

SEP 22 2011

HCH-2011-050



CERTIFIED MAIL
RETURN RECEIPT REQUESTED
ARTICLE NUMBER: 7006 0100 0004 0656 8991

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 August 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,

A handwritten signature in black ink that reads "John F. Perry".

John F. Perry
Site Vice President – Hope Creek

IE25
NRR

HCH-2011-050
NJPDES DMR

2

Attachments

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

HCH-2011-050
NJPDES DMR

3

EXPLANATION OF CONDITIONS

August 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.

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.

Monitoring for Effluent Total Suspended Solids was not conducted as required for DSN-462B during this monitoring period.

HCH-2011-050
NJPDES DMR

4

EXPLANATION OF EXCEEDANCES

August 2011

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

DSN No.

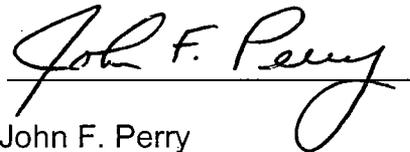
EXPLANATION

No Exceedances

COUNTY OF SALEM
STATE OF NEW JERSEY

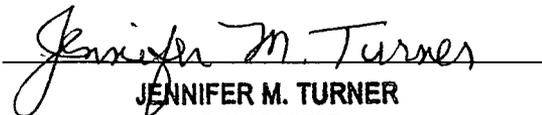
I, John F. Perry, of full age, being duly sworn according to law, upon my oath depose and say:

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 me
this 22 day of September, 2011.



JENNIFER M. TURNER
ID # 2332557
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 8/8/2015

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

PI 46815

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:
NJ0025411	Month	Day	Year	To	Month	Day	Year
	8	1	2011		8	31	2011
461A – DSN 461A – DSW							

PERMITTEE:

PSE&G NUCLEAR LLC
 PO BOX 236 – ALLOWAY CREEK NECK RD
 HANCOCKS BRIDGE, NJ 08038

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: No Discharge this Monitoring Period Monitoring Report Comments Attached

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

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

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)
	9-22-11
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE
	856-339-3463
	AREA CODE/PHONE NUMBER

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

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

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

Surface Water Discharge Monitoring Report

PI 46815

PERMIT NUMBER: NJ0025411 MONITORED LOCATION: 461A DSN 461A - DSW MONITORING PERIOD: 8/1/2011 TO 8/31/2011 FACILITY NAME: HOPE CREEK GENERATING STATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	58.140	68.580	MGD	*****	*****	*****	*****	0	Continuous	METER	
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****	*****	Continuous	METER
	QL	*****	*****		*****	*****	*****		*****	*****	*****	*****
Flow, In Conduit or Thru Treatment Plant 50050 7 Intake From Stream	SAMPLE MEASUREMENT	72.313	73.501	MGD	*****	*****	*****	*****	0	Continuous	METER	
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****	*****	Continuous	METER
	QL	*****	*****		*****	*****	*****		*****	*****	*****	*****
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	8.5	*****	8.9	SU	0	1/WEEK	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	6.0 01DAMN	*****		9.0 01DAMX	*****	1/Week	GRAB
	QL	*****	*****		*****	*****	*****		*****	*****	*****	*****
LC50 Statre 96hr Acu Mysid Bahia TAN3E 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	CODE=N	*****	*****	%EFFL	0	CODE=N	CODE=N	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01RPMN	*****		*****	*****	1/Year	COMPOS
	QL	*****	*****		*****	*****	*****		*****	*****	*****	*****
IC25 Statre 7day Chr Mysid Bahia TBP3E 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	CODE=N	*****	*****	%EFFL	0	CODE=N	CODE=N	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01RPMN	*****		*****	*****	1/Year	COMPOS
	QL	*****	*****		*****	*****	*****		*****	*****	*****	*****
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/WEEK	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.2 01MOAV		0.5 01DAMX	*****	3/Week	GRAB
	RQL	*****	*****		*****	*****	0.1		0.1	*****	*****	*****

Comments: If there are any questions regarding the monitoring report form, please contact Heather Genievich of the Bureau of Surface Water Permitting at (609) 292-4860.

Surface Water Discharge Monitoring Report

PI 46815

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

461A DSN 461A - DSW

8/1/2011 TO 8/31/2011

HOPE CREEK GENERATING STATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	32.0	34.3		0	Continuous	METER
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	36.2 01DAMX	DEG.C		Continuous	METER
	QL	*****	*****	*****	*****	*****	*****				
Temperature, oC 00010 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	*****	29.6	32.2		0	Continuous	METER
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	METER
	QL	*****	*****	*****	*****	*****	*****				
Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.5	4.5		0	1/MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	GRAB
	QL	*****	*****	*****	*****	*****	*****				
Carbon, Tot Organic (TOC) 00680 2 Effluent Net Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0		0	1/MONTH	CALCTD
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	CALCTD
	QL	*****	*****	*****	*****	*****	*****				
Carbon, Tot Organic (TOC) 00680 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.5	3.5		0	1/MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	GRAB
	QL	*****	*****	*****	*****	*****	*****				
Sulfate, Total (as SO4) 00945 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	CODE = N	CODE = N		0	CODE = N	CODE = N
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	UG/L		1/6 Months	COMP24
	QL	*****	*****	*****	*****	*****	*****				

Comments: If there are any questions regarding the monitoring report form, please contact Heather Genievich of the Bureau of Surface Water Permitting at (609) 292-4860.

Surface Water Discharge Monitoring Report

PI 45815

PERMIT NUMBER: NJ0025411 MONITORED LOCATION: 461A DSN 461A - DSW MONITORING PERIOD: 8/1/2011 TO 8/31/2011 FACILITY NAME: HOPE CREEK GENERATING STATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Boron, Total (as B) 01022 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	CODE=N	CODE=N		0	CODE=N	CODE=N
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	UG/L		1/6 Months	COMPOS
	QL	*****	*****		*****	*****	*****				
Heat (summer) (per Hr.) 81386 1 Effluent Gross Value	SAMPLE MEASUREMENT	87	232		*****	*****	*****		0	1/DAY	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	534 01DAMX	MBTU/HR	*****	*****	*****	*****		1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
Copper, Total Recoverable 01119 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	CODE=N	CODE=N		0	CODE=N	CODE=N
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	UG/L		1/6 Months	COMPOS
	RQL	*****	*****		*****	2	2				
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17451	PA166		04653	PAC10					
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applicable	NOT AP
	QL	*****	*****		*****	*****	*****				

Comments: If there are any questions regarding the monitoring report form, please contact Heather Genievich of the Bureau of Surface Water Permitting at (609) 292-4860.

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

PI 46815

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:												
NJ0025411	<table border="1" style="font-size: small;"> <tr><th>Month</th><th>Day</th><th>Year</th></tr> <tr><td style="text-align: center;">8</td><td style="text-align: center;">1</td><td style="text-align: center;">2011</td></tr> </table>	Month	Day	Year	8	1	2011	To	<table border="1" style="font-size: small;"> <tr><th>Month</th><th>Day</th><th>Year</th></tr> <tr><td style="text-align: center;">8</td><td style="text-align: center;">31</td><td style="text-align: center;">2011</td></tr> </table>	Month	Day	Year	8	31	2011				461C - DSN 461C - DSW internal
Month	Day	Year																	
8	1	2011																	
Month	Day	Year																	
8	31	2011																	

PERMITTEE:
 PSE&G NUCLEAR LLC
 PO BOX 236 – ALLOWAY CREEK NECK RD
 HANCOCKS BRIDGE, NJ 08038

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: No Discharge this Monitoring Period Monitoring Report Comments Attached

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

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

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)
	9-22-11
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE
	856-339-3463
	AREA CODE/PHONE NUMBER

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

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

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

Surface Water Discharge Monitoring Report

PI 46815

PERMIT NUMBER: NJ0025411 MONITORED LOCATION: 461C DSN 461C - DSW intern MONITORING PERIOD: 8/1/2011 TO 8/31/2011 FACILITY NAME: HOPE CREEK GENERATING STATION

PARAMETER	X	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Flow, in Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	0.048	0.220	MGD	*****	*****	*****	*****	0	Continuous	METER	
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****		Continuous	METER
	QL	*****	*****		*****	*****	*****		*****			
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	6	6	MG/L	0	1/MONTH	COMPOS	
	PERMIT REQUIREMENT	*****	*****		*****	*****	30 01MOAV		100 01DAMX	*****	1/Month	COMPOS
	QL	*****	*****		*****	*****	*****		*****	*****		
Petrol Hydrocarbons, Total Recoverable 45501 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 5	< 5	MG/L	0	2/MONTH	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	*****	10 01MOAV		15 01DAMX	*****	2/Month	GRAB
	QL	*****	*****		*****	*****	*****		*****	*****		
Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	5	5	MG/L	0	1/MONTH	COMPOS	
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT 01MOAV		50 01DAMX	*****	1/Month	COMPOS
	QL	*****	*****		*****	*****	*****		*****	*****		
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17451	PA166		04653	PA010						
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #		REPORT Lab #	*****	Not Applic	NOT AP
	QL	*****	*****		*****	*****	*****		*****	*****		

Comments: If there are any questions regarding the monitoring report form, please contact Heather Genievich of the Bureau of Surface Water Permitting at (609) 292-4860.

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

PI 46815

NJPDES PERMIT	MONITORING PERIOD			MONITORED LOCATION:														
NJ0025411	<table border="1" style="font-size: small;"> <tr><th>Month</th><th>Day</th><th>Year</th></tr> <tr><td>8</td><td>1</td><td>2011</td></tr> </table>	Month	Day	Year	8	1	2011	To	<table border="1" style="font-size: small;"> <tr><th>Month</th><th>Day</th><th>Year</th></tr> <tr><td>8</td><td>31</td><td>2011</td></tr> </table>	Month	Day	Year	8	31	2011	462B - DSN 462B - DSW Internal		
Month	Day	Year																
8	1	2011																
Month	Day	Year																
8	31	2011																

PERMITTEE:

PSE&G NUCLEAR LLC
 PO BOX 236 – ALLOWAY CREEK NECK RD
 HANCOCKS BRIDGE, NJ 08038

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: No Discharge this Monitoring Period Monitoring Report Comments Attached

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

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

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)
	9-22-11
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE
	856-339-3463
	AREA CODE/PHONE NUMBER

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

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

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

Surface Water Discharge Monitoring Report

PI 45815

PERMIT NUMBER: NJ0025411 MONITORED LOCATION: 462B DSN 462B - DSW Intern: MONITORING PERIOD: 8/1/2011 TO 8/31/2011 FACILITY NAME: HOPE CREEK GENERATING STATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	0.018	0.092	MGD	*****	*****	*****	*****	0	Continuous	METER	
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		*****	Continuous	METER	
	QL	*****	*****		*****	*****	*****		*****			
BOD, 5-Day (20 oC) 00310 G Raw Sew/influent	SAMPLE MEASUREMENT	*****	*****	*****	*****	254	254	MG/L	0	1/MONTH	COMPOS	
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT 01MOAV		REPORT 01DAMX	*****	1/Month	COMPOS
	QL	*****	*****		*****	*****	*****		*****	*****		
BOD, 5-Day (20 oC) 00310 1 Effluent Gross Value	SAMPLE MEASUREMENT	0	0	KG/DAY	*****	6	6	MG/L	0	1/MONTH	COMPOS	
	PERMIT REQUIREMENT	8 01MOAV	REPORT 01WKAV		*****	*****	30 01MOAV		45 01WKAV	*****	1/Month	COMPOS
	QL	*****	*****		*****	*****	*****		*****	*****		
BOD, 5-Day (20 oC) 00310 K Percent Removal	SAMPLE MEASUREMENT	*****	*****	*****	97.5	*****	*****	PERCENT	0	1/MONTH	CALCTD	
	PERMIT REQUIREMENT	*****	*****		*****	*****	87.5 01MOAVMN		*****	*****	1/Month	CALCTD
	QL	*****	*****		*****	*****	*****		*****	*****		
Solids, Total Suspended 00530 G Raw Sew/influent	SAMPLE MEASUREMENT	*****	*****	*****	*****	248	248	MG/L	0	1/MONTH	COMPOS	
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT 01MOAV		REPORT 01DAMX	*****	1/Month	COMPOS
	QL	*****	*****		*****	*****	*****		*****	*****		
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	1/MONTH *	COMPOS *	
	PERMIT REQUIREMENT	*****	*****		*****	*****	30 01MOAV		45 01WKAV	*****	1/Month	COMPOS
	QL	*****	*****		*****	*****	*****		*****	*****		

Comments: If there are any questions regarding the monitoring report form, please contact Heather Genievich of the Bureau of Surface Water Permitting at (609) 292-4860.

* Refer to Explanations of Conditions page

Surface Water Discharge Monitoring Report

PI 46815

PERMIT NUMBER: _____ MONITORED LOCATION: _____ MONITORING PERIOD: _____ FACILITY NAME: _____

NJ0025411

462B DSN 462B - DSW Intern:

8/1/2011 TO 8/31/2011

HOPE CREEK GENERATING STATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Solids, Total Suspended 00530 K Percent Removal	SAMPLE MEASUREMENT	*****	*****				*****		0	1/MONTH*	CALCTD*
	PERMIT REQUIREMENT	*****	*****	*****	85 01MOAVMN	REPORT 01MOAV	*****	PERCENT		1/Month	CALCTD
	QL	*****	*****		*****	*****	*****				
Oil and Grease 00556 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	< 5	< 5		0	1/MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	10 01MOAV	15 01DAMX	MG/L		1/Month	GRAB
	QL	*****	*****		*****	*****	*****				
Nitrogen, Ammonia Total (as N) 00610 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	13	13		0	1/MONTH	COMPOS
	PERMIT REQUIREMENT	*****	*****	*****	*****	35 01MOAV	REPORT 01DAMX	MG/L		1/Month	COMPOS
	QL	*****	*****		*****	*****	*****				
Enterococci 61211 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	< 10	< 10		0	1/MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOGE	REPORT 01WKGE	#/100ML		1/Month	GRAB
	QL	*****	*****		*****	*****	*****				
Coliform, Fecal General 74055 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	< 10	< 10		0	1/MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	200 01MOGE	400 01WKGE	#/100ML		1/Month	GRAB
	QL	*****	*****		*****	*****	*****				
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17451	PA166		06005						
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	*****	*****		*****	*****	*****				

Comments: If there are any questions regarding the monitoring report form, please contact Heather Genievich of the Bureau of Surface Water Permitting at (609) 292-4860.

* Refer to Explanation of Conditions page