SCH-14-018 CERTIFIED MAIL RETURN RECEIPT REQUESTED ARTICLE NUMBER: 7012 1640 0000 4257 0403



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 March 2014.

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 – Salem

Attachment (12 DMR's)

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



## EXPLANATION OF CONDITIONS

## March 2014

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.

ATTACHMENT: None

## EXPLANATION OF EXCEEDANCES

## March 2014

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

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 V Site Vice President – Salem

Sworn and subscribed before me this  $33^{\text{Ad}}$  day of April 2014

NANCY M. GUNNING Public, State of New Jerse My Commission Expires September 22, 2014

## Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	MonthDayYear312014To3312014	FACA – SW Outfall FACA
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 / Salem</b>	County
CHECK IF APPLICABLE	2: 🔲 No Discharge this Monitoring Period 🛛 🗌 Monitoring	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 REGISTRY NUMBER (IF APPLICABLE)					
John F. Perry	4/23/2014	856-339-3463				
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR *For a local agency where the highest-ranking operator does not have the ability to authorize capital expenditun person designated by that person shall sign the following certification:	<b>DATE</b> res and hire personne	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 r	eports.				

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

PERMIT NUMBER:	MON	ITORED LOCA	TION: N	IONITOR	NING PERIOD:	FACILITY NA	AME:			`	
NJ0005622	FAC	A SW Outfall FA	ACA 3	/1/2014 T	O 3/31/2014	PSEG NUCL	EAR LLC SALI	EM GEN	ERA	TIN	
PARAMETER	$\triangleright$	QUANTITY (	DR LOADING	UNITS	QUALI	IY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	4.0	6.6		0	Continuous	CONTIN
00010  G Raw Sew/influent	PERMIT *REQUIREMENT		10 14 14 14 14 14 14 14 14 14 14 14 14 14		******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
Temperature,	QL .		A CARACTER STATE		10	1999 <b>- 1999 - 19</b> 99 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999	**************************************				
oC	SAMPLE MEASUREMENT	*****	****		****	12.5	15.2		0	Continuous	CONTIN
00010 1 Effluent Gross Value	PERMIT			*****	******	REPORT 01MOAV	43.3 01DAMX	DEG.C	it Ma	Continuous	CONTIN
	QL		af b. P. Sandaran (C. 1940) P. Sandaran (C. 1940)		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	**************************************	19. 8. 8 <b>******</b> 20. 9 ***********************************		1.5		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Temperature, oC	SAMPLE MEASUREMENT	*****	****		*****	8.6	10.2		0	1/Day	CALCTID
00010_2 Effluent Net Value	PERMIT			*****		REPORT 01MOAV	15.3 01DAMX	DEG.C	( 	1/Day	CALCTD
	QL	D 1	1		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		是一个人的变形, <b>******</b> ******************************		1. 2. 3. 6. 4.		
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166						
99999 99 Lab	REQUIREMENT	REPORT	REPORT		REPORT Lab #	REPORT Lab #	REPORT			Not Applic	NOTAP
	QL 🔐	1	******		A	******	*****				

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	MonthDayYear312014To331	Year 2014FACB – SW Outfall FACB
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
	<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 Pre	<u>N/A</u> GRADE AND REGISTRY NUMBER (IF APPLICABLE)				
NAME AND TITLE OF PRINCIPAL EXECUTIV					
Joh F. Per	uf	4/23/2014	856-339-3463		
SIGNATURE OF PRINCIPAL EXECUTIVE OF	PICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER		
*For a local agency where the highest-ranki person designated by that person shall sign	g operator docs not have the ability to authorize capital expenditu the following certification:	ures and hire personn	el, a person having that responsibility or		
I certify under penalty of law and in accordan	nce with N.J.S.A. 58:10A-6F(5) that I have reviewed the attached o	discharge monitoring	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:	MON	ITORED LOCA	TION: N	IONITOR	NING PERIOD:	FACILITY N	AME:				
NJ0005622	FAC	B SW Outfall F	ACB 3	1/2014 1	°O 3/31/2014	PSEG NUCL	EAR LLC SAL	EM GEN	ERA	TIN	
PARAMETER	$\mathbf{\mathbf{X}}$	QUANTITY (	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	4,0	6.6		٥	Continuous	CONTIN
00010 G Raw Sew/influent	PERMIT		*****	*****		REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
					*****		a da san an a		1.175		
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	127	18.3		0	Continuous	CONTIN
00010 1 Effluent Gross Value	PERMIT	*****	*****	******	*****	REPORT 01MOAV	43/3 01DAMX	DEG.C		Continuous	CONTIN
	ैं, QL		1		*****	*****			1.25		
Temperature, oC	SAMPLE MEASUREMENT	*****	****		****	8.8	10.4		0	HDay	CALCTO
00010_2 Effluent Net Value	PERMIT REQUIREMENT	****	*****	*****	1	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD
	⊊QL.	*****	*****		1 4.1 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	A CARLES AND A CARLES	*****		4		
Lab Certification #	SAMPLE MEASUREMENT	רבצרו	17451		FA 166						
99999 99 Lab		REPORT. Lab #	REPORT Lab #	1	REPORT Lab #	REPORT Lab #	REPORT			Not Applic	NOT AP
	Per QL	1	*****	1	**************************************	And	*****		1.40		

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	MonthDayYear312014To33120	
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 / S</b>	alem 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.

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John F. Perry, Site Vice Pres	<u>N/A</u>				
NAME AND TITLE OF PRINCIPAL EXECUTIVE	GRADE AND REGISTRY NUMBER (IF APPLICABLE)				
Joh F. Peru	1	4/23/2014	856-339-3463		
SIGNATURE OF PRINCIPAL EXECUTIVE OFFI	CER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER		
*For a local agency where the highest-ranking person designated by that person shall sign th	operator does not have the ability to authorize capital expenditu e following certification:	res and hire personnel,	a person having that responsibility or		
I certify under penalty of law and in accordance	e with N.J.S.A. 58:10A-6F(5) that I have reviewed the attached d	lischarge monitoring re	ports.		
<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: NJ0005622		ITORED LOCAT				FACILITY NA					
NJUUU3022	FAC	SW Outfall FA		0/1/2014 1	O 3/31/2014	PSEG NUCL	EAR LLC SAL	EN GEN	ERA	i in	
PARAMETER		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	2718	2847		*****	*****	*****		0	1 Day	CALCTO
50050  G Raw Sew/influent	PERMIT	3024 01MOAV	REPORT 01DAMX	MGD	*****	*****		*****		, 1/Day	CALCTD
	QL «	****	******	5		****	141 (144)		ان الشمورية. الأربية ال		
Thermal Discharge Million BTUs per Hr	SAMPLE MEASUREMENT	15345	16384		*****	*****	*****		ô	1Day	CALCTID
00015 2 Effluent Net Value	PERMIT REQUIREMENT	REPORT 01MOAV	30600 01DAMX	MBTU/HR			1	*****		1/Day	CALCTD
	QL.	1	*****		*****	1	*****				T. Starting
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166						
99999 99 Lab	PERMIT	REPORT	REPORT		REPORT. Lab #	REPORT Lab #	REPORT			Not Applic	NOT AP
	QL	*****	A State And A State P		*****	*****	*****				State State

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#### Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622		Zear         048C – SW Outfall 48C
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
	<b>REGION / COUNTY: Southern /</b>	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.

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John F. Perry, Site Vice President - Sa	<u></u>	<u>N/A</u>				
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER	GRADE AND RE	GRADE AND REGISTRY NUMBER (IF APPLICABLE)				
Yok F. Ferry		4/23/2014	856-339-3463			
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUT	DATE	AREA CODE/PHONE NUMBER				
*For a local agency where the highest-ranking operator person designated by that person shall sign the following	does not have the ability to authorize capital expendi g certification:	tures 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	discharge monitoring re	ports.			
N/A	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>			
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER			

Surface water	Discharg	narge wontoring Report								PI 46814	
PERMIT NUMBER:	MON	MONITORED LOCATION: MONITORING PERIOD: FACILITY NAME:									
NJ0005622	048C	SW Outfall 480	C 3.	/1/2014 T	O 3/31/2014	PSEG NUCL	EAR LLC SAL	EM GEN	ERAT	<b>FIN</b>	
PARAMETER	$\mathbf{\mathbf{X}}$	QUANTITY (	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit o <del>r</del> Thru Treatment Plant	SAMPLE MEASUREMENT	0.2382	0.4782		*****	*****	*****		0	1/Day	CALCTD
50050  1 Effluent Gross Value		REPORT 01MOAV	REPORT 01DAMX	MGD	*****		*****	****		1/Day	CALCTD
	<b>QL</b>		2		61 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1000000 21 21 20 20 20 20 20 20 20 20 20 20 20 20 20				in the way
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	****		****	12	16		0	2/WONTH	Compo.S
00530  1 Effluent Gross Value	PERMIT		1999-1999 1999 - 1999 1999 - 1999 - 1999 1999 - 1999 - 1999 1999 - 1999 - 1999 1999 - 1999 - 1999 - 1999 1999 - 1999	*****	*****	30 01MOAV	100 01DAMX	MG/L		2/Month	COMPOS
	QL	*****	****		*****	]******	*****	l			
Nitrogen, Ammonia Total (as N)	SAMPLE MEASUREMENT	*****	*****		****	Ĭ	え		0	2/month	Compos
00610_1 Effluent Gross Value	PERMIT		*****	*****	*****	35 01MOAV	70 01DAMX	MG/L		2/Month	COMPOS
	QL	the second second			*****	******	*****		<u> </u>	~7-2	
Petroleum Hydrocarbons	SAMPLE MEASUREMENT	*****	****		*****	25	15		0	2/MONTH	GRAB
00551 1 Effluent Gross Value	PERMIT	879 Martin (1997) 1997 - 1997 - 1997 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 19		*****	******	10 01MOAV	15 • 01DAMX•	MG/L		2/Month	GRAB
	vi QL	*****	*****	1	******	*****	Anti Alexandre de la companya de la La companya de la comp			and the second	icana a
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	****	****		****	18	19		0	2/111/11	Compos
00680 1 Effluent Gross Value	PERMIT	*****		· · · · · · · · · · · · · · · · · · ·		REPORT 01MOAV	50 01DAMX	MG/L		2/Month	COMPOS
	C OL	*****	1997 - 1998 - 1999 -	·	· ···································	Carl Standard and	100 (	·			
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166						
99999 99 Lab		REPORT Lab #	ŘEPORT Lab #		Lab #	REPORT Lab #	REPORT	R.	ing generation for the second	Not Applic	NOT AP

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

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#### Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	MonthDayYear312014To33120143	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 / Sałem	County 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>N/A</u>				
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTH	GRADE AND REC	GISTRY NUMBER (IF APPLICABLE)			
John F. Perry		4/23/2014	856-339-3463		
SIGNATORE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZI	ED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER		
*For a local agency where the highest-tanking operator does no person designated by that person shall sign the following certifi	t have the ability to authorize capital expenditur cation:	es and hire personnel,	a person having that responsibility or		
I certify under penalty of law and in accordance with N.J.S.A. 5	3:10A-6F(5) that I have reviewed the attached dis	scharge monitoring rep	ports.		
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>		

NAME AND TITLE

AREA CODE/PHONE NUMBER

									+ - ·· -		
PERMIT NUMBER: NJ0005622		ITORED LOCA SW Outfall 481			NG PERIOD: 0 3/31/2014	FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATI			ΓIN		
PARAMETER	$\mathbf{\mathbf{X}}$	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	521	532		*****	*****	*****		0	YDOY	CALCTD
50050 1 Effluent Gross Value	PERMITA REQUIREMENT	01MOAV	REPORT. 01DAMX	MGD	******	*****	*****	*****		1/Day	CALCTD
рН	SAMPLE MEASUREMENT	*****	*****		7.9	*****	8.4		0	Week	GRAB
00400 1 Effluent Gross Value		*****	******* *******	्त त्र दि प्र प्र	6.0 01DAMN		9.0 01DAMX	รบ	1. S.	1/Week	GRAB
рН	SAMPLE MEASUREMENT	*****	*****		7.8	*****	8,3		0	Vweet	GRAB
00400 7 Intake From Stream	PERMIT	******			REPORT 01DAMN		REPORT 01DAMX	SU		1/Week	GRAB
LC50 Statre 96hr Acu Cyprinodon	SAMPLE	*****	*****		CODE = N	*****	*****		0	(ODE=N	CODE=N
TAN6A 1 Effluent Gross Value	PERMIT	******	******	44 	50 01DAMN	******	*****	%EFFL		2/Yéar	COMPOS
Chlorine Produced Oxidants	SAMPLE	*****	****		****	CODE = N	C00E=N		0	CODE=N	CODE=N
*CPOX 1 Effluent Gross Value Option 1		******	******	2017 	*****	,0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	20.1	20.1	1	0	3/week	GRAB
*CPOX 1 Effluent Gross Value			мн. 	े. सि. सि. मि. सि. सि.		REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB

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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.

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Option 2

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Surface Water Discharge Monitoring Report

PI 46814

Surface Water	Discharg	e Monitor	ing Repor	t							PI 46814
PERMIT NUMBER:	MON	MONITORED LOCATION: M			RING PERIOD:	FACILITY N	AME:				
NJ0005622	481A	SW Outfall 48	1A	3/1/2014 1	ГО 3/31/2014	PSEG NUCI	EAR LLC SAL	EM GEN	ERA	TIN	
PARAMETER		QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENT	NOITAN	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	****	*****		*****	12.7	20.0		0	1/Day	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	12. 	*****	277 271 223 223	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Lab Certification #	SAMPLE	17327	17451		PA 166	<u>l i den ang izing ang i</u>		L   		<u>                                     </u>	<u>lan in the along states and </u>
99999 99 Lab		REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	«REPORT Lab'#		93 (- 4) 9 4	Not Applic	NOT AP

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

#### Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	MonthDayYear312014To3312014	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
	REGION / COUNTY: Southern / Salem	County
CHECK IF APPLICABLE:	No Discharge this Monitoring Period Monitoring	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	SISTRY NUMBER (IF APPLICABLE)			
John F. Perny	4/23/2014	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			

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>

AREA CODE/PHONE NUMBER

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Surface Water	Dischart		ing Kepon								<u>PI 46814</u>
PERMIT NUMBER:	MON	ITORED LOCA	TION: M	IONITOR	NING PERIOD:	FACILITY NA	AME:				
NJ0005622	482A	SW Outfall 482	2A 3/	/1/2014 T	0 3/31/2014	PSEG NUCL	EAR LLC SAL	EM GENERATIN			
PARAMETER		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	485	504		*****	****	*****		0	1/Day	CALCTO
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	******		1/Day	CALCTD
рН	SAMPLE MEASUREMENT	*****	*****		7.4	*****	8.4		0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT, REQUIREMENT	******* *******	*****	******	6.0 01DAMN	*****	9.01 01DAMX	SU		1/Week	GRAB
рН	SAMPLE MEASUREMENT	<u>  }</u>	*****		7.8	*****	8.3		0	llweek	GRAB
00400  7 Intake From Stream	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX	รบ		' 1/Week	GRAB
LC50 Statre 96hr Acu Cyprinodon	QL SAMPLE MEASUREMENT	*****	<u></u>	1	CODE=N		1011 - 1 <b>44444</b> 1011 - 1011 - 1011 1011 - 1011 - 1011 1011 - 1011 - 1011		0	CODE=N	CODE = N
TAN6A 1 Effluent Gross Value		*****	*****	****	50 01DAMN	*****	*****	%EFFL		2/Year	COMPOS
Chlorine Produced Oxidants	SAMPLE	****	****		*****	CODE=N	CODE=N		0	CODE=N	CODE=N
*CPOX 1 Effluent Gross Value Option 1	PERMIT REQUIREMENT	******	*******	*****	******	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Chlorine Produced Oxidants	SAMPLE	****	*****		*****	٢ ٥.١	<0'I	<u> </u>	0	3/week	GRAB
*CPOX 1 Effluent Gross Value			*****	*****	*****	REPORT.	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	QL	*****	143 P. ****** 3. 5. 5.	]	****	*****	*****		<u>,</u>		A CALLER AND A CALLER A

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	IITORED LOCA	TION: N	NONITOR	RING PERIOD:	FACILITY N	AME:				
NJ0005622	482A	SW Outfall 48	2A 3	5/1/2014 T	O 3/31/2014	PSEG NUCI	EG NUCLEAR LLC SALEM GENERATIN				
PARAMETER	$\searrow$	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	12.8	19.0		0	1004	CONTIN
00010 1 Effluent Gros <del>s</del> Value	PERMIT	*****		2 2 7 2	******	REPORT 01MOAV	REPORT	DEG.C		1/Day	CONTIN
	QL	******	1		117 - 22-24 10 - 24 - 22-24 10 - 24 - 24 - 24 - 24 - 24 - 24 - 24 - 2	1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -			<u>n Com</u>		
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166						
99999 99 Lab	PERMIT	REPORT Lab#	REPORT		REPORT: Lab #	REPORT Lab #	REPORT			Not Applic	NOT/AP
	QL	4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	700	হ	******	***	*****		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	

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

#### Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	MonthDayYear312014To3312014	483A – SW Outfall 483A
<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	REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038
CHECK IF APPLICABLE:	REGION / COUNTY: Southern / Salen	n County Ionitoring 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 REGISTRY NUMBER (IF APPLICABLE)				
Yoh F. Ferref	4/23/2014	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-anking operator does not have the ability to authorize capital expenditure person designated by that person shall sign the following certification:	rs 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	charge monitoring rep	orts.			

<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
		D + 2010	

Surface water	Discilare		ny kepon								PI 46814
PERMIT NUMBER:	MON	ITORED LOCA	TION: M	IONITOR	NG PERIOD:	FACILITY N	AME:				
NJ0005622	483A	SW Outfall 483	3A 3/	/1/2014	O 3/31/2014	PSEG NUCL	EAR LLC SAL	EM GEN	ERA	ΓIN	
PARAMETER		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	528	537		****	*****	*****		0	VDay	CALCTD
50050 1 Effluent Gross Value	PERMIT. REQUIREMENT	REPORT.	REPORT 01DAMX	MGD	******	*****	*****	*****		1/Day	CALCTD
рН	SAMPLE MEASUREMENT	*****	****		٦.4	*****	8.2		0	1/week	GRAB
00400  1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	****	6.0 01DAMN	******	9.0 01DAMX	SU		1/Week	GRAB
pH	SAMPLE MEASUREMENT	<u></u>	<u></u>		7.8	<u>1.41, 11, 19, 19, 19, 19, 19, 19, 19, 19, 1</u>	8.3		0	l/meek	GRAB
00400  7 Intake From Stream	PERMIT, REQUIREMENT		100 100 100 100 100 100 100 100 100 100	*****	REPORT 01DAMN		REPORT 01DAMX	SU		1/Week	GRAB
	QL	******* (*****************************	A Constraint Antonia and An	 	1	*****	and the second sec				a sterio a sterio a storio
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	CODE=N	CODE=N		0	COOE=N	CODE=N
*CPOX 1 Effluent Gross Value		******	******	• • • • • • • • •	******	03 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1 Chlorine Produced Oxidants	SAMPLE MEASUREMENT	<u>\\$7_\\$8445_\$\$</u> *****	*****		*****	20.1	20.1	<u>t</u>	0	3/week	GRAB
*CPOX 1 Effluent Gross Value	PERMIT	******	******	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L	<b>H</b>	3/Week	GRAB
Option 2 Temperature, oC		****	*****		*****	12.3	17.4	<u></u>	0	1Day	CONTIN
00010 1 Effluent Gross Value	PERMIT	******** *******	*****	******	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day ₹	CONTIN
L	<b>QL</b> ,	7	*****		TP: ********	******	This man the second second		2045 AS 4 2047		Stre 1.5 Alson

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.

Page 1 of 2

PERMIT NUMBER:	MONITORED LOCATION:		MONITORING PERIOD:		FACILITY NAME:								
NJ0005622	483A	SW Outfall 483	3A	3/1/2014 TO 3/31/2014 PSEG NUCLEAR LLC			EAR LLC SAL	ALEM GENERATIN					
PARAMETER	$\mathbf{\mathbf{X}}$	QUANTITY (	OR LOADING	UNITS	QUALIT	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE				
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA166								
99999 99 Lab	PERMIT REQUIREMENT:	REPORT	REPORT	1975 1975 1977 1977	REPORT Lab #	REPORT Lab #	FREPORT			Not Applic	NOT AP		

Comments: Any questions in regards to the monitoring report form can be directed to S. Rosenwinkel of the BPSP - Region 2 at (609)292-4860.

PI 46814

#### Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	MonthDayYear312014To3312014	484A – SW Outfall 484A
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
	REGION / COUNTY: Southern / Salem	County
CHECK IF APPLICABLE	No Discharge this Monitoring Period 🛛 🗌 Monitoring	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 REC	GISTRY NUMBER (IF APPLICABLE)				
Gol F. Perry	4/23/2014	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 expenditus 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 discharge monitoring reports.

<u>N/A</u>	NI/A	N/A	<u>N/A</u>
IN/A	N/A	IN/A	18/73

Surface Water		ITORED LOCAT			RING PERIOD:	FACILITY NA	Λ <i>Λ</i> Ξ·				PI 46814
NJ0005622	··	SW Outfall 484			TO 3/31/2014			EM GEN	ERA	 FIN	
PARAMETER		QUANTITY (	DR LOADING	UNITS QUALITY OR CONCENTRATION					NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	484	496		*****	*****	*****		0	1Day	CALCTD
50050  1 Effluent Gross Value	PERMIT	REPORT 01MOAV	REPORT 4 01DAMX	MGD		******		*****		1/Day	CALCTD
	QL	******	****		*****	144 144 144 14 14 14 14 14 14 14 14 14 1	**************************************				Vie fiere fin
рН	SAMPLE MEASUREMENT	*****	****		7.6	****	8.4		0	lweek	GRAB
00400  1 Effluent Gross Value			an a	*****	6.0 	*****	9.0 01DAMX	SU		1/Week	GRAB
	: QL	*****	1		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	*****	A The second second			and a second	
рН	SAMPLE MEASUREMENT	*****	****		7.8	*****	8.3		0	Hweek	GRAB
00400  7 Intake From Stream				******	REPORT 01DAMN		REPORT 401DAMX	SU		1/Week	GRAB
	QL	*****	*****	ļ	******		*******				
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****		CODE=N	*****	*****		0	CODE=N	CODE=N
TAN6A 1 Effluent Gross Value			14 ****** 	*****	50 01DAMN	444444		%EFFL		2/Year	COMPOS
	QL	*****	10 A & & & & & & & & & & & & & & & & & &		*****	4.5. F *****	A State of the second sec			To and the second s	
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	****		*****	CODE=N	CODE=N		0	CODE=N	CODE = N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	ж <b>анана</b> Мала		*****		0.3 01MOAV	0.5 01DAMX	MG/L	10	3/Week	GRAB
Option 1	QL	*****	******	·	1. 247 ** *****	*****	*****	L			
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	*****	_	*****	٢٥.١	20.1		0	3/week	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1	· · · · · · · · · · · · · · · · · · ·		REPORT	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	QL ##	*****	#######	с. А	*****	*****	****				

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	Discharg	je Monitori	ing Repor	t							PI 46814
PERMIT NUMBER:	MON	MONITORED LOCATION:			RING PERIOD:	FACILITY N	AME:				
NJ0005622	484A	SW Outfall 484	4A	3/1/2014 7	FO 3/31/2014	PSEG NUCI	EAR LLC SAL	EM GEN	ERA	ΓΙΝ	
PARAMETER	$\mathbf{\mathbf{X}}$	QUANTITY (	OR LOADING	UNITS	QUALI	UNITS	NO. EX.	FREQ, OF ANALYSIS	SAMPLE TYPE		
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	12.7	20.2		0	1004	CONTIN
00010  1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******		*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166	<u>ne kan gi wangi kan ne pini</u>			<u>                                     </u>		
999999 99 Lab	REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #			語には	Not Applic	NOT AP

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

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### Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	MonthDayYear312014To3312014	485A – SW Outfall 485A
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 E: Do Discharge this Monitoring Period Donitoring	County 3 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	e President - Salem	<u>N/A</u>					
NAME AND TITLE OF PRINCIPAL EXECT	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABL					
Joh F. P.n	~	4/23/2014	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 ra person designated by that person shalls	nking operator does not have the ability to authorize capital expendition the following certification:	ures and hire personnel	, a person having that responsibility o				
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	discharge monitoring re	ports.				
<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				

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MON	ITORED LOCA	<u>ΓΙΟΝ: Λ</u>	IONITOR	NG PERIOD:	FACILITY NA	AME:						
485A	SW Outfall 485	5A 3	s/1/2014 T	O 3/31/2014	3/31/2014 PSEG NUCLEAR LLC SALEM GENERATIN							
$\searrow$	QUANTITY (	DR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE		
SAMPLE MEASUREMENT	418	422		*****	*****	****		D	1/DAY	CALCID		
PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	****	******	******		1/Day	CALCTD		
SAMPLE MEASUREMENT	*****	*****		7.7	*****	8,5		0	1/WEEK	CRAB		
PERMIT REQUIREMENT		******		6.0 01DAMN	******	9:0 01DAMX .	SU		1/Week	GRAB		
SAMPLE	*****	*****		7.8	*****	8.3		0	1/WEEK	GRAB		
PERMIT	******			REPORT 01DAMN		REPORT 01DAMX	su		1/Week	GRAB		
SAMPLE	*****	<u>  ₹₹]:-<sub>66</sub>.9], (1)=0.500 *****</u>		>100	<u> }}3  2  2  2  2  2  2  2  2  2  2  2  2  2</u>	<u> *******                             </u>		0	2/YEAR	COMPOS		
	******	*****		50 01DAMN	******	******	%EFFL		2/Year	COMPOS		
SAMPLE	*****	<u>4.2.2627</u> (2201)-11( <u>16.1), 1</u> 29175 *****	<u>,                                     </u>	<u>  * (* (* (* * * * * * * * * * * * * * *</u>	CODE = N	100E = N	L	0	LODE=N	CODE = N		
PERMIT	******	******		*****	03 01MOAV	0.5 .01DAMX	MG/L		3/Week	GRAB		
SAMPLE	<u>******</u> ******	<u>, (n 481-162)</u> (2, 1, 1, 2, 1, 1, 2, 4, 1924 ★★★★★★		*****	LO.	20.1		0	3/WEEK	GRAB		
, PERMIT REQUIREMENT	******	111 111 111 111 111 111 111 111 111 11	27 28 21 26 26	******	REPORT 01MOAV	0.2 "~" 01DAMX	MG/L		3/Week,	GRAB		
	485A SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT REQU	485A SW Outfall 488         QUANTITY C         SAMPLE         MEASUREMENT         SAMPLE         MEASUREMENT         SAMPLE         SAMPLE         MEASUREMENT         SAMPLE         SAMPLE         SAMPLE         SAMPLE         MEASUREMENT         OUL         SAMPLE         SAMPLE </td <td>485A SW Outfall 485A     3       QUANTITY OR LOADING       SAMPLE       MEASUREMENT       REPORT       REPORT       OIDAMX       QL       SAMPLE       MEASUREMENT       SAMPLE       MEASUREMENT       COLSPan="2"&gt;COLSPAN= 2"COLSPan="2"COLSPan="2"Colsp</td> <td>3/1/2014 T         QUANTITY OR LOADING         UNITS         QUANTITY OR LOADING         MARDLE         MED PRMIT         REPORT         PERMIT         PERMIT         PERMIT         REPORT         OTOMOAV.         OTOMOAV.</td> <td>485A SW Outfall 485A         3/1/2014 TO 3/31/2014           QUANTITY OR LOADING         UNITS         QUALT           SAMPLE         4/8         4/22        </td> <td>485A SW Outfall 485A         3/1/2014 TO 3/31/2014         PSEG NUCL           OUANTITY OR LOADING         UNITS         OUALITY OR CONCENTR           MEASUREMENT         4/8         422        </td> <td>485A SW Outfall 485A         3/1/2014 TO 3/31/2014         PSEG NUCLEAR LLC SALI           OUANTITY OR LOADING         UNITS         QUALITY OR CONCENTRATION           SAMPLE         1/18         4222           PRESSUREERT         1/18         4222           PRESSUREERT         1/18         4222           PRESSUREERT         1/18         4222           PRESSUREERT         1/18         1/12           PRESSUREERT         1/18         1/12           SAMPLE         1/18         1/12           PRESSUREERT         1/18         1/12           SAMPLE         1/18         1/12           PRESSUREERT         1/18         1/12           SAMPLE         1/18         1/12           SAMPLE         1/18         1/12           SAMPLE         1/18         1/12           SAMPLE         1/18         1/18           SAMPLE         1/18         1/18</td> <td>485A SW Outfall 485A         3/1/2014 TO 3/31/2014         PSEG NUCLEAR LLC SALEM GEN           QUANTITY OR LOADING         UNITS         QUALITY OR CONCENTRATION         UNITS           WARNEL         4/18         4/22             WERNING         01MOAV         01DAMX         MGD             JOL          01DAMX         MGD              JOL          01DAMX         MGD              VERSINGER                 </td> <td>485A SW Outfall 485A         3/1/2014 TO 3/31/2014         PSEG NUCLEAR LLC SALEM GENERAL           QUANTITY OR LOADING         UNITS         QUALITY OR CONCENTRATION         UNITS         D           MANNEE         4/18         4/22          D         D           MEANNEE         4/18         4/22          D         D           MEANNEE         101MOAV         01DAMX         MGD          D          D           MEANNEE         101MOAV         01DAMX         MGD           D          D           MEANNEE         101MOAV         01DAMX         MGD           D          D           MEANNEE         101DAMX         01DAMX         MGD          T         T         D          D          D          D          D          D          D          D          D          D          D          D          D          D          D</td> <td>485A SW Outfall 485A         3/1/2014 TO 3/31/2014         PSEG NUCLEAR LLC SALEM GENERATIN           OUANTITY OR LOADING         UNITS         OUALITY OR CONCENTRATION         UNITS         NO.         FREQ. OF EX.         D         1//oAV           VALUE         REPORT.         REPORT.         REPORT.         SU         D         1//oAV           VALUE        </td>	485A SW Outfall 485A     3       QUANTITY OR LOADING       SAMPLE       MEASUREMENT       REPORT       REPORT       OIDAMX       QL       SAMPLE       MEASUREMENT       SAMPLE       MEASUREMENT       COLSPan="2">COLSPAN= 2"COLSPan="2"COLSPan="2"Colsp	3/1/2014 T         QUANTITY OR LOADING         UNITS         QUANTITY OR LOADING         MARDLE         MED PRMIT         REPORT         PERMIT         PERMIT         PERMIT         REPORT         OTOMOAV.         OTOMOAV.	485A SW Outfall 485A         3/1/2014 TO 3/31/2014           QUANTITY OR LOADING         UNITS         QUALT           SAMPLE         4/8         4/22	485A SW Outfall 485A         3/1/2014 TO 3/31/2014         PSEG NUCL           OUANTITY OR LOADING         UNITS         OUALITY OR CONCENTR           MEASUREMENT         4/8         422	485A SW Outfall 485A         3/1/2014 TO 3/31/2014         PSEG NUCLEAR LLC SALI           OUANTITY OR LOADING         UNITS         QUALITY OR CONCENTRATION           SAMPLE         1/18         4222           PRESSUREERT         1/18         4222           PRESSUREERT         1/18         4222           PRESSUREERT         1/18         4222           PRESSUREERT         1/18         1/12           PRESSUREERT         1/18         1/12           SAMPLE         1/18         1/12           PRESSUREERT         1/18         1/12           SAMPLE         1/18         1/12           PRESSUREERT         1/18         1/12           SAMPLE         1/18         1/12           SAMPLE         1/18         1/12           SAMPLE         1/18         1/12           SAMPLE         1/18         1/18           SAMPLE         1/18         1/18	485A SW Outfall 485A         3/1/2014 TO 3/31/2014         PSEG NUCLEAR LLC SALEM GEN           QUANTITY OR LOADING         UNITS         QUALITY OR CONCENTRATION         UNITS           WARNEL         4/18         4/22             WERNING         01MOAV         01DAMX         MGD             JOL          01DAMX         MGD              JOL          01DAMX         MGD              VERSINGER	485A SW Outfall 485A         3/1/2014 TO 3/31/2014         PSEG NUCLEAR LLC SALEM GENERAL           QUANTITY OR LOADING         UNITS         QUALITY OR CONCENTRATION         UNITS         D           MANNEE         4/18         4/22          D         D           MEANNEE         4/18         4/22          D         D           MEANNEE         101MOAV         01DAMX         MGD          D          D           MEANNEE         101MOAV         01DAMX         MGD           D          D           MEANNEE         101MOAV         01DAMX         MGD           D          D           MEANNEE         101DAMX         01DAMX         MGD          T         T         D          D          D          D          D          D          D          D          D          D          D          D          D          D          D	485A SW Outfall 485A         3/1/2014 TO 3/31/2014         PSEG NUCLEAR LLC SALEM GENERATIN           OUANTITY OR LOADING         UNITS         OUALITY OR CONCENTRATION         UNITS         NO.         FREQ. OF EX.         D         1//oAV           VALUE         REPORT.         REPORT.         REPORT.         SU         D         1//oAV           VALUE		

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:	MONITORED LOCATION: N			MONITOR	RING PERIOD:	FACILITY NAME:						
NJ0005622 485A SW Outfall 485A				3/1/2014	O 3/31/2014	PSEG NUCI	EAR LLC SAL	EM GEN	ERA	ΓIN		
PARAMETER		QUANTITY	OR LOADING	UNITS	QUALIT	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE			
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	12.7	19.7		0	1 Day	CONTIN	
00010  1 Effluent Gross Value	PERMIT REQUIREMENTA		******			REPORT		DEG.C		1/Day	CONTIN	
Lab Certification #	SAMPLE	רבצרו	17451		PA 166				2 - 1412 Carl			
99999 99 Lab	PERMIT	REPORT Lab #	REPORT. Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic:	NOT AP	

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

2

PI 46814

#### Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	MonthDayYear312014To3312014	486A – SW Outfall 486A
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
	REGION / COUNTY: Southern / Salem	County
CHECK IF APPLICABLE	2: 🔲 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 OPERA	ATOR GRADE AND REC	GRADE AND REGISTRY NUMBER (IF APPLICABLE)				
Gol F. Kenny	4/23/2014	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 experson designated by that person shall sign the following certification:	penditures 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 att	ached discharge monitoring rep	ports.				
<u>N/A</u> <u>N/A</u>	<u>N/A</u>	<u>N/A</u>				

PERMIT NUMBER:	MON	ITORED LOCAT	TION: N	IONITOR	RING PERIOD:	FACILITY NA	AME:				
NJ0005622	486A	486A SW Outfall 486A 3/1/2014 TO 3/31/2014 PSEG NUCLEAR LLC SALEM GENERATIN									
PARAMETER	$\square$	QUANTITY C	R LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	406	423		*****	*****	*****		0	11Day	CALCTD
50050_1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT	MGD	*****	1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	*****	*****		1/Day	CALCTD
······	QL.	1	*****		<b>*****</b>		and a state of the second		алан 1997 - Ці 2004 - С		
рН	SAMPLE MEASUREMENT	*****	****		7.5	*****	8.5		0	1 (week	GRAB
00400  1 Effluent Gross Value	PERMIT	*****	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	SU		⇒1/Week	GRAB
<u></u>	CAL S		*****	- 			*****		्र त्यू ा		
рН	SAMPLE MEASUREMENT	*****	*****		7.8	*****	8.3		0	1/week	GRAB
00400 7 Intake From Stream	PERMIT	*****	******	*****	REPORT. 01DAMN		REPORT 01DAMX	รบ		* 1/Week	GRAB
	QL	*****	*****	×	1415 - <b>****</b> **	1	*****		1.04		
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	***		*****	CODE=N	CODE=N		0	CODE=N	CODE=N
*CPOX 1 Effluent Gross Value	PERMIT, REQUIREMENT	******	*****	*****		0.3 01MOAV	0:5 01DAMX	MG/L		3/Week	GRAB
Option 1	< <b>C</b> QL ⊂	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants	SAMPLE	*****	****	ŀ	*****	201	20.1		0	3/week	GRAB
*CPOX 1 Effluent Gross Value	PERMIT: REQUIREMENT:				11. 11. 11. 11. 11. 11. 11. 11. 11. 11.	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	QL	****	11 1 1 1 1 <b>***</b> ****	<u> </u>	12 14 14 14 14 14 14 14 14 14 14 14 14 14	*****	an Annatan State				1
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	13.0	ר.רו		0	11Day	CONTIN
00010 1 Effluent Gross Value	PERMIT		*****	1 1 1 1 1 1		REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	QL	*****	194 1 - 1 + + + + + + + + + + + + + + + + +	1		*****	**************************************				

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:		MONITOR	IONITORING PERIOD: FACILITY NAME:							
NJ0005622	486A	SW Outfall 486	6A :	3/1/2014 Т	2014 TO 3/31/2014 PSEG NUCLEAR LLC SALE		EM GEN	ERA	ΓΙΝ		
PARAMETER		QUANTITY (	OR LOADING	UNITS	QUALIT	Y OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA166						
999999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT		REPORT.	REPORT	REPORT Lab #			Not Applic	NOT AP
	<b>QL</b>	*****	*****		*****	*****	10 No.		i i i		

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	MonthDayYear312014To33120142014	489A – SW Outfall 489A
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 / Salen	n County ing 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 REC	GISTRY NUMBER (IF APPLICABLE)
Joh F. Perny	4/23/2014	856-339-3463
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTIIORIZED 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	es and hire personnel,	a person having that responsibility of

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.

person designated by that person shall sign the following certification:

NAME

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

PERMIT NUMBER:	MONITORED LOCATION:		MONITOR	RING PERIOD:	FACILITY N/	AME:						
NJ0005622	489A	SW Outfall 489	A S	3/1/2014 7	O 3/31/2014	014 PSEG NUCLEAR LLC SAL			.EM 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	0.0402	0.0402		*****	****	*****		0	1/month	CALCTD	
50050 1 Effluent Gross Value	PERMIT REQUIREMENTS	REPORT 01MOAV	REPORT 01DAMX	MGD	*****			*****		1/Months	CALCTD	
			Lat 5 Mileseere Constant	<u>; </u>	******		Part Carlos Carl		[a.]. [			
рH	SAMPLE MEASUREMENT	*****	*****		7.1	*****	7.1		0	1/month	GRAB	
00400  1 Effluent Gross Value	PERMIT	*****	*****	14 14 14 14 14 14 14 14 14 14 14 14 14 1	6.0 01DAMN		9.0 01DAMX	SU	12. N.	1/Month	GRAB	
		The second second	Carl Contraction of the second		*****	and the second se	******		1			
Solids, Total Suspended	SAMPLE MEASUREMENT	******	*****		8	8	*****		0	1/month	GRAB	
00530 1 Effluent Gross Value	PERMIT. REQUIREMENT	1			100 01DAMX	30 01MOAV	76.2 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	MG/L		.1/Month	GRÅB	
	Star QL	*****	*****		*****	*****	**************************************		4	da d	Le m barn Right	
Petroleum Hydrocarbons	SAMPLE MEASUREMENT	*****	*****		****	25	25		0	1/month	GRAB	
00551 1 Effluent Gross Value	PERMIT		54. ******	* 1721 1741 1741 1741	*****	10 01MOAV	15 9 01DAMX	MG/L		1/Month	GRAB	
]   	QL	and the second	******	95. 1959	*******	By an anter the second	1	l				
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	****	*****		*****	14	14		0	1/month	GRAB	
00680 1 Effluent Gross Value	PERMIT REQUIREMENT	and the second second		******	******	REPORT 01MOAV	50 01DAMX	MG/L		,1/Mönth≓	GRAB:	
			*****	<u></u>			(*************************************		No Contraction of the second s			
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PAILL			}				
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT	5 4.) 	REPORT Lab #	REPORT	REPORT Lab #			Not Applic	ΝΟΤΑΡ	
	₩QL <sup>®</sup>	***	*****	<u>7</u> .	*****	*****	******					

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".

#### Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	MonthDayYear312014To33312014	487B – SW Outfall 487B
<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	REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038
	REGION / COUNTY: Southern / Salem	County
CHECK IF APPLICABLE:	🖾 No Discharge this Monitoring Period 🛛 🗌 Monitori	ng 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 RE	GISTRY NUMBER (IF APPLICABLE)		
Gol F. Peny	4/23/2014	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	es and hire personnel.	a person having that responsibility of		

ty 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>
) TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER