PSEG Nuclear LLC
P.O. Box 236, Hancocks Bridge, NJ 08038-0236

AUG 21 2009

HCH-2009-093

PSEG Nuclear L.L.C.

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
ARTICLE NUMBER: 7006 0100 0004 0657 6569

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
HOPE CREEK GENERATING STATION
NJPDES PERMIT NJ0025411

Dear Sir:

Attached is the Discharge Monitoring Report for the Hope Creek Generating Station for the month of July 2009.

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 Christopher White at (856) 339-3301.

Sincerely,

John F. Perry

John F. Perry
Site Vice President – Hope Creek

IE25
NRR

Attachments

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

AUG 21 2009

EXPLANATION OF CONDITIONS

July 2009

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 Monitoring Report Form Reference Manual and specific guidance from DEP personnel.

AUG 21 2009

EXPLANATION OF EXCEEDANCES

July 2009

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, 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-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.

John F. Perry
Site Vice President – Hope Creek

Sworn and subscribed before me
this 21st day of August 2009.

Deloris D. Hadden

DELORIS D. HADDEN
Notary Public of New Jersey
My Commission Expires 03/29/2010
ID # 2073649

New Jersey Department of Environmental Protection
Division of Water Quality

PI 46815

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD							MONITORED LOCATION:
	Month	Day	Year		Month	Day	Year	
NJ0025411	7	1	2009	To	7	31	2009	461A - DSN 461A - dsw

PERMITTEE:
PSE&G NUCLEAR LLC
PO BOX 236-N21 - 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
~~TIFFANY BABAN~~ Maryann McLaughlin
P.O. 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 reponsibility 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 fine 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 – Hope Creek	N/A	
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)	
John F. Perry	8-21-09	856-339-3463
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER

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

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

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

Surface Water Discharge Monitoring Report

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0025411	461A DSN 461A - dsw	7/1/2009 TO 7/31/2009	HOPE CREEK GENERATING STATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	55.000	57.735	MGD	******	******	******	******	0	continuous	meter
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		******	******	******			Continuous	METER
	QL	******	******		******	******	******				
Flow, In Conduit or Thru Treatment Plant 50050 7 Intake From Stream	SAMPLE MEASUREMENT	71.384	72.033	MGD	******	******	******	******	0	continuous	meter
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		******	******	******			Continuous	METER
	QL	******	******		******	******	******				
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	8.6	******	8.7	SU	0	1/week	Grab
	PERMIT REQUIREMENT	******	******		6.0 01DAMN	******	9.0 01DAMX			1/Week	GRAB
	QL	******	******		******	******	******				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	******	<0.1	<0.1	MG/L	0	continuous	Grab
	PERMIT REQUIREMENT	******	******		******	0.2 01MOAV	0.5 01DAMX			Continuous	GRAB
	RQL	******	******		******	0.1	0.1				
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	******	32.0	34.9	DEG.C	0	continuous	meter
	PERMIT REQUIREMENT	******	******		******	REPORT 01MOAV	36.2 01DAMX			Continuous	METER
	QL	******	******		******	******	******				
Temperature, oC 00010 7 Intake From Stream	SAMPLE MEASUREMENT	******	******	******	******	26.7	28.1	DEG.C	0	continuous	meter
	PERMIT REQUIREMENT	******	******		******	REPORT 01MOAV	REPORT 01DAMX			Continuous	METER
	QL	******	******		******	******	******				

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

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0025411	461A DSN 461A - dsw	7/1/2009 TO 7/31/2009	HOPE CREEK GENERATING STATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	******	5	5	MG/L	0	1/month	Grab
	PERMIT REQUIREMENT	******	******		******	REPORT 01MOAV	REPORT 01DAMX			1/Month	GRAB
	QL	******	******		******	******	******				
Carbon, Tot Organic (TOC) 00680 2 Effluent Net Value	SAMPLE MEASUREMENT	******	******	******	******	0	0	MG/L	0	1/month	Calctd
	PERMIT REQUIREMENT	******	******		******	REPORT 01MOAV	REPORT 01DAMX			1/Month	CALCTD
	QL	******	******		******	******	******				
Carbon, Tot Organic (TOC) 00680 7 Intake From Stream	SAMPLE MEASUREMENT	******	******	******	******	4	4	MG/L	0	1/month	Grab
	PERMIT REQUIREMENT	******	******		******	REPORT 01MOAV	REPORT 01DAMX			1/Month	GRAB
	QL	******	******		******	******	******				
Heat (summer) (per Hr.) 81386 1 Effluent Gross Value	SAMPLE MEASUREMENT	180	231	MBTU/HR	******	******	******	******	0	1/day	Calctd
	PERMIT REQUIREMENT	REPORT 01MOAV	534 01DAMX		******	******	******			1/Day	CALCTD
	QL	******	******		******	******	******				
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17451	PA166		04653						
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	******	******		******	******	******				

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

New Jersey Department of Environmental Protection
Division of Water Quality

PI 46815

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD							MONITORED LOCATION:
	Month	Day	Year		Month	Day	Year	
NJ0025411	7	1	2009	To	7	31	2009	461C - DSN 461C - DSW internal

PERMITTEE:
PSE&G NUCLEAR LLC
PO BOX 236-N21 - 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
~~TIFFANY BABAN~~ Maryann McLaughlin
P.O. 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 reponsibility 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 – Hope Creek	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
John F. Perry	8-21-09 856-339-3463
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER

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

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

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

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0025411	461C DSN 461C - DSW interna	7/1/2009 TO 7/31/2009	HOPE CREEK GENERATING STATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	0.014	0.060	MGD	******	******	******	******	0	continuous	meter
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		******	******	******			Continuous	METER
	QL	******	******		******	******	******				
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	******	2	2	MG/L	0	1/month	Compos
	PERMIT REQUIREMENT	******	******		******	30 01MOAV	100 01DAMX			1/Month	COMPOS
	QL	******	******		******	******	******				
Petrol Hydrocarbons, Total Recoverable 45501 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	******	< 5	< 5	MG/L	0	2/month	Grab
	PERMIT REQUIREMENT	******	******		******	10 01MOAV	15 01DAMX			2/Month	GRAB
	QL	******	******		******	******	******				
Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	******	9	9	MG/L	0	1/month	Compos
	PERMIT REQUIREMENT	******	******		******	REPORT 01MOAV	50 01DAMX			1/Month	COMPOS
	QL	******	******		******	******	******				
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17451	PA166		04653						
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	******	******		******	******	******				

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New Jersey Department of Environmental Protection
Division of Water Quality

PI 46815

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD							MONITORED LOCATION:
	Month	Day	Year		Month	Day	Year	
NJ0025411	7	1	2009	To	7	31	2009	462B - dsn 462B - dsw outfall

PERMITTEE:
PSE&G NUCLEAR LLC
PO BOX 236-N21 - 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
~~TIFFANY BABAN~~ Maryann McLaughlin
P.O. BOX 236 / H15
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE: ☐ **No Discharge this Monitoring Period** ☐ **Monitoring Report Comments Attached**

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John F. Perry, Site Vice President – Hope Creek	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
John F. Perry	8-21-09 / 856-339-3463
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE / AREA CODE/PHONE NUMBER

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

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

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0025411	462B dsn 462B - dsw outfall	7/1/2009 TO 7/31/2009	HOPE CREEK GENERATING STATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	0.018	0.047	MGD	******	******	******	******	0	1/Day	meter
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		******	******	******			1/Day	METER
	QL	******	******		******	******	******				
BOD, 5-Day (20 oC) 00310 G Raw Sew/influent	SAMPLE MEASUREMENT	******	******	******	******	370	370	MG/L	0	1/month	Compos
	PERMIT REQUIREMENT	******	******		******	REPORT 01MOAV	REPORT 01DAMX			1/Month	COMPOS
	QL	******	******		******	******	******				
BOD, 5-Day (20 oC) 00310 1 Effluent Gross Value	SAMPLE MEASUREMENT	2	2	KG/DAY	******	9	9	MG/L	0	1/month	Compos
	PERMIT REQUIREMENT	8 01MOAV	REPORT 01WKAV		******	30 01MOAV	45 01WKAV			1/Month	COMPOS
	QL	******	******		******	******	******				
BOD, 5-Day (20 oC) 00310 K Percent Removal	SAMPLE MEASUREMENT	******	******	******	97.4	******	******	PERCENT	0	1/month	Calctd
	PERMIT REQUIREMENT	******	******		87.5 01MOAVMN	******	******			1/Month	CALCTD
	QL	******	******		******	******	******				
Solids, Total Suspended 00530 G Raw Sew/influent	SAMPLE MEASUREMENT	******	******	******	******	338	338	MG/L	0	1/month	Compos
	PERMIT REQUIREMENT	******	******		******	REPORT 01MOAV	REPORT 01DAMX			1/Month	COMPOS
	QL	******	******		******	******	******				
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	******	2	2	MG/L	0	1/month	Compos
	PERMIT REQUIREMENT	******	******		******	30 01MOAV	45 01WKAV			1/Month	COMPOS
	QL	******	******		******	******	******				

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

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0025411	462B dsn 462B - dsw outfall	7/1/2009 TO 7/31/2009	HOPE CREEK GENERATING STATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Solids, Total Suspended 00530 K Percent Removal	SAMPLE MEASUREMENT	******	******	******	99	99	******	PERCENT	0	1/month	Calctd
	PERMIT REQUIREMENT	******	******		85 01MOAVMN	REPORT 01MOAV	******			1/Month	CALCTD
	QL	******	******		******	******	******				
Oil and Grease 00556 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	******	< 5	< 5	MG/L	0	1/month	Grab
	PERMIT REQUIREMENT	******	******		******	10 01MOAV	15 01DAMX			1/Month	GRAB
	QL	******	******		******	******	******				
Coliform, Fecal General 74055 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	******	< 10	< 10	#/100ML	0	1/month	Grab
	PERMIT REQUIREMENT	******	******		******	200 01MOGE	400 01WKGE			1/Month	GRAB
	QL	******	******		******	******	******				
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17451	PA 166		06005						
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	******	******		******	******	******				

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