MAY 24 2011 HCH-2011-031



CERTIFIED MAIL RETURN RECEIPT REQUESTED ARTICLE NUMBER: 7006 0100 0004 0656 8953

Department of Environmental Protection Office of Permit Management Division of Water Quality PO Box 420 Trenton, N.J. 08625-0420

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

Dear Sir:

Attached is the Discharge Monitoring Report for the Hope Creek Generating Station for the month of April 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 Christopher White at (856) 339-3301.

Sincerely,

John F. Perry Site Vice President – Hope Creek

Attachments

C Executive Director, DRBC USNRC - Docket number 50-354 2

EXPLANATION OF CONDITIONS

April 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.

3

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

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

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

EXPLANATION OF EXCEEDANCES

April 2011

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

4

DSN No.

EXPLANATION

No Exceedances

COUNTY OF SALEM STATE OF NEW JERSEY

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

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

John F. Perry Site Vice President – Hope Creek

Sworn and subscribed before methis 24% day of May, 2011.

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

New Jersey Department of Environmental Protection Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0025411	MonthDayYear412011To4302011	461A – DSN 461A - dsw
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236 – ALLOWAY CRE HANCOCKS BRIDGE, NJ 0803		REPORT RECIPIENT: PSE&G MARYANN MCLAUGHLIN PO BOX 236 / H15 HANCOCKS BRIDGE, NJ 08038
	REGION / COUNTY: Southern / Salem County	
CHECK IF APPLICABLE:		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 that, based on my inquiry of the complete. I am aware that ther	est ranking official having day-to-day managerial and operationa ce a person designated by that person. For a local agency, the hi hest ranking operator does not have the ability to authorize capit ted by that person shall also sign the second certification at the b atment works, the highest-ranking official of the contracted entit at I have personally examined and am familiar with the informa- bese individuals immediately responsible for obtaining the inform e are significant penalties for submitting false information, incl New Jersey water Pollution Control Act provides for penalties u	ghest ranking operator of the treatment works shall sign al expenditures and hire personnel, a person having that bottom of this page. If the local agency has contracted with y shall sign the certification. tion submitted in this document and all attachments, and ation, I believe that the information is true, accurate and uding the possibility of and/or imprisonment, pursuant
John F. Perr	y, Site Vice President – Hope Creek	N/A
	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERA	FOR GRADE AND REGISTRY NUMBER (IF APPLICABLE) 5-24-11 856-339-3463
SIGNATURE OF PRINCIPAL EXEC	TIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER
*For a local agency where the higi	hest-ranking operator does not have the ability to authorize capital exp 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	ched discharge monitoring reports.
N/A	N/A	<u> </u>
NAME AND TITLE	SIGNATURE	DATE AREA CODE/PHONE NUMBER

. . . .

Surface Water Discharge Monitoring Report

	i o o i i ai g	,									F140010
PERMIT NUMBER:	MON	MONITORED LOCATION:			RING PERIOD:	FACILITY NAME:					
NJ0025411	461A	DSN 461A - ds	SW 2	4/1/2011 TO 4/30/2011 HOPE CREEK GENERA			EK GENERATIN	IG STAT	ION		
PARAMETER	\triangleright	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	36.851	50.780		*****	*****	*****		0	Continuous	MEFER
50050 1 Effluent Gross Value		REPORT 01MOAV	REPORT	MGD	tiner teneset	eritan dan	a contra a a a a a a a a a a a a a a a a a a	*****	1.14	Continuous	METER
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	54.317	68,610			****	*****		0	Continuous	METER
50050 7 Intake From Stream		REPORT	ATTACK	MGD	Anter Carlos	AND A CONTRACTOR	Anter	*****	ti.	Continuous	METER
рН	SAMPLE MEASUREMENT	*****	****		8.6	*****	B*B		0	"/WEEK	GRAB
00400 1 Effluent Gross Value			and an and a second sec	•••••	6.0 PoliDAMN		9.0 01DAMX****	SU		:I/Week	GRAB
Chlorine Produced Oxidants	SAMPLE	*****	*****		*****	< 0, i	< 0.1		0	Continuous	GEAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	******* (*****************************	New Street	*****	1000 - 100 - 10000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 10	0/21		MG/L	1857 	Continuous	GRAB
Temperature, oC	SAMPLE	*****	****		*****	25.8	31.8	·	0	Continuous	METER
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	and anno 1994 Teor anno 1994	and an and a second	*****		HEPORU OIMOAV	36:2 OIDAMX	DEG.C		Continuous	A MENER
Temperature, oC	SAMPLE	*****	*****		*****	13.8	18.0		0	Continuous	
00010 7 Intake From Stream		Anna anna anna anna anna anna anna anna		******	94479 94479 94479	REPORT* 501MOAV	REPORT 01DAMX	DEG.C		Continuous	METER

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

Surface Water Discharge Monitoring Report

	2.000.00.0	,••	ing nopoir								1000
PERMIT NUMBER:	MON	ITORED LOCA	TION:	MONITOF	RING PERIOD:	FACILITY N	AME:			. <u></u>	
NJ0025411	461A	DSN 461A - d	sw 4	4/1/2011 TO 4/30/2011 HOPE CREEK GENERATING					ION		
PARAMETER	$\mathbf{\mathbf{X}}$	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Carbon, Tot Organic TOC)	SAMPLE MEASUREMENT	****	*****		****	4.6	4.6		0	1/MONTH	GRAB
0680 1 Effluent Gross Value	PERMIT 27						REPORT	MG/L		1/Month	GRAB
	QL 27		a come past			See mar is					
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	*****		*****	0.8	0.8		0	1MONTH	CALCTO
0680 2 Effluent Net Value	PERMIT REQUIREMENT	·		*****	940 SA 4.9- 844575	REPORT	REPORT 01DAMX	MG/L		1/Month	CALCTD
	QĽ	A Statest	******	ž	*******	******	ALL				
Carbon, Tot Organic TOC)	SAMPLE MEASUREMENT	*****	*****		*****	2.6	2.6		0	1/MONTH	GRAB
00680 7 Intake From Stream	PERMIT REQUIREMENT	2.		*****		OIMOAV	REPORT OIDAMX	MG/L		t/Month	GRAB
		rapit Ganet	and the second second		A CAR THE CONSTRUCTION	A STATES	Contraction of the			State Sec.	
leat (winter) per Hr.)	SAMPLE MEASUREMENT	276	466		***	****	***		0	YDAY	CALCTO
1387 1 Effluent Gross Value	PERMIT. REQUIREMENT	REPORT	662 01DAMX	MBTU/HR		Annual State	and the second second	*****		ne 1/Day	CALCTD
· · · · · · · · · · · · · · · · · · ·	OL	and the second second	a common se			a strange of	And States and States		5. OR	20 Carlos	
ab Certification #	SAMPLE MEASUREMENT	17451	PA166		04653	PAOIO					
99999 99 ab		REPORT	Labi#		(REPORT See	REPORT Lab #	AREPORT.	7200		Not Applic.	
	COLOC A	-125	Same a			*****	AM		100		

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New Jersey Department of Environmental Protection Division of Water Quality Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT MONITORING PERIOD **MONITORED LOCATION:** Month Dav Year Month Dav Year NJ0025411 461C – DSN 461C – DSW internal То 2011 30 2011 4 4 1 **PERMITTEE: REPORT RECIPIENT: LOCATION OF ACTIVITY:** HOPE CREEK GENERATING STATION PSE&G PSE&G NUCLEAR LLC PO BOX 236 - ALLOWAY CREEK NECK RD ARTIFICIAL ISLAND MARYANN MCLAUGHLIN FOOT OF BUTTONWOOD RD PO BOX 236 / H15 HANCOCKS BRIDGE, NJ 08038 LOWER ALLOWAYS CREEK, NJ 08038 HANCOCKS BRIDGE, NJ 08038 **REGION / COUNTY: Southern / Salem County** No Discharge this Monitoring Period **Monitoring Report Comments Attached CHECK IF APPLICABLE:**

<u>WHO MUST SIGN</u> 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.

John F. Perry, Site Vice President – Hope Creek		<u>N/A</u>
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGI	STRY NUMBER (IF APPLICABLE)
Gok F. Peruf	5-24-11	856-339-3463
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER

*For a local agency where the highest-ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall sign the following certification:

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

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

Surface Water Discharge Monitoring Report

PERMIT NUMBER:	MON	ITORED LOCA	TION:	MONITOF	RING PERIOD:	FACILITY N	AME:				
NJ0025411	461C	DSN 461C - D	SW interna	4/1/2011 1	FO 4/30/2011	HOPE CREEK GENERATING STATION					
PARAMETER	\square	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTR	IATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.029	0.070		*****	*****	*****		0	Continuus	METER
50050 1 Effluent Gross Value		REPORT 01MOAV	REPORT 01DAMX	MGD	******* ******************************	ettere Sologia Salation (Salation (S		*****		Continuous	METER
Solids, Total Suspended	SAMPLE MEASUREMENT	****	*****		· *****	6	6		0	YMONTH	Compos
00530 1 Effluent Gross Value	PERMIT-1.4 REQUIREMENT	A ANTANA CAL			santa santa santa	30 01MOAV	100 01DAMX	MG/L		1/Month	COMPOS
Petrol Hydrocarbons, Total Recoverable	SAMPLE	*****	*****		*****	< 5	<5		0	2/month	GRAB
45501 1 Effluent Gross Value	PERMIT	antere a	eriente Als Trilitie	******	ererre ererre	10 01MOAV	202 (PC 2020) 18 (2)	MG/L		2/Month ?	GRAB
Carbon, Tot Organic (TOC)	GL SAMPLE MEASUREMENT	*****	*****		******	6	6		0	1/	Compos
00680 1 Effluent Gross Value	ARGUIPEMENT		errate a	•••••	Anter		50 01DAMX	MG/L		1/Months	COMPOS
Lab Certification #	SAMPLE MEASUREMENT	17451	PAIGC		04653	PAOIO					
99999 99 Lab		REPORT Lab#	REPORT		REPORT Lab #	REPORT (Lab #	REPORT Lab #			Not Applic	NOTAP

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

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New Jersey Department of Environmental Protection Division of Water Quality Surface Water Discharge Monitoring Report Submittal Form

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NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0025411	MonthDayYear412011ToMonthDayYear4302011	462B – dsn 462B – dsw outfall
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236 – ALLOWAY CRI HANCOCKS BRIDGE, NJ 0803		REPORT RECIPIENT: PSE&G MARYANN MCLAUGHLIN PO BOX 236 / H15 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 absen 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 then	test ranking official having day-to-day managerial and operational ce a person designated by that person. For a local agency, the high thest ranking operator does not have the ability to authorize capital the by that person shall also sign the second certification at the bo atment works, the highest-ranking official of the contracted entity that 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, include New Jersey water Pollution Control Act provides for penalties up	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. on submitted in this document and all attachments, and tion, I believe that the information is true, accurate and ding the possibility of and/or imprisonment, pursuant
John F. Perr	y, Site Vice President – Hope Creek	N/A
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	OR GRADE AND REGISTRY NUMBER (IF APPLICABLE)
Joh F. Perry		5-24-11 856-339-3463
SIGNATURE OF PRINCIPAL PXEC	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER
*For a local agency where the hig person designated by that person	hest-ranking operator does not have the ability to authorize capital expension shall sign the following certification: in accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attach	
i certify under penalty of law and l	in accordance with N.J.S.A. 38.10A-or(3) that I have reviewed the attach	ieu uisenaige monnoring reports.

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

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Surface Water I	Discharg	je Monitori	ng Report								PI 46815
PERMIT NUMBER:	MON	ITORED LOCA	TION: I	MONITOF	RING PERIOD:	FACILITY N	AME:		-		
NJ0025411	462B	dsn 462B - ds	w outfall 4	1/1/2011 T	O 4/30/2011	HOPE CREE	EK GENERATIN	G STAT	ION		
PARAMETER	$\mathbf{>}$	QUANTITY C	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	0.016	0. 028		******	*****	*****		0	YDAY	METER
50050 1 Effluent Gross Value		REPORT 01MOAV	REPORT	MGD	- Contraction -		Contraction and the second	*****		1/Day	METER
BOD, 5-Day (20 oC)	OL	And Andreas			freinen?	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)				94	androtal
	SAMPLE MEASUREMENT	****	*****	_	****	255	255		0	IMONTH	COMPOS
00310 G Raw Sew/influent		2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		******	ning for man basenes of management		REPORT 01DAMX	MG/L	323	1/Month	COMPOS
BOD, 5-Day (20 oC)	SAMPLE	0	0	<u> </u>	*****	6	6		0	1/MONTH	COMPOS
00310 1 Effluent Gross Value	PERMIT REQUIREMENT	8 COMOAV	REPORT 01WKAV	KG/DAY	Section 20	30 OTMOAV	45 01WKAV	MG/L		1/Month	COMPOS
BOD, 5-Day (20 oC)	SAMPLE	*****	*****	2	97,5	*****	*****		0	1MONTH	CALCTO
00310 K Percent Removal	PERMIT REQUIREMENT		and a second	*****	01MOAVMN	A Constant of the second		PERCENT		t/Month-	CALCTD
Solids, Total Suspended		*****	*****		*****	516	516		0	"IMONTH	COMPOS
00530 G Raw Sew/influent	PERMIT REQUIREMENT		State -	******		REPORT. 01MOAV		MG/L		1/Month	COMPOS
Solids, Total		******	******	<u>.</u>	**************************************		~/		0	Imauth	COMPOS
Suspended 00530 1 Effluent Gross Value	REQUIREMENT	a contraction of the second	All and a second se		and a second	30 01MOAV	45 01WKAV	MG/L			COMPOS.
	QL	******	******	2		*****	(Astaka				2

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

		•	ng Repor								
PERMIT NUMBER:	MONITORED LOCATION:			MONITOF	RING PERIOD:	FACILITY N	AME:				
NJ0025411	462B dsn 462B - dsw outfall		4/1/2011 1	°O 4/30/2011	HOPE CRE	EK GENERATIN	G STAT	ION			
PARAMETER	\square	QUANTITY C	OR LOADING	UNITS	QUALI		ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Solids, Total	SAMPLE MEASUREMENT	*****	*****		99	99	****		0	1/month	CALCTD
Suspended 00530 K Percent Removal		······································	enare Second		85 	REPORT 01MOAV	n () 	PERCENT		1/Month	CALCTD
Oil and Grease	SAMPLE MEASUREMENT	*****	*****		*****	< 5	< 5		0	1/month	GRAB
00556 1 Effluent Gross Value	PERMIT REQUIREMENT			•••••			15 01DAMX	MG/L		1/Month	GRAB
Coliform, Fecal		**************************************	······································	<u> </u>	**************************************		1/ 1 ATTANE			1/	
General 74055 1 Effluent Gross Value			······		******	< 10 200 01MOGE	< 10 400 01WKGE	#/100ML	0	Имолтн 1/Month	GRAB
Lab Certification #	SAMPLE MEASUREMENT	17451	PA166		06005					·	
99999 99 Lab	PERMIT		REPORT Lab #		REPORT Lab #	REPORT Lab # 444	REPORT			Not Applic	NOT AP

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

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Page 2 of 2

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