AUG 1 9 2010

SCH10-095

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
ARTICLE NUMBER: 7008 0150 0000 5749 4475

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 July 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

Attachment: 12 DMR's

CC:

Executive Director, DRBC

USNRC - Docket numbers 50-272 & 50-311

JE25 NRK

Nuclear L.L.C.

#### **EXPLANATION OF CONDITIONS**

**July 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**

**July 2010** 

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

DSN No.

**EXPLANATION** 

None.

#### 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:
- 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.
- 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 18 th day of August 2010

NANCY M. GUNNING
sry Public, State of New Jerse
My Commission Expires
September 22, 2014

9

bc: Site Vice President - Salem

Director - Regulatory Affairs

John Valeri Jr., Esq. Salem Radwaste and Environmental Supervisor

Helen Gregory Chem File SCH10-095

NJPDES PERMIT	MONITORING	G PERIOD		MONITORED LOCATION:					
NJ0005622	Month         Day         Year           7         1         2010		Year 2010	FACA – SW O	utfall FACA				
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	PSEG NUCLEA GENERATING ALLOWAY CR	OF ACTIVITY: AR LLC SALEM STATION EEK NECK RD RIDGE, NJ 08038		REPORT REC PSEG NUCLEAR I PO BOX 236/N21 HANCOCKS BRID	LC				
	REGION /	COUNTY: Southern	  Salem (	County					
CHECK IF APPLICABLE:	No Discharge this Monitorin	g Period 🔲 Mo	     nitoring	Report Comments Attac	ched				
the certification or, in his absence the certification. Where the high responsibility or person designate another entity to operate the treat I certify under penalty of law that, based on my inquiry of those complete. I am aware that there	est ranking official having day-to-dee a person designated by that person designated by that person sest ranking operator does not have ed by that person shall also sign the timent works, the highest-ranking of at I have personally examined and a see individuals immediately response are significant penalties for submediately designificant penalties.	on. For a local agency the ability to authorize second certification official of the contractor am familiar with the insible for obtaining the itting false informatic	the high e capital at the bo ed entity aformation	hest ranking operator of expenditures and hire p ttom of this page. If the shall sign the certification submitted in this docuion, I believe that the infling the possibility of an	the treatment works shall sign ersonnel, a person having that local agency has contracted with on.  ment and all attachments, and formation is true, accurate and d/or imprisonment, pursuant				
	e Vice President - Salem				N/A				
SIGNATURE OF PRINCIPAL EXECU *For a local agency where the higher		, OR *LICENSED OPER	ATOR	08/19/2010 DATE	SISTRY NUMBER (IF APPLICABLE)  856-339-1102  AREA CODE/PHONE NUMBER  a person having that responsibility or				
person designated by that person sl	ian sign ine johowing certification:								
I certify under penalty of law and in	accordance with N.J.S.A. 58:10A-6F(	(5) that I have reviewed	the attache	ed discharge monitoring rep	ports.				
N/A		N/A	+	<u>N/A</u>	<u>N/A</u>				
NAME AND TITLE	SIGNATURE			DATE	AREA CODE/PHONE NUMBER				

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

**FACA SW Outfall FACA** 

7/1/2010 TO 7/31/2010

PSEG NUCLEAR LLC SALEM GENERATIN

PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE			
Temperature, oC	SAMPLE MEASUREMENT	****	*****		****	28,8	30/3		0	Contrious	CONTIN			
00010 G Raw Sew/influent	PERMIT REQUIREMENT	Attata	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN			
	QL	*****	*****		****	*****	*****							
Temperature, oC	SAMPLE MEASUREMENT	****	*****		*****	32.9	40.5		0	Continuous	CONTIN			
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	Astists	******	*****	######################################	REPORT 01MOAV	46.1 01DAMX	DEG.C		Continuous	CONTIN			
	QL	*****	****		*****	*****	*****				n Christian in			
Temperature, oC	SAMPLE MEASUREMENT	****	****		*****	4.1	10.1	-	٥	1/Day	CALCTD			
00010 2 Effluent Net Value	PERMIT REQUIREMENT	******	kesaké	****	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD			
	QL	*****	*****		*****	*****	*****							
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166									
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab#	REPORT Lab#	REPORT Lab #			Not Applic	NOT AP			
	QL	*****	*****		****	*****	*****							

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

NJPDES PERMIT		MONITO	RING	PERIOD			MONIT	ORED LOCATION:			
NJ0005622	Month Day	Year 2010	То	Month 7	Day 31	Year 2010	FACB – SW O	outfall FACB			
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101		PSEG NU GENERA ALLOWA	CLEAR FING S Y CRE	REPORT RECIPIENT:  PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038  REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038							
		REG	ION / C	COUNTY: S	Southeri	Salen	n County				
CHECK IF APPLICABLE:	No Disc	harge this M	onitori	ng Period		□ м	Ionitoring Report Comm	ents Attached			
who must sign The high the certification or, in his absend the certification. Where the high responsibility or person designa another entity to operate the treat I certify under penalty of law that, based on my inquiry of the complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The	te a person designest ranking operated by that personant works, the at I have personant individuals in a re significant	nated by that rator does no n shall also s c highest-rank thy examined amediately re penalties for	person t have t ign the king of and ar esponsib submit	<ol> <li>For a localine ability to second certificial of the management familiar with the for obtaining false in</li> </ol>	al agence o author cification contrac vith the ining the	y, the hi ze capit at the l ed entit nformation, incom	ghest ranking operator of all expenditures and hire pottom of this page. If they shall sign the certification submitted in this docation, I believe that the induding the possibility of a	f the treatment works shall sign personnel, a person having that e local agency has contracted with ion.  cument and all attachments, and information is true, accurate and and/or imprisonment, pursuant			
Carl J. Fricker, Sit	e Vice President	- Salem					· · · · · · · · · · · · · · · · · · ·	N/A			
NAME AND TITLE OF PRINCIPAL IN SIGNATURE OF PRINCIPAL EXECUTE A local agency where the high person designated by that person so I certify under penalty of law and in	TIVE OFFICER, A est-ranking operal hall sign the follow	UTHORIZED A or does not having certificati	ATOR	08/19/2010  DATE  enditures and hire personne	EGISTRY NUMBER (IF APPLICABLE)  856-339-1102  AREA CODE/PHONE NUMBER  el, a person having that responsibility or eports.						
N/A				N/A			N/A	N/A			
NAME AND TITLE	1,-10 E	SIGNATU	RE		DATE AREA CODE/PHONE NUM						

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

**FACB SW Outfall FACB** 

7/1/2010 TO 7/31/2010

PSEG NUCLEAR LLC SALEM GENERATIN

PARAMETER		QUANTITY	OR LOADING	UNITS	QUALIT	Y OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE		
Temperature, oC	SAMPLE MEASUREMENT	****	*****		****	28.8	30,3		0	Continuous	CONTIN		
00010 G Raw Sew/influent	PERMIT REQUIREMENT	*****	******	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN		
	QL	*****	*****		*****	*****	*****						
Temperature, oC	SAMPLE MEASUREMENT	****	*****		*****	36.9	38.4		0	Continuous	CONTIN		
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	******	REPORT 01MOAV	46.1 01DAMX	DEG.C		Continuous	CONTIN		
	QL	*****	*****		*****	*****	*****		ned C				
Temperature, oC	SAMPLE MEASUREMENT	*****	****		****	8.1	8.1		0	1/Day	CALCTD		
00010 2 Effluent Net Value	PERMIT REQUIREMENT	*****	Marin ******	*****	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD		
	QL	*****	*****		*****	*****	*****						
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166								
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab#		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP		
	°QL	****	****		*****	*****	*****						

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

NJPDES PERMIT	M	ONITORI	NG	PERIOD				MONITORED LOCATION:					
NJ0005622	Month Day 7 1	Year 2010	То	Month 7	Day 31		Year 2010	FACC – SW Ou	tfall FACC				
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY:  PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038  REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038								LC				
		REGIO	N / C	OUNTY: S	Southe	rn	Salem	County					
CHECK IF APPLICABLE:	No Discha	rge this Moni	itorin	g Period		į	□ N	Ionitoring Report Comm	ents Attached				
who must sign The higher the certification or, in his absence the certification. Where the higher responsibility or person designate another entity to operate the treat. I 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.	e a person designal est ranking operated by that person soment works, the have personally individuals immare significant personal to the signi	ted by that pe or does not ha shall also sign ighest-ranking examined an ediately respondities for sul	erson. ave the sag offind ample onsible	For a loc ne ability to second cer icial of the familiar valle for obta ing false i	al ager o author tificati contra vith the ining to	ncy oriz on acte e in the	the hig e capita at the bo d entity iformation information, include	hest ranking operator of the lexpenditures and hire per ottom of this page. If the less shall sign the certification on submitted in this document, I believe that the infolding the possibility of and	he treatment works shall sign rsonnel, a person having that local agency has contracted with n.  ment and all attachments, and primation is true, accurate and				
Carl J. Fricker, Site	Vice President - S	Salem							N/A_				
SIGNATURE OF PRINCIPAL EXECUT	TIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR DATE AREA Construction of the control of t								856-339-1102  AREA CODE/PHONE NUMBER a person having that responsibility or				
I certify under penalty of law and in	accordance with N.J	J.S.A. 58:10A-	-6F(5)	that I have	review	ed t	he attach	ed discharge monitoring repo	orts.				
<u>N/A</u>				<u>N/A</u>			_	N/A	<u>N/A</u>				
NAME AND TITLE		SIGNATURE	;		DATE AREA CODE/PHONE NUI								

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

**FACC SW Outfall FACC** 

7/1/2010 TO 7/31/2010

**PSEG NUCLEAR LLC SALEM GENERATIN** 

PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	ΙΤΥ	OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	2260	2707		****		****	*****		0	1/Day	CALCTO
50050 G Raw Sew/influent	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX	MGD	*****		*****	*****	*****		1/Day	CALCTD
	( QL	*****	*****		*****		*****	*****				
Thermal Discharge Million BTUs per Hr	SAMPLE MEASUREMENT	10398	14769	j	*****		*****	*****		0	1/Day	CALCTD
00015 2 Effluent Net Value	PERMIT REQUIREMENT	REPORT 01MOAV	30600 01DAMX	MBTU/HR			*****	*****	乔索埃索索		1/Day	CALCTD
	, QL	*****	*****		*****		*****	*****				
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166							
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab#		REPORT Lab #		REPORT Lab#	REPORT Lab #			Not Applic	NOT AP
	QL	*****	*****		*****		*****	*****				

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

NJPDES PERMIT	MONITORING PERIOD		MONITOI	RED LOCATION:
NJ0005622		Year 2010	048C – SW Outi	fall 48C
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038		REPORT RECII PSEG NUCLEAR LI PO BOX 236/N21 HANCOCKS BRIDO	C
	REGION / COUNTY: Southern	Salem	County	
CHECK IF APPLICABLE:	No Discharge this Monitoring Period	□ мо	onitoring Report Commen	ts Attached
the certification or, in his absented the certification. Where the hig responsibility or person designated another entity to operate the treat. I certify under penalty of law that, based on my inquiry of the complete. I am aware that ther	est ranking official having day-to-day managerial and opece a person designated by that person. For a local agency hest ranking operator does not have the ability to authorize the day that person shall also sign the second certification at the two that person shall also sign the second certification at I have personally examined and am familiar with the increase individuals immediately responsible for obtaining the e are significant penalties for submitting false information. New Jersey water Pollution Control Act provides for penalties.	the hig e capita at the bo d entity formation information, include	hest ranking operator of the lexpenditures and hire perfection of this page. If the leshall sign the certification on submitted in this document, I believe that the infedding the possibility of and	re treatment works shall sign resonnel, a person having that ocal agency has contracted with resonant and all attachments, and remation is true, accurate and
Carl J. Fricker, Sit	te Vice President - Salem			N/A
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED	<b>PERATO</b>	OR GRADE AND REG	ISTRY NUMBER (IF APPLICABLE)
61/2			08/19/2010	856-339-1102
SIGNATURE OF PRINCIPAL EXECU	JTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPER	TOR	DATE	AREA CODE/PHONE NUMBER
	nest-ranking operator does not have the ability to authorize cap shall sign the following certification:	tal exper	nditures and hire personnel, a	a person having that responsibility or
I certify under penalty of law and in	n accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed to	he attach	ed discharge monitoring repo	orts.
<u>N/A</u>	N/A		N/A	<u>N/A</u>
NAME AND TITLE	SIGNATURE		DATE	AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

048C SW Outfall 48C

7/1/2010 TO 7/31/2010

**PSEG NUCLEAR LLC SALEM GENERATIN** 

PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUALI	TY	OR CONCENTF	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.3061	0.5600		*****		*****	****		0	1/Day	CALCTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	deepen neares		*****	******	*****		1/Day	CALCTD
Solids, Total Suspended	SAMPLE MEASUREMENT	****	*****		*****		5	6		0	2/Month	COMPOS
00530 1 Effluent Gross Value	PERMIT REQUIREMENT	******	*****	*****	*****		30 01MOAV	100 01DAMX	MG/L		2/Month	COMPOS
Nitrogen, Ammonia Total (as N)	SAMPLE MEASUREMENT	*****	*****		: :		3	5		0	2/month	Compos
00610 1 Effluent Gross Value	PERMIT: REQUIREMENT	*****	*****	*****	*****		35 01MOAV	70 01DAMX	MG/L		2/Month	COMPOS
Petroleum Hydrocarbons	SAMPLE MEASUREMENT	****	*****		*****		<b>4</b> 5	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		0	2/month	GRAB
00551 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****		10 01MOAV	15 01DAMX	MG/L		2/Month	GRAB
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	****	*****		****		5	5		0	2/MONTH	compos
00680 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	**************************************		REPORT 01MOAV	50 01DAMX	MG/L		2/Month	COMPOS
Lab Certification #	QL SAMPLE MEASUREMENT	17327	17451		PA 166							
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #		REPORT Lab#	REPORT Lab#			Not Applic	NOT AP
	QL	*****	*****		*****		*****	*****				

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

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:					
NJ0005622	Month         Day         Year           7         1         2010         To         Month         Day         Year           7         31         2010	481A – SW Out	fall 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 RECI PSEG NUCLEAR L PO BOX 236/N21 HANCOCKS BRID	LC				
	REGION / COUNTY: Southern / Sale	m County					
CHECK IF APPLICABLE:	No Discharge this Monitoring Period Monitori	ng Report Comments Attac	hed				
the certification or, in his absenthe certification. Where the hig responsibility or person designate another entity to operate the treation. I certify under penalty of law that, based on my inquiry of the complete. I am aware that there	est ranking official having day-to-day managerial and operation ce a person designated by that person. For a local agency, the labest ranking operator does not have the ability to authorize cap ted by that person shall also sign the second certification at the atment works, the highest-ranking official of the contracted entited at I have personally examined and am familiar with the information individuals immediately responsible for obtaining the information error significant penalties for submitting false information, income New Jersey water Pollution Control Act provides for penalties	righest ranking operator of the tall expenditures and hire per bottom of this page. If the ty shall sign the certification attion submitted in this documentation, I believe that the influding the possibility of and	he treatment works shall sign ersonnel, a person having that local agency has contracted with n.  ment and all attachments, and ormation is true, accurate and d/or imprisonment, pursuant				
Carl J. Fricker, Sit	e Vice President - Salem		<u>N/A</u>				
NAME AND TITLE OF PRINCIPAL I	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERA	GRADE AND REC 08/19/2010	GISTRY NUMBER (IF APPLICABLE) 856-339-1102				
SIGNATURE OF PRINCIPAL EXECU	JTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER				
person designated by that person s	nest-ranking operator does not have the ability to authorize capital explains the following certification:  1 accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attack.	•					
N/A	N/A	N/A	N/A				
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER				

MONITORED LOCATION:

**MONITORING PERIOD:** 

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

7/1/2010 TO 7/31/2010

PSEG NUCLEAR LLC SALEM GENERATIN

				77772010 10 770172010			TOLG HOOLLAN ELO GALLIN GENENATI						
PARAMETER		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	408	528		****		*****	****		0	1004	CALCTD	
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****		******	******	*****		1/Day	CALCTD	
pH .	SAMPLE MEASUREMENT	****	****		7.4		*****	7.6		0	Yuxek	GRAB	
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	6.0 01 DAMN		******	9:0 01DAMX	SU		1/Week	GRAB	
pH	SAMPLE MEASUREMENT	*****	*****		7.6		*****	7.8		0	Yweek	GRAB	
00400 7 Intake From Stream	PERMIT REQUIREMENT	ANNAN	esses	*****	REPORT 01DAMN		-400544	REPORT 01DAMX	su		1/Week	GRAB	
	QL	*****	*****		*****		****	*****					
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****		CODE = N		*****	*****		0	N = 300)	C00€ = N	
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	50. 01DAMN		*****	*****	%EFFL		2/Year	COMPOS	
Chlorine Produced	QL	*****	26544		,	 	*****						
Oxidants	SAMPLE MEASUREMENT	****	*****		*****	ت	ODE = M	CODE = N		0	CODE : N	CODE = N	
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT:	*****	*****	*****	*****		0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB	
Option 1	QL	*****	*****		*****		*****	*****			ji s		
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****		401	101		0	3/week	GRAB	
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****		REPORT 01MOAV	0.2- 01DAMX	MG/L		3/Week	GRAB	
Option 2	QL	*****	*****		£****		*****	*****		(m. 14)			

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

7/1/2010 TO 7/31/2010

PSEG NUCLEAR LLC SALEM GENERATIN

	QUANTITY	OR LOADING	UNITS	QUAL	ITY (	OR CONCENTR	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE			
SAMPLE MEASUREMENT	****	****		****		32.9	41.6		0	11 Day	CONTIN			
PÉRMIT REQUIREMENT	******	******	*****	states		REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN			
SAMPLE MEASUREMENT	17327	17451		PA 166										
PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #		REPORT Lab #	REPORT Lab #			Not Applic	NOT AP			
	PERMIT REQUIREMENT  OL  SAMPLE MEASUREMENT  PERMIT REQUIREMENT	SAMPLE MEASUREMENT ******  PERMIT REQUIREMENT ******  QL ******  SAMPLE MEASUREMENT \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	PERMIT ATTACK  QL TARREST TO THE PERMIT REQUIREMENT TO THE PERMIT REPORT TO THE PERMIT TO THE PE	SAMPLE MEASUREMENT ******  QL *******  SAMPLE MEASUREMENT ATTACK  SAMPLE MEASUREMENT TO THE PERMIT REPORT Lab #  REPORT Lab #	SAMPLE MEASUREMENT ****** ******* *********************	SAMPLE MEASUREMENT ****** *****************************	SAMPLE   MEASUREMENT   MEPORT   REPORT   REDUREMENT   Lab #   Lab #	SAMPLE MEASUREMENT ATTICLE TO THE PERMIT REPORT DIMONY OIDAMX  OL SAMPLE MEASUREMENT DIMONY OIDAMX  PERMIT REPORT REPORT REPORT REPORT Lab# Lab# Lab#  OL SAMPLE MEASUREMENT Lab# Lab# Cab# Cab# Cab# Cab# Cab# Cab# Cab# C	SAMPLE MEASUREMENT TOTAL	QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS EX.  SAMPLE MEASUREMENT	QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS EX. ANALYSIS  SAMPLE MEASUREMENT			

NJPDES PERMIT	M	ONITORING	PERIOD				MONITO	RED LOCATION:			
NJ0005622	Month Day 7 1	Year To	Month 7	Day 31	Year 2010	482A -	- SW Out	fall 482A			
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101		LOCATION ( PSEG NUCLEAR GENERATING S ALLOWAY CRE HANCOCKS BRI	LLC SALE TATION EK NECK R	D D		PSEG PO B	<b>PIENT:</b> LC GE, NJ 08038				
		REGION / C	COUNTY: So	outhern	Salem	County					
CHECK IF APPLICABLE:	No Discharg	ge this Monitoring	g Period [	$\Box _{\mathbf{M}}$	onitoring	Report Co	omments Attac	hed			
who must sign The higher the certification or, in his absence the certification. Where the high responsibility or person designate another entity to operate the treat I certify under penalty of law that, based on my inquiry of those complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The I	ee a person designate nest ranking operatored by that person slate the transfer works, the hint I have personally se individuals immest are significant per	ted by that person or does not have thall also sign the ghest-ranking off examined and arediately responsibilities for submit	L. For a local he ability to second certilicial of the conformaliar with the for obtaining false inf	l agence authori fication contract th the ining the formati	y, the hig ze capita at the bo ed entity nformation, include	hest rankin I expenditu ottom of thi shall sign ( on submitte tion, I belie ding the po	g operator of t res and hire pe s page. If the the certification ed in this document eve that the infossibility of and	he treatment works shall sign ersonnel, a person having that local agency has contracted with n.  ment and all attachments, and ormation is true, accurate and d/or imprisonment, pursuant			
Carl J. Fricker, Site	e Vice President - S	Salem						<u>N/A</u>			
NAME AND TITLE OF PRINCIPAL OF SIGNATURE OF PRINCIPAL EXECU	T			ļ		OR GRADE AND REGISTRY NUMBER (IF APPLICAL  08/19/2010 856-339-1102  DATE AREA CODE/PHONE NUMBE					
,	est-ranking operator	does not have the a						a person having that responsibility or			
I certify under penalty of law and in	accordance with N.J.	.S.A. 58:10A-6F(5)	) that I have re	eviewed	the attach	ed discharge	e monitoring rep	orts.			
<u>N/A</u>			N/A				<u>N/A</u>	<u>N/A</u>			
NAME AND TITLE		SIGNATURE				DATE		AREA CODE/PHONE NUMBER			

#### Duriace water Discharge Monitoring neport

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

482A SW Outfall 482A

7/1/2010 TO 7/31/2010

PSEG NUCLEAR LLC SALEM GENERATIN

PARAMETER  Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value  PERMIT REQUIREMENT  O0400 1 Effluent Gross Value  PERMIT REQUIREMENT  O0400 7 Intake From Stream  PERMIT REQUIREMENT  AMPLE MEASUREMENT  O0400 7 Intake From Stream  QL  LC50 Statre 96hr Acu Cyprinodon	QUANTITY OR  3 2 9  REPORT 01MOAV	LOADING 475 REPORT	UNITS		TY C	OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Thru Treatment Plant 50050 1 Effluent Gross Value  PERMIT REQUIREMENT  O0400 1 Effluent Gross Value  PERMIT REQUIREMENT  O0400 1 Effluent Gross Value  QL  PH  SAMPLE MEASUREMENT  QL  PERMIT REQUIREMENT  O0400 7 Intake From Stream  QL  LC50 Statre 96hr Acu  SAMPLE MEASUREMENT  REQUIREMENT  SAMPLE MEASUREMENT	REPORT 01MOAV	A									
Effluent Gross Value  PH  SAMPLE MEASUREMENT  O0400 1  Effluent Gross Value  PERMIT REQUIREMENT  QL  PH  SAMPLE MEASUREMENT  O0400 7  Intake From Stream  QL  LC50 Statre 96hr Acu  SAMPLE MEASUREMENT	01MOAV	REPORT		*****		****	*****		0	1/Day	CALCTD
PH  SAMPLE MEASUREMENT  00400 1  Effluent Gross Value  PERMIT REQUIREMENT  QL  PH  SAMPLE MEASUREMENT  O0400 7  Intake From Stream  QL  LC50 Statre 96hr Acu  SAMPLE MEASUREMENT	*****	01DAMX	MGD	2 AAAAA		*****	******* (7.	*****		1/Day	CALCTD
Effluent Gross Value  QL  PH  SAMPLE MEASUREMENT  00400 7 Intake From Stream  CQL  LC50 Statre 96hr Acu  SAMPLE MEASUREMENT	*****	*****		7.5		****	7.7		0	Yweek	GRAB
pH  SAMPLE MEASUREMENT  00400 7 Intake From Stream  QL:  LC50 Statre 96hr Acu  SAMPLE MEASUREMENT	Anna	*****	*****	6.0 01DAMN		*****	9:0 01DAMX	SU		1/Week	GRAB
Intake From Stream  QL:  LC50 Statre 96hr Acu  SAMPLE MEASUREMENT	*****	****		7.6		****	7.8		0	1/week	GRAB
LC50 Statre 96hr Acu SAMPLE MEASUREMENT	ATTAL	******	*****	REPORT 01 DAMN		attakt .	REPORT 01DAMX	su		1/Week	GRAB
Cyprinodon	*****	******		*****		*****	*****			Co Do- N	C-28- N
TAN6A 1 Effluent Gross Value	Average	esents)	***	50 01DAMN		Atteks	T. ******	%EFFL	٥	(O))∓≃ N 2/Year	CODE: N
Chlorine Produced  SAMPLE MEASUREMENT	*****	*****		*****		20E = N	CODE=N			(0)E=N	C008 = N
*CPOX 1 Effluent Gross Value	*****		*****			0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1  Chlorine Produced  Oxidants  Oxidants	*****	****		*****		ره.۱ د د د د د د د د د د د د د د د د د د د	₹0.1		0	3/Week	GRAB
*CPOX 1 Effluent Gross Value Option 2  QL  QL	*****	******	*****	PARKET.		REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

482A SW Outfall 482A

7/1/2010 TO 7/31/2010

PSEG NUCLEAR LLC SALEM GENERATIN

PARAMETER		QUANTITY (	OR LOADING	UNITS	QUALI	TY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	****	*****		*****	33.1	42.8		0	YDay	CONTIN
00010 1 Effluent Gross Value	PERMIT. REQUIREMENT	**************************************	*****	*****	###### di	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PAIGG			·			
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab#		REPORT Lab#	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP

NJPDES PERMIT	N	MONITORING	PERIOD			MONITO	RED LOCATION:
NJ0005622	Month Day 7 1	Year To		ay 31	Year 2010	483A – SW Out	fall 483A
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101		PSEG NUCLEAR GENERATING S ALLOWAY CRE HANCOCKS BR	R LLC SALEM STATION EEK NECK RD	1		REPORT RECI PSEG NUCLEAR L PO BOX 236/N21 HANCOCKS BRIDG	LC
		REGION / C	COUNTY: Sou	thern	Salem	County	
CHECK IF APPLICABLE:	No Discha	arge this Monitori	ng Period		Mo	nitoring Report Commer	nts Attached
who must sign The high the certification or, in his absend the certification. Where the high responsibility or person designal another entity to operate the treat I certify under penalty of law that, based on my inquiry of the complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The	tee a person designated by that person attent works, the last I have personall se individuals impute are significant personal personall se are significant personal se are significant se are	ated by that person tor does not have shall also sign the highest-ranking of y examined and a nediately responsi- enalties for submi Pollution Control	n. For a local a the ability to an e second certific ficial of the co m familiar with ble for obtaining tting false info	igency athorize ation ntracte i the in ighthe rmatio	the hig e capita at the bo d entity formation	hest ranking operator of the lexpenditures and hire perfection of this page. If the shall sign the certification on submitted in this document, I believe that the infedding the possibility of and	he treatment works shall sign rsonnel, a person having that local agency has contracted with n.  ment and all attachments, and ormation is true, accurate and d/or imprisonment, pursuant
Carl J. Fricker, Sit	/			-	<u> </u>		N/A
NAME AND TITLE OF PRINCIPAL J	XECUTIVE OFFICE	R, AUTHORIZED AC	GENT, OR *LICE	CNSED (	PERATO	OR GRADE AND REG	SISTRY NUMBER (IF APPLICABLE) 856-339-1102
SIGNATURE OF PRINCIPAL EXECU	TIVE OFFICER, AU	THORIZED AGENT,	OR *LICENSED	OPERA	TOR	DATE	AREA CODE/PHONE NUMBER
person designated by that person s	hall sign the following	ng certification:	·			•	a person having that responsibility or
I certify under penalty of law and in	accordance with N.	.J.S.A. 58:10A-6F(5	) that I have revi	iewed t	he attach	ed discharge monitoring rep	orts.
<u>N/A</u>			<u>N/A</u>	-	1	N/A	<u>N/A</u>
NAME AND TITLE		SIGNATURE				DATE	AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

483A SW Outfall 483A

7/1/2010 TO 7/31/2010

PSEG NUCLEAR LLC SALEM GENERATIN

			•									
PARAMETER		QUANTITY (	OR LOADING	UNITS	QUALI	TY (	OR CONCENTR	IATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	282	471		*****		*****	*****		٥	10ed	CALCTD
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******		*****	*****	****		1/Day	CALCTD
L	QL I		1		 	ě		l e		1		
pH	SAMPLE MEASUREMENT	*****	****		7.5		*****	7.6	i	0	Week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	errett.	*****	*****	6.0 01DAMN		*****	9.0 01DAMX	su		1/Week	GRAB
	QL	*****	*****		*****		*****	*****				
рН	SAMPLE MEASUREMENT	****	****		7.6		****	7.8		8	Yweek	GRAB
00400 7	PERMIT REQUIREMENT	******	*****	*****	REPORT. 01DAMN		*****	REPORT 01DAMX	su		1/Week	GRAB
Intake From Stream	QL	****	*****		****		****	*****				
Chlorine Produced	, GL		<u> </u>	<u> </u>							7/	
Oxidants	SAMPLE MEASUREMENT	*****	*****		*****		2011	201		0	3/week	GRAB
*CPOX 1	PERMIT	*****	1*****	*****			0.3	0.5	MG/L		3/Week	GRAB
Effluent Gross Value	REQUIREMENT						01MOAV	01DAMX				
Option 1	QL	*****	*****		*****		****	*****				
Chlorine Produced	SAMPLE	****	*****		*****		1-1	1.1			31	Cons
Oxidants	MEASUREMENT						201	<0.1		0	Mook	GRAB
*CPOX 1	PERMIT	*****	*****	*****	*****		REPORT	0.2	MG/L		3/Week	GRAB
Effluent Gross Value	REQUIREMENT			,			01MOAV	01DAMX				
Option 2	QL	*****	*****		*****		*****	*****			2	
Temperature,	SAMPLE MEASUREMENT	****	*****		*****		22.0	427			1/2	60.15.15
оС					227	S	33.0	43.7		0	Day	CONTIN
00010 1	PERMIT	*****	*****	****	*****		REPORT	REPORT	DEG.C		1/Day	CONTIN
Effluent Gross Value	REQUIREMENT						01MOAV	01DAMX				144
	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.

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

483A SW Outfall 483A

7/1/2010 TO 7/31/2010

PSEG NUCLEAR LLC SALEM GENERATIN

PARAMETER	X	QUANTITY (	OR LOADING	UNITS	QUALI	TY (	OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA166							
99999 99 Lab	PERMIT REQUIREMENT CL	REPORT Lab #	REPORT Lab #		REPORT Lab#		REPORT Lab #	REPORT Lab #			Not Applic	NOT AP

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.

NJPDES PERMIT	IV.	IONITORING	PERIOD		MONITO	RED LOCATION:						
NJ0005622	Month Day 7 1	Year To	Month Day 7 31	Year 2010	484A – SW Out	fall 484A						
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101		LOCATION OF PSEG NUCLEAR GENERATING S ALLOWAY CRE HANCOCKS BRI	TATION EK NECK RD	<u> </u>	REPORT RECI PSEG NUCLEAR L PO BOX 236/N21 HANCOCKS BRIDG	LC						
	REGION / COUNTY: Southern / Salem County											
CHECK IF APPLICABLE:	HECK IF APPLICABLE: No Discharge this Monitoring Period Monitoring Report Comments Attached											
who must sign The high the certification or, in his absent he certification. Where the high responsibility or person designation another entity to operate the treation of law that, based on my inquiry of the complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The	ce a person designathest ranking operated by that person sates at I have personally se individuals imme are significant pe	ted by that person or does not have to shall also sign the ighest-ranking off y examined and an ediately responsible nalties for submit collution Control A	. For a local agen he ability to autho second certification icial of the contra n familiar with the ole for obtaining the ting false informa	cy, the high rize capital n at the botted entity information, including the control of the contr	thest ranking operator of the lexpenditures and hire perfection of this page. If the shall sign the certification on submitted in this document, I believe that the infedding the possibility of and	he treatment works shall sign resonnel, a person having that local agency has contracted with h.  ment and all attachments, and ormation is true, accurate and d/or imprisonment, pursuant						
NAME AND TITLE OF PRINCIPAL I	e Vice President - S		IENT OD 11 ICENSE	D ODED AT	OD CD AND DEC	N/A						
SIGNATURE OF PRINCIPAL EXECU					08/19/2010  DATE	SISTRY NUMBER (IF APPLICABLE)  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 of 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 reviewe	d the attach	ed discharge monitoring rep	orts.						
<u>N/A</u>			N/A		<u>N/A</u>	<u>N/A</u>						
NAME AND TITLE		SIGNATURE	!		DATE	AREA CODE/PHONE NUMBER						
						•						

PFRMIT	NUMBER:	

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

484A SW Outfall 484A

7/1/2010 TO 7/31/2010

PSEG NUCLEAR LLC SALEM GENERATIN

PARAMETER		QUANTITY (	OR LOADING	UNITS	QUAL	ITY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	505	513		****	****	*****		0	1/Day	CALCTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Day	CALCTD
рН	SAMPLE MEASUREMENT	*****	****		7.5	*****	7.6		0	Yweek	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	6.0 01DAMN	*****	9.0 01DAMX	SU		1/Week	GRAB
pH	-SAMPLE MEASUREMENT	****	****		7.6	****	7.8		0	1/week	GRAB
00400 7 Intake From Stream	PERMIT		******	*****	REPORT 01DAMN	*****	REPORT 01DAMX	su		1/Week	GRAB
LC50 Statre 96hr Acu Cyprinodon	QL SAMPLE MEASUREMENT	****	****		CODE = N	*****	*****		0	CODE = N	C008 = N
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	50 01DAMN	*****	*****	%EFFL		2/Year	COMPOS
Chlorine Produced Oxidants	QL SAMPLE MEASUREMENT	*****	*****		*****	CODE = H	CODE=N	_	O	CODE: M	CODE = N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1 Chlorine Produced Oxidants	QL SAMPLE MEASUREMENT	*****	*****		****	40.1	20-1		0	3/week	ERAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	644444	REPORT 01MOAV	0.2 01DAMX	MG/L	1	3/Week	GRAB
Option 2	QL	nanaax.									

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

484A SW Outfall 484A

7/1/2010 TO 7/31/2010

PSEG NUCLEAR LLC SALEM GENERATIN

PARAMETER		QUANTITY (	OR LOADING	UNITS	QUALIT	τν φ	R CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	***	****		****		36.9	39.2		0	11004	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	*****	~~~~	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166							
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab.#		REPORT Lab #		REPORT Lab#	REPORT Lab #			Not Applic	NOT AP

NJPDES PERMIT	MONITORING PERIOD			MONITO	RED LOCATION:
NJ0005622	Month         Day         Year           7         1         2010         To         Month         Day           7         31		Year 2010	485A – SW Out	fall 485A
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038	<u>Y:</u>		REPORT RECII PSEG NUCLEAR LI PO BOX 236/N21 HANCOCKS BRIDG	LC .
	REGION / COUNTY: South	ern /	Salem	County	
CHECK IF APPLICABLE:	No Discharge this Monitoring Period	Moi	nitoring	Report Comments Attack	ied
the certification. Where the hig responsibility or person designa another entity to operate the treat. I certify under penalty of law the that, based on my inquiry of the complete. I am aware that ther	ce a person designated by that person. For a local age hest ranking operator does not have the ability to autited by that person shall also sign the second certifical atment works, the highest-ranking official of the contact I have personally examined and am familiar with the individuals immediately responsible for obtaining are significant penalties for submitting false information. New Jersey water Pollution Control Act provides for	orizion a acte ne in the i	e capita at the bo d entity formation information, include	expenditures and hire pentitom of this page. If the lishall sign the certification on submitted in this docurrion, I believe that the infolding the possibility of and	rsonnel, a person having that ocal agency has contracted with a.  nent and all attachments, and ormation is true, accurate and
Carl J. Fricker, Sit	e Vice President - Salem				N/A
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENS 2 -	ED C	PERATO	OR GRADE AND REG 08/19/2010	ISTRY NUMBER (IF APPLICABLE)  856-339-1102
SIGNATURE OF PRINCIPAL EXECU	UTIVE OFFICER, AUTHORIZED AGENT, OR $^*$ LICENSED O	PERA	TÖR	DATE	AREA CODE/PHONE NUMBER
	nest-ranking operator does not have the ability to authorize hall sign the following certification:	capi	tal exper	ditures and hire personnel, a	n person having that responsibility or
I certify under penalty of law and in	n accordance with N.J.S.A. 58:10A-6F(5) that I have review	ed tl	he attach	ed discharge monitoring repo	orts.
N/A	<u>N/A</u>		_	<u>N/A</u>	<u>N/A</u>
NAME AND TITLE	SIGNATURE			DATE	AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

485A SW Outfall 485A

7/1/2010 TO 7/31/2010

PSEG NUCLEAR LLC SALEM GENERATIN

					•						• • •	
PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUALI	TY (	OR CONCENTE	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	439	441		*****		*****	****		٥	Youn	CALCTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****		*****	**************************************	*****		1/Day	CALCTD
pH	SAMPLE MEASUREMENT	****	*****		7.5		*****	7.6		0	\\week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	ANNANA	******	*****	6.0 01DAMN		*****	9.0 01DAMX	ŞU		1/Week	GRAB
pH	SAMPLE MEASUREMENT	*****	*****		7.6		*****	7.8			Vincer	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	*****	455444	*****	REPORT: 01DAMN		haras	REPORT 01DAMX	SU		1/Week	GRAB
LC50 Statre 96hr Acu	QL	******	******		*****		*****	******			i i	
Cyprinodon	SAMPLE MEASUREMENT	*****	*****		CODE = N		*****	*****		٥	CODE=N	CODE = N
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	50 01DAMN		*****	*****	%EFFL		2/Year	COMPOS
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	****		****	C	00E=N	C005=11		Ó	CODE=N	C00€ = N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	·*****	*****	final		0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1 Chlorine Produced	QL	****	*****		*****	1	*****					
Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	person	(01)	(01)		0	3/week	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	413444	*****	*****	******		REPORT 01MOAV	0.2 - 01DAMX	MG/L		3/Week	GRAB
Option 2	QL	*****	*****	•	*****		*****	*****				

MONITORED LOCATION:

**MONITORING PERIOD:** 

FACILITY NAME:

NJ0005622

485A SW Outfall 485A

7/1/2010 TO 7/31/2010

PSEG NUCLEAR LLC SALEM GENERATIN

PARAMETER		QUANTITY	OR LOADING	UNITS	QUALIT	YOR	CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	****	*****		****	1.3	37.0	39.1		0	1/Day	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	******	*****	*****	******	0	REPORT 1MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Lab Certification #	QL SAMPLE MEASUREMENT	17327	17451		PA 166				<del></del>			T.
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab #		REPORT Lab#	2.00 mak	REPORT Lab #	REPORT Lab#			Not Applic	NOT AP
	QL	*****	*****		*****		****	*****				

NJPDES PERMIT	MONITORING PERIOD	MONITO	RED LOCATION:					
NJ0005622		486A – SW Out	fall 486A					
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038	PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038						
	REGION / COUNTY: Southern / S	Salem County						
CHECK IF APPLICABLE:		toring Report Comments Attac	ched					
the certification or, in his absenthe certification. Where the hig responsibility or person designate another entity to operate the treater of the certify under penalty of law that, based on my inquiry of the complete. I am aware that there	est ranking official having day-to-day managerial and operace a person designated by that person. For a local agency thest ranking operator does not have the ability to authorize ted by that person shall also sign the second certification at attent works, the highest-ranking official of the contracted at I have personally examined and am familiar with the inference individuals immediately responsible for obtaining the interest eare significant penalties for submitting false information. New Jersey water Pollution Control Act provides for penaltical penaltics.	the highest ranking operator of a capital expenditures and hire pot the bottom of this page. If the entity shall sign the certification ormation submitted in this document of the formation, I believe that the infinituding the possibility of an	the treatment works shall sign ersonnel, a person having that local agency has contracted with n.  ment and all attachments, and formation is true, accurate and d/or imprisonment, pursuant					
	e Vice President - Salem		<u>N/A</u>					
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED &	PERATOR GRADE AND REC	GISTRY NUMBER (IF APPLICABLE)					
	_	08/19/2010	856-339-1102					
SIGNATURE OF PRINCIPAL EXECU	JTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERAT	OR 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	e attached discharge monitoring rep	ports.					
<u>N/A</u>	N/A	<u>N/A</u>	<u>N/A</u>					
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER					

#### ourrace water discharge wonttoring Report

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

486A SW Outfall 486A

7/1/2010 TO 7/31/2010

PSEG NUCLEAR LLC SALEM GENERATIN

PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	QUALITY OR CONCENTRATION U		UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	426	431		****		****	*****		0	11Day	CALCTD
50050 1 Effluent Gross Value	PERMIT :: REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****		*****	******	*****		1/Day	CALCTD
рН	QL		******								   \/	
•	SAMPLE MEASUREMENT	****	*****		7.4		****	7.6		0	Meek	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	AXXXXX	( as/as/.	*****	6.0 01DAMN		*****	9.0 01DAMX	SU		1/Week	GRAB
	QL	*****	*****		*****		*****	*****		1		
рН	SAMPLE MEASUREMENT	****	****		7.6		****	7.8		0	Meek	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	******	*****	****	REPORT 01DAMN		*****	REPORT 01DAMX	ŞU		1/Week	GRAB
	QL	*****	*****		*****		*****	*****				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	*****		*****	4	N=300	CODE=N		0	CODE = N	CODE = N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	******	*****	*****	******		0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	QL	******	*****		*****		*****	*****				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	*****		*****		(0.1	201		0	3/week	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT		*****	****	.,		REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	QL	*****	*****		*****		****	******				
Temperature,	SAMPLE MEASUREMENT	****	****		****	2007.00	36.9	39,2		٥	1004	CONTIN
oC 00010 1	PERMIT REQUIREMENT	******	******	****	*****		REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Effluent Gross Value	QL	*****	****		*****	368 377	*****	*****				

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.

Surrace	vvater	Discharge Wontoning Re	eport
			~ ~ · · ·

MONITORED LOCATION:

PERMIT NUMBER:

PI 46814

NJ0005622	486 <i>A</i>	SW Outfall 48	6 <b>A</b>	7/1/2010 T	TO 7/31/2010	PSEG NUCLEAR LLC SALEM GENERATIN					
PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUALIT	Y OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166						
99999 99 Lab	PERMIT REQUIREMENT		REPORT Lab #		REPORT Lab #	REPORT	REPORT Lab #			Not Applic	NOT AP

FACILITY NAME:

**MONITORING PERIOD:** 

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.

NJPDES PERMIT	MONITORING PERIOD	MONITOI	RED LOCATION:					
NJ0005622	I — T. I — Y — Y — Y — Y — Y — Y — Y — Y — Y —	ear 010 489A – SW Outl	fall 489A					
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038	REPORT RECII PSEG NUCLEAR LI PO BOX 236/N21 HANCOCKS BRIDG	.C					
	REGION / COUNTY: Southern / S	Salem County						
CHECK IF APPLICABLE:	No Discharge this Monitoring Period Mo	nitoring Report Comments Atta	ched					
the certification or, in his absent he certification. Where the hig responsibility or person designate another entity to operate the tree. I certify under penalty of law that, based on my inquiry of the complete. I am aware that there	est ranking official having day-to-day managerial and operace a person designated by that person. For a local agency, these tranking operator does not have the ability to authorize ted by that person shall also sign the second certification at atment works, the highest-ranking official of the contracted at I have personally examined and am familiar with the infection individuals immediately responsible for obtaining the interaction at a significant penalties for submitting false information. New Jersey water Pollution Control Act provides for penaltical penaltics.	the highest ranking operator of the capital expenditures and hire per the bottom of this page. If the lentity shall sign the certification ormation submitted in this document formation, I believe that the information the possibility of and	ne treatment works shall sign resonnel, a person having that local agency has contracted with the ment and all attachments, and remation is true, accurate and					
Carl J. Fricker, Si	te Vice President - Salem		<u>N/A</u>					
	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OF	08/19/2010	ISTRY NUMBER (IF APPLICABLE)  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 i	n accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the	e attached discharge monitoring repo	orts.					
N/A	N/A	<u>N/A</u>	N/A					
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER					

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

489A SW Outfall 489A

7/1/2010 TO 7/31/2010

**PSEG NUCLEAR LLC SALEM GENERATIN** 

PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	TY	QUALITY OR CONCENTRATION				FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.0704	0.0704		****		*****	*****		0	MONTH	CALCTD
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****		*****	*****	*****		1/Month	CALCTD
pH	QL SAMPLE	*****	*****	•	7.4		*****	7.4			٧	00-0
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	6.0 01DAMN		*****	9.0 01DAMX	SU	0	1/Month	GRAB
Solids, Total Suspended	SAMPLE MEASUREMENT	****	****		6		6	****		0	Ymonth	CRAB
00530 1 Effluent Gross Value	PERMIT REQUIREMENT	411141 411141	******	*****	100 01DAMX		30 01MOAV	******	MG/L		1/Month	GRAB
Petroleum Hydrocarbons	SAMPLE MEASUREMENT	****	****		*****		۷5	<b>4</b> 5		Ó	1/Month	GRAB
00551 1 Effluent Gross Value	PERMIT. REQUIREMENT	*****	*****	*****	******		10 01MOAV	15 01DAMX	MG/L		1/Month	GRAB
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	****		*****		7	7		0	VMONTH	GRAS
00680 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******* *******	*****	*****		REPORT 01MOAV	50 01DAMX	MG/L		1/Month	GRAB
Lab Certification #	QL SAMPLE MEASUREMENT	17327	17451		PA 166		-					
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #		REPORT Lab #	REPORT Lab #			Not Applic	NOT AP

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".

NJ0005622    Month   Day   Year   7   1   2010   To   To   To   To   To   To   To   T	NJPDES PERMIT	MONITORING PERIOD	<u> </u>	MONITO	RED LOCATION:				
PSEG NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101 ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038  REGION / COUNTY: Southern / Salem County  CHECK IF APPLICABLE: No Discharge this Monitoring Period Mynomitoring 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 confracted 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  NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OFERATOR  RARE AND REGISTRY NUMBER (IF APPLICABLE)  08/19/2010 856-339-1102  SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OFERATOR  AREA CODEPHIONE 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 p	NJ0005622			487B – SW Out	all 487B				
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)  08/19/2010  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 wit	PSE&G NUCLEAR LLC 80 PARK PLAZA	LEAR LLC PSEG NUCLEAR LLC SALEM PSEG NUCLEAR LLC AZA GENERATING STATION PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038							
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  O8/19/2010  856-339-1102  SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR  BATE  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.		REGION / COUNTY: Southern	Salem	County					
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)  98/19/2010  856-339-1102  SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR  \$\$\text{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.	CHECK IF APPLICABLE:	No Discharge this Monitoring Period No Discharge In Monitoring In	lonitori	ng Report Comments Atta	ched				
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR  O8/19/2010  856-339-1102  SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR  *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  N/A	the certification or, in his absenthe certification. Where the hig responsibility or person designate another entity to operate the treat I certify under penalty of law that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The	ce a person designated by that person. For a local agency hest ranking operator does not have the ability to authorize the dots that person shall also sign the second certification at the works, the highest-ranking official of the contracted at I have personally examined and am familiar with the incise individuals immediately responsible for obtaining the e are significant penalties for submitting false information. New Jersey water Pollution Control Act provides for penalties.	the high e capital at the body of entity of the formation	hest ranking operator of the lexpenditures and hire per pettom of this page. If the leads shall sign the certification on submitted in this document, I believe that the infedding the possibility of and	ne treatment works shall sign rsonnel, a person having that ocal agency has contracted with the contracted with the contracted and all attachments, and formation is true, accurate and for imprisonment, pursuant				
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  N/A				<del></del>					
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	SIGNATURE OF PRINCIPAL EXECU	JTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPER	ATOR	08/19/2010 DATE	856-339-1102 AREA CODE/PHONE NUMBER				
	person designated by that person s	hall sign the following certification:	-	-					
	I certify under penalty of law and in	n accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed t	he attach	ed discharge monitoring repo	orts.				
NAME AND TITLE SIGNATURE DATE AREA CODE/PHONE NUMBER	<u>N/A</u>	<u>N/A</u>	-	<u>N/A</u>	<u>N/A</u>				
	NAME AND TITLE	SIGNATURE		DATE	AREA CODE/PHONE NUMBER				