AUG 1 8 2015



HCH-2015-027

CERTIFIED MAIL RETURN RECEIPT REQUESTED ARTICLE NUMBER: 7013 1710 0000 6324 5141

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

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

Dear Sir or Madam:

Attached is the Discharge Monitoring Report for the Hope Creek Generating Station for the month of July 2015.

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 Travis Zigo at (856) 339-2493.

Sincerely,

Paul J. Ďavison Site Vice President – Hope Creek

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Attachments

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

EXPLANATION OF CONDITIONS

July 2015

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 indicated on the respective transmittal sheet with explanations below.

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

For DSN 461A, TRC samples were obtained on 7/2/15 instead of 7/3/15 since 7/3/15 was not a normal operating day.

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EXPLANATION OF EXCEEDANCES

July 2015

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

4

DSN No.

EXPLANATION

No Exceedances

COUNTY OF SALEM STATE OF NEW JERSEY

I, Paul J. Davison, of full age, being duly sworn according to law, upon my oath depose and say:

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

Paul J. Davison Site Vice President – Hope Creek

Sworn and subscribed before me this $13^{\cancel{}}$ day of August, 2015.

5ENNIFER M. TURNER NOTARY PUBLIC OF NEW JERSEY ID # 2332557 My Commission Expires 8/8/2020

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

NJPDES PERMIT	M	ONITORING	PERIOI	<u> </u>		MONITORED LOCATION:
NJ0025411	MonthDay71	Year 2015 To	Month 7	Day 31	Year 2015] 461A – DSN 461A – DSW
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236 – ALLOWAY CRI HANCOCKS BRIDGE, NJ 0803		LOCATION HOPE CREEK (ARTIFICIAL IS FOOT OF BUTT LOWER ALLOV	GENERAT LAND CONWOOI	ING STA D RD	ATION	REPORT RECIPIENT: PSE&G TRAVIS ZIGO PO BOX 236 / H15 HANCOCKS BRIDGE, NJ 08038
	REGION	V / COUNTY: So	uthern / S:	alem Co	unty	
CHECK IF APPLICABLE	: 🗌 No Discharg	ge this Monitorin	g Period		Ionitoring	ng Report Comments Attached
the certification or, in his absen the certification. Where the hig responsibility or person designa another entity to operate the tre I certify under penalty of law th that, based on my inquiry of the	ce a person designat thest ranking operato tted by that person sl atment works, the hi nat I have personally ose individuals imme- e are significant per	ed by that person or does not have to hall also sign the ghest-ranking off examined and ar ediately responsi- nalties for submit	L. For a loo he ability f second cer ficial of the n familiar ble for obta tting false	cal agend to author rtification e contract with the aining the information	cy, the hig rize capita on at the b cted entity informat. he informat tion, inclu	ation submitted in this document and all attachments, and nation, I believe that the information is true, accurate and luding the possibility of and/or imprisonment, pursuant
Paul J. Davison, Site	Vice President-Hop	e Creek				N/A
NAME AND FITLE OF PRINCIPAL alfar SIGNATURE OF PRINCIPAL EXEC	ro					TOR GRADE AND REGISTRY NUMBER (IF APPLICABLE) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	hest-ranking operator	does not have the a				penditures and hire personnel, a person having that responsibility or
I certify under penalty of law and i	n accordance with N.J	.S.A. 58:10A-6F(5) that I have	e reviewe	d the attac	ched discharge monitoring reports.
-						N1/A N1/A

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

.

Surface water	Dischar	je womton	ing Report								PI 46815	
PERMIT NUMBER:	MON	ITORED LOCA	AME:			<u></u> .						
NJ0025411	461A	DSN 461A - DS	SW 7	ר 1/2015 ו	FO 7/31/2015	HOPE CREE	EK GENERATIN	IG STATION				
PARAMETER	\searrow	QUANTITY (OR LOADING	UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	60.268	66.388		****	*****	****		ø	Continuous	Meter	
50050 1 Effluent Gross Value	PERMIT	REPORT 01MOAV	REPORT 01DAMX	MGD			******	*****		Continuous	METER	
		· · · · · · · · · · · · · · · · · · ·	****	n	9288 \$***********************************	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	₹ ¢ \$ \$ ****** *		9. j. j.	a stand of the standard		
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	72.624	75,289		****	*****	*****		ø	CONTINUOUS	metee	
50050 7 Intake From Stream	PERMIT	REPORT 01MOAV	REPORT 01DAMX	MGD	2	1		*****		Continuous	METER	
	QL		a new piece of the second s	;; ;	*****	1	an a				n di Burn da Nya. Li tanan di Burn	
На	SAMPLE MEASUREMENT	****	*****		8.3	*****	8.6		ø	1/week	Grab	
00400 1 Effluent Gross Value	PERMIT	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		*****	6.0 01DAMN		9.0 01DAMX	SU		1/Week	GRAB	
	QL	*****	****		*****	*****	*****					
LC50 Statre 96hr Acu Mysid Bahia	SAMPLE MEASUREMENT	*****	****	_	Code=N	*****	****		ø	Code=N	Code=N	
TAN3E 1 Effluent Gross Value	PERMIT	*****	*****	****	REPORT 01RPMN	******	******	%EFFL		1/Year	COMPOS	
		*****	*****	2	*****	******	******		and the second			
IC25 Statre 7day Chr Mysid Bahia	SAMPLE MEASUREMENT	*****	*****		Code=N	*****	*****		ø	Code=N	Code=N	
TBP3E 1 Effluent Gross Value	PERMIT		******	******	REPORT 01RPMN			%EFFL		1/Year	COMPOS	
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*****					tele anter d'a subset l'à produit d'assistence l'à produit d'assistence	
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	20.1	20.1		ø	3/week*	Grab	
*CPOX 1 Effluent Gross Value	PERMIT		******	*****	###### 	0.2 01MOAV	0,5 01DAMX	MG/L		3/Week	GRAB	
	RQL	*****	·		*****	011	0,1					

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

* See Explanation of Conditions.

Pre-Print Creation Date: 7/1/2015

PI 46815

PERMIT NUMBER:	MON	ITORED LOCA	TION: N	IONITOF	RING PERIOD:	FACILITY NA	AME:				
NJ0025411	461A	DSN 461A - DS	W 7	/1/2015 7	TO 7/31/2015	HOPE CREE	EK GENERATIN	G STATI	ON		
PARAMETER	$\mathbf{\mathbf{X}}$	QUANTITY (DR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		****	32.6	34.5		ø	CONTINUOUS	Meter
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	латана Латана	****** ******	****	Алдала	REPORT 01MOAV	36.2 01DAMX	DEG.C		Continuous	METER
Temperature, oC	SAMPLE MEASUREMENT	· *****	****		*****	29.5	30.8	,	¢	CON HINUOUS	Meter
00010 7 Intake From Stream	PERMIT REQUIREMENT,	******	******	****	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	METER
Carbon, Tot Organic (TOC)	SAMPLE	****	*****		*****	2.32	2.32		ø	1/month	GRab
00680 1 Effluent Gross Value	PERMIT REQUIREMENT:	AttA44	******	****	AAXXAA	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	GRAB
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	*****		*****	-0.02	-0.02		¢	YMONTH	Calotd
00680 2 Effluent Net Value	PERMIT REQUIREMENT	4723-** ****	*****	******	*****	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	CALGTD
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	*****		*****	1.93	1,93		ø	1/mowth	GRab
00680 7 Intake From Stream		ANDAN	******	*****	******	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	GRAB
Sulfate, Total (as SO4)	QL SAMPLE MEASUREMENT	*****	###### *****		****	Code =N	Code=N	<u> </u>	ø	Code=N	Code=N
00945 1 Effluent Gross Value	PERMIT REQUIREMENT	******	*****	*****		REPORT 01MOAV	REPORT 01DAMX	UG/L		1/6 Months	COMP24
	QL	****	*****	ŧ.	ACCORDENCE OF A CORDENCE OF	*****	*****				1

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

PI 46815

ourrade mater		<u>jo monitori</u>	<u></u>								1140010
PERMIT NUMBER:	MON	ITORED LOCA	TION:	MONITOR	RING PERIOD:	FACILITY N	AME:				
NJ0025411	461A	DSN 461A - DS	SW :	7/1/2015 TO 7/31/2015 HOPE CREEK GENERATING					ON		
PARAMETER	\mathbf{k}	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Boron, Total (as B)	SAMPLE MEASUREMENT	*****	*****		*****	Code=N	Code=N		ø	Code=N	CodeN
01022 1 Effluent Gross Value	PERMIT REQUIREMENT		*****	₩ ₩ ₩ ₩		REPORT 01MOAV	REPORT 01DAMX	UG/L		1/6 Months	COMPOS
	and QL of		*****		*****	****	******				
Heat (summer) (per Hr.)	SAMPLE MEASUREMENT	119	179		****	****	****		ø	1/say	Caletd
81386 1 Effluent Gross Value	PERMIT	REPORT 01MOAV	534 01DAMX	MBTU/HR	<u>مور مواسعه می منابع می محمد محمد می م</u>	1		*****		1/Day	CÁLCTD
	QL		****		*****	****	****				
Copper, Total Recoverable	SAMPLE MEASUREMENT	*****	*****		****	Code=N	Code=N		ø	Code=N	Code=N
01119 1 Effluent Gross Value	PERMIT		*****		****	REPORT 01MOAV	REPORT 01DAMX	UG/L		1/6 Months	COMPOS
	RQL	*****	*****		*****	2,	2				
Lab Certification #	SAMPLE MEASUREMENT	17451	PA166		03036						
99999 99 Lab		REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	****	*****		*****	*****	*****				

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

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PI 46815

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

PI 46815

NJPDES PERMIT	M	ONITORING	PERIOD	MONITORED LOCATION:							
NJ0025411	MonthDay71	Year 2015 To	MonthDayYear7312015	461C - DSN 461C - DSW internal							
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236 – ALLOWAY CRI HANCOCKS BRIDGE, NJ 0803		HOPE CREEK C ARTIFICIAL ISI FOOT OF BUTT		REPORT RECIPIENT: PSE&G TRAVIS ZIGO PO BOX 236 / H15 HANCOCKS BRIDGE, NJ 08038							
REGION / COUNTY: Southern / Salem County CHECK IF APPLICABLE: No Discharge this Monitoring Period Monitoring Report Comments Attached											
the certification or, in his absen the certification. Where the hig responsibility or person designa	ce a person designa hest ranking operat ted by that person s	ted by that person or does not have t shall also sign the	. For a local agency, the hig he ability to authorize capita second certification at the bo	responsibilities for the discharging facility shall sign thest ranking operator of the treatment works shall sign l expenditures and hire personnel, a person having that ottom of this page. If the local agency has contracted with shall sign the certification.							
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.											
Paul J. Davison, Site Vi	ce President- Hop	e Creek		N/A							

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGI	STRY NUMBER (IF APPLICABLE)
Taul J. Varyon	8 18 15	856-339-1555
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER

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

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

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

QL

PERMIT NUMBER:	MON	ITORED LOCA	TION:	MONITOR	ING PERIOD:	FACILITY N	AME:				
NJ0025411	461C	DSN 461C - D	SW interna	7/1/2015 T	0 7/31/2015	HOPE CREE	EK GENERATIN	G STATI	ON		
PARAMETER	$\mathbf{\mathbf{X}}$	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTR	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE	0.037	0.130		*****	****	*****		ø	CONTINUOUS	Meter
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		Continuous	METER
8	QL	*****	******	<u>3</u>	******	******	******				
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****		****	14	14		Ø	1/Month	Compos
00530 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	*****	30 01MOAV	100 01DAMX	MG/L		1/Month	COMPOS
	QL	A*****	******	NÎ .	*****	*****	*****		N. S. S.		
Petrol Hydrocarbons, Total Recoverable	SAMPLE MEASUREMENT	*****	*****		****	22	(2)		φ	7/Month	GRab
45501 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	****	******	10 01MOAV	15 01DAMX	MG/L		2/Month	GRAB
·	QL	*****	*****		*****	*****	*****				
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	****		*****	5	5		Ø	mosth	Compos
00680 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	50 01DAMX	MG/L		1/Month	COMPOS
	QL	*****	*****		*****	*****	*****			an a	
Lab Certification #	SAMPLE MEASUREMENT	17451	PA166		03036						
99999 99 Lab		REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP

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

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PI 46815

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

NJPDES PERMIT	M	IONITORING	PERIOD			MONITOR	ED LOCATION:				
NJ0025411	Month Day 7 1	Year 2015 To	Month 7	Day Year 31 2015	462B	- DSN 462B	- DSW Internal				
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236 – ALLOWAY CRE HANCOCKS BRIDGE, NJ 0803		LOCATION HOPE CREEK ARTIFICIAL IS FOOT OF BUT LOWER ALLO	GENERATIN SLAND FONWOOD F	G STATION	PS TI PC	EPORT RECI SE&G AVIS ZIGO D BOX 236 / H15 ANCOCKS BRIDO					
CHECK IF APPLICABLE:		N / COUNTY: So ge this Monitorin	г	1	g Report C	omments Attache	ed				
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.											
that, based on my inquiry of the complete. I am aware that ther	certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and hat, 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 o 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.										
Paul J. Davison, Site	e Vice President- I	Hope Creek				N/A	<i></i>				
NAME AND TITLE OF PRINCIPAL	executive office	R, AUTHORIZED A	GENT, OR *LIG	CENSED OPERAT	TOR	GRADE AND REGIS $\frac{8 18 15}{5}$	STRY NUMBER (IF APPLICABLE)			
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AU	THORIZED AGENT,	OR *LICENSE	D OPERATOR		DATE	AREA CODE/PHONE NUMBER	ι			
*For a local agency where the high	hest-ranking operator	r does not have the	ability to autho	orize capital expe	enditures an	d hire personnel, a	person having that responsibility	y 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.

person designated by that person shall sign the following certification:

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

PERMIT NUMBER:	MON	ITORED LOCA	TION:	MONITOF	RING PERIOD:	FACILITY N	AME:				
NJ0025411	462B	DSN 462B - D	SW Interna	7/1/2015 1	/1/2015 TO 7/31/2015 HOPE CREEK GENERATING STATION						
PARAMETER	$\mathbf{\mathbf{X}}$	QUANTITY	OR LOADING	UNITS	QUALI	QUALITY OR CONCENTRATION			NO. EX.		SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.072	0.041		****	*****	****		ø	Continuous	Meter
50050 1 Effluent Gross Value		REPORT 01MOAV	REPORT 01DAMX	MGD	******	*****	*****	*****		Continuous	METER
BOD, 5-Day (20 oC)	QL SAMPLE MEASUREMENT	*****	*****		*****	265	265		6	1/mon-th	Compos
00310 G Raw Sew/influent	PERMIT REQUIREMENT:	******	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	MG/L	φ	1/Month	COMPOS
	QL	*****	******		*****	****	*****				
BOD, 5-Day (20 oC)	SAMPLE MEASUREMENT	l.	1		*****	6	6		ϕ	1/month	Compos
00310 1 Effluent Gross Value	PERMIT. REQUIREMENT.	8 01MOAV	REPORT 01WKAV	KG/DAY	******	30 01MOAV	.45 01WKAV	MG/L		1/Month	COMPOS
	QL	*****	*****		*****	****	*****				
BOD, 5-Day (20 oC)	SAMPLE MEASUREMENT	*****	****		97.7	*****	****		ø	Mosth	Caletd
00310 K Percent Removal	PERMIT REQUIREMENT	******	*****	*****	87.5 01MOAVMN	******	******	PERCENT		1/Month	CALCTD
· · · ·	QL	*****	*****		*****	*****	******				
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	****		*****	292	292		Ø	month	COMPOS
00530 G Raw Sew/influent	PERMIT REQUIREMENT	*****	******	*****	******	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	COMPOS
Delide Tetel	QL	*****	*****	<u></u>	******	******	******				
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****		*****	13	13		Ø	1/Mowth	Contos
00530 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	****	30 01MOAV	45 01WKAV	MG/L		1/Month	COMPOS
	QĹ	*****	*****	ŝ.	*****	*****	*****				

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

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Surface Water I	Dischar	ge Monitori	ing Report		· .		•	· · · · ·			PI 4681
PERMIT NUMBER:	MON	ITORED LOCA	TION: I	MONITORING PERIOD:		FACILITY N	AME:				
NJ0025411	462B	DSN 462B - D	SW Interna 7	7/1/2015 TO 7/31/2015		HOPE CREEK GENERATING STATION					
PARAMETER	$\mathbf{\mathbf{X}}$	QUANTITY OR LOADING		UNITS	QUALI	QUALITY OR CONCENTRATION			NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Solids, Total Suspended 00530 K Percent Removal	SAMPLE MEASUREMENT	*****	****		96	96	*****	PERCENT	ø	Vmonth	Calctd
	PERMIT REQUIREMENT	******	*****	*****	85 01MOAVMN	REPORT 01MOAV				1/Month	CALCTD
	Ç QL	*****	*****		*****	****	*****				
Oil and Grease 00556 1 Effluent Gross Value	SAMPLE MEASUREMENT	****	****	*****	****	42	12	MG/L	Ø	1/mowth	GRab
	PERMIT REQUIREMENT	*****	*****		******	10 01MOAV	15 01DAMX			1/Month	GRAB .
	QL	*****	******		*****	******	******				
Nitrogen, Ammonia Total (as N) 00610 1 Effluent Gross Value	SAMPLE MEASUREMENT	****	****	****	****	16	16	MG/L	ø	Ymowth	Compos
	PERMIT	******	*****		******	35 01MOAV	REPORT 01DAMX			1/Month	COMPOS
	QL	*****	******		*****	*****	******				
Enterococci 61211 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	****	****	****	<10	410	#/100ML	ϕ^{\dagger}	Month	GAab
	PERMIT REQUIREMENT.	******	******		******	REPORT 01MOGE	REPORT 01WKGE			1/Month	GRAB
	QL	*****	*****		******	******	*****				
Coliform, Fecal General 74055 1 Effluent Gross Value	SAMPLE MEASUREMENT	***	*****	****	****	210	210	#/100ML	ø	1/Month	GRab
	PERMIT REQUIREMENT	******	******		******	200 01MOGE	400 01WKGE			1/Month	GRAB
	QL	*****	*****		*****	****	******				
Lab Certification #	SAMPLE MEASUREMENT	17451	PA166		06005						
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOTAP
	QL	*****	*****		*****	*****	*****				

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

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