

NOV 23 2010

SCH10-124



Dated:

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED  
ARTICLE NUMBER: 7008 0150 0000 5749 4512

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 October 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,

A handwritten signature in black ink, appearing to read "Carl J. Fricker", is written over a printed name.

Carl J. Fricker  
Site Vice President – Salem

Attachment: 12 DMR's

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

LE25  
NRR

## EXPLANATION OF CONDITIONS

**October 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

**October 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:

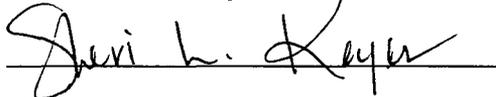
1. I am the Site Vice President – Salem for PSEG Nuclear, and as such am authorized to sign Salem's Discharge Monitoring Reports submitted to the New Jersey Department of Environmental Protection pursuant to the Station's New Jersey Pollutant Discharge Elimination System permit.
2. I certify under penalty 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.



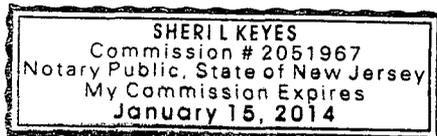
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Carl J. Fricker  
Site Vice President – Salem

Sworn and subscribed before me  
this 22<sup>nd</sup> day of November 2010



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NOV 23 2010

bc: Site Vice President – Salem  
Director – Regulatory Affairs  
John Valeri Jr., Esq.  
Salem Radwaste and Environmental Supervisor  
Helen Gregory  
Chem File SCH10-124

New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

<b>NJPDES PERMIT</b>	<b>MONITORING PERIOD</b>						<b>MONITORED LOCATION:</b>
<b>NJ0005622</b>	Month	Day	Year	To	Month	Day	Year
	10	1	2010		10	31	2010
							<b>FACA – SW Outfall FACA</b>

**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)

11/19/2010 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 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

PERMIT NUMBER: NJ0005622      MONITORED LOCATION: FACA SW Outfall FACA      MONITORING PERIOD: 10/1/2010 TO 10/31/2010      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	*****	*****	*****	*****	18.0	22.8	DEG.C	0	Continuous	CONTIN	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX		*****	Continuous	CONTIN	
	QL	*****	*****		*****	*****	*****		*****	*****	*****	
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	26.1	32.9	DEG.C	0	Continuous	CONTIN	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	43.3 01DAMX		*****	Continuous	CONTIN	
	QL	*****	*****		*****	*****	*****		*****	*****	*****	
Temperature, oC 00010 2 Effluent Net Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.1	10.3	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

<b>NJPDES PERMIT</b>	<b>MONITORING PERIOD</b>						<b>MONITORED LOCATION:</b>	
<b>NJ0005622</b>	<b>Month</b>	<b>Day</b>	<b>Year</b>	To	<b>Month</b>	<b>Day</b>	<b>Year</b>	<b>FACB – SW Outfall FACB</b>
	10	1	2010		10	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

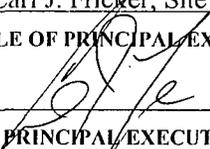
**REPORT RECIPIENT:**  
PSEG NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

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
	11/19/2010
	856-339-1102

\*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: FACB SW Outfall FACB MONITORING PERIOD: 10/1/2010 TO 10/31/2010 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER	X	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Temperature, oC 00010 G Raw Sew/influent	SAMPLE MEASUREMENT	*****	*****	*****	*****	18.0	22.8	DEG.C	0	Continuous	CONTIN	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX					
	QL	*****	*****		*****	*****	*****					
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	25.2	33.1	DEG.C	0	Continuous	CONTIN	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	43.3 01DAMX					
	QL	*****	*****		*****	*****	*****					
Temperature, oC 00010 2 Effluent Net Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.2	10.4	DEG.C	0	1/Day	CALCTD	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	15.3 01DAMX					
	QL	*****	*****		*****	*****	*****					
Lab Certification #  99999 99 Lab	SAMPLE MEASUREMENT	17327	17451	*****	PA 166			*****	*****	Not Applic	NOT AP	
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		*****	REPORT Lab #	REPORT Lab #					REPORT 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)292-4860 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	<table border="1"> <tr><th>Month</th><th>Day</th><th>Year</th></tr> <tr><td>10</td><td>1</td><td>2010</td></tr> </table>	Month	Day	Year	10	1	2010		To	<table border="1"> <tr><th>Month</th><th>Day</th><th>Year</th></tr> <tr><td>10</td><td>31</td><td>2010</td></tr> </table>	Month	Day	Year	10	31	2010			FACC – SW Outfall FACC
Month	Day	Year																	
10	1	2010																	
Month	Day	Year																	
10	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

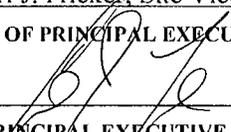
**REPORT RECIPIENT:**  
PSEG NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

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)
	11/19/2010 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 with N.J.S.A. 58:10A-6F(5) that I have reviewed the attached discharge monitoring reports.

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

**Surface Water Discharge Monitoring Report**

PI 46814

PERMIT NUMBER: \_\_\_\_\_ MONITORED LOCATION: \_\_\_\_\_ MONITORING PERIOD: \_\_\_\_\_ FACILITY NAME: \_\_\_\_\_

NJ0005622 FACC SW Outfall FACC 10/1/2010 TO 10/31/2010 PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER	X	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	2481	2707	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
Thermal Discharge Million BTUs per Hr 00015.2 Effluent Net Value	SAMPLE MEASUREMENT	12257	15493	MBTU/HR	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	30600 01DAMX		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
Lab Certification #  99999 99 Lab	SAMPLE MEASUREMENT	17327	17451	PA 166						Not Applic	NOT AP
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #				
	QL	*****	*****		*****	*****	*****				

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New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

<b>NJPDES PERMIT</b>	<b>MONITORING PERIOD</b>						<b>MONITORED LOCATION:</b>
<b>NJ0005622</b>	Month	Day	Year	To	Month	Day	Year
	10	1	2010		10	31	2010
							<b>048C – SW Outfall 48C</b>

**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

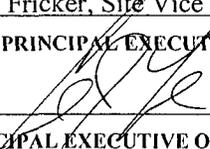
**REPORT RECIPIENT:**  
PSEG NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

**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
	11/19/2010
	856-339-1102

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

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 048C SW Outfall 48C MONITORING PERIOD: 10/1/2010 TO 10/31/2010 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	0.4828	0.8053	MGD	*****	*****	*****	*****	0	1/Day	CALCTD	
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****		1/Day	CALCTD
	QL	*****	*****		*****	*****	*****		*****			
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	8	12	MG/L	0	2/Month	COMPOS	
	PERMIT REQUIREMENT	*****	*****		*****	*****	30 01MOAV		100 01DAMX	*****	2/Month	COMPOS
	QL	*****	*****		*****	*****	*****		*****	*****		
Nitrogen, Ammonia Total (as N) 00610 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	3	MG/L	0	2/Month	COMPOS	
	PERMIT REQUIREMENT	*****	*****		*****	*****	35 01MOAV		70 01DAMX	*****	2/Month	COMPOS
	QL	*****	*****		*****	*****	*****		*****	*****		
Petroleum Hydrocarbons 00551 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	<5	<5	MG/L	0	2/Month	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	*****	10 01MOAV		15 01DAMX	*****	2/Month	GRAB
	QL	*****	*****		*****	*****	*****		*****	*****		
Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	10	16	MG/L	0	2/Month	COMPOS	
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT 01MOAV		50 01DAMX	*****	2/Month	COMPOS
	QL	*****	*****		*****	*****	*****		*****	*****		
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	17451	*****	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)292-4680 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

<b>NJPDES PERMIT</b>	<b>MONITORING PERIOD</b>						<b>MONITORED LOCATION:</b>	
<b>NJ0005622</b>	<b>Month</b> 10	<b>Day</b> 1	<b>Year</b> 2010	To	<b>Month</b> 10	<b>Day</b> 31	<b>Year</b> 2010	<b>481A – SW Outfall 481A</b>

**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

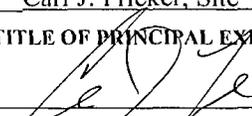
**REGION / COUNTY:** Southern / Salem County

**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
	11/19/2010
	856-339-1102

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

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

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 481A SW Outfall 481A MONITORING PERIOD: 10/1/2010 TO 10/31/2010 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	455	512	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****	1/Day	CALCTD
	QL	*****	*****		*****	*****	*****		*****		
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.8	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	*****	7.9	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 46314

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 481A SW Outfall 481A MONITORING PERIOD: 10/1/2010 TO 10/31/2010 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	*****	*****		*****	26.2	35.7		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 10	Day 1	Year 2010	To	Month 10	Day 31	Year 2010  482A – SW Outfall 482A

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

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

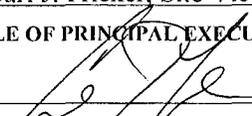
**REPORT RECIPIENT:**  
PSEG NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

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

**WHO MUST SIGN** The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of and/or imprisonment, pursuant to N.J.A.C. 7:14A-6.9(B). The New Jersey water Pollution Control Act provides for penalties up to \$50,000 per violation.

Carl J. Fricker, Site Vice President - Salem	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
	11/19/2010 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 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: 10/1/2010 TO 10/31/2010 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER	X	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	434	473	MGD	*****	*****	*****	*****	0	1/Day	CALCTD	
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****	1/Day	CALCTD	
	QL	*****	*****		*****	*****	*****		*****			
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	7.8	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	*****	7.9	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: 10/1/2010 TO 10/31/2010      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	*****	*****		*****	26.5	33.8		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:
	Month	Day	Year	To	Month	Day	
NJ0005622	10	1	2010		10	31	2010
							483A – SW Outfall 483A

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

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

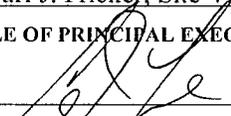
**REPORT RECIPIENT:**  
PSEG NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

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

**WHO MUST SIGN** The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of and/or imprisonment, pursuant to N.J.A.C. 7:14A-6.9(B). The New Jersey water Pollution Control Act provides for penalties up to \$50,000 per violation.

Carl J. Fricker, Site Vice President - Salem	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
	11/19/2010 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 46314

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 483A SW Outfall 483A MONITORING PERIOD: 10/1/2010 TO 10/31/2010 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	439	466	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****	1/Day	CALCTD
	QL	*****	*****		*****	*****	*****		*****		
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	7.8	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	*****	7.9	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	*****	*****	*****	*****	26.0	32.7	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 4C814

PERMIT NUMBER: \_\_\_\_\_ MONITORED LOCATION: \_\_\_\_\_ MONITORING PERIOD: \_\_\_\_\_ FACILITY NAME: \_\_\_\_\_

NJ0005622      483A SW Outfall 483A      10/1/2010 TO 10/31/2010      PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER	QUANTITY OR LOADING	UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT	17327	17451	PA 166					
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #	REPORT Lab #	REPORT Lab #	REPORT Lab #		Not Applic	NOT AP
	QL	*****	*****	*****	*****	*****			

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

New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

<b>NJPDES PERMIT</b>	<b>MONITORING PERIOD</b>						<b>MONITORED LOCATION:</b>
<b>NJ0005622</b>	Month	Day	Year	To	Month	Day	Year
	10	1	2010		10	31	2010
							<b>484A – SW Outfall 484A</b>

**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

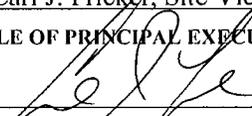
**REPORT RECIPIENT:**  
PSEG NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

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)
	11/19/2010 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 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: 484A SW Outfall 484A MONITORING PERIOD: 10/1/2010 TO 10/31/2010 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER	X	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	445	505	MGD	*****	*****	*****	*****	0	1/Day	CALCTD	
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****	1/Day	CALCTD	
	QL	*****	*****		*****	*****	*****		*****			
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	7.8	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	*****	7.9	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:** 484A SW Outfall 484A     
 **MONITORING PERIOD:** 10/1/2010 TO 10/31/2010     
 **FACILITY NAME:** PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER	X	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	26.8	36.2	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

<b>NJPDES PERMIT</b>	<b>MONITORING PERIOD</b>						<b>MONITORED LOCATION:</b>	
<b>NJ0005622</b>	<b>Month</b>	<b>Day</b>	<b>Year</b>	To	<b>Month</b>	<b>Day</b>	<b>Year</b>	<b>485A – SW Outfall 485A</b>
	10	1	2010		10	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

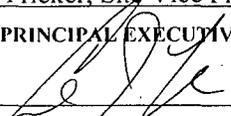
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Carl J. Fricker, Site Vice President - Salem N/A

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

 11/19/2010 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 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

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NAME AND TITLE SIGNATURE DATE AREA CODE/PHONE NUMBER

# Surface Water Discharge Monitoring Report

PI 46314

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 485A SW Outfall 485A MONITORING PERIOD: 10/1/2010 TO 10/31/2010 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	434	439	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****	1/Day	CALCTD
	QL	*****	*****		*****	*****	*****		*****		
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	7.8	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	*****	7.9	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 46314

PERMIT NUMBER: NJ0005622      MONITORED LOCATION: 485A SW Outfall 485A      MONITORING PERIOD: 10/1/2010 TO 10/31/2010      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	*****	*****	*****	*****	23.2	33.8	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

<b>NJPDES PERMIT</b>	<b>MONITORING PERIOD</b>						<b>MONITORED LOCATION:</b>
<b>NJ0005622</b>	Month	Day	Year	To	Month	Day	Year
	10	1	2010		10	31	2010
							<b>486A – SW Outfall 486A</b>

**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  
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

11/19/2010  
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  
NAME AND TITLE

\_\_\_\_\_  
N/A  
SIGNATURE

\_\_\_\_\_  
N/A  
DATE

\_\_\_\_\_  
N/A  
AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 486A SW Outfall 486A MONITORING PERIOD: 10/1/2010 TO 10/31/2010 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER	X	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	372	425	MGD	*****	*****	*****	*****	0	1/Day	CALCTD	
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****		1/Day	CALCTD
	QL	*****	*****		*****	*****	*****		*****			
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.8	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	*****	7.9	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	*****	*****	*****	*****	26.1	33.1	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: 486A SW Outfall 486A MONITORING PERIOD: 10/1/2010 TO 10/31/2010 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

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

<b>NJPDES PERMIT</b>	<b>MONITORING PERIOD</b>						<b>MONITORED LOCATION:</b>	
<b>NJ0005622</b>	Month	Day	Year	To	Month	Day	Year	<b>487B – SW Outfall 487B</b>
	10	1	2010		10	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

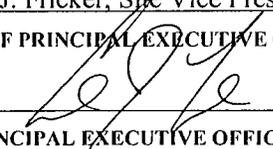
**REPORT RECIPIENT:**  
PSEG NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

**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)
	11/19/2010 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

New Jersey Department of Environmental Protection  
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

<b>NJPDES PERMIT</b>	<b>MONITORING PERIOD</b>						<b>MONITORED LOCATION:</b>	
<b>NJ0005622</b>	<b>Month</b>	<b>Day</b>	<b>Year</b>	To	<b>Month</b>	<b>Day</b>	<b>Year</b>	<b>489A – SW Outfall 489A</b>
	10	1	2010		10	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

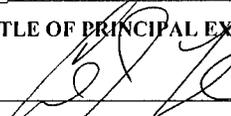
**REPORT RECIPIENT:**  
PSEG NUCLEAR LLC  
PO BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

**REGION / COUNTY:** Southern / Salem County

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_____ Carl J. Fricker, Site Vice President - Salem	_____ N/A
<b>NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR</b>	<b>GRADE AND REGISTRY NUMBER (IF APPLICABLE)</b>
_____ 	_____ 11/19/2010
<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR</b>	<b>DATE</b>
	_____ 856-339-1102
	<b>AREA CODE/PHONE NUMBER</b>

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

_____ N/A	_____ N/A	_____ N/A	_____ N/A
<b>NAME AND TITLE</b>	<b>SIGNATURE</b>	<b>DATE</b>	<b>AREA CODE/PHONE NUMBER</b>

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 489A SW Outfall 489A MONITORING PERIOD: 10/1/2010 TO 10/31/2010 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER	X	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	0.0325	0.0325	MGD	*****	*****	*****	*****	0	1/Month	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	8.2	*****	8.2	SU	0	1/Month	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX				
	QL	*****	*****		*****	*****	*****				
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	4	4	*****	MG/L	0	1/Month	GRAB
	PERMIT REQUIREMENT	*****	*****		100 01DAMX	30 01MOAV	*****				
	QL	*****	*****		*****	*****	*****				
Petroleum Hydrocarbons 00551 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	25	25	MG/L	0	1/Month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	10 01MOAV	15 01DAMX				
	QL	*****	*****		*****	*****	*****				
Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	3	MG/L	0	1/Month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	50 01DAMX				
	QL	*****	*****		*****	*****	*****				
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	17451	*****	PA 166			*****			
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #				
	QL	*****	*****		*****	*****	*****				

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