DEC 22 2015



HCH-2015-039

CERTIFIED MAIL RETURN RECEIPT REQUESTED ARTICLE NUMBER: 7013 1710 0000 6324 5189

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 50 - 354NJPDES PERMIT NJ0025411

Dear Sir or Madam:

Attached is the Discharge Monitoring Report for the Hope Creek Generating Station for the month of November 2015, also included is the semi-annual Consolidated Waste Characterization Report for DSN-462B.

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. Davison Site Vice President – Hope Creek

IE25 NR R 95-2168 REV. 7/99

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Attachments

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

EXPLANATION OF CONDITIONS

November 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, River and Cooling Tower Blowdown TOC samples were obtained one day earlier than normal due to 11/3/15 not being a normal operating day.

EXPLANATION OF EXCEEDANCES

November 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:

- 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 22 day of December, 2015.

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

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

NYDDEC DEDAUT	MONITORING PERIOD	MONITORED LOCATION:
NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0025411	MonthDayYear1112015To11302015	461A – DSN 461A – DSW
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236 – ALLOWAY CRE HANCOCKS BRIDGE, NJ 0803		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 another entity to operate the trea I certify under penalty of law th that, based on my inquiry of the	est ranking official having day-to-day managerial and operational ce a person designated by that person. For a local agency, the high hest ranking operator does not have the ability to authorize capital ted by that person shall also sign the second certification at the bo atment works, the highest-ranking official of the contracted entity at I have personally examined and am familiar with the informatic ose individuals immediately responsible for obtaining the informatic re are significant penalties for submitting false information, includ	nest ranking operator of the treatment works shall sign expenditures and hire personnel, a person having that ttom of this page. If the local agency has contracted with shall sign the certification.
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	Vice President-Hope Creek	N/A
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	DR GRADE AND REGISTRY NUMBER (IF APPLICABLE) $12 22 15 $ 856-339-1555
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER
	hest-ranking operator does not have the ability to authorize capital expen shall sign the following certification:	ditures 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 reviewed the attache	ed discharge monitoring reports.

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

PI 46815

PERMIT NUMBER:	MON	ITORED LOCA	ATION:	MONITOF	RING PERIOD:	FACILITY N	IAME:				
NJ0025411	461A	DSN 461A - D	sw	11/1/2015	1/1/2015 TO 11/30/2015 HOPE CREEK GENERATING			NG STATI	ON		
PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUALIT	QUALITY OR CONCENTRATION		UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Thru Treatment Plant MEA 50050 1	SAMPLE MEASUREMENT	39.640	44.834		*****	*****	*****		ø	Continuous	Meter
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		Continuous	METER
	QL	*****	*****		*****	*****	*****				A CONTRACTOR OF THE OWNER
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	54.915	61.355		*****	*****	*****		Ø	CONTONUOUS	Meter
50050 7 PERMIT Intake From Stream	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	******		Continuous	METER
	QL	*****	*****		*****	*****	*****				
ЭΗ	SAMPLE	*****	*****	*****	8.4	*****	8.6	SU	ø	1/week	GRab
00400 1 Effluent Gross Value	PERMIT	*****	*****		6.0 01DAMN	******	9.0 01DAMX			1/Week	GRAB
	QL	*****	*****		*****	*****	*****		125905	the states	Constraint -
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
	QL	*****	*****		*****	*****	*****				
C25 Statre 7day Chr Mysid Bahia	SAMPLE MEASUREMENT	*****	*****		Code=N	*****	*****		ø	Code=N	Code=N
「BP3E 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	******	REPORT 01RPMN	******	*****	%EFFL		1/Year	COMPOS
	QL	*****	*****		*****	*****	*****		Sector Sector		and the second sec
Chlorine Produced Dxidants	SAMPLE MEASUREMENT	*****	*****		****	<0.1	20.1		ø	3/week	GRab
CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	*****	0.2 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
	RQL	*****	*****		*****	0.1	0.1				

-

PERMIT NUMBER:	MONIT	ORED LOCAT	ION:	MONITORIN	NG PERIOD:	FACILITY N	IAME:				
NJ0025411	461A D	SN 461A - DS	w	11/1/2015 T	O 11/30/2015	HOPE CREEK GENERATING STATION					
PARAMETER	X	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION		UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Temperature, oC	SAMPLE MEASUREMENT	****	*****		*****	25.3	30,8		ø	Continuous	Meter
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 01MOAV	36.2 01DAMX	DEG.C		Continuous	METER
	QL	*****	*****		****	*****	*****			Transfer of the second second	
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	14.8	17.8		Ø	CONTINUOUS	Meter
00010 7 ntake From Stream	PERMIT REQUIREMENT	******	*****	****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	METER
	QL	*****	*****		*****	*****	*****				
Carbon, Tot Organic TOC)	SAMPLE MEASUREMENT	*****	*****		****	2.46	2.46		ø	1/month	GRab
00680 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	******	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	GRAB
	QL	*****	*****		*****	*****	*****				
Carbon, Tot Organic TOC)	SAMPLE MEASUREMENT	*****	*****		*****	0.18	0.18		Ø	1/month	Calcte
00680 2 Effluent Net Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	CALCTD
	QL	*****	*****		*****	*****	*****				
Carbon, Tot Organic TOC)	SAMPLE MEASUREMENT	*****	****		****	1.56	1.56	1.00	ø	1/monsth	GRab
0680 7 ntake From Stream	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	GRAB
	QL	*****	*****		*****	*****	*****				
Sulfate, Total SAMPLE (as SO4) MEASUREMENT 00945 1 PERMIT Effluent Gross Value QL	*****		*****	1080000	1080000		ø	16 months	Comp 2		
		*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	UG/L		1/6 Months	COMP24
	QL	*****	*****		*****	*****	*****			and the states	Charles and press

and the state of the

* See Explanation of Conditions

Surface Water			·								PI 4681				
PERMIT NUMBER:	MON	ITORED LOCA	ATION:	MONITOR	ING PERIOD:	FACILITY	IAME:								
NJ0025411	461A	DSN 461A - D	SW	11/1/2015	TO 11/30/2015	HOPE CRE	EK GENERATI	NG STATI							
PARAMETER	X	QUANTITY OR LOADING		QUANTITY OR LOADING		QUANTITY OR LOADING		UNITS	QUAL	ITY OR CONCENT	OR CONCENTRATION			FREQ. OF ANALYSIS	SAMPLE TYPE
Boron, Total (as B)	SAMPLE MEASUREMENT	****	****		*****	1710	1710		Ø	16 months	Compos				
01022 1 Effluent Gross Value	******	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	UG/L		1/6 Months	COMPOS					
	QL	*****	*****		****	*****	*****			The second second					
Heat (winter) (per Hr.)	SAMPLE MEASUREMENT	258	367		*****	*****	*****		Ø	1/Day	Calctd				
81387 1 Effluent Gross Value	PERMIT	REPORT 01MOAV	662 01DAMX	MBTU/HR	*****	*****	****	*****		1/Day	CALCTD				
	QL	*****	*****		*****	*****	*****								
Copper, Total Recoverable	SAMPLE MEASUREMENT	*****	*****		*****	17	17		Ø	YGMONTHS	Compos				
01119 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	*****	REPORT 01MOAV	REPORT 01DAMX	UG/L		1/6 Months	COMPOS				
	RQL	*****	*****		*****	2	2								
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	1745]	PA166		03036										
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP				
	QL	*****	****		*****	*****	*****			States and states					

New Jersey Department of Environmental Protection Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	Μ	ONITOR	ING	PERIOD	,		MONITORED LOCATION:
NJ0025411	MonthDay111	Year 2015	То	Month 11	Day 30	Year 2015	461C - DSN 461C - DSW internal
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236 – ALLOWAY CRI HANCOCKS BRIDGE, NJ 0803		HOPE CR ARTIFICI FOOT OF	EEK (AL IS BUT	GENERATI SLAND TONWOOD WAYS CRE	ING STA D RD	TION	REPORT RECIPIENT: PSE&G TRAVIS ZIGO PO BOX 236 / H15 HANCOCKS BRIDGE, NJ 08038
CHECK IF APPLICABLE:	: 🗌 No Dischar	ge this Moi	nitorin		M	lonitoring	g Report Comments Attached I responsibilities for the discharging facility shall sign
the certification or, in his absent the certification. Where the his	ce a person designa ghest ranking opera ated by that person	ated by that tor does not shall also si	person have gn the	on. For a loc the ability t e second cer	cal agence to author rtificatio	cy, the hig rize capita n at the b	ghest ranking operator of the treatment works shall sign al expenditures and hire personnel, a person having that ottom of this page. If the local agency has contracted with
that based on my inquiry of the	ose individuals imm re are significant po	nediately re enalties for	sponsi submi	ible for obta itting false i	aining th informat	e information, inclu	ion submitted in this document and all attachments, and ation, I believe that the information is true, accurate and ading the possibility of and/or imprisonment, pursuant p to \$50,000 per violation.

Paul J. Daviso	n, Site Vice President- Hope Creek	N/A	<u>.</u>
NAME AND TITLE OF PI	RINGHAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGI	STRY NUMBER (IF APPLICABLE)
Pall	· Danso	12/22/15	856-339-1555
	AL 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	N/A	N/A
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

PI 46815

PERMIT NUMBER:	MON	ITORED LOCA	TION:	MONITOR	ING PERIOD:	FACILITY NA	AME:				
NJ0025411	461C	DSN 461C - D	SW interna	11/1/2015	1/2015 TO 11/30/2015 HOPE CREEK GENERATING STATION						
PARAMETER	\mathbf{X}	QUANTITY	OR LOADING	UNITS	QUALI	QUALITY OR CONCENTRATION		UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Thru Treatment Plant 50050 1	SAMPLE MEASUREMENT	0.023	0.140		****	****	*****		ø	Continuous	Meter
	PERMIT	REPORT REPORT 01MOAV 01DAMX	MGD	*****	*****	* *****	******		Continuous	METER	
	QL	*****	*****		*****	*****	*****				
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	8	8	MG/L	Ф	Month	Compos
	PERMIT REQUIREMENT	*****	******	*****	*****	30 01MOAV	100 01DAMX			1/Month	COMPOS
	QL	*****	****		*****	*****	*****				
Petrol Hydrocarbons, Total Recoverable	SAMPLE MEASUREMENT	*****	*****	*****	****	22	22		Ø	2/mowth	Grab
45501 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****		*****	10 01MOAV	15 01DAMX	MG/L		2/Month	GRAB
	QL	*****	*****		*****	*****	*****				
Carbon, Tot Organic TOC)	SAMPLE MEASUREMENT	****	****		****	6	6		Ø	1 Month	Contos
0680 1 Effluent Gross Value	PERMIT REQUIREMENT	******	******	****	*****	REPORT 01MOAV	50 01DAMX	MG/L		1/Month	COMPOS
	QL	*****	*****		*****	*****	*****				
Lab Certification #	SAMPLE MEASUREMENT	17451	PA166	·	03036						
99999 99 _ab	PERMIT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	*****	****		****	*****	*****				

New Jersey Department of Environmental Protection Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0025411	Month Day Year 11 1 2015 To Month Day Year 11 30 20	462B - DSN 462B - DSW Internal
PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236 – ALLOWAY CRI HANCOCKS BRIDGE, NJ 0803		TRAVIS ZIGO PO BOX 236 / H15
	REGION / COUNTY: Southern / Salem County	,
CHECK IF APPLICABLE	No Discharge this Monitoring Period 🗌 Moni	toring Report Comments Attached
the certification or, in his absent the certification. Where the hig responsibility or person designation another entity to operate the tree I certify under penalty of law the that, based on my inquiry of the complete. I am aware that the	thest ranking operator does not have the ability to authorize atted by that person shall also sign the second certification at atment works, the highest-ranking official of the contracted nat I have personally examined and am familiar with the inflose individuals immediately responsible for obtaining the im-	the highest ranking operator of the treatment works shall sign capital expenditures and hire personnel, a person having that the bottom of this page. If the local agency has contracted with entity shall sign the certification. ormation submitted in this document and all attachments, and formation, I believe that the information is true, accurate and , including the possibility of and/or imprisonment, pursuant
Paul J. Davison, Sit	e Vice President- Hope Creek	N/A .
DII	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED O	peratorgrade and registry number (if applicable)12215856-339-1555
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERA	FOR DATE AREA CODE/PHONE NUMBER
	hest-ranking operator does not have the ability to authorize capita shall sign the following certification:	al expenditures and hire personnel, a person having that responsibility o
I certify under penalty of law and	n accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed th	e attached discharge monitoring reports.

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

PI 46815

PERMIT NUMBER:	MONI	ITORED LOCA	TION:	MONITORI	NG PERIOD:	FACILITY N	AME:					
NJ0025411	462B	DSN 462B - D	SW Interna	11/1/2015 1	/1/2015 TO 11/30/2015 HOPE CREEK GENERATING STATION							
PARAMETER	\square	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENT	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE		
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.072	0.035		****	*****	*****		φ	Continuous		
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT REPORT 01DAMX	MGD	*****	*****	*****	******		Continuous	METER		
	QL	*****	***		*****	*****	*****		1.11			
BOD, 5-Day (20 oC)	SAMPLE MEASUREMENT	*****	*****		*****	389	389		φ	Ymonth	Compos	
00310 G Raw Sew/influent	PERMIT REQUIREMENT	******	******	*****	*****	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	COMPOS	
Raw Sewinndent	QL	*****	****		*****	*****	*****					
BOD, 5-Day (20 oC)	SAMPLE MEASUREMENT	1	1	AV KG/DAT	*****	7	7	MG/L	Ø	Ymonth	Compos	
00310 1 Effluent Gross Value	PERMIT	8 01MOAV	REPORT 01WKAV		****	30 01MOAV	45 01WKAV			1/Month	COMPOS	
Enluent Gross value	QL	*****	*****		*****	*****	*****					
BOD, 5-Day (20 oC)	SAMPLE MEASUREMENT	*****	*****		98.1	*****	*****		ø	Ymonth	Calctd	
00310 K Percent Removal	PERMIT REQUIREMENT	******	*****	*****	87.5 01MOAVMN	*****	*****	PERCENT		1/Month	CALCTD	
Percent Removal	QL	*****	****		*****	*****	*****		1100	- Contraction of the second		
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****		*****	450	450		ø	1/monsth	Compa	
00530 G Raw Sew/influent	PERMIT	******	*****	****	*****	REPORT 01MOAV	REPORT 01DAMX	MG/L		1/Month	COMPOS	
naw Sew/Inituent	QL	*****	*****		*****	*****	*****					
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	****	*****		*****	15	15		ø	1/monsth	Compos	
	PERMIT	*****	******	*****	*****	30 01MOAV	45 01WKAV	MG/L		1/Month	COMPO	
	QL	*****	*****	and the second second	*****	*****	*****				192	

a second provide

PERMIT NUMBER:	MONITORED LOCATION:			MONITOR	ING PERIOD:	FACILITY NAME:					
NJ0025411	462B DSN 462B - DSW Interna		11/1/2015 TO 11/30/2015 HOPE CREEK GENERATIN			NG STATIO	ON				
PARAMETER	X	QUANTITY OR LOADING		UNITS	QUALI	TY OR CONCENTR	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Solids, Total Suspended	SAMPLE MEASUREMENT	****	*****		97	97	*****		φ	Ynowth	Calctd
00530 K Percent Removal	PERMIT	*****	** *****	*****	85 01MOAVMN	REPORT 01MOAV	*****	PERCENT		1/Month	CALCTD
	QL	*****	*****		*****	*****	*****				
Oil and Grease	SAMPLE MEASUREMENT	****	*****		*****	<2	42		Ø	1/month	GRab
00556 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****		*****	10 01MOAV	15 01DAMX	MG/L		1/Month	GRAB
	QL	*****	*****		****	*****	*****				
Nitrogen, Ammonia Total (as N) 00610 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		****	15	15	MG/L	Ø	1/monsth	Compos
	PERMIT REQUIREMENT	*****	*****	*****	*****	35 01MOAV	REPORT 01DAMX			1/Month	COMPOS
	QL	*****	*****		****	*****	*****				
Enterococci 61211 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	210	410	#/100ML	ø	Imosth	GRab
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOGE	REPORT 01WKGE			1/Month	GRAB
	QL	*****	*****		*****	*****	*****				
Coliform, Fecal General 74055 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	<10	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	NOT AP
Lub	QL	*****	*****		*****	*****	*****				

New Jersey Department of Environmental Protection Division of Water Quality **Consolidated Waste Characterization Report Submittal Form**

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:	
N.J0025411	Month	Day	Year		Month	Day	Year	462B - DSN 462B - DSW I
	7	1	2015 To	12	31	2015		

PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236 – ALLOWAY CREEK NE HANCOCKS BRIDGE, NJ 08038	LOCATION OF ACTIVITY: HOPE CREEK GENERATING STATION ARTIFICIAL ISLAND FOOT OF BUTTONWOOD RD LOWER ALLOWAYS CREEK, NJ 08038	REPORT RECIPIENT: PSE&G 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

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.

Paul J. Davison, Site Vice President Hope Creek	N/A				
AUTHORIZED AGENT	GRADE AND REGISTRY NUMBER (IF APPLICABLE)				
Paul J. Danson	(2 22 15				
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	DATE(MONTH/DAY	AREA CODE/TELEPHONE NUMBER			
AUTHORIZED AGENT	/YEAR)				
*For a local agency where the highest-ranking operator does not a person having that responsibility or person designated by that p					
I certify under penalty of law and in accordance with N.J.S.A. 58: monitoring reports.	10A-6F(5) that I have revi	iewed the attached discharge			
N1/A		N1/A			

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

Consolidated Waste Characterization Report

462B DSN 462B - DSW Intern 7/1/2015 TO 12/31/2015

115

PI 46815

FACILITY NAME:

|--|

NJ0025411

3

BER: MONITORED LOCATION:

MONITORING PERIOD:

HOPE CREEK GENERATING STATION

SAMPLE DATE OF REPORT:

PARAMETER	QL	REPORTED VALUE	UNITS	REMARK CODE	SAMPLE TYPE
Cyanide, Total (as CN) 00720 Effluent Gross Value	RQL = 40	4.00	UG/L		GRAB
Nickel, Total Recoverable 01074 Effluent Gross Value	RQL = 10	2.80	UG/L		GRAB
Zinc, Total Recoverable 01094 Effluent Gross Value	RQL = 10	86.4	UG/L		GRAB
Cadmium, Total Recoverable 01113 Effluent Gross Value	RQL = 4	D. 194	UG/L		GRAB
Chromium, Total Recoverable 01118 Effluent Gross Value	RQL = 10	1.20	UG/L		GRAB
Copper, Total Recoverable 01119 Effluent Gross Value	RQL = 2	36.5	UG/L		GRAB
Lab Certification # 99999 Lab		PA166			NOT AP
Lab Certification # 99999 Lab					NOT AP
Lab Certification # 99999 Lab					NOT AP
Lab Certification # 99999 Lab					NOT AP
Lab Certification # 99999 Lab					NOT AP