JUN 23 2011



HCH-2011-035

CERTIFIED MAIL RETURN RECEIPT REQUESTED ARTICLE NUMBER: 7006 0100 0004 0656 8960

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:

1

Attached is the Discharge Monitoring Report for the Hope Creek Generating Station for the month of May 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

ELS

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Attachments

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

EXPLANATION OF CONDITIONS

May 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 Monitoring Report Form Reference Manual and specific guidance from DEP personnel.

3

EXPLANATION OF EXCEEDANCES

May 2011

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

4

DSN No.

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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 **V** Site Vice President – Hope Creek

Sworn and subscribed before me this $22 \sqrt{d}$ day of June, 2011.

Dilares D. Audden

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 Ouality** Surface Water Discharge Monitoring Report Submittal Form

MONITORING PERIOD MONITORED LOCATION: NJPDES PERMIT Dav Month Day Year Month Year 461A – DSN 461A - dsw NJ0025411 То 2011 5 31 2011 5 1 **PERMITTEE: LOCATION OF ACTIVITY: REPORT RECIPIENT:** HOPE CREEK GENERATING STATION **PSE&G NUCLEAR LLC** PSE&G ARTIFICIAL ISLAND MARYANN MCLAUGHLIN PO BOX 236 - ALLOWAY CREEK NECK RD 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:**

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.

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 REGISTRY NUMBER (IF APPLICABLE)				
Joh F. Perry	6-22-11	856-339-3463			
SIGNATURE OF PRINCIPAL EXPOUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER			

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

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

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

PI 46815

ν.

PI 46815 •

PERMIT NUMBER:
NJ0025411

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

.

461A DSN 461A - dsw

5/1/2011 TO 5/31/2011

HOPE CREEK GENERATING STATION

PARAMETER	$\mathbf{>}$	QUANTITY C	DR LOADING	UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	38.591	57.181		*****	*****	****		0	Continuous	METER
50050 1 Effluent Gross Value	PERMIT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	*****	*****	*****		Continuous	METER
Flow, In Conduit or					******	*****	An		S. 65		Antenna (Strukter) -
Thru Treatment Plant 50050 7 Intake From Stream		56.814 REPORT 01MOAV	70.561 REPORT 01DAMX	MGD	******	******	*****	*****		Continuous Continuous	METER.
рН	SAMPLE MEASUREMENT	*****	*****		8.5	*****	8.7		0	IWEEK	GRAB
00400 1 Effluent Gross Value			******	*****	6.0 01DAMN	****** ******	9.0 01DAMX	SU		¢1/Week	GRAB
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	< 0,1	< 0, 1		0	Continuous	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	••••••	*****		******	0.2 01MOAV 0.1	0.5 01DAMX 0.1	MG/L		Continuous	GRAB.
Temperature, oC	SAMPLE	9 9 8 - 2 18 2 9 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	****		*****	28,4	33.1			Continuous	METER
00010 1 Effluent Gross Value		******		******	******	REPORT 01MOAV	36.2 01DAMX	DEG.C		Continuous	METER
Temperature,	SAMPLE MEASUREMENT	*****	*****			20.3	24, 8		0	Continuous	METER
00010 7 Intake From Stream		******	******	*****	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	MÉTER
	OL	******	******	I	*****	******	1		C.		

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".

PERMIT NUMBER:	MON	IITORED LOCA	TION: N	IONITOR	ING PERIOD:	FACILITY N	AME:				
NJ0025411	461A	DSN 461A - ds	sw 5	/1/2011 T	O 5/31/2011	HOPE CREE	EK GENERATIN	G STAT	ION		
PARAMETER	$\mathbf{\mathbf{X}}$		DR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	*****		*****	4,5	4.5		0	MONTH	GRAB
00680 1 Effluent Gross Value	REQUIREMENT		*****	*****		REPORT 01MOAV	REPORT 01DAMX	MG/L	ala di secondo di secon Secondo di secondo di se Secondo di secondo di se	1/Month	GRAB
	QL	*****	*****		*****	*****	**************************************				
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	*****		*****	-0.8	-0.8		0	1 MONTH	CALCTO
00680 2 Effluent Net Value		******	******	*****	******	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	CALCTD
	OL 💉	******	*****		**************************************	*****	******				
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	*****		*****	3.5	3.5		0	1MONTH	GRAB
00680 7 Intake From Stream	PERMIT	*****	******	*****	******	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	GRAB
	or ≫ QL ≊ :		*****		*****		*****			V.	
Heat (winter) (per Hr.)	SAMPLE MEASUREMENT	198	369		****	****	*****		0	1/DAY	CALCTO
81387 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	662 01DAMX	MBTU/HR	*****	A*****	******	444444		1/Day	CALCTD
	QL	*****	*****		5	*****	*****		i i i i i i i i i i i i i i i i i i i		
Lab Certification #	SAMPLE MEASUREMENT	17451	PAIGG		04653	PAOIO					
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab/#	REPORT Lab.#			Not Applic	NOT AP
	COL S	*****	- 7	- 	*****	*****	*****		5 (4) 		

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

NJPDES PERMIT MONITORING PERIOD MONITORED LOCATION: Day Month Year Month Day Year NJ0025411 461C – DSN 461C – DSW internal То 5 1 2011 5 31 2011 **REPORT RECIPIENT: PERMITTEE: LOCATION OF ACTIVITY:** PSE&G NUCLEAR LLC HOPE CREEK GENERATING STATION PSE&G PO BOX 236 - ALLOWAY CREEK NECK RD ARTIFICIAL ISLAND MARYANN MCLAUGHLIN HANCOCKS BRIDGE, NJ 08038 FOOT OF BUTTONWOOD RD PO BOX 236 / H15 LOWER ALLOWAYS CREEK, NJ 08038 HANCOCKS BRIDGE, NJ 08038 **REGION / COUNTY: Southern / Salem County** No Discharge this Monitoring Period **CHECK IF APPLICABLE: Monitoring Report Comments Attached**

<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	N/A			
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)			
Gol F. Pern	6-22-11	856-339-3463		
SIGNATORE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER		

*For a local agency where the highes anking 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 J have reviewed the attached discharge monitoring reports.

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

PI 46815

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PERMIT NUN	ABER:

MONITORED LOCATION:

MONITORING PERIOD:

RIOD: FACILITY NAME:

NJ0025411

461C DSN 461C - DSW interna

rn: 5/1/2011 TO 5/31/2011

HOPE CREEK GENERATING STATION

PARAMETER	$\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{$	QUANTITY (OR LOADING	UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.020	0.040		*****	*****	*****		0	Continuous	METER
50050 1 Effluent Gross Value	REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	******	·····	*****		Continuous	METER
	QL	*****	*****		2 4 C	*****	******				
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****		****	7	7		0	MONTH	COMPOS
00530 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	******	30 01MOAV	100 01DAMX	MG/L		1/Month	COMPOS
	QL	*****				1					
Petrol Hydrocarbons, Total Recoverable	SAMPLE MEASUREMENT	*****	*****		****	<5	< 5		0	2/month	GRAB
45501 1 Effluent Gross Value	PERMIT	*****		*****	*****	10 01MOAV	15 01DAMX	MG/L		2/Month	GRAB
	QL	*****	*****		*****	*****	*****				
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	*****		***	7	7		0	1/	Compos
00680 1 Effluent Gross Value	PERMIT	•••••	*****	******	******	REPORT 01MOAV	50 01DAMX	MG/L		1/Month	COMPOS
	QL	*****	******		******	*****	*****				
Lab Certification #	SAMPLE	17451	PAIGE		04653	PAOID	<u>area di ammungkan kan satan di di Kang</u> a				<u>araganan kuranan kuranan kuran</u>
99999 99 Lab	PERMIT	REPORT	REPORT		REPORT	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	*****	*****		*****	*****	C. C. ANANANA C. C. C.				

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".

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

NJPDES PERMIT	N	IONITORING PERIOD	MONITORED LOCATION:				
NJ0025411	MonthDay51	Year Month Day Year 2011 To 5 31 2011	462B – dsn 462B – dsw outfall				
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236 – ALLOWAY CRE HANCOCKS BRIDGE, NJ 0803		LOCATION OF ACTIVITY: HOPE CREEK GENERATING STATION ARTIFICIAL ISLAND FOOT OF BUTTONWOOD RD LOWER ALLOWAYS CREEK, NJ 08038	REPORT RECIPIENT: PSE&G MARYANN MCLAUGHLIN PO BOX 236 / H15 HANCOCKS BRIDGE, NJ 08038				
REGION / COUNTY: Southern / Salem County CHECK IF APPLICABLE: IN Discharge this Monitoring Period IN Monitoring Report Comments Attached							
	est ranking official	having day-to-day managerial and operationa	Report Comments Attached				

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

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John F. Perry, Site Vice President – Hope Creek	N/A				
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)				
John F. Perry	6-22-11	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-nanking operator does not have the ability to authorize capital expenditure person designated by that person shall sign the following certification:	s and hire personnel, a	r 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 discharge monitoring reports.

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

PERMIT NUMBER:	MON	ITORED LOCA	TION: N	IONITOF	NING PERIOD:	FACILITY N	AME:				
NJ0025411	462B	dsn 462B - ds	w outfall 5/	1/2011 TO 5/31/2011 HOPE CREEK GENERATING STATION							
PARAMETER	\square	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION		UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.013	0.035		*****	*****	*****		0	1/DAY	METER
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****		*****	******		1/Day	METER
BOD, 5-Day (20 oC)		*****	*****			******	*****		13 13 	1/ · · · · · · · · · · · · · · · · · · ·	
00310 G Raw Sew/influent	PERMIT REQUIREMENT	******	******		*****	292 REPORT 01MOAV	292 REPORT 01DAMX	MG/L		1/Month	COMPOS
BOD, 5-Day (20 oC)	QL SAMPLE MEASUREMENT	0	0		*****	<u>3</u>	3		0	1/MONTH	COMPOS
00310 1 Effluent Gross Value		8 01MOAV	REPORT 01WKAV	KG/DAY	*****	30 01MOAV	45 01WKAV	MG/L		1/Month	COMPOS
BOD, 5-Day (20 oC)	SAMPLE MEASUREMENT	*****	*****		98.9	*****	- <u></u>		0	1/MONTH	CALCTD
00310 K Percent Removal	PERMIT- REQUIREMENT	*****			87.5 01MOAVMŇ	*****	******	PERCENT		1/Month	CALCTD
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****		*****	359	359		0	Умолти	COMPOS
00530 G Raw Sew/influent	PERMIT REQUIREMENT.	******	(14444 (14444)	******	******	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	COMPOS
Solids, Total Suspended	SAMPLE	*****	*****	<u> </u>	*****	2	2	, ,	0	1/month	COMPOS
00530 1 Effluent Gross Value	PERMIT REQUIREMENT.	A777842	******	******	*****	30 01MOAV	45 01WKAV	MG/L		1/Month	COMPOS
	ol 🔅	******	*****			*****	A*****	I			

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".

PI 46815 *

PERMIT NUMBER:	MONITORED LOCATION: MONITORING PERIOD: FACILITY NAME:										1149010
NJ0025411	462B dsn 462B - dsw outfall			5/1/2011 TO 5/31/2011		HOPE CREEK GENERATING STATION					
PARAMETER	$\mathbf{\mathbf{X}}$	QUANTITY OR LOADING		UNITS	QUALI	TY OR CONCENTR	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****		99	99	*****		0	1MONTH	CALCTO
00530 K Percent Removal		******	*****	****	85 01MOAVMN	REPORT 01MOAV	******	PERCENT		1/Month	CALCTD
Oil and Grease	SAMPLE	*****	*****		*****		<5		0	1/MONTH	GE4B
00556 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	·····	•••••	******	10 01MOAV	15 01DAMX	MG/L		1/Month	GRAB
Coliform, Fecal General		*****	*****	9	*****	< /	 < /		0	1/month	GRAB
74055 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******		************	200 01MOGE	400 01WKGE	#/100ML		1/Month	GRAB
Lab Certification #	SAMPLE MEASUREMENT	17451	PAIGG		06005			<u>. </u>			
99999 99 Lab	PERMIT AT 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 - Regin 2 at (609) 292-4860 or via email at "susan.rosenwinkel@dep.state.nj.us".