

SCH10-130

Dated: /2 /21/10

CERTIFIED MAIL RETURN RECEIPT REQUESTED ARTICLE NUMBER: 7008 0150 0000 5749 4925

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 November 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.

Sinceret

Øaft/J. Fricker Site Vice President – Salem

Attachment: 12 DMR's

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

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12/21/10

EXPLANATION OF CONDITIONS

November 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

November 2010

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

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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 2010



bc: Site Vice President – Salem Director – Regulatory Affairs John Valeri Jr., Esq. Salem Radwaste and Environmental Supervisor Helen Gregory Chem File SCH10-130

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Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	Month Day Year 11 1 2010 To Month Day Year 11 30 2010 2010 Year Year Year	FACA – SW Outfall FACA
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038	REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038
	REGION / COUNTY: Southern / Salem	County
CHECK IF APPLICABLE:	No Discharge this Monitoring Period Monitoring	Report Comments Attached
the certification or, in his absent the certification. Where the hig responsibility or person designa another entity to operate the treat I certify under penalty of law th that, based on my inquiry of tho	est ranking official having day-to-day managerial and operational ce a person designated by that person. For a local agency, the hig hest ranking operator does not have the ability to authorize capita ted by that person shall also sign the second certification at the be attend works, the highest-ranking official of the contracted entity at I have personally examined and am familiar with the informati se individuals immediately responsible for obtaining the informate e are significant penalties for submitting false information, inclu	thest ranking operator of the treatment works shall sign l expenditures and hire personnel, a person having that ottom of this page. If the local agency has contracted with shall sign the certification. on submitted in this document and all attachments, and tion, I believe that the information is true, accurate and
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.
	te Vice President - Salem	<u>N/A</u>
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERAT	OR GRADE AND REGISTRY NUMBER (IF APPLICABLE) 12/20/2010 856-339-1102
SIGNATURE OF PRINCIPAL EXECU	JTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER
	est-ranking operator does not have the ability to authorize capital expension and the second state of the secon In the following certification:	nditures and hire personnel, 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 reviewed the attach	ed discharge monitoring reports.

<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

JUHALE WALEI	Discilary		iiiy nepui	L							PI 46814
PERMIT NUMBER:	MON	ITORED LOCA	TION:	MONITOF	RING PERIOD:	FACILITY N	AME:				
NJ0005622	FAC	SW Outfall F	ACA	11/1/2010	TO 11/30/2010	PSEG NUCL					
PARAMETER	$\mathbf{\mathbf{X}}$	QUANTITY	OR LOADING	UNITS	UNITS QUALITY OR CONCENTRATION					FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	11.9	15.0		0	Continuous	CONTIN
00010 G Raw Sew/influent	PERMIT REQUIREMENT	******	****** ******	*****	**************************************	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
Temperature,	OL	*****	******		*****	*****	******				and an and a second
oC	SAMPLE MEASUREMENT	****	****		*****	21.8	23.5		0	Continuoa	S CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	******	*****	REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
	QL	*****	******		*****	*****	*****				
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	9.8	11.6		0	1/Day	CALCTD
00010 2 Effluent Net Value	PERMIT REQUIREMENT	*****		******	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD
	QL	*****	******		*****	*****	*****				
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166						
99999 99 Lab		REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QĽ	*****	******		·····	*****	******		(

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".

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Surface Water Discharge Monitoring Report Submittal Form

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NJPDES PERMIT	MONITORING PERIOD		MONITORED LOCATION:	<u></u>					
NJ0005622	MonthDayYearMonthDay1112010To1130	Year 2010	FACB – SW Outfall FACB						
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	NUCLEAR LLCPSEG NUCLEAR LLC SALEMPSEG NUCLEAR LLCPLAZAGENERATING STATIONPO BOX 236/N21								
	REGION / COUNTY: Southern	1 / Salem	ı County						
CHECK IF APPLICABLE:	No Discharge this Monitoring Period	М	Conitoring Report Comments Attached						
the certification or, in his absent the certification. Where the hig responsibility or person designa another entity to operate the treat I certify under penalty of law th that, based on my inquiry of the complete. I am aware that ther	est ranking official having day-to-day managerial and op ce a person designated by that person. For a local agence hest ranking operator does not have the ability to author ted by that person shall also sign the second certification the works, the highest-ranking official of the contrac at I have personally examined and am familiar with the se individuals immediately responsible for obtaining the e are significant penalties for submitting false information New Jersey water Pollution Control Act provides for pe	y, the hig ize capita n at the bo ted entity informati on, inclu	ghest ranking operator of the treatment works shall sig al expenditures and hire personnel, a person having the oottom of this page. If the local agency has contracted y shall sign the certification. tion submitted in this document and all attachments, an ation, I believe that the information is true, accurate ar uding the possibility of and/or imprisonment, pursuan	gn at with nd nd					
Carl J. Fricker, Sit	e Vice President - Salem		N/A						
NAME AND TITLE OF PRINCIPAL I	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSEI) OPERAT	FOR GRADE AND REGISTRY NUMBER (IF APPLICA 12/20/2010 856-339-1102	BLE)					
SIGNATURE OF BRINCIPAL EXECU	JTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPE	RATOR	DATE AREA CODE/PHONE NUMBI	ER					
person designated by that person s	est-ranking operator does not have the ability to authorize ca hall sign the following certification: n accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed			bility or					
<u>N/A</u> NAME AND TITLE	<u>N/A</u> SIGNATURE		N/A N/A DATE AREA CODE/PHONE NUMBE	 R					

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ourrave water Discharge MUNITURING Report

11		PI 46814
MONITORING PERIOD:	FACILITY NAME:	

NJ0005622

PERMIT NUMBER:

MONITORED LOCATION: FACB SW Outfall FACB

11/1/2010 TO 11/30/2010 PSEG NUCLEAR LLC SALEM GENERATIN

PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	. 11.9	15.0		0	Continuous	CONTIN
00010 G Raw Sew/influent	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
	QL	*****	*****		*****	*****	*****				
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	20.8	22.0		δ	Continuous	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	******	REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
	QL	*****	*****		*****	*****	*****				
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		· *****	8.8	12.2		0	1/Day	CALCTU
00010 2 Effluent Net Value	PERMIT REQUIREMENT	*****	******	****	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD
	QL	*****	*****		*****	*****	44444				
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	ΝΟΤ ΑΡ
	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". ξ

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD		MONIT	ORED LOCATION:	
NJ0005622	MonthDayYear1112010To1130	Y Year 2010 FA	ACC – SW (Dutfall FACC	
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVIT PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038	<u>Y:</u>	REPORT REC PSEG NUCLEAR PO BOX 236/N21 HANCOCKS BR	LLC	
	REGION / COUNTY: South	ern / Salem Coui	ity		
CHECK IF APPLICABLE	No Discharge this Monitoring Period	🗌 Monit	oring Report Con	nments Attached	
the certification or, in his absen the certification. Where the hig responsibility or person designa another entity to operate the tre I certify under penalty of law the that, based on my inquiry of the complete. I am aware that ther	hest ranking official having day-to-day managerial an acce a person designated by that person. For a local ag ghest ranking operator does not have the ability to aut atted by that person shall also sign the second certifica atment works, the highest-ranking official of the cont nat I have personally examined and am familiar with to be individuals immediately responsible for obtaining re are significant penalties for submitting false inforr New Jersey water Pollution Control Act provides for	ency, the highest norize capital exp tion at the bottom racted entity shal he information su the information, nation, including	ranking operator of enditures and hire of this page. If the sign the certifica obmitted in this do I believe that the the possibility of	of the treatment works shall sign personnel, a person having that he local agency has contracted with tion. cument and all attachments, and information is true, accurate and and/or imprisonment, pursuant	
Carl J. Fricker, Si	te Vice President - Salem			<u>N/A</u>	
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICEN	SED OPERATOR	GRADE AND F 12/20/201	REGISTRY NUMBER (IF APPLICABLE)	
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED O	PERATOR	DATE	AREA CODE/PHONE NUMBER	
person designated by that person s	hest-ranking operator does not have the ability to authorize shall sign the following certification:		-		
	n accordance with N.J.S.A. 58:10A-6F(5) that I have revie	wed the attached di			
N/A N/A N/A NAME AND TITLE SIGNATURE DATE AREA CODE/PHONE N					

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Surface water Discharge Monitoring Report

culture mater	Bioonarg		ing nepoi	•							PI 46814
PERMIT NUMBER:	MON	ITORED LOCA	ATION:	MONITOF	RING PERIOD:	FACILITY I	VAME:				
NJ0005622	FAC	FACC SW Outfall FACC			11/1/2010 TO 11/30/2010 PSEG NUCLEAR LLC SA				IERA	417	
PARAMETER	$\mathbf{\mathbf{X}}$	QUANTITY OR LOADING		UNITS QUALITY		TY OR CONCENT	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	2443	2707		****	*****	*****		0	11 Day	CALCTIO
50050 G Raw Sew/influent	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Day	CALCTD
		*****		*****	******	*****					
Thermal Discharge Million BTUs per Hr	SAMPLE MEASUREMENT	14541	15740		*****	*****	*****		0	Young	CALCTO
00015 2 Effluent Net Value	PERMIT REQUIREMENT	REPORT 01MOAV	30600 01DAMX	MBTU/HR	*****	· · · · · ·		******		1/Day	CALCTD
	QL	*****	*****	and	*****	*****	*****	Ī			and an and a second
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166						• • • • • • • • • • • • • • • • • • •
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #	2.	REPORT Lab #	REPORT Lab #	REPORT Lab:#			Not Applic	NOT AP
.ab	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".

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT		N	IONITO	RING	PERIO	D		MONITO	RED LOCATION:
NJ0005622	Month 11	Day 1	Year 2010	То	Month 11	Day 30	Year 2010	048C – SW Outf	all 48C
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101			LOCAT PSEG NU GENERA ALLOWA HANCOC	CLEAR FING S Y CRE	R LLC SA TATION EK NECK	LEM . RD		REPORT RECH PSEG NUCLEAR LL PO BOX 236/N21 HANCOCKS BRIDG	C
		·	REG	ON / C	COUNTY:	Souther	n / Salem	County	
CHECK IF APPLICABLE:		o Discha	rge this M	onitori	ng Period		Шм	onitoring Report Commen	ts Attached
<u>WHO MUST SIGN</u> The high the certification or, in his absen- the certification. Where the hig responsibility or person designa another entity to operate the treat	ce a person hest rankin ted by that	designa g operat person s	nted by that for does not shall also s	person have t ign the	h. For a lo he ability second ce	cal ageno to author rtificatio	by, the hig ize capitan at the b	ghest ranking operator of the all expenditures and hire per ottom of this page. If the lo	e treatment works shall sign sonnel, a person having that ocal agency has contracted with
I certify under penalty of law th that, based on my inquiry of tho complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The	se individu e are signif	ials imm ficant pe	nediately re malties for	sponsil submit	ble for obt ting false	aining th informat	e informa ion, inclu	tion, I believe that the info ding the possibility of and	rmation is true, accurate and /or imprisonment, pursuant
Carl J. Fricker, Sit	e Vice Pre	sident -	Salem					·	<u>N/A</u>
NAME AND TITLE OF PRINCIPAL I	EXECUTIVE	OFFICE	R, AUTHORI	ZED AG	GENT, OR *	LICENSE	D OPERAT	OR GRADE AND REG	STRY NUMBER (IF APPLICABLE) 856-339-1102
SIGNATURE OF PRINCIPAL EXECU	JTIVE OFFI	CER, AUT	CHORIZED A	GENT,	OR *LICEN	SED OPE	RATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the high person designated by that person s					nbility to an	thorize co	pital expe	nditures and hire personnel, a	person having that responsibility or

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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.

.

<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

CULIACE MALCE DISCI

PERMIT NUMBER:

PARAMETER

NJ0005622

Flow, In Conduit or

50050 1

Thru Treatment Plant

Effluent Gross Value

 MON	ITORED LOCA	TION:	MONITOR	ING PERIOD:	FACILITY N	AME:					
048C	SW Outfall 48	С	11/1/2010	TO 11/30/2010	PSEG NUCI	PSEG NUCLEAR LLC SALEM GENERATIN					
\searrow	QUANTITY (OR LOADING	UNITS	QUALIT	Y OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
SAMPLE MEASUREMENT	אדרצ. ס	0.6838		*****	****	*****		0	YOUN	CALCTID	
PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	******	*****		1/Day	CALCTD	
QL	*****	******		*****	+++++	*****					

Solids, Total	SAMPLE						_			21	
Suspended	MEASUREMENT	****	*****		*****	ร	5		0	MONTH	compos
00530 1	PERMIT	*****	*****	******	*****	30	100	MG/L		2/Month	COMPOS
Effluent Gross Value	REQUIREMENT	******	*****		*****	01MOAV	01DAMX				
Ni4	QL	1	1				1				
Nitrogen, Ammonia	SAMPLE MEASUREMENT	*****	*****		*****	4	8		0	2/month	compos
Total (as N)	HEAOOTE HEAO									Though	Som pas
00610 1	PERMIT	*****	*****	******	******	35	70	MG/L		2/Month	COMPOS
Effluent Gross Value						01MOAV	01DAMX				
	QL	*****	*****		*****	*****	*****				
Petroleum	SAMPLE	****	*****		*****	く5	15			1	
Hydrocarbons	MEASUREMENT	*****	.*****	:	*****	~ >	15		0	2/month	Grab
00551 1	PERMIT			******		10	15	MG/L		2/Month	GRAB
Effluent Gross Value	REQUIREMENT	PERMIT REQUIREMENT *****	*****		*****	01MOAV	01DAMX	mare			
	QL	*****	*****		*****	*****	*****			900 - 92 - 92 - 92 - 92 - 92 - 92 - 92 -	
Carbon, Tot Organic	SAMPLE									21	-
(TOC)	MEASUREMENT	*****	****		*****	10	10		0	2/MONTH	compos
00680 1				*****		REPORT	50			2/Month	COMPOS
Effluent Gross Value	PERMIT REQUIREMENT	A****	*****	*****	*****	01MOAV	01DAMX	MG/L			
	QL	*****	*****		*****	*****	*****				
Lab Certification #	1. Charles in State and States in			l					8997465		
· ·	SAMPLE MEASUREMENT	17327	17451		PA 166						
	Mar Sta				A COMPANY OF A COM	DEDODT	BEDODT		1985 - S.M.		NOTAR
99999 99 	PERMIT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #		p.460	Not Applic	NOT AP
Lab		*****	*****		*****	*****	//				
	QL	*****		· · ·							

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

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	Month Day Year 11 1 2010 To Month Day Year 11 30 2010 To 11 30 2010	481A – SW Outfall 481A
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038	REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038
CHECK IF APPLICABLE	REGION / COUNTY: Southern / Salem	County 3 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		<u> </u>					
NAME AND TITLE OF PRINCIPAD EXECUTIVE OFFICER, AUTHORIZED AGENT,	OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)					
je je		12/20/2010	856-339-1102				
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *I	LICENSED OPERATOR D.	АТЕ	AREA CODE/PHONE NUMBER				
*For a local agency where the highest-ranking operator does not have the ability person designated by that person shall sign the following certification:	to authorize capital expenditures ar	nd hire personnel, a	a person having that responsibility of				
I certify under penalty of law and in accordance with N.J.S.A. 58:10A-6F(5) that	I have reviewed the attached dischar	rge monitoring repo	orts.				
			27/4				

<u>N/A</u><u>N/A</u><u>N/A</u>

AREA CODE/PHONE NUMBER

Surrace water Discharge Monitoring Report

PERMIT NUMBER:		ITORED LOCA			NG PERIOD:	FACILITY N					
NJ0005622	481A	SW Outfall 48	31A 1	1/1/2010	TO 11/30/2010	PSEG NUC	LEAR LLC SAL	EM GEN	IERA		
PARAMETER		QUANTITY	OR LOADING	UNITS	QUAL	TY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	564	511		****	*****	*****		0	Yoon	CALCTD
50050 1 Effluent Gross Value	PERMIT REQUIREMENT QL	REPORT 01MOAV	REPORT 01DAMX	MGD	******	*****	******	*****		1/Day	CALCTD
рН	SAMPLE MEASUREMENT	*****	****		7.5	****	7.9		0	Yweek	GAAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	* * * * * *	6.0 01DAMN	******	9.0 01DAMX	SU		1/Week	GRAB
рН	SAMPLE MEASUREMENT	*****	****		7.7	*****	7.9	4	0	YWeek	GRAB
00400 7 Intake From Stream		*****	*****	******	REPORT 01DAMN	*****	REPORT 01DAMX	ຣບ		1/Week	GRAB
LC50 Statre 96hr Acu Cyprinodon	SAMPLE	*****	****		CODE = N	****	*****	L	0	CODE = N	CODE=N
TAN6A 1 Effluent Gross Value		******	******	******	50 01DAMN	*****	*****	%EFFL		2/Year	COMPOS
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	******	*****		*****	CODE: N	CODE=N		0	CODE=N	CODE = N
*CPOX 1 Effluent Gross Value Option 1		****** *****	****** *****		******	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Chlorine Produced	SAMPLE MEASUREMENT	*****	*****		*****	٢٥.١	20.1	L	0	3/work	GRAB
CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	******	*****	*****	*****	REPORT 01MOAV	0:2 01DAMX	MG/L		3/Week	GRAB
Option 2	QL	******	****	1	******	*****	*****				

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.

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зипасе water Discharge Monitoring Report

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PERMIT NUMBER:	MON	IITORED LOCA	TION:	MONITOF	RING PERIOD:	FACILITY N	AME:				
NJ0005622	481 A	SW Outfall 48	14	11/1/2010	TO 11/30/2010	PSEG NUCI	EAR LLC SAL	LEM GEN	IERA	ТІР	
PARAMETER	\searrow	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	20.9	23.6		0	1Day	CONTIN
00010 1 Effluent Gross Value	PERMIT. REQUIREMENT	*****	4	*****	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	QL	*****	******		*****	*****	*****				
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166						
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	*****	*****		*****	*****	*****	-			

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	ſ	MONITORING	FERIO	D			MONITO	RED LOCATION:			
NJ0005622	MonthDay111	Year 2010 To	Month 11	Day 30	Year 2010	482A -	- SW Out	fall 482A			
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101		LOCATION PSEG NUCLEA GENERATING S ALLOWAY CRI HANCOCKS BR	R LLC SA STATION EEK NECK	LEM RD		PSEG PO Bo	I <mark>PIENT:</mark> LC GE, NJ 08038				
		REGION /	COUNTY:	Souther	n / Salem	County					
CHECK IF APPLICABLE:	🗌 No Discha	rge this Monitorir	ng Period		lonitoring	g Report Co	mments Attac	ched			
 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					<u> </u>	<u>N/A</u>				
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICI	ER, AUTHORIZED A	GENT, OR *	LICENSE	D OPERAT	OR G	GRADE AND REGISTRY NUMBER (IF APPLICABL) 12/20/2010 856-339-1102				
SIGNATURE OF PRINCIPAL/EXE	JTIVE OFFICER, AU	THORIZED AGENT,	OR *LICEN	ISED OPE	RATOR	DATE AREA CODE/PHONE NUMBE					
*For a local agency where the high person designated by that person s I certify under penalty of law and in	hall sign the follow	ing certification:					-	a person having that responsibility or ports.			
<u>N/A</u>		,	N/A			5	N/A	N/A			
NAME AND TITLE		SIGNATURE	<u></u>			DATE	AREA CODE/PHONE NUMBER				

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surface water Discharge Monitoring Report

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PERMIT NUMBER:	MON	IITORED LOCA	TION: A	<i>NONITOF</i>	RING PERIOD:	FACILITY N	AME:			_	
NJ0005622	482 A	SW Outfall 48	2A 1	1/1/2010	TO 11/30/2010	PSEG NUC	LEAR LLC SAL	EM GEN	IERA	אוד	
PARAMETER	$\mathbf{\mathbf{X}}$	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	468	472		****	****	*****		0	1/004	CALCTO
50050 1 Effluent Gross Value	PERMIT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****		******	*****		1/Day	CALCTD
рН	QL SAMPLE MEASUREMENT	*****	*****		7.5	******	7.8		0	Week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	******	*****	*****	6.0 01DAMN	*****	9:0 01DAMX	SU		1/Week	GRAB
рН	QL SAMPLE MEASUREMENT	*****	******		ייייי ק,ק	*****	7.9		0	llweek	GRAB
00400 7 Intake From Stream		*****	******	*****	REPORT 01DAMN	******	REPORT 01DAMX	SU		1/Week	GRAB
LC50 Statre 96hr Acu Cyprinodon	SAMPLE	*****	*****		CODE:N	*****	*****		0	CODE = N	CODE = N
TAN6A 1 Effluent Gross Value		*****	*****	******	50 01DAMN	*****	******	%EFFL		2/Year	COMPOS
Chlorine Produced Oxidants	SAMPLE	*****	*****		*****	Code=n	CODE=NI		0	COUE = N	CODE=N
CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	******	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1 Chlorine Produced	QL SAMPLE MEASUREMENT	*****	*****		*****	人0.1	 ۲ o.۱		0	3/week	GRAB
Oxidants CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	**************************************	*****	******	******	REPORT 01MOAV	0.2 01DAMX	MG/L	-	3/Week	GRAB
Option 2	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.

ourrave water Discharge monitoring nepolt

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PERMIT NUMBER:	MON	IITORED LOCA	TION:	MONITOP	RING PERIOD:	FACILITY N	IAME:				
NJ0005622	482A	SW Outfall 48	2A	11/1/2010	TO 11/30/2010	PSEG NUC	LEAR LLC SAL	EM GEN	IERA	41T	
PARAMETER	$\mathbf{\mathbf{X}}$	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	21.7	26.4		0	1 Day	CONTIN
00010_1 Effluent Gross Value	PERMIT REQUIREMENT	*****		•••••	- *****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	QL	*****	*****		*****	*****	*****				
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166						
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	RÉPORT Lab #			Not Applic	NOT AP
	QL	******	******		*****	*****	*****			and the second second	

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. .

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Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	ONITORING PERIOD MONITORED LOCATIO							
NJ0005622	Month Day Year 11 1 2010 To Month Day Year 11 30 2010 2010 Year Year	483A – SW Ou	tfall 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 REC PSEG NUCLEAR PO BOX 236/N21 HANCOCKS BRII	LLC						
	REGION / COUNTY: Southern / Salem C	Sounty							
CHECK IF APPLICABLE:		itoring Report Comm	ents Attached						
the certification or, in his absent the certification. Where the hig responsibility or person designa another entity to operate the treas I certify under penalty of law th that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The	est ranking official having day-to-day managerial and operational r ce a person designated by that person. For a local agency, the high hest ranking operator does not have the ability to authorize capital ted by that person shall also sign the second certification at the bot attment works, the highest-ranking official of the contracted entity s at I have personally examined and am familiar with the information se individuals immediately responsible for obtaining the information e are significant penalties for submitting false information, includi New Jersey water Pollution Control Act provides for penalties up to e Xice President - Salem	est ranking operator of expenditures and hire tom of this page. If th shall sign the certification n submitted in this doc on, I believe that the in ing the possibility of a	The treatment works shall sign personnel, a person having that e local agency has contracted with on. ument and all attachments, and nformation is true, accurate and nd/or imprisonment, pursuant						
NAME AND TITLE OF PRINCIPAL	XEQUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	R GRAĐE AND R	EGISTRY NUMBER (IF APPLICABLE)						
	×jl	12/20/2010	856-339-1102						
SIGNATURE OF PRINCIPAL EXECU	TIVE 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 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 reviewed the attached	d discharge monitoring r	eports.						
<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						

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ourrave water Discharge MUNITORING REPORT

PERMIT NUM	BER:

MONITORED LOCATION:

MONITORING PERIOD: FACILITY NAME:

11/1/2010 TO 11/30/2010 PSEG NUCLEAR LLC SALEM GENERATIN

NJ0005622

483A SW Outfall 483A

PARAMETER		QUANTITY (OR LOADING	UNITS	QUALI	ITY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	340	465		*****	*****	*****		0	1/Day	CALCTD
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	******	*****		1/Day	CALCTD
	QL	*****	******		*****	*****	*****				
рН	SAMPLE MEASUREMENT	*****	*****		7.4	****	7.8		0	1/week	GRAB
00400 1	PERMIT	*****	*****	*****	6.0	*****	9.0	SU		1/Week	GRAB
Effluent Gross Value	REQUIREMENT	*****	******	-	01DAMN	*****	01DAMX				
pH	QL				******	******			1		
b	SAMPLE MEASUREMENT	*****	*****		7.7	*****	7.9		0	1000K	GRAB
00400 7	PERMIT	*****	*****	*****	REPORT 01DAMN	*****	REPORT 01DAMX	SU		1/Week	GRAB
Intake From Stream	QL	******	*****		01DANIN *****	*****	01DAWX				
Chlorine Produced	SAMPLE							i			
Oxidants	MEASUREMENT	****	*****		****	CODE=N	CODE=N		0	CODE = N	CODE = N
*CPOX 1	PERMIT	*****	*****	*****	*****	0.3	0.5	MG/L		3/Week	GRAB
Effluent Gross Value	REQUIREMENT					01MOAV	01DAMX				
Option 1 Chlorine Produced	QL	*****	*****		******	******	*****				
	SAMPLE MEASUREMENT	*****	*****		*****	٢٥.١	٢٥.١		0	3/week	GRAB
Oxidants *CPOX 1						REPORT	0.2			3/Week	GRAB
Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	*****	01MOAV	01DAMX	MG/L		3/Week	GRAD
Option 2	QL	*****	*****		*****	*****	*****				an water.
Temperature, oC	SAMPLE MEASUREMENT	****	*****		****	23.6	27.7		0	1/004	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		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.

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Surface water Discharge Monitoring neport

PERMIT NUMBER:	MON	ITORED LOCA	TION:	MONITOF	RING PERIOD:	FACILITY N	IAME:				
NJ0005622	483 A	SW Outfall 48	3A	11/1/2010 TO 11/30/2010		PSEG NUC	PSEG NUCLEAR LLC SALEM GENERATIN				
PARAMETER	\searrow	QUANTITY (OR LOADING	UNITS	QUALIT	Y OR CONCENT	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 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.

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Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:							
NJ0005622	MonthDayYear1112010ToMonthDayYear11302010	484A – SW Outfall 484A							
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC SALEM GENERATING STATIONREPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038HANCOCKS BRIDGE, NJ 08038								
	REGION / COUNTY: Southern / Salem	County							
CHECK IF APPLICABLE:	No Discharge this Monitoring Period 🗌 Monitoring	g Report Comments Attached							
the certification or, in his absent the certification. Where the hig responsibility or person designa another entity to operate the treat I certify under penalty of law th	est ranking official having day-to-day managerial and operational ce a person designated by that person. For a local agency, the hig hest ranking operator does not have the ability to authorize capita ted by that person shall also sign the second certification at the be atment works, the highest-ranking official of the contracted entity at I have personally examined and am familiar with the informati	whest ranking operator of the treatment works shall sign all expenditures and hire personnel, a person having that obtom of this page. If the local agency has contracted with shall sign the certification.							
complete. I am aware that ther	se individuals immediately responsible for obtaining the informa e are significant penalties for submitting false information, inclu	ding 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.							
	e Vice President - Salem	<u>N/A</u>							
NAME AND TITLE OF PRINCIPAL I	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	OR GRADE AND REGISTRY NUMBER (IF APPLICABLE)							
		12/20/2010 856-339-1102							
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR DATE AREA CODE/PHONE NUMBER									
*For a local agency where the highest-ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall sign the following certification:									
I certify under penalty of law and in accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attached discharge monitoring reports.									

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<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

Surface water Discharge Monitoring Report

PERMIT NUMBER:	MON	, IITORED LOCA		MONITOR	RING PERIOD:	FACILITY N	AME				
NJ0005622		SW Outfall 48			TO 11/30/2010	D 11/30/2010 PSEG NUCLEAR LLC SA					
PARAMETER	\searrow	QUANTITY (OR LOADING	UNITS	QUALI	QUALITY OR CONCENTRATION		UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	486	502		*****	*****	*****		0	VDay	CALCTO
50050 1 Effluent Gross Value		REPORT 01MOAV	REPORT 01DAMX	MGD		****** ******	••••••• •••••	******		1/Day	CALCTD
pH	SAMPLE MEASUREMENT	****	*****		7.4	*****	7.8	·	0	Yweek	GRAB
00400 1 Effluent Gross Value		******	******	*****	6.0 01DAMN	*****	9.0 01DAMX	su		1/Week	GRAB
рН	SAMPLE	****	*****		7.7	*****	7.9		0	YWEEK	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	******	*****	•••••	REPORT 01DAMN	*****	REPORT 01DAMX	รบ		1/Week	GRAB
-C50 Statre 96hr Acu Cyprinodon	QL SAMPLE MEASUREMENT	*****	*****		CODE=N	*****	*****		0	CODE=N	CODE = N
TAN6A 1 Effluent Gross Value		*****	******	*****	50 01DAMN	****	*****	%EFFL		2/Year	COMPOS
Chlorine Produced	SAMPLE	****	*****		****	CODE=N	CODE=N		0	CODE = N	CODE . N
CPOX 1 iffluent Gross Value option 1		*****	******	******	500000	0.3 01MOAV	0:5 01DAMX	MG/L		3/Week	GRAB
Chlorine Produced	SAMPLE MEASUREMENT	****	*****		*****	40.1	٢ ٥.١		σ	3/week	GRAB
CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	\$\$\$\$ 1 4	******	******	10000 1117 1117 1117 1117	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	QL	*****	*****		*****	*****	*****				

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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.

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Surface water Discharge Monitoring Report

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PERMIT NUMBER:	MON	IITORED LOCA	ATION:	MONITOF	RING PERIOD:	FACILITYN	IAME:				
NJ0005622	484A	SW Outfall 48	34 A	11/1/2010	TO 11/30/2010	30/2010 PSEG NUCLEAR LLC SALE			IERA	4łT	
PARAMETER	$\mathbf{\mathbf{X}}$	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	21.7	26.4		0	1/Day	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	******	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	QL	*****	*****		*****	*****	*****				
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166						
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	*****	******		*****	*****	*****				

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

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Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITO	RED LOCATION:
NJ0005622	Month Day Year 11 1 2010 To Month Day Year 11 30 2010 11 30 2010	485A – SW Ou	tfall 485A
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038	REPORT REC PSEG NUCLEAR I PO BOX 236/N21 HANCOCKS BRID	LC
	REGION / COUNTY: Southern / Salem	County	
CHECK IF APPLICABLE	: 🔲 No Discharge this Monitoring Period 🛛 Monitoring	g Report Comments Atta	ched
the certification. Where the hig responsibility or person designa another entity to operate the tre I certify under penalty of law th that, based on my inquiry of the complete. I am aware that the	ce a person designated by that person. For a local agency, the highest ranking operator does not have the ability to authorize capitated by that person shall also sign the second certification at the batment works, the highest-ranking official of the contracted entity that I have personally examined and am familiar with the informations individuals immediately responsible for obtaining the informative are significant penalties for submitting false information, incluive New Jersey water Pollution Control Act provides for penalties up	al expenditures and hire p ottom of this page. If the y shall sign the certification ion submitted in this docu ation, I believe that the in uding the possibility of ar	ersonnel, a person having that local agency has contracted with on. ment and all attachments, and formation is true, accurate and Id/or imprisonment, pursuant
Carl J. Fricker, Si	te Vice President - Salem		<u>N/A</u>
	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERAT	12/20/2010	GISTRY NUMBER (IF APPLICABLE) 856-339-1102
*For a local agency where the hig person designated by that person .	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR hest-ranking operator does not have the ability to authorize capital expe 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 attac	hed discharge monitoring re	ports.
NAME AND TITLE		<u>N/A</u>	
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

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Surface water Discharge MUIIIUTING Report

NJ0005622		TORED LOCA SW Outfall 48		1/1/2010	TO 11/30/2010	1/1/2010 TO 11/30/2010 PSEG NUCLEAR LLC SALEM				EM GENERATIN				
PARAMETER		QUANTITY	OR LOADING	UNITS	TS QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE			
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	423	439		****	*****	*****		0	YDay	CALCTO			
50050 1 Effluent Gross Value		REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Day	CALCTD			
pH ;	SAMPLE MEASUREMENT	****	*****		7.4	*****	7.8		0	Yweek	GRAB			
00400 1 Effluent Gross Value		*****		*****	6.0 01DAMN	******	9.0 01DAMX	su		1/Week	GRAB			
H	SAMPLE	*****	****		7.7	*****	7.9		0	Yweek	GRAB			
00400 7 Intake From Stream		*****	1	*****	REPORT 01DAMN	*****	REPORT 01DAMX	ຣບ		1/Week	GRAB			
LC50 Statre 96hr Acu		*****	*****		>100	******	*****		0	12/Year	Carrow #6			
Cyprinodon TAN6A 1 Effluent Gross Value		******	******	*****	50 01DAMN	*****	*****	%EFFL		2/Year	COMPOS			
Chlorine Produced Oxidants	QL SAMPLE MEASUREMENT	*****	******		*****	CODE=N	CODE=N		0	CODE=N	CODE = N			
CPOX 1 Effluent Gross Value		*****	*****	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB			
Dption 1 Chlorine Produced Dxidants	QL SAMPLE MEASUREMENT	*****	*****		*****	4 0.1	4 0.1	 	0	3/weak	GRAB			
CPOX 1 ffluent Gross Value	PERMIT REQUIREMENT	*****	*****	******	******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB			
Option [:] 2	QL	*****	*****		*****	*****	*****			1.1				

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.

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Surface water Discharge Monitoring Report

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	485A SW Outfall 485A	11/1/2010 TO 11/30/2010	PSEG NUCLEAR LLC SALEM GENERATIN

PARAMETER		QUANTITY	OR LOADING	UNITS	QUALIT	TY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	18.0	23.9		0	YDay	CONTIN
00010 1 Effluent Gross Value		*****	éxerte Areate	******	resta Risses	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166	2 2 2 4 4 2 2					
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
:	QL	*****	*****		*****	*****	*****				

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITC	RED LOCATION:					
NJ0005622	MonthDayYear1112010ToMonthDayYear11302010	486A – SW Ou	tfall 486A					
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	CG NUCLEAR LLCPSEG NUCLEAR LLC SALEMPSEG NUCLEAR LLC.RK PLAZAGENERATING STATIONPO BOX 236/N21							
	REGION / COUNTY: Southern / Salem (County						
CHECK IF APPLICABLE:	No Discharge this Monitoring Period 🛛 Monitoring	Report Comments Atta	ched					
the certification or, in his absen the certification. Where the hig responsibility or person designa another entity to operate the trea I certify under penalty of law th that, based on my inquiry of the complete. I am aware that ther	est ranking official having day-to-day managerial and operational ce a person designated by that person. For a local agency, the high hest ranking operator does not have the ability to authorize capital ted by that person shall also sign the second certification at the bo atment works, the highest-ranking official of the contracted entity at I have personally examined and am familiar with the information bese individuals immediately responsible for obtaining the information e are significant penalties for submitting false information, includ New Jersey water Pollution Control Act provides for penalties up to the second secon	nest ranking operator of expenditures and hire p ttom of this page. If the shall sign the certification on submitted in this docu ion, I believe that the int ling 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					
Carl J. Fricker, Sit	te Vice President - Salem		<u>N/A</u>					
	CPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR 12/20/2010 856-339-1102 LEXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR DATE AREA CODE/PHONE N							
person designated by that person s	nest-ranking operator does not have the ability to authorize capital expend thall 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 the attache	ed discharge monitoring rep	ports.					
<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					

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Surface water Discharge Monitoring Report

PERMIT NUMBER:	MON	ITORED LOCA	TION: N	IONITOF	RING PERIOD:	FACILITY N	IAME:				
NJ0005622	486A	SW Outfall 48	6A 1	1/1/2010	TO 11/30/2010	PSEG NUC	LEAR LLC SAL	EM GEN	IERA	אוד	
PARAMETER	\searrow	QUANTITY C	DR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	291	423		*****	*****	*****		0	YDay	CALCTO
50050 1 Effluent Gross Value	PERMIT	REPORT 01MOAV	REPORT 01DAMX	MGD	A MARTIN ANNAL AND	(******	******	*****		1/Day	CALCTD
рН	QL SAMPLE MEASUREMENT	*****	******		7.5	*****	7.8		0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT		******	*****	6.0 01DAMN	*****	9.0 01DAMX	SU	-	1/Week	GRAB
рН	QL SAMPLE MEASUREMENT	*****	******		 7.7		······ 7.9	 	0	Week	GRAJ
00400 7 Intake From Stream	PERMIT	******		*****	REPORT 01DAMN	arra ar	REPORT 01DAMX	SU	0	1/Week	GRAB
Chlorine Produced	SAMPLE MEASUREMENT	*****	******		*****	CODE=N	CODE = N		0	CODIE = N	Codie = N
*CPOX [°] 1 Effluent Gross Value		*****	******	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB.
Option 1 Chlorine Produced Oxidants	QL SAMPLE MEASUREMENT	*****	*****		******	५ ०.१	40.1		٥	3/week	GRAB
*CPOX 1 Effluent Gross Value		******	******	******		REPORT 01MOAV	0:2. 01DAMX	MG/L		3/Week	GRAB
Option 2 Temperature, oC	QL SAMPLE MEASUREMENT	*****	*****		*****	23.7	26.2	<u> </u>	0	7000	CONTIN
00010_1 Effluent Gross Value	PERMIT REQUIREMENT	******	ations	*****	and and a second se	REPORT 01MOAV	REPORT 01DAMX	DEG.C		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.

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Surrace water Discharge MUIIIturing neput

PERMIT NUMBER:	MON	ITORED LOCA	TION:	MONITOF	RING PERIOD:	FACILITY N	IAME:	······································			
NJ0005622	486A	SW Outfall 48	6A	11/1/2010	D10 TO 11/30/2010 PSEG NUCLEAR LLC SALEM GENERATIN				41T		
PARAMETER	\searrow	QUANTITY	OR LOADING	UNITS	QUALITY OR CONCENTRATION U				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	*****	*****		*****	*****	*****				

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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.

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Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:					
NJ0005622	Month Day Year 11 1 2010 To Month Day Year 11 30 2010 2010 Year Year Year	487B – SW Outfall 487B					
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	IUCLEAR LLCPSEG NUCLEAR LLC SALEMPSEG NUCLEAR LLCPLAZAGENERATING STATIONPO BOX 236/N21						
	REGION / COUNTY: Southern / Salem	County					
CHECK IF APPLICABLE:	🖾 No Discharge this Monitoring Period 🛛 🗌 Monitorin	ng Report Comments Attached					
the certification or, in his absent the certification. Where the hig responsibility or person designa another entity to operate the treat I certify under penalty of law th	est ranking official having day-to-day managerial and operational ce a person designated by that person. For a local agency, the hig hest ranking operator does not have the ability to authorize capita ted by that person shall also sign the second certification at the bo atment works, the highest-ranking official of the contracted entity at I have personally examined and am familiar with the informati	hest ranking operator of the treatment works shall sign l expenditures and hire personnel, a person having that ottom of this page. If the local agency has contracted with shall sign the certification.					
complete. I am aware that ther	se individuals immediately responsible for obtaining the informa- e are significant penalties for submitting false information, inclu-	ding the possibility of and/or imprisonment, pursuant					
	New Jersey water Pollution Control Act provides for penalties up						
	e Vice President - Salem Executive officer, Authorized Agent, or *licensed operate	$\underline{N/A}$					
NAME AND TITLE OF PROCESSE	2	OR GRADE AND REGISTRY NUMBER (IF APPLICABLE) 12/20/2010 856-339-1102					
SIGNATURE OF PRINCIPAL EXECT	JTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER					
	nest-ranking operator does not have the ability to authorize capital exper hall sign the following certification:	nditures and hire personnel, 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 the attach	ed discharge monitoring reports.					

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<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

Surface Water Discharge Monitoring Report Submittal Form

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NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:			
NJ0005622	Month Day Year 11 1 2010 To Month Day Year 11 30 2010 2010 Year Year Year	489A – SW Outfall 489A			
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038	REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038			
	REGION / COUNTY: Southern / Salem (County			
CHECK IF APPLICABLE:	No Discharge this Monitoring Period Monitorin	g Report Comments Attached			
the certification or, in his absend the certification. Where the hig responsibility or person designar another entity to operate the trea I certify under penalty of law that that, based on my inquiry of tho complete. I am aware that there	est ranking official having day-to-day managerial and operational ce a person designated by that person. For a local agency, the high hest ranking operator does not have the ability to authorize capital ted by that person shall also sign the second certification at the bo attent works, the highest-ranking official of the contracted entity at I have personally examined and am familiar with the informatic se individuals immediately responsible for obtaining the informate e are significant penalties for submitting false information, includ New Jersey water Pollution Control Act provides for penalties up	hest ranking operator of the treatment works shall sign expenditures and hire personnel, a person having that ttom of this page. If the local agency has contracted with shall sign the certification. on submitted in this document and all attachments, and ion, I believe that the information is true, accurate and ling the possibility of and/or imprisonment, pursuant			
Carl J. Fricker, Sit	e Vice President - Salem	N/A			
NAME AND TITLE OF PRINCIPAL F	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	OR GRADE AND REGISTRY NUMBER (IF APPLICABLE) 12/20/2010 856-339-1102			
SIGNATURE OF PRINCIPAL EXECU	TIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER			
	est-ranking operator does not have the ability to authorize capital expen hall sign the following certification:	ditures and hire personnel, a person having that responsibility or			
I certify under penalty of law and ir	accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attached	ed discharge monitoring reports.			

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<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

Surface water discharge monitoring neport f

PERMIT NUMBER:	-		-			FACILITY N					PI 4681
NJ0005622	R: MONITORED LOCATION: 489A SW Outfall 489A			MONITORING PERIOD:FACILITY NAME:11/1/2010 TO 11/30/2010PSEG NUCLEAR LLC SALEM GENI			IERA				
PARAMETER	QUANTITY OR LOADING			UNITS QUALITY		Y OR CONCENTRATION		UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or	SAMPLE MEASUREMENT	0.0432	0.0432		*****	*****	*****		0	1/month	CALCTO
50050 • 1 Effluent Gross Value		REPORT 01MOAV	REPORT 01DAMX	MGD	******			******	14	1/Month	CALCTD
bH '	SAMPLE	*****	****		8.0	****	8.0		٥	Ymonth	GRAB
00400 [°] 1 Effluent Gross Value	PERMIT REQUIREMENT	****** ******	******	******	6.0 01DAMN	*****	9.0 01DAMX	SU		1/Month	GRAB
Solids, Total Suspended	SAMPLE MEASUREMENT	****	*****		6	6	****		٥	Ymonth	GRAB
00530 1 Effluent Gross Value	PERMIT REQUIREMENT QL	*****	******	*****	100 01DAMX	30 01MOAV	*****	MG/L		1/Month	GRAB
Petroleum Hydrocarbons	SAMPLE	*****	*****		****	٢ ٤	45		0	Ymonth	GRAB
00551 1 Effluent Gross Value		*****	******	•••••	*****	10 01MOAV	15 01DAMX	MG/L		1/Month	GRAB
Carbon, Tot Organic TOC)	SAMPLE	*****	*****		******	5	S		δ	VMONTH	GRAB
0680 1 ffluent Gross Value		*****	*****	*****	644564 644564	REPORT 01MOAV	50 01DAMX	MG/L		1/Month	GRAB
ab Certification #	SAMPLE	רגצרו	17451		PA 166						
99999 99 _ab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	*****	******		*****	*****	*****				

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

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