING STATI OD RD REEK, NJ 08		P.O. BOX 236 /	ANT maryan melanghlih					
CHECK IF APPLICABLE: No Discharge this Monitoring Period Monitoring Report Comments Attached												
who must sign The highest the certification or, in his absence the certification. Where the higher reponsibility or person designated another entity to operate the treatment of the certify under penalty of law that that, based on my inquiry of those complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The N.	a person designates at ranking operator by that person shall ment works, the hight I have personally se individuals immediate significant penales.	d by that persor does not have to ll also sign the shest-ranking of examined and ediately responsalties for submit	n. For a local the ability to second certificial of the cam familiar ible for obtating false in	agency, the hauthorize capication at the beontracted enti- with the informining the information, inc	ighest r tal expendention (ity shall mation ormation luding (anking operator of the tenditures and hire person of this page. If the local sign the certification, submitted in this docured, I believe that the information of the possibility of fine at	reatment works shall sign nnel, a person having that I agency has contracted with nent and all attachments, and ormation is true, accurate and					
John F. Perry, Site	Vice President	– Hope Cre	ek .			N/A						
NAME AND TITLE OF PRINCIPAL I	EXECUTIVE OFFICE	R, AUTHORIZED	AGENT, OR	*LICENSED OP	PERATO	R GRADE AND REGI	STRY NUMBER (IF APPLICABLE)					
Joh F. Peny						7-22-10	856-339-3463					
person designated by that person sha	UTIVE OFFICER, AU est ranking operator of ll sign the following c	THORIZED AGE loes not have the ertification:	NT, OR *LICI ability to au	ENSED OPERAT	r OR expenditi	DATE ures and hire personnel, a	AREA CODE/PHONE NUMBER a person having that responsibility or					
I certify under penalty of law and in a	accordance with N.J.S	s.a. 58:10a-6f(5 N/A		eceived and revi	iewed th	e attached discharge moni N/A	toring reports. N/A					
NAME AND TITLE		SIGNATURE			• ••••	DATE	AREA CODE/PHONE NUMBER					

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

462B dsn 462B - dsw outfall

6/1/2010 TO 6/30/2010

HOPE CREEK GENERATING STATION

					0 0/00/2010		IN GENERATII				
PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.017	0.058		*****	*****	*****		0	1044	meter
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT: 01MOAV	REPORT 01DAMX	MGD	*****	*****	Procupy Control Control	*****		1/Day	METER
BOD, 5-Day (20 oC)	QL				E-S (<u> </u>	*******		Δ	i/ .	0 -
	MEASUREMENT	*****	*****		****	217	217	-	0	lmonth	Compos
00310 G Raw Sew/influent	PERMIT REQUIREMENT	*****	******	*****	*****	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	COMPOS
	QL	*****	*****		*****	*****	*****				
BOD, 5-Day <u>(</u> 20 oC)	SAMPLE MEASUREMENT	l	1		*****	10	10		0	1/month	Compos
00310 1 Effluent Gross Value	PERMIT REQUIREMENT	8 01MOAV	REPORT 01WKAV	KG/DAY	*****	30 01MOAV	45 01WKAV	MG/L		1/Month	COMPOS
	QL	*****	****		*****	*****	*****				
BOD, 5-Day (20 oC)	SAMPLE MEASUREMENT	****	*****		95.4	*****	*****		0	Vinenth	Calctd
00310 K Percent Removal	PERMIT REQUIREMENT	*****	******	*****	87.5 01MOAVMN	*****	andana L	PERCENT		1/Month	CALCTD
	QL	*****	*****		*****	*****	*****				
Solids, Total Suspended	SAMPLE MEASUREMENT	****	*****		*****	221	221		0	1/month	Compos
00530 G	PERMIT			*****		REPORT	REPORT			1/Month	COMPOS
Raw Sew/influent	REQUIREMENT	*****	*****		*****	01MOAV	01DAMX	MG/L			
	QL	*****	*****		*****	*****	*****				
Solids, Total Suspended	SAMPLE MEASUREMENT	****	*****		*****	14	14		0	month	Compos
00530 1 Effluent Gross Value	PERMIT REQUIREMENT	AND COLUMN	*****	*****	*****	30 01MOAV	45 01WKAV	MG/L		1/Month	COMPOS
	QL .	*****	*****		*****	*****	****	<u> </u>			

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

462B dsn 462B - dsw outfall

6/1/2010 TO 6/30/2010

HOPE CREEK GENERATING STATION

1100023411	4020	usii 402D - us	w outlan o	7172010 1	0 0/30/2010	HOI L CHE	EN GENERATIN	MOIAI	OIV		
PARAMETER		QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Solids, Total Suspended	SAMPLE MEASUREMENT	****	*****		94	94	*****		0	Yourth	Calctd
00530 K Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 01MOAVMN	REPORT 01MOAV	*****	PERCENT		1/Month	CALCTD
Oil and Grease	SAMPLE MEASUREMENT	· *****	*****		****	< 5	< 5		С	Ymonth	Grab
00556 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	******	10 01MOAV	15 01DAMX	MG/L		1/Month	GRAB
Coliform, Fecal	SAMPLE MEASUREMENT	*****	*****		*****	< 10	< 10		0	Ymonth	Grab
74055 1 Effluent Gross Value	PERMIT REQUIREMENT	******* *******	*****	*****	******	200 01MOGE	400 01WKGE	#/100ML		1/Month	GRAB
Lab Certification #	SAMPLE MEASUREMENT	17451	PA166		06005						
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP