SEP 2 1 2016



HCH-2016-034

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
ARTICLE NUMBER: 7015 0640 0006 7354 7331

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 August 2016 and the 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.

Sirice ieik

Paul J. Ďavison

Site Vice President – Hope Creek

IEZ5 NRR HCH-2016-034 NJPDES DMR 2

Attachments

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

3

EXPLANATION OF CONDITIONS

August 2016

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 462B BOD and TSS sampling frequency was increased due to less than adequate communication from the contract laboratory concerning sample results and analysis status.

4

EXPLANATION OF EXCEEDANCES

August 2016

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

DSN No.

EXPLANATION

No Exceedances

COUNTY OF SALEM STATE OF NEW JERSEY

I, 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 2/st, day of September, 2016.

JENNIFER 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 | ONITO | RING | PERIO | D | | MONITO | RED LOCATION: | | | |
|---|-------------------|----------|------------|---------|------------|------------------------|--|------------------------|-------------------------------|--|--|--|
| NJ0025411 | Month 8 | Day 1 | Year 2016 | То | Month 8 | Day 31 | Year 2016 | 461A – DSN 461A | A – DSW | | | |
| PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236 – ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038 LOCATION OF ACTIVITY: HOPE CREEK GENERATING STATION ARTIFICIAL ISLAND FOOT OF BUTTONWOOD RD LOWER ALLOWAYS CREEK, NJ 08038 | | | | | | | REPORT RECIPIENT: PSE&G TRAVIS ZIGO PO BOX 236 / H15 HANCOCKS BRIDGE, NJ 08038 | | | | | |
| REGION / COUNTY: Southern / Salem County | | | | | | | | | | | | |
| CHECK IF APPLICABLE: | No | Dischar | ge this Mo | mitorin | g Period | N | Ionitoring | Report Comments Attac | hed | | | |
| 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 \ | /ice Presid | lent-Hor | oe Creek | | | | | N/A | | | | |
| NAME AND TITLE OF PRINCIPAL I | EXECUTIVE | OFFICE | R, AUTHOR | IZED AC | GENT, OR | *LICENSE | D OPERAT | OR GRADE AND REC | SISTRY NUMBER (IF APPLICABLE) | | | |
| - rail - Oc | ingon | | | | | | | 9/21/16 | 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 | | | N/A | N/A . | | | |
| NAME AND TITLE | D TITLE SIGNATURE | | | | DATE | AREA CODE/PHONE NUMBER | | | | | | |

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

461A DSN 461A - DSW

8/1/2016 TO 8/31/2016

HOPE CREEK GENERATING STATION

| | TOTAL DOTAL DOTAL | | 0.1.2010 | 10 0/01/2010 | OIV | | | | | | |
|---|-----------------------|------------------|------------------|--------------|------------------|---------------|---------------|-------|------------|----------------------|----------------|
| PARAMETER | X | QUANTITY | OR LOADING | UNITS | QUALI | TY OR CONCENT | RATION | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
| Flow, In Conduit or Thru Treatment Plant | SAMPLE MEASUREMENT | 63,409 | 78.151 | | **** | ***** | **** | | ϕ | Continuous | Meter |
| 50050 1 Effluent Gross Value | PERMIT REQUIREMENT | REPORT 01MOAV | REPORT 01DAMX | MGD | ***** | ***** | **** | ***** | | Continuous | METER |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Flow, In Conduit or Thru Treatment Plant | SAMPLE MEASUREMENT | 75.817 | 80.757 | | **** | ***** | **** | | Ø | Continuous | Meter |
| 50050 7 Intake From Stream | PERMIT REQUIREMENT | REPORT 01MOAV | REPORT 01DAMX | MGD | ***** | ***** | ***** | ***** | | Continuous | METER |
| | QL | ***** | ***** | | ***** | ***** | ***** | | 100 | | |
| рН | SAMPLE MEASUREMENT | **** | **** | | 8.4 | **** | 8.6 | | Ø | /week | GRab |
| 00400 1 Effluent Gross Value | PERMIT REQUIREMENT | ***** | **** | ***** | 6.0 01DAMN | ***** | 9.0 01DAMX | su | | 1/Week | GRAB |
| | QL | ***** | ***** | | **** | ***** | ***** | | | | |
| LC50 Statre 96hr Acu Mysid Bahia | SAMPLE MEASUREMENT | ***** | **** | | Code = N | ***** | **** | | ϕ | Code=N | Code=N |
| TAN3E 1 Effluent Gross Value | PERMIT REQUIREMENT | ***** | ***** | ***** | REPORT 01RPMN | ***** | ***** | %EFFL | | 1/Year | COMPOS |
| | QL | ***** | ***** | | **** | ***** | ***** | | | | |
| IC25 Statre 7day Chr Mysid Bahia | SAMPLE MEASUREMENT | **** | **** | | Code = N | ***** | **** | | Ø | Code=N | Code=N |
| TBP3E 1 Effluent Gross Value | PERMIT REQUIREMENT | ***** | ***** | **** | REPORT 01RPMN | ***** | ***** | %EFFL | | 1/Year | COMPOS |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Chlorine Produced Oxidants | SAMPLE MEASUREMENT | **** | **** | | **** | ۷٥٠١ | <0.1 | | 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 | | | | |

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

461A DSN 461A - DSW

8/1/2016 TO 8/31/2016

HOPE CREEK GENERATING STATION

| PARAMETER | | QUANTITY C | OR LOADING | UNITS | QUA | ALITY OR CONCEN | TRATION | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|---------------------------------|-----------------------|------------|------------|-------|-------|------------------|------------------|---------------------------|------------|----------------------|----------------|
| Temperature, oC | SAMPLE MEASUREMENT | **** | **** | | **** | 33.1 | 35.9 | \(\text{\text{\$\circ}}\) | \$ | Continuous | Meter |
| 00010 1 Effluent Gross Value | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT 01MOAV | 36.2 01DAMX | DEG.C | 1000 | Continuous | METER |
| | QL | ***** | ***** | | ***** | **** | ***** | | | 100 | |
| | SAMPLE MEASUREMENT | **** | **** | | **** | 29.4 | 31.0 | | \$ | Continuos | meter |
| 00010 7 Intake From Stream | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT 01MOAV | REPORT 01DAMX | DEG.C | | Continuous | METER |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Carbon, Tot Organic (TOC) | SAMPLE MEASUREMENT | **** | **** | | ***** | 1.9 | 1,9 | | \$ | 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 | ***** | **** | | ***** | 0.34 | 0.34 | | \$ | Ymonth | Calcte |
| 00680 2 Effluent Net Value | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT 01MOAV | REPORT 01DAMX | MG/L | | 1/Month | CALCTD |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Carbon, Tot Organic (TOC) | SAMPLE MEASUREMENT | **** | **** | | ***** | 1.3 | 1.3 | | \$ | Ymonth | GRab |
| 00680 7 Intake From Stream | PERMIT REQUIREMENT | ***** | ***** | ***** | **** | REPORT 01MOAV | REPORT 01DAMX | MG/L | | 1/Month | GRAB |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Sulfate, Total (as SO4) | SAMPLE MEASUREMENT | **** | **** | | **** | 892006 | 892000 | | \$ | 1/6 Months | Comp 24 |
| 00945 1 Effluent Gross Value | PERMIT REQUIREMENT | ***** | ***** | ***** | **** | REPORT 01MOAV | REPORT 01DAMX | UG/L | | 1/6 Months | COMP24 |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | 1000 | |

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

461A DSN 461A - DSW

8/1/2016 TO 8/31/2016

HOPE CREEK GENERATING STATION

| 1100020111 | | DOIN 40 IA B | | 0, 1, 20 10 1 | 0 0/0 1/2010 | | LI OLILIAIII | | · · · | | |
|--|-----------------------|------------------|-----------------|---------------|----------------|------------------|------------------|-------|------------|----------------------|----------------|
| PARAMETER | | QUANTITY | OR LOADING | UNITS | QUA | LITY OR CONCENT | RATION | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
| Boron, Total (as B) | SAMPLE MEASUREMENT | **** | **** | | **** | 1420 | 1420 | | ϕ | 1/6 months | Compos |
| 01022 1 Effluent Gross Value | PERMIT REQUIREMENT | ***** | *** | ***** | ***** | REPORT 01MOAV | REPORT 01DAMX | UG/L | | 1/6 Months | COMPOS |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Heat (summer) (per Hr.) 81386 1 Effluent Gross Value | 150 | 258 | | *** | **** | **** | | \$ | 1/Day | Calctd | |
| | | REPORT 01MOAV | 534 01DAMX | MBTU/HR | ***** | ***** | ***** | ***** | 7.0 | 1/Day | CALCTD |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Copper, Total Recoverable | SAMPLE MEASUREMENT | **** | **** | | **** | 7.0 | 7.0 | | ϕ | 1/6 Months | Compos |
| 01119 1 Effluent Gross Value | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | REPORT 01MOAV | REPORT 01DAMX | UG/L | | 1/6 Months | COMPOS |
| | RQL | ***** | ***** | | ***** | 2 | 2 | | | | |
| Lab Certification # | SAMPLE MEASUREMENT | 17451 | PAOII | | 03036 | | | | | | |
| 99999 99 Lab | PERMIT ' | REPORT Lab # | REPORT Lab # | | REPORT Lab# | REPORT Lab # | REPORT Lab# | | | Not Applic | NOT AP |
| | QL | ***** | ***** | | ***** | ***** | **** | | 0.00 | | |

MONITORED LOCATION:

New Jersey Department of Environmental Protection Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

MONITORING PERIOD

NJPDES PERMIT

| PERMITTEE:LOCATION OF ACTIVITY:REPORTPSE&G NUCLEAR LLCHOPE CREEK GENERATING STATIONPSE&G | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|
| PO BOX 236 – ALLOWAY CREEK NECK RD ARTIFICIAL ISLAND TRAVIS ZI- HANCOCKS BRIDGE, NJ 08038 FOOT OF BUTTONWOOD RD PO BOX 23 | S 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 | . | | | | | | | | | |
| | ND REGISTRY NUMBER (IF APPLICABLE) 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 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 monitor | | | | | | | | | | |
| N/A NAME AND TITLE SIGNATURE DATE | A N/A AREA CODE/PHONE NUMBER | | | | | | | | | |

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

461C DSN 461C - DSW interna

8/1/2016 TO 8/31/2016

HOPE CREEK GENERATING STATION

| PARAMETER | | QUANTITY | QUANTITY OR LOADING | | QUAL | ITY OR CONCENTE | RATION | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|---|-----------------------|------------------|---------------------|-------|-----------------|------------------|-----------------|-------|------------|----------------------|----------------|
| Flow, In Conduit or Thru Treatment Plant | SAMPLE MEASUREMENT | 0.046 | 0.150 | | ***** | **** | ***** | | Ø | Continuous | meter |
| 50050 1 Effluent Gross Value | PERMIT REQUIREMENT | REPORT 01MOAV | REPORT 01DAMX | MGD | ***** | ***** | ***** | ***** | | Continuous | METER |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Solids, Total Suspended | SAMPLE MEASUREMENT | ***** | **** | | **** | 21 | 21 | | Ø | Ynorth | Compos |
| 00530 1 Effluent Gross Value | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 30 01MOAV | 100 01DAMX | MG/L | | 1/Month | COMPOS |
| | QL | **** | ***** | | ***** | ***** | ***** | | | and the second | 11/200 |
| Petrol Hydrocarbons, Total Recoverable | SAMPLE MEASUREMENT | ***** | **** | | **** | 42 | 4マ | | \$ | 3/month | GRab |
| 45501 1 Effluent Gross Value | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 10 01MOAV | 15 01DAMX | MG/L | | 2/Month | GRAB |
| | QL | ***** | ***** | | ***** | ***** | ***** | | 1 | | |
| Carbon, Tot Organic (TOC) | SAMPLE MEASUREMENT | **** | **** | | **** | 5 | 5 | | ϕ | Ymonth | Compos |
| 00680 1 Effluent Gross Value | PERMIT REQUIREMENT | ***** | **** | ***** | ***** | REPORT 01MOAV | 50 01DAMX | MG/L | | 1/Month | COMPOS |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Lab Certification # | SAMPLE MEASUREMENT | 17451 | PAOII | | 03036 | | | | | | |
| 99999 99 Lab | PERMIT REQUIREMENT | 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 | N | MONITOR | RING PE | RIOD | | MONITO | RED LOCATION: | | | | |
|---|--|--|--------------|------------------|---------------|-------------------------|------------------------|--|--|--|--|
| NJ0025411 | Month Day 8 1 | Year 2016 | То | onth Day 8 31 | Year 2016 | 462B - DSN 462 | B - DSW Internal | | | | |
| PERMITTEE: PSE&G NUCLEAR LLC PO BOX 236 – ALLOWAY CRI 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 Discha | rge this Moi | nitoring Per | iod | Monitoring | g Report Comments Attac | ned | | | | |
| 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 | e Vice President- | Hope Creek | < | | | N/A | · | | | | |
| NAME AND TITLE OF PRINCIPAL | NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR GRADE AND REGISTRY NUMBER (IF APPLICA 9/21/6 856-339-1555 | | | | | | | | | | |
| SIGNATURE OF PRINCIPAL EXEC | UTIVE OFFICER, AU | THORIZED A | GENT, OR * | LICENSED O | PERATOR | 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 | . accordance with IV | | N/A | | to the attack | N/A | N/A . | | | | |
| NAME AND TITLE | SIGNATURE DATE | | | | | | AREA CODE/PHONE NUMBER | | | | |

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

462B DSN 462B - DSW Interna

8/1/2016 TO 8/31/2016

HOPE CREEK GENERATING STATION

| PARAMETER | | QUANTITY | OR LOADING | UNITS | QUAL | ITY OR CONCENT | RATION | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|---|-----------------------|------------------|------------------|--------|------------------|------------------|------------------|---------|------------|----------------------|----------------|
| Flow, In Conduit or Thru Treatment Plant | SAMPLE MEASUREMENT | 0.020 | 0.028 | | **** | **** | **** | | ø | Continuous | Meter |
| 50050 1 Effluent Gross Value | PERMIT REQUIREMENT | REPORT 01MOAV | REPORT 01DAMX | MGD | ***** | ***** | ***** | ***** | | Continuous | METER |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| BOD, 5-Day (20 oC) | SAMPLE MEASUREMENT | ***** | **** | | **** | 300 | 430 | | Ø | 2/month* | Compos |
| 00310 G Raw Sew/influent | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT 01MOAV | REPORT 01DAMX | MG/L | | 1/Month | COMPOS |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| BOD, 5-Day (20 oC) | SAMPLE MEASUREMENT | 2 | 2 | | **** | 15 | 21 | | \$ | 3/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 | **** | ***** | | 95.0 | ***** | **** | | φ | 3/month* | Calctd |
| 00310 K Percent Removal | PERMIT REQUIREMENT | ***** | **** | ***** | 87.5 01MOAVMN | ***** | **** | PERCENT | | 1/Month | CALCTD |
| | QL | ***** | **** | | ***** | ***** | ***** | | | 400 | |
| Solids, Total Suspended | SAMPLE MEASUREMENT | **** | **** | | **** | 276 | 276 | | Ø | 1/nowth* | Compos |
| 00530 G Raw Sew/influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT 01MOAV | REPORT 01DAMX | MG/L | | 1/Month | COMPOS |
| | QL | ***** | ***** | | ***** | **** | ***** | | | | |
| Solids, Total Suspended | SAMPLE MEASUREMENT | **** | **** | | **** | 6 | 6 | | Ø | /month * | Compos |
| 00530 1 Effluent Gross Value | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 30 01MOAV | 45 01WKAV | MG/L | | 1/Month | COMPOS |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |

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

* See explanation of Conditions.

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

462B DSN 462B - DSW Interna

8/1/2016 TO 8/31/2016

HOPE CREEK GENERATING STATION

| PARAMETER | | QUANTITY | OR LOADING | UNITS | QUALI | TY OR CONCENTE | RATION | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|-----------------------------------|-----------------------|-----------------|-----------------|-------|-----------------|------------------|------------------|---------|------------|---|----------------|
| Solids, Total Suspended | SAMPLE MEASUREMENT | **** | **** | | 98 | 98 | ***** | | \$ | 1/month | Calcte |
| 00530 K Percent Removal | PERMIT REQUIREMENT | ***** | **** | ***** | 85 01MOAVMN | REPORT 01MOAV | ***** | PERCENT | | 1/Month | CALCTD |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Oil and Grease | SAMPLE MEASUREMENT | ***** | **** | | ***** | 4 | 4 | | ф | Ymonth | GRab |
| 00556 1 Effluent Gross Value | PERMIT REQUIREMENT | ***** | **** | **** | ***** | 10 01MOAV | 15 01DAMX | MG/L | | 1/Month | GRAB |
| | QL | ***** | ***** | | ***** | **** | ***** | | | 7-10-10-10-10-10-10-10-10-10-10-10-10-10- | |
| Nitrogen, Ammonia Total (as N) | SAMPLE MEASUREMENT | **** | **** | | **** | 5 | 5 | | \$ | 1/month | Compas |
| 00610 1 Effluent Gross Value | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 35 01MOAV | REPORT 01DAMX | MG/L | | 1/Month | COMPOS |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Enterococci | SAMPLE MEASUREMENT | **** | **** | | **** | ۷ ۲ | 44 | | ϕ | Ymonth | GRab |
| 61211 1 Effluent Gross Value | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT 01MOGE | REPORT 01WKGE | #/100ML | | 1/Month | GRAB |
| | QL | ***** | ***** | | ***** | **** | ***** | | | | |
| Coliform, Fecal General | SAMPLE MEASUREMENT | **** | **** | | **** | 24 | 44 | | ϕ | month | GRab |
| 74055 1 Effluent Gross Value | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 200 01MOGE | 400 01WKGE | #/100ML | | 1/Month | GRAB |
| | QL | **** | ***** | | ***** | ***** | ***** | | | | |
| Lab Certification # | SAMPLE MEASUREMENT | 17451 | PAOII | | 06005 | | | | | | |
| 99999 99 Lab | PERMIT REQUIREMENT | 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

Consolidated Waste Characterization Report Submittal Form

| NJPDES PERMIT | | M | ONIT | ORIN | MONITORED LOCATION: | | | |
|---------------|-------|-----|------|------|---------------------|-----|------|-------------------------|
| N.J0025411 | Month | Day | Year | | Month | Day | Year | 462B - DSN 462B - DSW I |
| 110025111 | 7 | 11 | 2016 | То | 12 | 31 | 2016 | 1025 551 1025 55 77 1 |

PERMITTEE:

DATE

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 Monitorin | g Period | Monito | ring 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 | ~~.~~. | | <u>N/A</u> . | | | | | | | |
| NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, OR AUTHORIZED AGENT | GRADE A | ND REGISTR | Y NUMBER (IF APPLICABLE) | | | | | | | |
| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | DATE(MO/YEAR) | 2(\6 | 856-339-1555 . AREA CODE/TELEPHONE NUMBER | | | | | | | |
| *For a local agency where the highest-ranking operator does not had a person having that responsibility or person designated by that per | | | | | | | | | | |
| I certify under penalty of law and in accordance with N.J.S.A. 58:10 monitoring reports. |)A-6F(5) th | at I have revi | ewed the attached discharge | | | | | | | |
| | | | N/A | | | | | | | |
| NAME AND TITLE | SIGNATU | RE | | | | | | | | |
| 21/2 | | | N L/A | | | | | | | |

AREA CODE/PHONE NUMBER

Consolidated Waste Characterization Report

PI 46815

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

462B DSN 462B - DSW Intern 7/1/2016 TO 12/31/2016

HOPE CREEK GENERATING STATION

SAMPLE DATE OF REPORT: 8 10 16

| PARAMETER | QL | REPORTED VALUE | UNITS | REMARK CODE | SAMPLE TYPE |
|--|----------|-------------------|-------|----------------|----------------|
| Cyanide, Total (as CN) 00720 Effluent Gross Value | RQL = 40 | 45 | UG/L | Code = U | GRAB |
| Nickel, Total Recoverable 01074 Effluent Gross Value | RQL = 10 | 3.1 | UG/L | | GRAB |
| Zinc, Total Recoverable 01094 Effluent Gross Value | RQL = 10 | 56.8 | UG/L | | GRAB |
| Cadmium, Total Recoverable 01113 Effluent Gross Value | RQL = 4 | < 0.490 | UG/L | Code = U | GRAB |
| Chromium, Total Recoverable 01118 Effluent Gross Value | RQL = 10 | <1.8 | UG/L | Code = U | GRAB |
| Copper, Total Recoverable 01119 Effluent Gross Value | RQL = 2 | 19.5 | UG/L | | GRAB |
| Lab Certification # 99999 Lab | | PAOII | | | 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 |