MAR 2 1 2011



SCH11-012

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
ARTICLE NUMBER: 7008 1830 0004 1875 8938

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 February 2011.

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.

Carl V Erickor

Sinceret

Site Vice President – Salem

IE25 MRC. Attachment (12 DMR's)

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

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EXPLANATION OF CONDITIONS

February 2011

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

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

Carl J. Fricker

Site Vice President - Salem

Sworn and subscribed before me this /8 day of March 2011

SHERIL KEYES
Commission # 2051967
Notary Public, State of New Jersey
My Commission Expires
January 15, 2014

BC Site Vice President – Salem
Director – Regulatory Affairs
Nuclear Environmental Affairs - Manager
Helen Gregory
Chem File SCH11-007

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	-	M	ONITO	RINC	G PERIC)D		MO	NITORED LOCATION:		
NJ0005622	Month 2	Day 1	Year 2011	То	Month 2	Day 28	Year 2011	FACA – SV	V Outfall FACA		
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	AR LLC PSEG NUCLEAR LLC SALEM PSEG NUCLEAR LLC GENERATING STATION PO BOX 236/N21										
			REG	ION / (COUNTY	: Souther	n / Salem	County			
CHECK IF APPLICABLE:	No D	ischarge	e this Mor	nitoring	g Period	\square N	lonitoring	Report Comments	s Attached		
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Carl J. Fricker, Si	te Vice Pre	sident - :	Salem						N/A		
NAME AND TITLE OF PRINCIPAL	EXECUTIVE	OFFICER	R, AUTHOR	IZED A	GENT, OR	*LICENSE	O OPERAT	OR GRADE A 03/18/20	ND REGISTRY NUMBER (IF APPLICABLE) 11 856-339-1102		
SIGNATURE OF PRINCIPAL EXECU	TIVE OFFIC	ER, AUT	HORIZED .	AGENT,	OR *LICE	ENSED OPE	RATOR	DATE	AREA CODE/PHONE NUMBER		
*For a local agency where the high person designated by that person s					ability to a	uthorize co	ipital expe	nditures and hire per	sonnel, a person having that responsibility or		
I certify under penalty of law and in	accordance	with N.J	.S.A. 58:10)A-6F(5	5) that I ha	ve reviewe	d the attacl	ned discharge monito	ring reports.		
<u>N/A</u>					N/A	······································		N/A	N/A		
NAME AND TITLE	AME AND TITLE SIGNATURE DATE							DATE	AREA CODE/PHONE NUMBER		

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACA SW Outfall FACA

2/1/2011 TO 2/28/2011

PSEG NUCLEAR LLC SALEM GENERATIN

SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY C	DR LOADING	UNITS	*****	TY OR CONCENTE	5.2	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE CONTIN
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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	MONITOR	RING PERIOD	MONIT	ORED LOCATION:							
NJ0005622	MonthDayYear212011	Month Day Year 2 28 2011	FACB – SW O	outfall FACB							
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	PSEG NUC GENERAT ALLOWAY	ION OF ACTIVITY: CLEAR LLC SALEM ING STATION Y CREEK NECK RD KS BRIDGE, NJ 08038	REPORT REC PSEG NUCLEAR PO BOX 236/N21 HANCOCKS BRI	LLC							
REGION / COUNTY: Southern / Salem County											
CHECK IF APPLICABLE:	No Discharge this Mo	onitoring Period	Monitoring Report Comm	ents Attached							
who must sign The high the certification or, in his absend the certification. Where the high responsibility or person designa another entity to operate the treat I certify under penalty of law that, based on my inquiry of the complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The	te a person designated by that prest ranking operator does not ed by that person shall also signment works, the highest-ranking I have personally examined se individuals immediately rest are significant penalties for significant penalties for significant	person. For a local agency, the have the ability to authorize cap gn the second certification at the ing official of the contracted entrand am familiar with the information of the information of the information, incomments of the information of the information, incomments of the information of the inf	tighest ranking operator of ital expenditures and hire bottom of this page. If the ty shall sign the certificat ation submitted in this document on the first believe that the including the possibility of a	f the treatment works shall sign personnel, a person having that e local agency has contracted with ion. cument and all attachments, and aformation is true, accurate and and/or imprisonment, pursuant							
Carl J. Fricker, Sit	e Vice President - Salem			N/A							
NAME AND TITLE OF PRINCIPAL I	XECUTIVE OFFICER, AUTHORIZ	ZED AGENT, OR *LICENSED OPER/	GRADE AND R 03/18/2011	EGISTRY NUMBER (IF APPLICABLE) 856-339-1102							
SIGNATURE OF PRINCIPAL EXECU	TIVE OFFICER, AUTHORIZED AC	GENT, OR *LICENSED OPERATOR									
person designated by that person s	*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 ir	accordance with N.J.S.A. 58:10A	A-6F(5) that I have reviewed the atta	ched discharge monitoring r	eports.							
<u>N/A</u>		<u>N/A</u>	<u>N/A</u>	<u>N/A</u>							
NAME AND TITLE	SIGNATUR	RE	DATE AREA CODE/PHONE NUMBER								

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACB SW Outfall FACB

2/1/2011 TO 2/28/2011

PSEG NUCLEAR LLC SALEM GENERATIN

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PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	QUALITY OR CONCENTRATION				FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	2.7	5.2		0	Continuous	CONTIN
00010 G Raw Sew/influent	PERMIT REQUIREMENT	****	*****	*****	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
Temperature, oC	SAMPLE MEASUREMENT	****	****		*****	12.6	15,0			Continuous	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	******	*****	*****	*****	REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
Temperature,	SAMPLE MEASUREMENT	****	****		*****	9.9	11.1		٥	1/Day	CALCTO
00010 2 Effluent Net Value	PERMIT REQUIREMENT	*****	****	*****	Antana An	REPORT 01MOAV	15:3 01DAMX	DEG.C		1/Day	CALCTD
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PAIRE			-			
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #		332	Not Applic	NOT AP

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

MONITORED LOCATION:

MONITORING PERIOD

NJ0005622	Month Day 2 1	Year 2011	To Month	Day 28	Year 2011	FACC – SW O	utfall FACC				
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101		PSEG NUCLEAR L PO BOX 236/N21									
REGION / COUNTY: Southern / Salem County											
CHECK IF APPLICABLE: No Discharge this Monitoring Period Monitoring Report Comments Attached											
another entity to operate the tre							local agency has contracted with				
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MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACC SW Outfall FACC

2/1/2011 TO 2/28/2011

PSEG NUCLEAR LLC SALEM GENERATIN

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50050 G Raw Sew/influent	PERMIT REQUIREMENT	3024 01MOAV	RÈPORT 01DAMX	MGD	*****	******	****	*****		1/Day	CALCTD
Thermal Discharge	SAMPLE MEASUREMENT	15220	16100		*****	*****	*****		٥	1/Day	CALCTO
Million BTUs per Hr 00015 2 Effluent Net Value	PERMIT REQUIREMENT.	REPORT 01MOAV	30600 01DAMX	MBTU/HR	******	******	*****	*****		1/Day	CALCTD
	. QL ∜	******	*****	1	******	*****	******				
Lab Certification #	SAMPLE MEASUREMENT	เาзฉา	17451	:	PA 166						
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	, QL	*****	*****		*****	****	10 10 20 20 10 10 10 10 10 10 10 10 10 10 10 10 10		289		

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

Day

28

Year

2011

Month

2

MONITORED LOCATION:

048C - SW Outfall 48C

MONITORING PERIOD

To

Year

2011

Day

1

Month

2

NJPDES PERMIT

NJ0005622

						
PERMITTEE:	LOCATION OF ACTIVITY:	REPORT RECI				
PSE&G NUCLEAR LLC 80 PARK PLAZA	PSEG NUCLEAR LLC SALEM GENERATING STATION	PSEG NUCLEAR LI PO BOX 236/N21				
NEWARK, NJ 07101	ALLOWAY CREEK NECK RD	HANCOCKS BRIDGE, NJ 08038				
	HANCOCKS BRIDGE, NJ 08038					
	REGION / COUNTY: Southern / Salem C	County				
CHECK IF APPLICABLES	No Discharge this Monitoring Period Mon	nitoring Report Commer	its Attached			
	est ranking official having day-to-day managerial and operational r					
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the certification. Where the hig responsibility or person designs another entity to operate the tre. I certify under penalty of law that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The Carl J. Fricker, Si NAME AND TITLE OF PRINCIPAL SIGNATURE OF PRINCIPAL EXECT *For a local agency where the high	thest ranking operator does not have the ability to authorize capital sted by that person shall also sign the second certification at the bot atment works, the highest-ranking official of the contracted entity stat I have personally examined and am familiar with the information see individuals immediately responsible for obtaining the information are significant penalties for submitting false information, including New Jersey water Pollution Control Act provides for penalties up to the Vice President - Salem EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	expenditures and hire pettom of this page. If the shall sign the certification on submitted in this document, I believe that the infeling the possibility of and to \$50,000 per violation. GRADE AND RECOMMENT. 03/18/2011 DATE	rsonnel, a person having that local agency has contracted with a contract and all attachments, and a contract a contract and a contract a cont			
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the certification. Where the hig responsibility or person designs another entity to operate the tre. I certify under penalty of law that, based on my inquiry of the complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The Carl J. Fricker, Si NAME AND TITLE OF PRINCIPAL SIGNATURE OF PRINCIPAL EXECT *For a local agency where the high person designated by that person services.	thest ranking operator does not have the ability to authorize capital sted by that person shall also sign the second certification at the bot atment works, the highest-ranking official of the contracted entity stated at I have personally examined and am familiar with the information see individuals immediately responsible for obtaining the information are significant penalties for submitting false information, including New Jersey water Pollution Control Act provides for penalties up to the Vice President - Salem EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR of the stranking operator does not have the ability to authorize capital expensional sign the following certification:	expenditures and hire pettom of this page. If the shall sign the certification on submitted in this document, I believe that the infoling the possibility of and to \$50,000 per violation. OR GRADE AND RECOMMENT OF THE CONTROL OF TH	rsonnel, a person having that local agency has contracted with a. ment and all attachments, and ormation is true, accurate and dornation in true, accurate and dornation in true, accurate and dornation in true, accurate and dornation is true, accurate an			

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

048C SW Outfall 48C

2/1/2011 TO 2/28/2011

PSEG NUCLEAR LLC SALEM GENERATIN

1430005622	0460	5 SW Outlan 46		2/1/2011 TO 2/20/2011 PSEG NUCLEAR LLC SA					-EWI GENERATII				
PARAMETER	X	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE		
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.3971	0.8851		****	*****	*****		0	YDay	CALCTO		
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 0.1MOAV	RÉPORT 01DAMX	MGD	******	*****	******	*****		1/Day	CALCTD		
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	****		*****	6	7		0	2/month	COMPOS		
00530 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	******	30 01MOAV	100 01DAMX	MG/L		2/Month	COMPOS		
Nitrogen, Ammonia	QL SAMPLE MEASUREMENT	****	****		*****	2	3		0	2/1000TH	COMPOS		
Total (as N) 00610 1 Effluent Gross Value	PERMIT REQUIREMENT	******	****	*****	*****	35 01MOAV	70 01DAMX	MG/L		2/Month	COMPOS		
Petroleum Hydrocarbons	SAMPLE MEASUREMENT	****	*****		*****	L 5	₹5		٥	2/monTil	Grab		
00551 1 Effluent Gross Value	PERMIT REQUIREMENT	******	*****	*****	*****	10 01MOAV	15 01DAMX	MG/L		2/Month	GRAB		
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	######		*****	10	13		0	2/month	Compos		
00680 1 Effluent Gross Value	PERMIT REQUIREMENT QL	*****	****	*****	******	REPORT 01MOAV	50 01DAMX	MG/L		2/Month	COMPOS		
Lab Certification #	SAMPLE MEASUREMENT	17327	IZYSI		PA 166						1946		
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab#		REPORT Lab:#	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP		

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

Surface Water Discharge Monitoring Report Submittal Form

MONITORED LOCATION:

MONITORING PERIOD

NJ0005622	Month Day 2 1	Year To 2011	Month Day 2 28	Year 2011	481A – SW Ou	tfall 481A				
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038 REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038									
REGION / COUNTY: Southern / Salem County CHECK IF APPLICABLE: No Discharge this Monitoring Period Monitoring Report Comments Attached										
WHO MUST SIGN The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification. I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and										
complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The		Collution Control								
NAME AND TITLE OF PRINCIPAL			GENT, OR *LICENSI	ED OPERAT	OR GRADE AND RE	GISTRY NUMBER (IF APPLICABLE) 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	J.S.A. 58:10A-6F(•	ed the attach	•	ports. N/A				
NAME AND TITLE	N/A N/A N/A N/A AME AND TITLE SIGNATURE DATE									

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

2/1/2011 TO 2/28/2011

PSEG NUCLEAR LLC SALEM GENERATIN

1430003022	7017	SW Outlan 40	-		10 2/20/2011	102411001	LAN LLO SAL				
PARAMETER		QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	427	491		. ****	****	*****		٥	Youn	CALCTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01 DAMX	MGD	*******	*****		*****		1/Day	CALCTD
pH ,	SAMPLE MEASUREMENT	****	*****		7 .s	*****	7,8		6	/week	Crab
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	6.0 01DAMN	******	9.0 01DAMX	su		1/Week	GRAB
pH	SAMPLE MEASUREMENT	*****	*****		7.8	*****	8.0		٥	\meek	Grab
00400 7 Intake From Stream	PERMIT REQUIREMENT	*****	******	*****	REPORT 01DAMN	*****	REPORT 01DAMX	SU	2000 2000 2000	1/Week	GRAB
	QL.	*****	27 ************************************		*****	A. 10 *****	Assess .		. 33		1-18-3-18-7- ×
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****		CODE:N	*****	****		٥	CODE=N	C008 = M
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	****		*****	50 01DAMN	***************************************	44444	%EFFL		2/Year	COMPOS
Chlorine Produced	QL 🔆	*****	***********			******* I	*****				
Oxidants	SAMPLE MEASUREMENT	*****	*****		****	CODE:N	COBFH	·	0	CO0E=N	CODE:N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	******	*****	****	*****	0.3 01 MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	(∳QL (∳	*****	*****		4	******	******		The same		
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	*****		*****	40.1	40.1		٥	3/week	Ganb
*CPOX 1 Effluent Gross Value	PERMIT" REQUIREMENT	*****	*****	****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L	7 50	3/Week	GRAB
Option 2	⊬QL 🐙	*****	*****		*******	*****	******		1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 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.

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

2/1/2011 TO 2/28/2011

PSEG NUCLEAR LLC SALEM GENERATIN

PARAMETER	X	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature,	SAMPLE MEASURÉMENT	****	*****		*****	13.4	20.2		٥	1/Day	CONTIN
00010 1 Effluent Gross Value	PERMIT *REQUIREMENT	*****	******	*****	****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Lab Certification #	SAMPLE MEASUREMENT	17327	เวฯรเ		PA 166						
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab'#		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP

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

MONITORED LOCATION:

MONITORING PERIOD

NJ0005622	Month Day 2 1	Year To	Month 2	Day 28	Year 2011	482A -	- SW Ou	tfall 482A
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101		LOCATION PSEG NUCLEA GENERATING ALLOWAY CRI HANCOCKS BE	R LLC SA STATION EEK NECK	LEM RD	<u>:</u>	PSEG PO Bo	ORT REC NUCLEAR I DX 236/N21 COCKS BRID	
		REGION /	COUNTY:	Souther	n / Salem	County		
CHECK IF APPLICABLE:	No Dischar	ge this Monitorii	ng Period		Ionitoring	Report Co	mments Atta	ched
who must sign The high the certification or, in his absent the certification. Where the high responsibility or person designal another entity to operate the treat I certify under penalty of law that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The	ce a person designathest ranking operated by that person stated by that person stated that I have personally se individuals immeters are significant pe	ated by that person tor does not have shall also sign the highest-ranking only examined and a nediately responsemalties for submitted to the s	n. For a lo the ability e second ce fficial of th am familiar ible for obt itting false	cal agen to autho rtification e contra- with the aining the informa	cy, the hig rize capita on at the be cted entity information incin, inclu	thest ranking of expenditure of this shall sign to on submitte tion, I beliedding the po	g operator of res and hire ps page. If the he certification d in this docuve that the inssibility of ar	the treatment works shall sign personnel, a person having that a local agency has contracted with on. The treatment works shall sign personnel, a person having that a local agency has contracted with on. The treatment works shall sign personnel, and so that a local personnel sign personne
Carl J. Fricker-Sit	e Vice President - :	Salem						N/A
NAME AND TITLE OF PRINCIPAL			GENT, OR *	LICENSE	D OPERAT	OR G	RADE AND RE	GISTRY NUMBER (IF APPLICABLE) 856-339-1102
SIGNATURE OF PRINCIPAL EXECU	JTIVE OFFICER, AUT	THORIZED AGENT	OR *LICEN	NSED OPE	ERATOR	DAT	E	AREA CODE/PHONE NUMBER
person designated by that person s	hall sign the followin	ng certification:					-	, a person having that responsibility or
I certify under penalty of law and in	accordance with N	J.S.A. 58:10A-6F(5) that I have	e reviewe	d the attacl	ned discharge	monitoring re	ports.
<u>N/A</u>			<u>N/A</u>				<u>N/A</u>	N/A
NAME AND TITLE		SIGNATURE				DATE		AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

482A SW Outfall 482A

2/1/2011 TO 2/28/2011

PSEG NUCLEAR LLC SALEM GENERATIN

NJ0005622	402	SW Outtail 48	2A 2	1/2011	10 2/28/2011	PSEG NUCL	LEAR LLC SAL	EW GEN	IENA	ir	
PARAMETER	X	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or	SAMPLE MEASUREMENT	374	446		****	*****	****		0	1/20-4	CALCTIO
50050 1 Effluent Gross Value	PERMIT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Day	CALCTD
pH	SAMPLE MEASUREMENT	*****	*****		7.4	****	7.8		8	Yweek	Grab
00400 1 Effluent Gross Value	PERMIT REQUIREMENT QL	*****	******	*****	6.0 01DAMN	*****	9.0 01DAMX	su	***	1/Week	GRAB
pH	SAMPLE MEASUREMENT	****	*****		7.8	****	8.0		6	Yweek	GRAB
00400 7 Intake From Stream	PERMIT	******	*****	*****	REPORT 01DAMN	******	REPORT 01DAMX	SU		1/Week	GRAB
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****		CODE=N	*****	*****		0	CODE: N	CODE = N
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	50 01DAMN	*****	******	%EFFL		2/Year	COMPOS
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	****		***	CODE:N	CODE=N		٥	C@0€=N	CODE = N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	******	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	QL 💮	*****	*****		*****	******	******		1,357		
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*************************************	٥.١ /	١٥٠١		0	3/week	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	QL	*****	****		*****	*****	***		100	* 7	

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. .

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

482A SW Outfall 482A

2/1/2011 TO 2/28/2011

PSEG NUCLEAR LLC SALEM GENERATIN

PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature,	SAMPLE MEASUREMENT	*****	*****		*****	13.5	20.4		0	100x	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT QL	*****	******	*****	Antana Antana	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		64166						
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Cab #		REPORT Lab #	REPORT Lab#	REPORT. Lab #			Not Applic	NOT AP

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

MONITORED LOCATION:

MONITORING PERIOD

NJ0005622	Month Day Year 2 1 2011 To Month Day Year 2 28 2011	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 I PO BOX 236/N21 HANCOCKS BRID	LLC
	REGION / COUNTY: Southern / Salem Co	ounty	
CHECK IF APPLICABLE	:	itoring Report Comme	ents Attached
	thest ranking operator does not have the ability to authorize capital e		
responsibility or person designary another entity to operate the tree I certify under penalty of law that, based on my inquiry of the complete. I am aware that the	shest ranking operator does not have the ability to authorize capital ented by that person shall also sign the second certification at the bott atment works, the highest-ranking official of the contracted entity shat I have personally examined and am familiar with the information use individuals immediately responsible for obtaining the information are are significant penalties for submitting false information, including New Jersey water Pollution Control Act provides for penalties up to	om of this page. If the hall sign the certification submitted in this doctor, I believe that the inng the possibility of an	e local agency has contracted with on. ument and all attachments, and formation is true, accurate and and/or imprisonment, pursuant
responsibility or person designary another entity to operate the tree of certify under penalty of law that, based on my inquiry of the complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The	atted by that person shall also sign the second certification at the bott atment works, the highest-ranking official of the contracted entity shat I have personally examined and am familiar with the information ose individuals immediately responsible for obtaining the information are are significant penalties for submitting false information, including	om of this page. If the hall sign the certification submitted in this doctor, I believe that the inng the possibility of an	e local agency has contracted with on. ument and all attachments, and formation is true, accurate and nd/or imprisonment, pursuant
responsibility or person designate another entity to operate the tree certify under penalty of law the chat, based on my inquiry of the complete. I am aware that there is N.J.A.C. 7:14A-6.9(B). The Carl J. Fricker, Signature of the control of the	atted by that person shall also sign the second certification at the bott atment works, the highest-ranking official of the contracted entity shat I have personally examined and am familiar with the information ose individuals immediately responsible for obtaining the information re are significant penalties for submitting false information, including New Jersey water Pollution Control Act provides for penalties up to	om of this page. If the hall sign the certification submitted in this docton, I believe that the ining the possibility of are \$50,000 per violation.	e local agency has contracted with on. ument and all attachments, and formation is true, accurate and ind/or imprisonment, pursuant i. N/A GISTRY NUMBER (IF APPLICABLE)
responsibility or person designary another entity to operate the tree of certify under penalty of law that, based on my inquiry of the complete. I am aware that there is N.J.A.C. 7:14A-6.9(B). The Carl J. Fricker, Siname and TITLE OF PRINCIPAL	atted by that person shall also sign the second certification at the bott atment works, the highest-ranking official of the contracted entity shat I have personally examined and am familiar with the information ose individuals immediately responsible for obtaining the information re are significant penalties for submitting false information, including New Jersey water Pollution Control Act provides for penalties up to the Vice President - Salem	om of this page. If the hall sign the certification submitted in this doctor, I believe that the ining the possibility of an as \$50,000 per violation	e local agency has contracted with on. ument and all attachments, and formation is true, accurate and ad/or imprisonment, pursuant a. N/A
responsibility or person designary another entity to operate the tree another entity to operate the tree another entity to operate the tree another entity of law that, based on my inquiry of the complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The Carl J. Fricker, Siname and TITLE OF FINCIPAL SIGNATURE OF PRINCIPAL EXECUTE.	atted by that person shall also sign the second certification at the bott atment works, the highest-ranking official of the contracted entity shat I have personally examined and am familiar with the information ose individuals immediately responsible for obtaining the information re are significant penalties for submitting false information, including New Jersey water Pollution Control Act provides for penalties up to the Vice President - Salem EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	om of this page. If the hall sign the certification submitted in this doctor, I believe that the ining the possibility of are \$50,000 per violation. GRADE AND RE 03/18/2011 DATE	e local agency has contracted with on. ument and all attachments, and formation is true, accurate and ind/or imprisonment, pursuant it. N/A CGISTRY NUMBER (IF APPLICABLE) 856-339-1102 AREA CODE/PHONE NUMBER
responsibility or person designary another entity to operate the treat another entity to operate the treat that, based on my inquiry of the complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The Carl J. Fricker, Siname and TITLE OF PRINCIPAL SIGNATURE OF PRINCIPAL EXECT A local agency where the high person designated by that person.	atted by that person shall also sign the second certification at the bott atment works, the highest-ranking official of the contracted entity shat I have personally examined and am familiar with the information ose individuals immediately responsible for obtaining the information are significant penalties for submitting false information, including New Jersey water Pollution Control Act provides for penalties up to the Vice President - Salem EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR thest-ranking operator does not have the ability to authorize capital expending the same attention and the standard control action and the standard control action and the same attention at the bottom attention a	om of this page. If the hall sign the certification submitted in this docton, I believe that the interpretation of the possibility of are \$50,000 per violation of \$50,000 per violation of \$60,000	e local agency has contracted with on. ument and all attachments, and formation is true, accurate and ind/or imprisonment, pursuant in. N/A GISTRY NUMBER (IF APPLICABLE) 856-339-1102 AREA CODE/PHONE NUMBER I, a person having that responsibility
responsibility or person designary another entity to operate the treat another entity to operate the treat I certify under penalty of law that, based on my inquiry of the complete. I am aware that the to N.J.A.C. 7:14A-6.9(B). The Carl J. Fricker, Siname and Title of Principal Signature of Principal exect *For a local agency where the high person designated by that person is	atted by that person shall also sign the second certification at the bott atment works, the highest-ranking official of the contracted entity shat I have personally examined and am familiar with the information ose individuals immediately responsible for obtaining the information are are significant penalties for submitting false information, including New Jersey water Pollution Control Act provides for penalties up to the Vice President - Salem EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR of the st-ranking operator does not have the ability to authorize capital expending shall sign the following certification:	om of this page. If the hall sign the certification submitted in this docton, I believe that the interpretation of the possibility of are \$50,000 per violation of \$50,000 per violation of \$60,000	e local agency has contracted with on. ument and all attachments, and formation is true, accurate and ind/or imprisonment, pursuant in. N/A GISTRY NUMBER (IF APPLICABLE) 856-339-1102 AREA CODE/PHONE NUMBER I, a person having that responsibility

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

483A SW Outfall 483A

2/1/2011 TO 2/28/2011

PSEG NUCLEAR LLC SALEM GENERATIN

1450005022	403A	Cov Outlan 40	JA 2	7172011	10 2/20/2011	FOLG NOO!	LLAN LLO JAL	LIVI GEI	12117	1 115	
PARAMETER	X	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	370	423		****	*****	*****		٥	1/Day	CALCTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	RÉPORT 01MOAV	REPORT 01 DAMX	MGD	*****	**************************************	******	*****		1/Day	CALCTD
pH	SAMPLE MEASUREMENT	*****	*****		7.2	*****	7.8		0	\meek	G-Anb
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	**************************************	****	*****	6.0 01DAMN	A the state of the	9.0 01DAMX	su		1/Week	GRAB
pH	SAMPLE MEASUREMENT	*****	*****		7.8	*****	8.0		0	Yweek	CANS
00400 7 Intake From Stream	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01DAMN	******	REPORT 01DAMX	SU		1/Week	GRAB
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		****	CODE=N	C00E= N		0	COD €=H	CODE - N
*CPOX 1 Effluent Gross Value Option 1	PERMIT REQUIREMENT	******	*****	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	*****		*****	40.1	20.1		٥	3/2000	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2 Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	13.6	21.9		0	1/Day	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*******	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C	1 - Z - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	1/Day	CONTIN
Effluent Gross Value	QL \$	*****	*****		*****	******	******		10000 S		

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.

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

483A SW Outfall 483A

2/1/2011 TO 2/28/2011

PSEG NUCLEAR LLC SALEM GENERATIN

PARAMETER		QUANTITY (OR LOADING	UNITS	QUALITY OR CONC	ENTRATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT	17327	12451		PA 166					
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT REPOR	T REPORT Lab#	3 2 4 1		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.

Surface Water Discharge Monitoring Report Submittal Form

MONITORED LOCATION:

MONITORING PERIOD

NJ0005622	Month Day Year To Month Day Yea 2 1 2011 To 2 28 201		fall 484A
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 RECT PSEG NUCLEAR I PO BOX 236/N21 HANCOCKS BRID	LC
	REGION / COUNTY: Southern / Sa	lem County	
CHECK IF APPLICABLES	No Discharge this Monitoring Period Monito	oring Report Comments Attac	hed
responsibility or person designary another entity to operate the tree. I certify under penalty of law that, based on my inquiry of the	thest ranking operator does not have the ability to authorize catted by that person shall also sign the second certification at the atment works, the highest-ranking official of the contracted entat I have personally examined and am familiar with the informationse individuals immediately responsible for obtaining the information, is a significant penalties for submitting false information, is	the bottom of this page. If the ntity shall sign the certification mation submitted in this docupromation, I believe that the inforcluding the possibility of an	local agency has contracted with n. ment and all attachments, and ormation is true, accurate and
	New Jersey water Pollution Control Act provides for penaltie	es up to \$50,000 per violation.	
to N.J.A.C. 7:14A-6.9(B). The		es up to \$50,000 per violation.	
to N.J.A.C. 7:14A-6.9(B). The Carl J. Fricker, Si	New Jersey water Pollution Control Act provides for penaltie Vice President - Salem EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPE	RATOR GRADE AND REC	<u>N/A</u> GISTRY NUMBER (IF APPLICABLE)
to N.J.A.C. 7:14A-6.9(B). The Carl J. Fricker, Si NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPE	RATOR GRADE AND REG 03/18/2011	N/A GISTRY NUMBER (IF APPLICABLE) 856-339-1102
Carl J. Fricker, Si NAME AND TITLE OF PRINCIPAL SIGNATURE OF PRINCIPAL EXEC *For a local agency where the high person designated by that person.	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPE UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO thest-ranking operator does not have the ability to authorize capital ashall sign the following certification:	RATOR GRADE AND RECOMMENT O3/18/2011 R DATE expenditures and hire personnel,	N/A GISTRY NUMBER (IF APPLICABLE) 856-339-1102 AREA CODE/PHONE NUMBER a person having that responsibility or
Carl J. Fricker, Si NAME AND TITLE OF PRINCIPAL SIGNATURE OF PRINCIPAL EXEC *For a local agency where the high person designated by that person.	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPE UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO thest-ranking operator does not have the ability to authorize capital of	RATOR GRADE AND RECOMMENT O3/18/2011 R DATE expenditures and hire personnel,	N/A GISTRY NUMBER (IF APPLICABLE) 856-339-1102 AREA CODE/PHONE NUMBER a person having that responsibility or
Carl J. Fricker, Si NAME AND TITLE OF PRINCIPAL SIGNATURE OF PRINCIPAL EXEC *For a local agency where the high person designated by that person.	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPE UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO thest-ranking operator does not have the ability to authorize capital ashall sign the following certification:	RATOR GRADE AND RECOMMENT O3/18/2011 R DATE expenditures and hire personnel,	N/A GISTRY NUMBER (IF APPLICABLE) 856-339-1102 AREA CODE/PHONE NUMBER a person having that responsibility or

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

484A SW Outfall 484A

2/1/2011 TO 2/28/2011

PSEG NUCLEAR LLC SALEM GENERATIN

1430003022	404 <i>A</i>	SW Outlan 40	4A 2	/ 1/2011	10 2/20/2011	PSEG NUCI	LEAN LLC SAL	EW GEN	IENA	111,	
PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or	SAMPLE	1100	1100						<u> </u>	V _a	
Thru Treatment Plant	MEASUREMENT	458	498		*****	****	****		0	Yvay	CALCTD
50050 1	PERMIT	REPORT	REPORT	MGD	****	*****		*****	<u> </u>	1/Day	CALCTD
Effluent Gross Value	REQUIREMENT	01MOAV	01DAMX	""	*****		*****				
	₩ QL	*****	*******		*****	2 2222	*****		1 .60 2 .54 .22		
pH	SAMPLE MEASUREMENT	*****	*****		7.6	*****	7.7		0	\week	Carb
00400 1	PERMIT		W. W. W. Standing	*****	6.0	The first are segretarial to the	9.0	SU	7.5 <u>%</u>	1/Week 🖇	GRAB
Effluent Gross Value	REQUIREMENT	\$. 1 X			01DAMN		** «01DAMX	30			
	QL	*****	****		*****	*******	*****				
рH	SAMPLE MEASUREMENT	*****	*****		7.8	*****	8.0		0	Yweek	GRAG
00400 7	PERMIT			*****	REPORT		REPORT	SU		1/Week	GRAB
Intake From Stream	PERMIT	******	**************************************		01DAMN	******	01DAMX	30			
	QL 🐘	\$2.67 ****** D	*****		*****	*****	33 / *****				
LC50 Statre 96hr Acu	SAMPLE	****	*****			*****	*****			0000	C-0N
Cyprinodon	MEASUREMENT				CODE = M				0	CODE=M	CODIS = M
TAN6A 1	PERMIT	*****	*****	*****	50		******	%EFFL	*	2/Year	COMPOS
Effluent Gross Value	~ 19 m . 19 19 19 18	Alleria (01DAMN	*****	******		X.A		
Oblasia - Dandarad	QL QL	***************************************	*****		******	*****			- C.A.W.		##;
Chlorine Produced	SAMPLE MEASUREMENT	****	****		****	CODE=H	CODETH		0	CODE=H	(D08=N
Oxidants	4	-888. * * * * * * * * * * * * * * * * * *	***************************************		and a Maria		continues who was a 177 feet		<u> </u>		
*CPOX 1	PERMIT REQUIREMENT	*****	*****	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L	k. 3643	௷ 3/Week 🌸	GRAB
Effluent Gross Value	S. 19 W. APR. 20030 . S.	*****	*****		242	*****	* ******				
Option 1 Chlorine Produced	QL OL			 	******					1964 1984 1	
	SAMPLE MEASUREMENT	****	*****		*****	20.1	1.0>		0	3/week	GRAG
Oxidants	944 3.3 (1954)		Maria de Porto de Caracterio d			. 1844 (1971)	. 1000 No. 101 at Minatha 1601			1.2.200. 37 3.5.5	15 11 1 1 10 100 0
*CPOX 1	PERMIT- REQUIREMENT	*****	*****	*****	*****	REPORT 01 MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Effluent Gross Value	QL	*****	****		******		*****		200 (50)		
Option 2	P. L. GL. W. V.		*****				emotificacii ee ee Partii		E POSSED	1.57567538.2	XYE LANS.

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.

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

484A SW Outfall 484A

2/1/2011 TO 2/28/2011

PSEG NUCLEAR LLC SALEM GENERATIN

PARAMETER		QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature,	SAMPLE MEASUREMENT	****	****		*****	12.5	19.1		٥	Noon	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	****	*****	*****	REPORT 01MOAV	RÉPORT 01DAMX	DEG.C	******	1/Day	CONTIN
Lab Certification #	SAMPLE MEASUREMENT	17327	เรษย		PA 166						
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT			Not Applic	NOT AP

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		M	ONITO		MONITORED LOCATION 485A – SW Outfall 485A						:					
NJ0005622	Month 2	Day 1	Year 2011	То	Mont	th Day 28		/ear 2011	485A	- S	W C	utfa	all 4	85A		
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101			LOCAT PSEG NU GENERA ALLOW	CLEAI TING S AY CRI	R LLC S STATION EEK NEC	SALEM N CK RD	<u>Y:</u>		PSEC PO B	G NU BOX	T RE CLEA 236/N2 KS BI	R LLC 21	0	_		
			HANCOC REG			NJ 08038 ' Y: Sout h	ern / S	Salem	County							
CHECK IF APPLICABLE:	No l	Discharg	ge this Mo	nitorin	g Period	d \square	Mon	nitoring	Report Co	omm	ents A	ttache	ed			
		person sl	hall also s	ign the	second	certifica	tion at	it the bo	ottom of th	is pa	ge. If	the lo				ng that acted wit
another entity to operate the treat territy under penalty of law that that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The	atment work at I have peose individu e are signif New Jersey	person sl ks, the hi ersonally tals immedicant per water Per	hall also sighest-ran examined examined ediately remaities for ollution C	sign the king of and a cesponsite submi	second ficial of m famili ble for c	certifica the cont iar with tobtaining se inform	tion at racted he inf the ir nation	at the bod entity formation of the formation of the formation, includes	ottom of the shall sign on submitte tion, I belied ding the po	is pa the o ed in eve tossib	ge. If ertific this dhat the ility of	the location. ocume information f and/o	cal ag ent an matio or imp	ency h d all at n is tru orisonn	as contra ttachmen	acted wit ats, and ate and
another entity to operate the treat I certify under penalty of law the that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The	atment work at I have peose individu e are signif New Jersey	person sl ks, the hi ersonally ials immo icant per water Posident - S	hall also sighest-ran examine ediately realities for ollution Calein	sign the king of d and a esponsi submi Control	second ficial of m famili ble for c tting fal Act prov	certifica the cont iar with tobtaining se inform vides for	tion at racted he inf the ir nation penal	nt the bod entity formation of the control of the c	ottom of the shall sign on submitte tion, I belied ding the po to \$50,000	is pa the c ed in eve t ossib per	ge. If ertific this d hat the ility o violat	the location. ocume inform f and/o ion.	cal agent an matio or imp	d all at n is tru orisonn	as contra ttachmen ie, accurr nent, pui	acted wit ats, and ate and
another entity to operate the treat I certify under penalty of law the that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The	atment work at I have peose individu e are signif New Jersey	person sl ks, the hi ersonally ials immo icant per water Posident - S	hall also sighest-ran examine ediately realities for ollution Calein	sign the king of d and a esponsi submi Control	second ficial of m famili ble for c tting fal Act prov	certifica the cont iar with tobtaining se inform vides for	tion at racted he inf the ir nation penal	nt the bod entity formation of the control of the c	ottom of the shall sign on submitte tion, I belied ding the po to \$50,000	is pa the c ed in eve t ossib) per	ge. If ertific this d hat the ility of violat	the location. ocume inform f and/oion. REGIS	cal agent an matio or imp	d all at n is tru	as contractachment, accurrent, pur	acted with ats, and ate and rsuant
another entity to operate the treat I certify under penalty of law the that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The Carl J. Fricker, Siname and TITLE OF PRINCIPAL	atment work at I have people individu te are signif New Jersey te Vice Presexexecutive	person sl ks, the hi ersonally tals immedicant per water Posident - S OFFICER	hall also sighest-ran examined ediately reported for the control of the control o	sign the king of d and a esponsi submit Control	second ficial of m famili ble for c tting fal Act prov	certifica the cont iar with tobtaining se inform vides for	tion at racted he inf the ir nation penal	nt the bod entity formation of the forma	ottom of the shall sign on submitte tion, I belied ding the po to \$50,000	is pa the c ed in eve t ossib per GRAL	ge. If ertific this d hat the ility o violat	the location. ocume inform f and/oion. REGIS	ent an matio or imp	d all at n is tru orisonn	as contra ttachmen ie, accurr nent, pui	acted with
another entity to operate the treat I certify under penalty of law the that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The Carl J. Fricker, Signame and Title of Principal. SIGNATURE OF PRINCIPAL EXECUTION.	atment work at I have people individu the are signif New Jersey the Vice Presexexecutive the vice of the control of the contro	person sl ks, the hi ersonally hals immedicant per water Posident - St OFFICER	hall also sighest-ran examined ediately reported for the control of the control o	sign the king of d and a esponsi submit Control IZED AGAGENT, ave the	e second ficial of m famili ble for c tting fal Act prov GENT, OF	certifica the cont far with tobtaining se inform vides for R *LICEN	tion at racted the inf the ir nation penal	nt the bod entity formation formation, includities up	on submitted to the shall sign on submitted to the potential to \$50,000 or \$5	is pathe of the	ge. If ertific this d hat the ility or violat PE AND	the location. ocume inform f and/o ion. REGIS	ent an matio or imp N/A STRY N	d all at n is truprisonn NUMBE 856-3	as contractachment, accurrent, purion R (IF APP 39-1102 PHONE N	acted with ats, and ate and rsuant
I certify under penalty of law the that, based on my inquiry of the complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The Carl J. Fricker: Sinname and Title of Principal SIGNATURE OF PRINCIPAL EXECUTE *For a local agency where the high person designated by that person signated.	atment work at I have people individu the are signif New Jersey the Vice Presexexecutive the Vice of the control of the contro	person sl ks, the hi ersonally hals immedicant per water Posident - St OFFICER CER, AUTI operator of following	hall also sighest-ran examine examine ediately r nalties for ollution C salem AUTHOR HORIZED does not h g certificat	sign the king of d and a esponsi submit Control IZED AGAGENT, ave the ion:	e second ficial of m famili ble for c tting fal Act prov GENT, OF OR *LIC ability to	certifica the cont iar with to btaining se inform vides for R *LICEN	tion at racted the inf the ir nation penal SED OF	nt the bod entity formation formation, includities up	on submitted tion, I belied to \$50,000 OR OR OA additures and	is pa the c ed in eve t ossib) per GRAL 02	ge. If ertific this d hat the ility of violat DE AND /18/20	the location. occume information. REGIS	ent an matio or imp N/A STRY N AREA	d all at n is truprisonn NUMBE 856-3	as contractachment, accurrent, purion R (IF APP 39-1102 PHONE N	acted with ats, and ate and rsuant
NAME AND TITLE OF PRINCIPAL SIGNATURE OF PRINCIPAL EXECU	atment work at I have people individu the are signif New Jersey the Vice Presexexecutive the Vice of the control of the contro	person sl ks, the hi ersonally hals immedicant per water Posident - St OFFICER CER, AUTI operator of following	hall also sighest-ran examine examine ediately r nalties for ollution C salem AUTHOR HORIZED does not h g certificat	sign the king of d and a esponsi submit Control IZED AGAGENT, ave the ion:	e second ficial of m famili ble for c tting fal Act prov GENT, OF OR *LIC ability to	certifica the cont iar with to btaining se inform vides for R *LICEN	tion at racted the inf the ir nation penal SED OF	nt the bod entity formation formation, includities up	on submitted tion, I belied to \$50,000 OR OR OA additures and	is pa the c ed in eve t ossib) per GRAL 02	ge. If ertific this d hat the ility of violat PE AND /18/20 person nitoring	the location. occume information. REGIS	ent an matio or imp N/A STRY N AREA	d all at n is truprisonn NUMBE 856-3	as contractachment, accurrent, purion R (IF APP 39-1102 PHONE N	acted with ats, and ate and rsuant

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

485A SW Outfall 485A

2/1/2011 TO 2/28/2011

PSEG NUCLEAR LLC SALEM GENERATIN

1400003022	7007	OW Outlan 40		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10 2/20/2011	1 024 11001	LLAN LLC SAL	LIVI OLIV		1111	
PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	384	447	-	****	****	****		٥	1/004	CALCTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*******	*****		1/Day	CALCTD
pH	SAMPLE MEASUREMENT	*****	****		7.6	*****	7.7		0	\mcek	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	1. (a) (b) (b) (b) (b) (b) (b) (b) (b) (b) (b	*****	6.0 01DAMN	******	9.0 01DAMX	ຣຸບ		1/Week	GRAB
рН	SAMPLE MEASUREMENT	****	*****		7.8	*****	8.0		0	Yweek	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	****	*****	*****	REPORT 01DAMN	****	REPORT 01DAMX	SU		1/Week	GRAB
LC50 Statre 96hr Acu	QL SAMPLE	*****	*****		******	*******	ARREAN		<u> </u>	<u> </u>	
Cyprinodon	MEASUREMENT	*****	*****		M=300	*****	*****		0	CODE=N	CODE=N
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	**************************************		*****	X	*****	*****	%EFFL		2/Year	COMPOS
Chloring Bradward	(QL;	*****	*****		**************************************	**************************************	*****				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	****		****	CODE = M	CODE=N		٥	C005=N	CODE = N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	****	******	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	QL	*****	*****		*****	*****	******		150, ¥		
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	***	****		****	۷٥٠١	۲٥٠١		0	3/week	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	******	****	*****	******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	QL	*****	* *****		*****	*****	ARRAR W		,		

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.

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

485A SW Outfall 485A

2/1/2011 TO 2/28/2011

PSEG NUCLEAR LLC SALEM GENERATIN

PARAMETER	QUANTITY OR LOADING				UNITS QUALITY OR CONCENTRATION				NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature,	SAMPLE MEASUREMENT	*****	*****		*****	12.8	17.6		0	1/004	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	· · · · · · · · · · · · · · · · · · ·	****	を発展する。 ・	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166			-			
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP

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

MONITORED LOCATION:

MONITORING PERIOD

NJ0005622	Month Day 2 1	Year 2011	To Mon 2	th Day 28	Year 2011	486A – SW Ou	ıtfall 486A
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101		LOCATIO PSEG NUCL GENERATION ALLOWAY HANCOCKS	EAR LLC S NG STATIO CREEK NE	SALEM N CK RD	<u>:</u>	REPORT REC PSEG NUCLEAR PO BOX 236/N21 HANCOCKS BRI	LLC
CHECK IF APPLICABLE:	No Discha	REGIO	N / COUNT			County Report Comments Att	ached
who must sign The high the certification or, in his absent the certification. Where the high responsibility or person designate another entity to operate the treatment of law that, based on my inquiry of the complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The	ce a person designated by that person atment works, the last I have personallose individuals imme are significant personal pose and significant personal pose individuals imme are significant personal p	ated by that peter does not he shall also sign highest-rankin by examined and nediately respendities for su	erson. For a ave the ability the second g official of an famil onsible for a bmitting fall	local agenty to author certification the contral ar with the obtaining the information of the contral ar with the obtaining the contral ar with the obtaining the contral ar with the obtaining the contral agent with the contral ag	cy, the hig rize capita n at the be ted entity informati ie informa tion, inclu	shest ranking operator of all expenditures and hire of this page. If the shall sign the certification submitted in this docation, I believe that the inding the possibility of a	f the treatment works shall sign personnel, a person having that he local agency has contracted with ion. cument and all attachments, and information is true, accurate and and/or imprisonment, pursuant
,	te Vice President -		iroi rici pro	vides for p	murcios ap	to \$50,000 per violatio	N/A
NAME AND TITLE OF PROSPAL			D AGENT, OI	R *LICENSE	D OPERAT		EGISTRY NUMBER (IF APPLICABLE)
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AU	THORIZED AGI	ENT. OR *LIG	ENSED OPI	RATOR	03/18/2011 DATE	856-339-1102 AREA CODE/PHONE NUMBER
*For a local agency where the higi person designated by that person s	nest-ranking operato Thall sign the following	r does not have ng certification	the ability to	authorize c	apital expe	nditures and hire personne	el, a person having that responsibility of
I certify under penalty of law and i	n accordance with N	.J.S.A. 58:10A-		ave reviewe	d the attacl		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

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

486A SW Outfall 486A

2/1/2011 TO 2/28/2011

PSEG NUCLEAR LLC SALEM GENERATIN

7007	SW Outlan 40	UA	/1/2011	10 2/20/2011	F3LG NOCI	LLAN LLO SAL	LIVI GLI	ILNA	141	
X	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
SAMPLE MEASUREMENT	400	428		****	*****	*****		0	1/Day	CALCID
PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*******	*****	*****	*****		1/Day	CALCTD
SAMPLE MEASUREMENT	*****	*****		7.2	*****	7.8		0	1/week	GRAB
PERMIT REQUIREMENT	*****	*****	*****	6.0 01DAMN	******	9.0 01DAMX	su		1/Week	GRAB
SAMPLE MEASUREMENT	*****	****		7.8	*****	8.0		0	1/Week	CRAB
PERMIT REQUIREMENT	*****	*****	*****	REPORT 01DAMN	******	REPORT 01DAMX	su		1/Week	GRAB
- ∞QL	*****	*****		*****	*****	*****				
SAMPLE MEASUREMENT	****	*****		*****	COOE=H	CODE=N		٥	CODE=11	C00E = N
PERMIT REQUIREMENT	Annah	*****	*****	- AAAAAA	0.3 01MOAV	0.5 01 DAMX	MG/L		3/Week	GRAB
* **QL	*****	*****		******	******	****** ***-		200		
SAMPLE MEASUREMENT	*****	*****		****	401	८०.।		0	3/week	Caub
PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 01MOAV	01DAMX	MG/L		3/Week	GRAB
QL	*****	******		*****	And Annaham Co	*****				
SAMPLE MEASUREMENT	*****	. *****		*****	13.3	19.6		0	100m	CONTIN
PERMIT	*****	*****	*****	*****	REPORT 01MOAV	REPORT	DEG.C	8.5.74 :	1/Day	CONTIN
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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.

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

486A SW Outfall 486A

2/1/2011 TO 2/28/2011

PSEG NUCLEAR LLC SALEM GENERATIN

PARAMETER		QUANTITY OR LOADING UNITS			QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT	17327	12451		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.

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITO	RED LOCATION:
NJ0005622	Month Day Year 2 1 2011 To Month Day Year 2 2 28 2011	487B – SW Out	fall 487B
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038	REPORT RECI PSEG NUCLEAR L PO BOX 236/N21 HANCOCKS BRID	LC
CHECK IF APPLICABLE:	REGION / COUNTY: Southern / Salem C	County og Report Comments Att	ached
the certification. Where the hig responsibility or person designa another entity to operate the treat I certify under penalty of law that, based on my inquiry of the complete. I am aware that ther	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 boutment works, the highest-ranking official of the contracted entity at I have personally examined and am familiar with the informations individuals immediately responsible for obtaining the informate are significant penalties for submitting false information, including Mew Jersey water Pollution Control Act provides for penalties up	expenditures and hire potential terms of this page. If the shall sign the certification submitted in this docution, I believe that the infling the possibility of an	ersonnel, a person having that local agency has contracted with n. ment and all attachments, and formation is true, accurate and d/or imprisonment, pursuant
Carl J. Fricker, Sin	e Vice President - Salem		N/A
	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	OR GRADE AND REC	GISTRY NUMBER (IF APPLICABLE) 856-339-1102
SIGNATURE OF PRINCIPAL EXECU	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
	est-ranking operator does not have the ability to authorize capital expendall sign the following certification:	ditures 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 attached	ed discharge monitoring rep	ports.
NT/A			
<u>N/A</u>	<u>N/A</u>	N/A	<u>N/A</u>

Surface Water Discharge Monitoring Report Submittal Form

MONITORED LOCATION:

MONITORING PERIOD

NJ0005622	Month Day 2 1	Year To	Month 2	Day 28	Year 2011	489A – SW C	Outfall 489A
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101		LOCATION PSEG NUCLE GENERATING ALLOWAY CI HANCOCKS E	AR LLC SA S STATION REEK NECK	LEM RD		REPORT REPSEG NUCLEA PO BOX 236/NZ HANCOCKS BI	IR LLC
		REGION	/ COUNTY:	Souther	n / Salem	County	
CHECK IF APPLICABLE	: No Dischar	rge this Monitor	ing Period		Monitori	ng Report Comments	Attached
	ated by that person	shall also sign th	he second ce	rtificatio	n at the bo	ottom of this page. If	the local agency has contracted with
the certification. Where the his responsibility or person design another entity to operate the tree. I certify under penalty of law that, based on my inquiry of the	ated by that person eatment works, the l hat I have personall ose individuals imm re are significant pe	shall also sign the highest-ranking by examined and mediately respondenalties for subr	he second ce official of the am familiand asible for obtainitting false	rtification e contract with the aining the informat	n at the botted entity informatie information, inclu	ottom of this page. If shall sign the certific on submitted in this dition, I believe that the ding the possibility of	the local agency has contracted with action. locument and all attachments, and e information is true, accurate and f and/or imprisonment, pursuant
the certification. Where the higresponsibility or person design another entity to operate the tree I certify under penalty of law that, based on my inquiry of the complete. I am aware that the to N.J.A.C. 7:14A-6.9(B). The	ated by that person eatment works, the lat I have personall ose individuals import are significant personal per	shall also sign the highest-ranking by examined and mediately response enalties for subsection Control of the highest pollution Control of the highest part of the highest pollution control of the highest pollution control of the highest part of t	he second ce official of the am familiand asible for obtainitting false	rtification e contract with the aining the informat	n at the botted entity informatie information, inclu	ottom of this page. If shall sign the certific on submitted in this dition, I believe that the ding the possibility of	the local agency has contracted with action. locument and all attachments, and e information is true, accurate and f and/or imprisonment, pursuant
the certification. Where the higresponsibility or person design another entity to operate the tree I certify under penalty of law that, based on my inquiry of the complete. I am aware that the to N.J.A.C. 7:14A-6.9(B). The	ated by that person eatment works, the lat I have personall ose individuals import are significant por New Jersey water ite Vice President -	shall also sign the highest-ranking by examined and mediately response to the resultion Control Salem	he second ce official of the am familiar asible for obtouritting false of Act provide	rtification e contract with the aining the information for pe	n at the botted entity informati e informa ion, inclu nalties up	ottom of this page. If shall sign the certific on submitted in this dition, I believe that the ding the possibility of to \$50,000 per violat	the local agency has contracted with action. document and all attachments, and e information is true, accurate and f and/or imprisonment, pursuant ion.
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the certification. Where the his responsibility or person design another entity to operate the tree. I certify under penalty of law to that, based on my inquiry of the complete. I am aware that the to N.J.A.C. 7:14A-6.9(B). The Carl J. Fricker, S. NAME AND TITLE OF PRINCIPAL EXECUTE. *For a local agency where the higher than the second	ated by that person eatment works, the lat I have personall ose individuals imported are significant personally one Mew Jersey water ite Vice President - EXECUTIVE OFFICE CUTIVE OFFICE, AUthest-ranking operators shall sign the following	shall also sign the highest-ranking by examined and mediately response enalties for subtraction Control Salem ER, AUTHORIZED THORIZED AGEN or does not have the ling certification:	he second ce official of the am familiar asible for obtainiting false of Act provided AGENT, OR *	rtification e contract with the aining the informatiles for period of the contract of the cont	n at the botted entity informati e informati ion, inclu nalties up OOPERATO	ottom of this page. If shall sign the certific on submitted in this dition, I believe that the ding the possibility of to \$50,000 per violate OR GRADE AND DATE of the personal of the persona	the local agency has contracted with sation. document and all attachments, and e information is true, accurate and f and/or imprisonment, pursuant ion. N/A REGISTRY NUMBER (IF APPLICABLE) AREA CODE/PHONE NUMBER mel, a person having that responsibility of

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

489A SW Outfall 489A

2/1/2011 TO 2/28/2011

PSEG NUCLEAR LLC SALEM GENERATIN

NJ0005622	489	SW Outfall 48	9A 2	/1/2011	10 2/28/2011	PSEG NUC	LEAR LLC SAL	.EM GEI	NEKA	IIF	
PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.0351	0.0351		****	****	****		٥	1/month	CALCED
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	******	*****	*****		1/Month	CALCTD
рН	SAMPLE MEASUREMENT	*****	*****		7.8	*****	7.8		0	Month	GRAS
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	su		1/Month	GRAB
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	⇒ マクトルの 東京教育事業 (1999年) (199	·	21	21	****		0	\\ MOMTH	GRAB
00530 1 Effluent Gross Value	PERMIT. REQUIREMENT	*****	*****	*****	100 01DAMX	30 01MOAV	***	MG/L		**1/Month	GRAB
Datastassas	QL	******	******		の (本有数数数数) できょうか (また) (また) (また) (また) (また) (また) (また) (また)	******	*****	<u> </u>	(28) (4) (88 Y - V		
Petroleum Hydrocarbons	SAMPLE MEASUREMENT	****	*****		*****	72	۷5		O	MONTH	GRAB
00551 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	****	*****	10 01MOAV	15 01DAMX	MG/L		1/Month	GRAB
Carbon, Tot Organic	SAMPLE MEASUREMENT	****	****		*****	a	a		0	Ymanth	GRA13
00680 1 Effluent Gross Value	PERMIT. REQUIREMENT	******		*****	******	REPORT 01MOAV	50 01DAMX	MG/L		1/Month	GRAB
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166	*****	******		l Zam		
99999 99 Lab	PERMIT	REPORT Lab#	REPORT Lab #		REPORT.	REPORT Lab #	REPORT Lab#		2014	Not Applic	NOT AP
	QL	*****	******		****	*****	*****				7.73

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".