SEP 24 2013

**PSEG** Nuclear L.L.C.

SCH13-037 CERTIFIED MAIL RETURN RECEIPT REQUESTED ARTICLE NUMBER: 7011 3500 0000 5084 9100

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 August 2013.

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.

Sincerely,

John F. Perry Site Vice President – Sale

Attachment (12 DMR's)

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

#### EXPLANATION OF CONDITIONS

#### August 2013

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

### August 2013

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

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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 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.

John F. Perry Site Vice President – Salem

Sworn and subscribed before me this 24<sup>-44</sup> day of September 2013

NANCY M. GUNNING otary Public, State of New Je My Commission Expires

September 22, 2014

#### Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	MonthDayYear812013To83120132013	FACA – SW Outfall FACA
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038	<b>REPORT RECIPIENT:</b> PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038
	<b>REGION / COUNTY: Southern / Salem</b>	County
CHECK IF APPLICABLE:	🛛 🔲 No Discharge this Monitoring Period 👘 🔲 Monitoring	g 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.

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John F. Perry, Site Vice President - Salem	<u>N/A</u>				
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHO	GRADE AND REGISTRY NUMBER (IF APPLICABLE)				
Gob F. Ferry		09/23/2013	856-339-3463		
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, UTHORIZE *For a local agency where the highest-ranking operator does not person designated by that person shall sign the following certific	have the ability to authorize capital expenditur	DATE res and hire personnel	AREA CODE/PHONE NUMBER		
I certify under penalty of law and in accordance with N.J.S.A. 58	:10A-6F(5) that I have reviewed the attached di	scharge monitoring re	ports.		
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>		

00010 G       RepORT       PREPORT	
PARAMETER     QUANTITY OR LOADING     UNITS     QUALITY OR CONCENTRATION     UNITS     EX. ANALYSIS       Temperature, oC 00010 G Raw Sew/influent     SAMPLE MEASUREMENT     ******     ******     ******     25.9     26.7     0     Continuous       Temperature, oC 00010 1     SAMPLE REDURATES     ******     ******     ******     0     Continuous       Temperature, oC     SAMPLE REDURATES     ******     ******     ******     ******     0     Continuous       Temperature, oC     SAMPLE REDURATES     ******     ******     ******     ******     0     Continuous       Temperature, oC     SAMPLE RESUREMENT     ******     ******     ******     *******     0     Continuous       Temperature, oC     SAMPLE RESUREMENT     *******     *******     *******     0     Continuous       *******     ********     ************************************	
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	CALCTD
Lab Certification # SAMPLE MEASUREMENT 17327 17151 PA 166	
Lab #	NOTAP

PI 46814

#### Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622		<b>EACB – SW Outfall FACB</b>
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	<b>LOCATION OF ACTIVITY:</b> PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038	<b>REPORT RECIPIENT:</b> PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038
	<b>REGION / COUNTY: Southern /</b>	Salem County
CHECK IF APPLICABLE:	No Discharge this Monitoring Period	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	<u>N/A</u>			
NAME AND TITLE OF PRINCIPAL EXECU	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND RI	EGISTRY NUMBER (IF APPLICABLE)	
_ Gok F. F	ener	09/23/2013	856-339-3463	
SIGNATURE OF PRINCIPAL EXECUTIVE	DATE	AREA CODE/PHONE NUMBER		
*For a local agency where the highest-ra person designated by that person shall s	inking operator does not have the ability to authorize capital expendition ign the following certification:	ires and hire personne	l, a person having that responsibility or	
I certify under penalty of law and in acco	ordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attached of	discharge monitoring re	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	

PERMIT NUMBER:

MONITORED LOCATION: FACB SW Outfall FACB

 LOCATION:
 MONITORING PERIOD:

 Itfall FACB
 8/1/2013 TO 8/31/2013

MONITORING PERIOD: FACILITY NAME:

PSEG NUCLEAR LLC SALEM GENERATIN

PARAMETER	$\mathbf{X}$	QUANTITY (	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	****		*****	25.9	26.7		0	Continuou	CONTIN
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	CQL+∛*.	*****	*****				Statistic and a statistic				
Temperature, oC	SAMPLE MEASUREMENT	****	*****		****	33.9	34.6		0	Continuous	CONTIN
00010  1 Effluent Gross Value	PERMIT REQUIREMENT	********		*****			46.1 01DAMX	DEG.C		Continuous	CONTIN
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Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	7.9	8.0		0	1004	CALCTD
00010 2 Effluent Net Value		*****		******		REPORTS I	01DAMX	DEG.C		1/Day⊱	CALCTD
	QL	1	and the second s				WIN HALLAND				
Lab Certification #	SAMPLE MEASUREMENT	72571	17451		PA 166						
99999 99 Lab		REPORT Lab #	REPORT		REPORT Lab #	REPORT Lab #	EPORT Lab #			Not Applic	NOT AP
	QL	*****	A State State State State	1	Constant and the second second					177.79.9	

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	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622		Year     FACC – SW Outfall FACC
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	<b>REPORT RECIPIENT:</b> 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

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John F. Perry, Site Vice	<u>N/A</u>			
NAME AND TITLE OF PRINCIPAL EXECU	TIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REC	SISTRY NUMBER (IF APPLICABLE)	
/	OFFICER, ANTIORIZED AGENT, OR *LICENSED OPERATOR nking operator does not have the ability to authorize capital expenditu gn the following certification:	DATE	856-339-3463 AREA CODE/PHONE NUMBER a person having that responsibility o	
I certify under penalty of law and in account	rdance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attached d	ischarge monitoring rep	orts.	
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	
NAME AND TITLE	SIGNATURE	DATÉ	AREA CODE/PHONE NUMBER	

PERMIT NUMBER: NJ0005622		ITORED LOCA			RING PERIOD: <b>O 8/31/2013</b>	FACILITY N	AME: Lear LLC SAL	EM GEN	FRAT		
PARAMETER			OR LOADING	UNITS		TY OR CONCENTR			NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	2543	2552		***	· ***	***		0	1Dar	CALCTD
50050 G Raw Sew/influent		3024 01MOAV	REPORT 01DAMX	MGD				*****		au 1/Day	CALCTD
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Million BTUs per Hr	PERMIT	12622	13182		*****	*****			0	Nor 1/Day	CALCTD
Effluent Net Value		01MOAV	01DAMX					*****		(ibay)	
Lab Certification #	SAMPLE	17327	ไวฯรไ		PAILLE		<u>-7790075237222222222222222222222222222222222</u>				
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT		REPORT Lab#	REPORT	REPORT			Not Applic	NOT AP
	QL	*****	Barren and	$\left( \begin{array}{c} 1\\ 0\\ 0\\ \end{array} \right)$	· · · · · · · · · · · · · · · · · · ·		Mr Himmer All Mr				

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#### Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	MonthDayYear812013To831	Year 2013 048C – SW Outfall 48C
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	EXAMPLE 12 CONTRACT POINT PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038
	<b>REGION / COUNTY: Souther</b>	rn / Salem County
CHECK IF APPLICABLE	: . No Discharge this Monitoring Period	Monitoring Report Comments Attached

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John F. Perry, Site Vice President - S		<u>N/A</u>		
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICE	GRADE AND REGISTRY NUMBER (IF APPLICABLE)			
Cloth F. Parcel		09/23/2013	856-339-3463	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AU	DATE	AREA CODE/PHONE NUMBER		
*For a local agency where the highest-ranking operator person designated by that person shall sign the following	r does not have the ability to authorize capital expenditung certification:	res 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 d	ischarge monitoring rep	orts.	
<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	

PERMIT NUMBER:	MON	ITORED LOCA	TION: N	MONITORING PERIOD: FACILITY NAME:							
NJ0005622	048C	SW Outfall 480	C 8	8/1/2013 T	O 8/31/2013	PSEG NUCL	EAR LLC SAL	EM GEN	ERAT	TIN	
PARAMETER		QUANTITY (	DR LOADING	UNITS	QUALI	TY OR CONCENTR	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0,3275	0.8680		*****	*****	*****		0	VDay	CALCTO
50050  1 Effluent Gross Value		REPORT: 01MOAV4		MGD				*****		1/Day	CALCTD I
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	149.70-70-70-14-04-34-34-34-34-34-34-34-34-34-34-34-34-34	21	*****	8			0	2/month	Compas
00530  1 Effluent Gross Value						30 01MOAV	100 01DAMX**	MG/L		<b>≰ ∘2/Month</b> :s	COMPOS
Nitrogen, Ammonia Total (as N)	SAMPLE	*****	       ******		*****		20		0	3 MONTTH	COMPOS
00610  1 Effluent Gross Value						35 01MOAV	01DAMX	MG/L		2/Month	COMPOS
Petroleum Hydrocarbons	SAMPLE MEASUREMENT	*****	****		****	<u>۲</u> 5	<u>کې د دهمې د</u>	<u> </u>	δ	3/month	GRAB
00551 1 Effluent Gross Value	PERMIT	anna an anna an an an an an an an an an		******	And Antonia and Antoni Antonia antonia ant	10 E 01MOAV#3	01DAMX*72	MG/L		2/Month	LIGRAB)
Carbon, Tot Organic (TOC)	SAMPLE	*****	*****		//////////////////////////////////////	22	26	il	0	3/month	compas
00680 1 Effluent Gross Value				*****		REPORT: 01MOAV	01DAMX	MG/L		2/Month	COMPOS
Lab Certification #	SAMPLE	17327	17451	<u>建</u>	PA 166						
99999 99 Lab	PERMIT	REPORTI Lab #4	REPORT Lab # 24		REPORTI	ar # Lab#r	REPORT Lab#	i (v. e		Not Applic:	
	₹ QL IA			99 27				5 9 9			

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PI 46814

#### Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	MonthDayYear812013To8312013	481A – SW Outfall 481A
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038	REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038
CHECK IF APPLICABLE:	REGION / COUNTY: Southern / Salem :	County ; Report Comments Attached

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John F. Perry, Site Vice President - Salem	<u>N/A</u>						
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REG	ISTRY NUMBER (IF APPLICABLE)					
John F. Peur	09/23/2013_	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 dis	charge monitoring rep	orts.					

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

PERMIT NUMBER:	MON	IITORED LOCA	TION: N	MONITORING PERIOD: FACILITY NAME:			AME:				
NJ0005622	481A	SW Outfall 48	1A 8	8/1/2013 T	O 8/31/2013	PSEG NUCL	EAR LLC SAL	EM GEN	ERAT	ΓIN	
PARAMETER	$\mathbf{>}$	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	457	457		*****	*****	*****		0	11Day	CALCTD
50050 1 Effluent Gross Value	PERMIT	REPORT 01MOAV	REPORT I	MGD				*****		1/Day	CALCTD
	···· QL 附続	<b>物种。 : *****</b> 建碱应等	NAME OF COMPANY	·							
рН	SAMPLE MEASUREMENT	*****	*****		7.3	*****	7.6		0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT	*****		-	6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0 6.0		9.0 • • • • • • • • • • • • • • • • • • •	SU		1/Week	GRAB
	QL	····	NHAR TOTAL THE PARTY OF THE PAR								
рH	SAMPLE MEASUREMENT	*****	*****		7,8	*****	7.9		0	lweek	GRAB
00400 7 Intake From Stream	PERMIT	*****		*****	REPORT 01DAMN		REPORT	SU		1/Week	GRAB
LC50 Statre 96hr Acu	QL			<u></u>			A CONTRACTOR OF CONTRACTOR				
Cyprinodon	SAMPLE MEASUREMENT	*****	*****		CODE = N	*****	*****		0	CODIE=NI	CODE=N
TAN6A 1 Effluent Gross Value		*****		*****	50.57 01DAMN (1975)			%EFFL		2/Year	CÓMPOS 10
	QL`%	*****				The mandality					
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		****	CODE=N	CODE=N		6	CODE=N	CODE=N
*CPOX 1 Effluent Gross Value		*****		******		0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	ĠRAB
Option 1	QL/	· · · · · · · · · · · · · · · · · · ·									
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	20.1	<0.1		0	3/week	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	******	Fridantisci status	******		REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	QL	*****	A ANALAS ANALAS					L			

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	urface Water Discharge Monitoring Report							PI 46814			
PERMIT NUMBER:	MON	MONITORED LOCATION:			MONITORING PERIOD: FACILITY NAME:						
NJ0005622	481A	SW Outfall 48	1A	ד 8/1/2013	TO 8/31/2013	PSEG NUCI	EAR LLC SAL	EM GEN		ΓΙΝ	
PARAMETER	$\mathbf{\mathbf{X}}$	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		****	33.4	35.7		0	1/Day	CONTIN
00010 1 Effluent Gross Value		·				REPORT	REPORT 01DAMX	DEG.C		hel1/Day∓≦	CONTIN
	QL	*****	A ANTINANA A ANTINA	8	17 And Address of the		The same set				
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PAILS						
99999 99 Lab	PERMIT	REPORT	REPORT		REPORT	REPORT or Lab #	REPORT			Not Applic	NOT AP
	QL	*****	101111 12 12 12 14 14 14 14 14	1971 1971							

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

#### Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	MonthDayYear812013To83120132013	482A – SW Outfall 482A
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	<b>LOCATION OF ACTIVITY:</b> PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038	REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038
CHECK IF APPLICABLI	REGION / COUNTY: Southern / Salem	County z 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 - Salem	<u>N/A</u>				
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)				
Joh F. Perel	09/23/2013	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 expenditur person designated by that person shall signific following certification:	es and hire personnel, a	a person having that responsibility or			

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

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

PERMIT NUMBER:	ER: MONITORED LOCATION: MONITORING PERIOD;					FI 40814 FACILITY NAME:					
NJ0005622		SW Outfall 482			O 8/31/2013		EAR LLC SAL	EM GEN	ERA	<b>FIN</b>	
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	441	441		*****	*****	*****		0	1/Day	CALCTD
50050 1 Effluent Gross Value		REPORT 01MOAV	REPORT 01DAMX	MGD				*****		1/Day	CALCTD
рН	SAMPLE MEASUREMENT	*****	*****		7.5	*****	7.6		0	Yweek	GRAB
00400 1 Effluent Gross Value					6:07 01DAMN		9.0 01DAMX	SU		21/Week	GRAB
рH	SAMPLE MEASUREMENT	*****	****		7.8	*****	7.9		0	Yweek	GRAB
00400  7 Intake From Stream							REPORT 201DAMX	SU		i (Week) Ke	GRAB
LC50 Statre 96hr Acu Cyprinodon	SAMPLE	<u>******</u>	<u>:::::::::::::::::::::::::::::::::::::</u>		CODE = N	*****	*****		0	KODE=N	CODE = N
TAN6A 1 Effluent Gross Value				*****	01DAMN			%EFFL		2/Year	COMPOS
Chlorine Produced Oxidants	SAMPLE	*****	****		*****	CODE=N	CODF = N		0	CODE = N	CODE = N
*CPOX 1 Effluent Gross Value Option 1						0i3 01MOAV	0.5 01DAMX	MG/L		ca3/Week	GRAB
Chlorine Produced Oxidants	SAMPLE	- 1999-19-19-1999-199-1999-1999-1999 ******	****		*****	٢٥.١	20.1		0	3/week	GAAB
*CPOX 1 Effluent Gross Value Option 2					And	REPORT 21	0.2 01DAMX	MG/L		3/Week	GRAB

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.

PI 46814

Surface Water I	Surface Water Discharge Monitoring Report							PI 46814			
PERMIT NUMBER:	MON	MONITORED LOCATION:		MONITORING PERIOD: FACILITY NAME:							
NJ0005622	482A	SW Outfall 48	2A	8/1/2013 TO 8/31/2013 PSEG NUCLEAR LLC SAL			EM GENERATIN				
PARAMETER	$\square$	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	33.2	35.4		0	1/Day	CONTIN
00010 1 Effluent Gross Value		*****		*****				DEG.C		1/Day + ;	CONTIN
	QL	man (****** 開始開始) 	The art and the second se				States and the second second	l		Weine Street and	
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PAILS						
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab # and the	REPORT Lab #	REPORT			Not Applic	NOT AP
	QL	······································		5		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.

#### Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	MonthDayYear812013To8312013	$\rightarrow$ 1 48 1 A $=$ NVV UIIIITAII 48 1 A
<b>PERMITTEE:</b> PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	<b>LOCATION OF ACTIVITY:</b> 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
	<b>REGION / COUNTY: Southern / Sale</b>	m County
CHECK IF APPLICABLE	E: No Discharge this Monitoring Period	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 - Salem	<u>. N/A</u>				
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REG	ISTRY NUMBER (IF APPLICABLE)			
Joh F. Parel	09/23/2013	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 perator does not have the ability to authorize capital expenditur person designated by that person shall sign the following certification:	es 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 dis	scharge monitoring rep	orts.			

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

PERMIT NUMBER:	MON	ITORED LOCA	TION: I	NONITOR	ING PERIOD:	FACILITY N	AME:				
NJ0005622	483A	SW Outfall 48	3A 8	3/1/2013 T	I/2013 TO 8/31/2013 PSEG NUCLEAR LLC SALE			EM GEN	ERA	ΓIN	
PARAMETER	$\mathbf{\mathbf{X}}$	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	447	456		*****	*****	*****		Ò	1/Day	CALCTID
50050 1 Effluent Gross Value		REPORT 01MOAV		MGD				*****		1/Day and Si	CALCTD
рН	SAMPLE	*****	*****		7.5	*****	7.6		O	1/week	GRAB
00400 1 Effluent Gross Value		******		1 5 5 5 5 5 5 5 5 5 5 5 5 5	6.0 # 01DAMN		9.0 01DAMX	SU		1/Week	GRAB
pH	QL SAMPLE MEASUREMENT	****	*****	<u> </u>	7.8	*****	7.9	· · · · · · · · · · · · · · · · · · ·	0	1/week	GRAB
00400  7 Intake From Stream		1			REPORT		REPORT 01DAMX	su		1/Week	GRAB
Chlorine Produced Oxidants	QL SAMPLE MEASUREMENT	*****	*****			CODE=N	CODIE e N		0	CODE =N	CODE N
*CPOX 1 Effluent Gross Value		1997 - <b>*****</b> 19 <sup>78</sup> - 19	******			0.3 01MOAV	0.5 01DAMX	MG/L		a 3/Week	GRAB
Option 1 Chlorine Produced	QL SAMPLE MEASUREMENT	*****	*****		499) (111 <b>******</b> ****************************	<u>ک</u>	20.1		0	3/week	GRAB
Oxidants *CPOX 1 Effluent Gross Value		******		******		REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	QL	1995 - 41 <b>*****</b> 906955		<u>.</u>							
Temperature, oC	SAMPLE MEASUREMENT	****	****	_	****	33.1	36.6		0	1004	CONTIN
00010 1 Effluent Gross Value	PERMIT		The street of the	νο να ν τ τ τ		REPORT 01MOAV	REPORT	DEG.C		1/Day	CONTIN
L	QL	*****	A AND ANALASSA CARACTER	<b>B</b>	· · · · · · · · · · · · · · · · · · ·						

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.

PERMIT NUMBER:	······	MONITORED LOCATION: 483A SW Outfall 483A			RING PERIOD:FACILITY NAME:TO 8/31/2013PSEG NUCLEAR LLC SALEI		EM GEN	ERA	TIN		
PARAMETER		QUANTITY (	OR LOADING	UNITS	QUALIT	TY OR CONCENTR	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PAILS						
99999 99 Lab	PERMIT REQUIREMENT	REPORT	REPORT		REPORT Allab # 1	REPORT Lab #	REPORT			Not Applic	NOTAP
	QLW	\$*************************************			50 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (		A State of the second				

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	MONITORED LOCATION:
NJ0005622	MonthDayYear812013To8312013	484A – SW Outfall 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 RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038
	<b>REGION / COUNTY: Southern / Salen</b>	n County
CHECK IF APPLICABLI	E: 🔲 No Discharge this Monitoring Period 🗌 Monitorin	ng 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 - Salem	<u>N/A</u>				
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REG	ISTRY NUMBER (IF APPLICABLE)			
Joh F. Peur	09/23/2013	856-339-3463			
SIGNATORE OF PRINCIPAL EXECUTIVE OFFICER AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER			
*For a local agency where the highest-ranking prerator does not have the ability to authorize capital expenditur	es and hire personnel, a	a person having that responsibility of			

\*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.

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

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PERMIT NUMBER:	MON	ITORED LOCA	TION: N	IONITOR	RING PERIOD:	FACILITY NA	AME:					
NJ0005622	484A	SW Outfall 484	4A 8	8/1/2013 T	FO 8/31/2013 PSEG NUCLEAR LLC SALEN			EM GEN	M GENERATIN			
PARAMETER	$\mathbf{>}$	QUANTITY (	DR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	451	451		*****	*****	*****		٥	YOON	CALCTO	
50050 1 Effluent Gross Value	PERMIT REQUIREMENT.	REPORT 01MOAV	REPORT 01DAMX	MGD				*****		ine1/Day t⊻		
pH		Province Annaly Constraints		<u> </u>						1/		
	MEASUREMENT	*****	****	-	7.5	*****	7.6		0	I week	GRAB	
00400 1 Effluent Gross Value		*****	And	*****	6.0 01DAMN		01DAMX	SU		1/Week.	GRAB	
		1997 (1997) 1		. <u> </u>								
рН	SAMPLE MEASUREMENT	*****	*****		7.8	*****	7.9		٥	Week	GRAB	
00400 7 Intake From Stream	PERMIT REQUIREMENT	****** aga - 10		*****	REPORT.		REPORT 01DAMX	SU		1/Week≷	GRAB	
	QL	**************************************	La Contractor	}			ABAR AND AND A SHORE					
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****		CODE=N	*****	****		0	CODE=N	CODE=N	
TAN6A 1 Effluent Gross Value		*****		*****	50 01DAMN			%EFFL		2/Year		
	QL	1997) (****** ) (1997) 1997)		F								
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	CODE=N	CODE=N		0	CODE=N	CODEEN	
*CPOX 1 Effluent Gross Value	PERMIT. REQUIREMENT	*****	* and the first sector	*****		0.3 01MOAV.	0.5 01DAMX	MG/L		3/Wéek a	GRAB	
Option 1	QL	1	and the second s	1 1 1			Market States	<u> </u>		the Shering		
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	20.1	20.1		0	3/work	GRAB	
*CPOX 1 Effluent Gross Value		****** ******		· · · · · · · · · · · · · · · · · · ·		REPORTI 01MOAV	0.2 01DAMX	MG/L		a SAWeek	GRAB	
Option 2	QL	*****			( 35 - 14 - 14 - 14 - 14 - 14 - 14 - 14 - 1		A Contract of the second			Natural de la companya de la company		

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.

PI 46814

PERMIT NUMBER:	MON	ITORED LOCA	TION:	MONITOF	RING PERIOD:	FACILITY N	AME:				
NJ0005622	484A	SW Outfall 48	4A	ד 8/1/20 <mark>1</mark> 3 ד	FO 8/31/2013	13 PSEG NUCLEAR LLC SALEM GENERATIN				ΓΙΝ	
PARAMETER	$\mathbf{>}$	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	****	*****		*****	34.2	36.0		٥	11Day	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT		in and a states	10. 4. 64.		REPORT 01MOAV	REPORT	DEG.C		s 1/Day de	CONTIN
	QL	****	1	in.	The second second second		Hand Andrew State	L			an a san an a
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166						
99999 99 Lab		REPORT	REPORT		REPORT Lab # Plue	REPORT	REPORT			Not Applic	MOT AP
	QL	*****	11~11000000000000000000000000000000000		10						

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

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#### Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	MonthDayYear812013To8312013	485A – SW Outfall 485A
<b>PERMITTEE:</b> 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	<b>REPORT RECIPIENT:</b> PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038
	<b>REGION / COUNTY: Southern / Salem</b>	County
CHECK IF APPLICABLE	: 🔲 No Discharge this Monitoring Period 🛛 Monitorin	g 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.

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John F. Perry, Site Vice President - Salem	<u> </u>					
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REC	GISTRY NUMBER (IF APPLICABLE)				
Yok F. Peny	09/23/2013	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 expenditur person designated by that person shall sign the following certification:	es and hire personnel.	a person having that responsibility or				
	1					

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

AREA CODE/PHONE NUMBER

PERMIT NUMBER:	MON	ITORED LOCA	TION: N	IONITOR	RING PERIOD:	FACILITY N	AME:				
NJ0005622	485A	SW Outfall 48	5A 8	/1/2013 T	O 8/31/2013	PSEG NUCL	EAR LLC SAL	EM GEN	ERAT	ΓIN	
PARAMETER	$\square$	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	424	424		*****	*****	*****		D	1/Day	CALCTD
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD				*****		1/Day	CALCTD
	QL	(************************************		ļ							
рН	SAMPLE MEASUREMENT	*****	*****		7,5	*****	7,6		0	1/week	Grab
00400 1 Effluent Gross Value		*****		*****	6.0 6.0 01DAMN		9.0 5 01DAMX	SU		1/Week	GRAB
	Com QL Street	34-17-11-1++++*-T-17-13-14-14-14-14-14-14-14-14-14-14-14-14-14-	**	ļ			2000 Anton 2 19 19 20				
рН	SAMPLE MEASUREMENT	*****	****		7.8	*****	7.9		0	week	Grab
00400 7 Intake From Stream	PERMIT REQUIREMENT	*****		*****			REPORT	SU		1/Week	GRAB
[	QL	Vely the states of the									
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****		CODE = H	*****	****		0	CODE:N	CODE=N
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT.	A STATE OF A		****	01DAMN			%EFFL		2/Year	COMPOS
ļ		**************************************	ten and the states of the second	<u> </u>	Turner to many and the		And Andreas States	L			
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	CODE = N	CODE = N		0	CODE=N	CODE=N
*CPOX 1 Effluent Gross Value	PERMIT SALE	0. *******		*****		0.3 22 0 01MOAV	0.52 0.52 01DAMX	MG/L		3/Week	GRAB
Option 1	QL	*****	*******	·			AND DESCRIPTION OF				NE PROZEM
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	*****		*****	20.1	2011		0	3/week	Grab
*CPOX 1 Effluent Gross Value	PERMIT PERMIT			*****			0.2 01DAMX	MG/L		1	GRAB
Option 2	QL	100 100 <b>*****</b> 20 3.30	1774 A AAAAAA		The second second		fritten and a start				

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.

PI 46814

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		· · · · · · · · · · · · · · · · · · ·									
PERMIT NUMBER:	MON	ITORED LOCA	TION:	MONITOR	ING PERIOD: FACILITY NAME:						
NJ0005622	485A	SW Outfall 48	5A	8/1/2013 1	ГО 8/31/2013	PSEG NUCI	EAR LLC SAL	EM GEN	ERA	ΓIN	
PARAMETER	$\mathbf{>}$	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	33,9	35.7		0	1/DAY	CONTIN
00010  1 Effluent Gross Value	PERMIT	tanan Angelar ayar talah angelar ayar talah angelar ayar talah angelar talah angelar talah angelar talah talah Angelar angelar talah angel Angelar angelar talah angel		***** 5 15		REPORT: 01MOAV	REPORT 01DAMX	DEG.C		1/Day	
	QL	*****	*****	<u>19</u>	A Manual Contraction						and the second second
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166						
99999 99 Lab		REPORT	REPORT Lab #54		Lab #7	REPORT Lab #	REPORT			Not Applic:	PNOT AP
		4	*****				A CALL CALLS				

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

#### Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	MonthDayYear812013To8312013	486A – SW Outfall 486A
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
	<b>REGION / COUNTY: Southern / Salem</b>	County
CHECK IF APPLICABL	E: 🔲 No Discharge this Monitoring Period 🛛 Monitorin	g 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 - Salem	<u>N/A</u>			
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REG	ISTRY NUMBER (IF APPLICABLE)		
Joh F. Perul	09/23/2013	856-339-3463		
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER		
*Eas a local memory above the highest multiple connected days not here the ability to authorize capital expanditure	an and hire personnal	a parson having that responsibility		

\*For a local agency where the highest-ranking of erator 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.

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

PERMIT NUMBER:	MONITORED LOCATION: MONITORING PERIOD: FACILITY NAME:				<u> </u>						
NJ0005622	486A	86A SW Outfall 486A 8/1/2013			S/1/2013 TO 8/31/2013 PSEG NUCLEAR LLC SALE			EM GEN	ERAT	ÎN	
PARAMETER	$\mathbf{>}$	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	434	435		*****	****	*****		0	1/Day	CALCTD
50050  1 Effluent Gross Value			REPORT 01DAMX	MGD				*****		1/Day	
рН	QL SAMPLE MEASUREMENT	*****	*****	<u> </u>	7,5	*****	7.4		0	l/week	Grab
00400  1 Effluent Gross Value	PERMIT REQUIREMENT			******	6.0, 000000 01DAMN		9.0 01DAMX	SU		101/Week	GRAB
рН	QL'SAMPLE MEASUREMENT	*****	*****		7,8	*****	7,9		0	l/week	Grab
00400  7 Intake From Stream				*****	REPORT 01DAMN		REPORT in 01DAMX	SU		-1/Week-	
Chlorine Produced Oxidants	SAMPLE	*****	*****	· <u>·</u>	****	CODE = N	CODE = N		0	CODE=N	CODE = N
*CPOX 1 Effluent Gross Value Option 1						0'33 01MOAV	0.5 01DAMX 445	MG/L		3/Week	GRAB
Chlorine Produced Oxidants	SAMPLE	****	1. 618-1. 508 80 - 90 - 90 - 90 - 90 - 90 - 90 - 90		****	20,1	2011		0	3/week	
*CPOX 1 Effluent Gross Value Option 2			*******	*****		REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Temperature,	SAMPLE MEASUREMENT	****	<u>ा हेन्द्र वैश्वविद्यत्व वस्तु व्यविध्यः २</u> <b>****</b> *		*****	33,5	35,2		0	1/DAY	CONTIN
00010 1 Effluent Gross Value			a ila ginad tutkana A tutka na tu	*****		REPORT	REPORT	DEG.C		1/Day	
	<b>OL</b>		22. ******	ţ	1.20 (1.10 + 2.10 ) A.30 (1.10 + 2.10 +		The state of the second second				

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.

PERMIT NUMBER:		ITORED LOCA		MONITORING PERIOD: 8/1/2013 TO 8/31/2013				.EM GENERATIN			
PARAMETER	$\square$	QUANTITY (	DR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA166						
99999 99 Lab		REPORT Lab #	REPORT		REPORT Lab # jakte	REPORT Lab #	have and the set of the set of the			Not Applic	

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#### Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	MonthDayYear812013To8312013	487B – SW Outfall 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 RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038
CHECK IF APPLICABLI	REGION / COUNTY: Southern / Salcm	County ng Report Comments Attached

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John F. Perry, Site Vice President - Salem	<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	09/23/2013	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-kurking operator does not have the ability to authorize capital expenditus person designated by that person shall sign the following certification:	res 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 d	scharge monitoring rep	orts.			

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

### Surface Water Discharge Monitoring Report Submittal Form

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NJ0005622	MonthDayYear812013To8312013	489A – SW Outfall 489A
<b>PERMITTEE:</b> PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	<b>LOCATION OF ACTIVITY:</b> 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
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John F. Perry, Site Vice President - Salem	<u>N/A</u>			
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Gok F. Perry	09/23/2013	856-339-3463		
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I certify under penalty of law and in accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attached discharge monitoring reports.

N/A	NT/A	<b>NI/A</b>	<b>NT/A</b>
NA	N/A	N/A	NI/A
1 1/ 2 1		17/17	11/17

AREA CODE/PHONE NUMBER

PERMIT NUMBE	IBER: MONITORED LOCATION:				MONITORING PERIOD:		FACILITY NAME:					
NJ0005622		489A SW Outfall 489A			8/1/2013 TO 8/31/2013		PSEG NUCLEAR LLC SALEM GENERATIN					
PARAMETER	र	QUANTITY OR LOADING		R LOADING	UNITS	QUALIT	Y OR CONCENTRATION		UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit o Thru Treatment P 50050 1 Effluent Gross Va		SAMPLE MEASUREMENT	0,0263	0,0263	MGD	*****	*****	*****	*****	0	1/month	CALCTO
	e	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX							1/Month	FCALCTD CALCTA C
pH 00400 1 Effluent Gross Val	alue	SAMPLE MEASUREMENT	****	*****	*****	7.5	*****	7,5	SU	0	Month	Grab
		PERMIT				6:0 01DAMN		9.0			1/Month	GRAB
Solids, Total Suspended	alue	SAMPLE	*****	*****	*****	8	B	*****	MG/L	0	Month	Grab
00530  1 Effluent Gross Va		PERMITIE REQUIREMENT					30 101MOAV				31/Month	GRAB
Petroleum Hydrocarbons	alue	SAMPLE MEASUREMENT	*****	****	5 7 7 7 7 7 7 7	<u>     (1977)</u> (1977)     (197	<5	L 5	MG/L	0	/Nonth	Grab
00551 1 Effluent Gross Valu							1054 01MOAV	15 01DAMX			1/Months	GRAB
Carbon, Tot Organi (TOC)	ic	SAMPLE MEASUREMENT	*****	*****		*****	6	6	MG/L	0	1/Month	Grab
00680  1 Effluent Gross Value	Je		****** ******				REPORT 01MOAV	50 \$01DAMX			- 1/Month	GRAB
Lab Certification #		SAMPLE	17327	17451	<u>8</u>	PA166						
99999 99 Lab		PERMIT REQUIREMENT		REPORT:			REPORT	REPORT			Not Applic	NOT AP
		LI PQL L		1				**************************************				

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

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