DEC 2 1 2011

SCH11-045

PSEG Nuclear L.L.C.

CERTIFIED MAIL RETURN RECEIPT REQUESTED ARTICLE NUMBER: 7007 2560 0002 0170 0818

401-02B Division of Water Quality Office of Permit Management P.O. Box 420 Trenton, N.J. 08625-0420

NEW JERSEY POLLUTANT DISCHARGE ELIMINATION SYSTEM DISCHARGE MONITORING REPORT SALEM GENERATING STATION NJPDES PERMIT NJ0005622

Dear Sir:

Attached is the Discharge Monitoring Report for the Salem Generating Station for the month of November 2011.

This report is required by and prepared specifically for the New Jersey Department of Environmental Protection (NJDEP). It presents only the observed results of measurements and analyses required to be performed by the above agencies. The choice of the measurement devices and analytical methods are controlled by the EPA and the NJDEP, not by the company, and there are limitations on the accuracy of such measurement devices and analytical techniques even when used and maintained as required. Accordingly, this report is not intended as an assertion that any instrument has measured, or that any reading or analytical result represents the true value with absolute accuracy, nor is it an endorsement of the suitability of any analytical or measurement procedure.

If you have any questions concerning this report, please feel free to contact Mark Pyle (856) 339-2331.

Sincerely Fricker

Site Vice President – Salem

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Attachment (12 DMR's)

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

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EXPLANATION OF CONDITIONS

November 2011

The following explanations are included to clarify possible deviation from permit conditions.

General - The columns labeled "No. Ex" on the enclosed DMR tabulate the number of daily discharge values outside the indicated limits.

Data reporting and accuracy reflect the working environment, the design capabilities and reliability of the monitoring instruments and operating equipment.

Deviations from required sampling, analysis monitoring and reporting methods and periodicities are noted on the respective transmittal sheet.

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

EXPLANATION OF EXCEEDANCES

November 2011

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

DSN No.

EXPLANATION

None.

COUNTY OF SALEM STATE OF NEW JERSEY

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

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

Carl J. Fricker Site Vice President – Salem

Sworn and subscribed before me day of December 2011 this

SHERIL KEYE! Commission # 2051967 lotary Public, State of New Jersey My Commission Expires January 15, 201

BC Site Vice President – Salem Director – Regulatory Affairs Nuclear Environmental Affairs - Manager Helen Gregory Chem File SCH11-045

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Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITO	RED LOCATION:					
NJ0005622	Month Day Year 11 1 2011 To Month Day Year 11 30 2011 2011 Year Year Year	FACA – SW O	utfall FACA					
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038	REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038						
	REGION / COUNTY: Southern / Salem (County						
CHECK IF APPLICABLE:		Report Comments Atta	ched					
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 complete. I am aware that ther	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 information be individuals immediately responsible for obtaining the information e are significant penalties for submitting false information, include New Jersey water Pollution Control Act provides for penalties up	hest ranking operator of l expenditures and hire p ottom of this page. If the shall sign the certification on submitted in this door tion, I believe that the in ding the possibility of an	the treatment works shall sign ersonnel, a person having that e local agency has contracted with on. ument and all attachments, and formation is true, accurate and ad/or imprisonment, pursuant					
Carl J. Fricker, S	ite Vice President - Salem		<u>N/A</u>					
6X1&	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO 2	DR GRADE AND RE	GISTRY NUMBER (IF APPLICABLE) 856-339-1102					
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 attach	ed discharge monitoring re	ports.					
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>					
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER					

Pl 46814

Surface Water I	Dischar	ge Monitori	ng Repor	t ·						- ,	PI 46814		
PERMIT NUMBER:	MON	IITORED LOCA	TION:	MONITOF	RING PERIOD:	FACILITY NAME:							
NJ0005622	FAC	A SW Outfall F/	ACA	11/1/2011 TO 11/30/2011 PSEG NUCLEAR LLC SAL					EM GENERATIN				
PARAMETER	\bigtriangledown	QUANTITY (OR LOADING	UNITS QUALITY OR CONCENTRATION					NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE		
Temperature,	SAMPLE MEASUREMENT	*****	*****		*****	11.7	13.0		0	Continuous	Centir		
00010 G Raw Sew/influent	PERMIT RECURRENT			******				DEG.C		Continuous			
Temperature,	SAMPLE		******		*****	17.4	20.8	<u> </u>	0	Continuous	CONTIN		
00010 1 Effluent Gross Value	PERMITANA REGUIREMENT					REPORT	CIDAMX	DEG.C		Continuous	CONTIN		
Temperature,		*****	******		·····	5.7	9.5		15dia	1/Day	CALCTO		
00010_2 Effluent Net Value	REQUIREMENT			*****				DEG.C		it: ~1/Day=10,	CALCID.		
Lab Certification #	SAMPLE MEASUREMENT	72271			PA 166								
99999 99 Lab			REPORT			CAREPORT.				Novaphie	NOTAP		
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Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us".

Pre-Print Creation Date: 10/1/2011

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Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	Ν	IONITOF	RING PERIOI)		MONIT	ORED LOCATION:
NJ0005622	MonthDay111	Year 2011	To Month 11	Day 30	Year 2011	FACB – SW O	utfall FACB
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101		REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038					
		REGI	ON / COUNTY:	Souther	n / Salem	County	
CHECK IF APPLICABLE:	No Discha	arge this Mo	onitoring Period		Шм	onitoring Report Comm	ents Attached
WHO MUST SIGN The high the certification or, in his absen the certification. Where the hig responsibility or person designal another entity to operate the tre I certify under penalty of law the that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The	ce a person designa hest ranking opera- ted by that person atment works, the l at I have personall ose individuals imme are significant per	ated by that tor does not shall also si nighest-rank y examined aediately re- condities for	person. For a loc have the ability ign the second cer cing official of the and am familiar sponsible for obta submitting false	cal agend to author tificatio e contract with the aining the information	by, the hig rize capita n at the based entity informati e informati ion, inclu	chest ranking operator o al expenditures and hire ottom of this page. If the shall sign the certificat ion submitted in this doo tion, I believe that the in- ding the possibility of a	f the treatment works shall sign personnel, a person having that ie local agency has contracted with ion. cument and all attachments, and information is true, accurate and and/or imprisonment, pursuant
Carl J. Fricker, Si	te Vice President -	Salem					<u>N/A</u>
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICE	R, AUTHORI	ZED AGENT, OR *	LICENSE	D OPERAT	OR GRADE AND R	EGISTRY NUMBER (IF APPLICABLE) 856-339-1102
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AU	THORIZED A	GENT, OR *LICEN	SED OPE	RATOR	DATE	AREA CODE/PHONE NUMBER
person designated by that person :	shall sign the following	ng certificatio	on:			· •	el, a person having that responsibility or
I certify under penalty of law and i	n accordance with N.	J.S.A. 58:10		reviewe	d the attack		-
<u>N/A</u> NAME AND TITLE		SIGNATU	<u>N/A</u>			<u>N/A</u> DATE	<u>N/A</u> AREA CODE/PHONE NUMBER
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Surface Water	Discharg	je Monitori	ng Repor	Ţ		·					PI 46814
PERMIT NUMBER:	MON	ITORED LOCA	TION:	MONITOF	RING PERIOD:	FACILITY N	AME:				
NJ0005622	FACI	3 SW Outfall F	ACB	11/1/2011	TO 11/30/2011	PSEG NUCLEAR LLC SALEM GENERATIN					
PARAMETER	$\mathbf{\mathbf{X}}$	QUANTITY (OR LOADING	UNITS	UNITS QUALITY OR CONCENTRATION					FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	****		*****	(1.7	13.0		0	Continuous	CONTIN
00010 G Raw Sew/influent	PERMIT. REQUIREMENT.	And Street Street		******		REPORT	REPORI CIDAMX	DEG.C		Continuous	CONTIN
Temperature,	ୢୢୢୖୢୄୣୣୢୢୢୖ୲ୣୄୣୣ										
oC	SAMPLE MEASUREMENT	*****	*****		*****	20.8	23.4		0	Continuous	CONTIN
00010 1 Effluent Gross Value	REQUIREMENT	ar		*****			43.3 01DAMX	DEG.C		Continuous	CONTIN
	QL		and the second	692 645	5	Mark Stranger					
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	9.1	11.5		0	1/Day	CALCTD
00010 2 Effluent Net Value	PERMIT REQUIREMENT		Traction and a second second	******		REPORT 01MOAV		DEG.C		1/Day	CALCTD
	QL		1966	а В Ал	ALAS CHARACT	Survey	Lérres 👘				16.205. 7
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166						
99999 99 Lab	PERMIT REQUIREMENT	REPORT	REPORT		REPORT Lab #	REPORT	BEPORT Lab # **			Not Applic;	NOT AP
	GL .	The second second	Par manes		City Constants						

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

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	M	IONITOR	RING PERIO	D		MONITO	ORED LOCATION:			
NJ0005622	MonthDay111	Year 2011	To Month	Day 30	Year 2011	FACC – SW O	utfall FACC			
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101		LOCATION OF ACTIVITY:REPORT RECIPIENT:PSEG NUCLEAR LLC SALEMPSEG NUCLEAR LLCGENERATING STATIONPO BOX 236/N21ALLOWAY CREEK NECK RDHANCOCKS BRIDGE, NJ 08038								
		REGI	ON / COUNTY:	Souther	n / Salem	County				
CHECK IF APPLICABLE:	No Discha	rge this Mo	onitoring Period			Aonitoring Report Com	ments Attached			
WHO MUST SIGN The high 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 complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The	ce a person designa thest ranking operative ted by that person s atment works, the h set I have personally ose individuals immore are significant per	ted by that p for does not shall also signighest-rank y examined hediately resentations for s	person. For a loo have the ability gn the second ce- ting official of the and am familiar sponsible for obta submitting false	cal agend to author rtificatio e contrac with the aining th informat	cy, the hig rize capita n at the bo ted entity informati e informati ion, inclu	hest ranking operator of l expenditures and hire ottom of this page. If th shall sign the certification on submitted in this doction, I believe that the in ding the possibility of a	f the treatment works shall sign personnel, a person having that e local agency has contracted with ion. cument and all attachments, and information is true, accurate and ind/or imprisonment, pursuant			
Carl J. Fricker, Si	te Vice President -	Salem					<u>N/A</u>			
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICE	R, AUTHORIZ	ZED AGENT, OR *	LICENSE	D OPERAT	OR GRADE AND RI	EGISTRY NUMBER (IF APPLICABLE) 856-339-1102			
SIGNATURE OF PREACIPAL EXEC	UTIVE OFFICER, AUT	THORIZED A	GENT, OR *LICEN	ISED OPE	RATOR	DATE	AREA CODE/PHONE NUMBER			
*For a local agency where the high person designated by that person .				thorize ca	apital expe	nditures and hire personne	el, a person having that responsibility or			
I certify under penalty of law and i	n accordance with N.	J.S.A. 58:104	A-6F(5) that I have	e reviewe	d the attacl	ned discharge monitoring r	eports.			
<u>N/A</u>			<u>N/A</u>			<u>N/A</u>	<u>N/A</u>			
NAME AND TITLE		SIGNATUR	RE			DATE	AREA CODE/PHONE NUMBER			

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بالمقابلة الافتيار تربد فللدفات

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PERMIT NUMBER:	MON	MONITORED LOCATION:		MONITOF	RING PERIOD:	FACILITY NAME:					
NJ0005622	FAC	C SW Outfall F	ACC	11/1/2011	TO 11/30/2011	PSEG NUCI	EAR LLC SAL	EM GEN	IERA [.]	TIN	
PARAMETER	$\mathbf{>}$	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTR	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	1804	2709		*****	*****	*****		0	Day	CALCTO
50050 G Raw Sew/influent	的复数形式的第三人称	3024 01MOAV	REPORT. 01DAMX	MGD				*****		ng 1/Day	CALCTD
Thermal Discharge	C SOL	and anny ?			I PERSONAL AND						
Million BTUs per Hr	SAMPLE MEASUREMENT	9751	16175		*****	*****	******		0	Day	CALCTO
00015 2 Effluent Net Value	PERMIT	REPORT OTMOAV	30600 01DAMX	MBTU/HR				*****		HI/Day	
Lab Certification #	A SQL	(*** ****** ***************************					A		10-28-1875 10-22-28-18-1		
	SAMPLE MEASUREMENT	17327	17451		PA 166		_				
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Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us".

Pre-Print Creation Date: 10/1/2011

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Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MC	DNITORING PE			MONITO	DRED LOCATION:
NJ0005622	MonthDay111	Year N 2011 To	IonthDay1130	Year 2011	048C – SW Ou	tfall 48C
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	P G A	LOCATION OF SEG NUCLEAR LL JENERATING STA LLOWAY CREEK IANCOCKS BRIDG	REPORT REC PSEG NUCLEAR I PO BOX 236/N21 HANCOCKS BRIE	LLC		
		REGION / COU	NTY: Souther	n / Salem	County	
CHECK IF APPLICABLE:	🔲 No Discharg	ge this Monitoring I	Period	🗌 ма	onitoring Report Comme	ents Attached
WHO MUST SIGN The high the certification or, in his absen the certification. Where the hig responsibility or person designal another entity to operate the treas I certify under penalty of law th that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The	ce a person designate hest ranking operator ted by that person sh atment works, the hig at I have personally o se individuals immed e are significant pena	ed by that person. F r does not have the a all also sign the sec ghest-ranking officia examined and am fa diatcly responsible alties for submitting	or a local agen ability to autho ond certificatio al of the contract miliar with the for obtaining the false information	cy, the hig rize capita n at the bo ted entity informati e informati ion, inclu	thest ranking operator of a expenditures and hire p bottom of this page. If the shall sign the certification on submitted in this doct tion, I believe that the in ding the possibility of an	the treatment works shall sign personnel, a person having that a local agency has contracted with on. ument and all attachments, and formation is true, accurate and ad/or imprisonment, pursuant
Carl J. Fricker, Si	Le Vice Président - Sa	alem				N/A
NAME AND TITLE OF PRINCIPAL			f, or *license	D OPERAT	OR GRADE AND RE	GISTRY NUMBER (IF APPLICABLE)
	71				12/21/2011	<u>8</u> 56-339-11 <u>02</u>
SIGNATURE OF PRINCIPAL EXECU	UTIVE OFFICER, AUTH	ORIZED AGENT, OR	*LICENSED OPE	RATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the high person designated by that person s			ty to authorize c	ıpital exper	nditures and hire personne	, a person having that responsibility or
I certify under penalty of law and in	n accordance with N.J.S	S.A. 58:10A-6F(5) tha	at I have reviewe	d the attach	ned discharge monitoring re	ports.
<u>N/A</u>		<u>N/</u>	A		<u>N/A</u>	<u>N/A</u>
NAME AND TITLE		SIGNATURE			DATE	AREA CODE/PHONE NUMBER

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Surface Water [-									PI 4681
PERMIT NUMBER:	MON	ITORED LOCA	TION:	MONITOF	RING PERIOD:	FACILITY N	AME:				
NJ0005622	048C	SW Outfall 48	C ·	11/1/2011	1/1/2011 TO 11/30/2011 PSEG NUCLEAR LLC SALE					Л	
PARAMETER	$\mathbf{>}$	QUANTITY OR LOADING		UNITS	UNITS QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.4211	0.8342		*****	*****	*****		0	Your	CALCTO
50050 1 Effluent Gross Value		REPORT	C. REPORT	MGD				******		> Ti/Day ::	CALCID
	PER OL			4 7	2.6					5 m. 1	Strikke:
Solids, Total	SAMPLE MEASUREMENT	*****	******		*****	3	4		0	2/month	compos
00530 1 Effluent Gross Value				*******			01DAMX21	MG/L		12/Mönth	COMPOS
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Petroleum Hydrocarbons	SAMPLE MEASUREMENT	******	*****		******	45	< 5		Ô	3/MONTH	GRAB
00551 1 Effluent Gross Value	REQUIREMENT			******		10 ^{****}		MG/L		2/Month	GRAB
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Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	******	******		*****	5	5		0	3/MONTH	COMPOS
00680 1 Effluent Gross Value	REQUIREMENT					01MOAV	50 O1DAMX	MG/L		2/Month	COMPOS
	OL T	1			Cites and the					and the second second	1. T.
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PAILG						
99999 99 Lab	PERMIT	Lab #	REPORT		REPORT		REPORT A			Not Applic	NOT AP
	QL- H	A			State -						

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

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Pre-Print Creation Date: 10/1/2011

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT		MONITORING PERIOD MONITORED LOCATION:									
NJ0005622	Month 11	Day 1	Year 2011	To	Month 11	Day 30	Year 2011	481A -	- SW Ou	utfall 481A	
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	CLEAR LLCPSEG NUCLEAR LLC SALEMPSEG NUCLEAR LLCAZAGENERATING STATIONPO BOX 236/N21										
			REG	ION / (COUNTY	Souther	n / Salem	County			
CHECK IF APPLICABLE:	No No	Dischar	ge this Mo	nitorin	ıg Period		lonitoring	g Report Co	omments Att	ached	
WHO MUST SIGN The high the certification or, in his absen the certification. Where the hig responsibility or person designa 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 ther to N.J.A.C. 7:14A-6.9(B). The	ce a person hest rankin ted by that atment wor at I have p ose individu e are signif	n designa ng operat person s ks, the h ersonally uals imm ficant pe	ted by that for does no shall also s highest-rank y examined hediately re- calties for	t person t have ign the king of and a sponsi submi	n. For a lo the ability second co ficial of th m familian ible for ob tting false	ocal agen to autho ertification the contra- with the taining the informa	cy, the hig rize capita n at the b cted entity informat: ie informat ion, inclu	ghest rankin al expenditu ottom of thi / shall sign i ion submitte ution, I belie uding the po	g operator o bres and hire is page. If the the certificat ed in this door eve that the is possibility of a	f the treatment works shall sign personnel, a person having that le local agency has contracted with ion. cument and all attachments, and nformation is true, accurate and and/or imprisonment, pursuant	
Carl J. Fricker, Si	te Vice Pre	sident - 1	Salem							<u>N/A</u>	
NAME AND TITLE OF PRINCIPAL	executive	OFFICE	R, AUTHOR	IZED A	GENT, OR	*LICENSE	D OPERAT	OR 0	ERADE AND R	EGISTRY NUMBER (IF APPLICABLE)	
SIGNATURE OF PRINCIPAL EXEC	/ UTIVE OFFI	CER, AUI	THORIZED A	AGENT,	OR *LICE	NSED OPI	RATOR	DÀI	ſE	AREA CODE/PHONE NUMBER	
*For a local agency where the high person designated by that person s I certify under penalty of law and i	shall sign th	e followir	ıg certificat	ion:					-	el, a person having that responsibility or	
				(-	-			8	-	-	
<u> </u>			SIGNATU	RE	<u>N/A</u>			DATE	<u>N/A</u>	<u>N/A</u> AREA CODE/PHONE NUMBER	

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MONITORED LOCATION:

PERMIT NUMBER:

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MONITORING	PERIOD:	F

ACILITY NAME:

NJ0005622	481A	SW Outfall 48	1A 1	1/1/2011	TO 11/30/2011	PSEG NUCL	EAR LLC SAL	EM GEN	IERA	זוד	
PARAMETER	$\mathbf{>}$	QUANTITY (DR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	207	477		******	*****	*****		0	YOUN	CALCTO
50050 1 Effluent Gross Value	PERMIT RECEIREMENT		REPORT 01DAMX	MGD		essee asses	2	******	Solve Prove	1/Day	CALCID
рН		******	·····		7.6	******	MG			N N	GRAB
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рН	SAMPLE	######################################	<u>800005534648444</u> 40000000000000000000000000000000		7.1	*****	7.8		0	Yweek	GRAS
00400 7 Intake From Stream	PERMIT REQUIREMENT	anna an	Anne Anne Anne Anne Anne Anne Anne Anne	*****	REPORT 01DAMN	******		SU		1/Week	GRAB
LC50 Statre 96hr Acu Cyprinodon	SAMPLE	<u></u>	*****		CODE = N	******	******		0	CODE-N	CODE = N
TAN6A 1 Effluent Gross Value	PERMIT: REQUIREMENT			*****	50 -01DAMN	******		%EFFL		2/Year	COMPOS
Chlorine Produced Oxidants	SAMPLE	feri of the second of the seco	1 <u>044 2422210, 0022</u> 799780486.	<u> </u>	<u>1234</u>	X 0.1	0.1		0	3/week	GRAB
*CPOX 1 Effluent Gross Value	REGUIREMENT			*****		0.3 01MOAV	0.5 OTDAMX	MG/L		3/Week	GRAB
Option 1 Chlorine Produced Oxidants	SAMPLE	*****			++++++	20.1	٢٥.١		0	3/week	GRAB
*CPOX 1 Effluent Gross Value Option 2	REQUIREMENT	******				REPORT OTMOAU	0:2 01DAMX	MG/L		3/Week	GRAB

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

Pre-Print Creation Date: 10/1/2011

Discharg	je Monitori	ng Report			·					PI <i>4</i> 6814
MON	MONITORED LOCATION:			RING PERIOD:						
481A	SW Outfall 48	1A 1	11/1/2011 TO 11/30/2011 PSEG NUCLEAR LLC SALEM GE						4IT	
\searrow	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
SAMPLE MEASUREMENT	*****	*****		*****	17.2	21.6		0	Yoay	CONTIN
PERMIT SA		384			01MOAV	01DAMX	DEG.C		i/Day w	
SAMPLE MEASUREMENT	דכצר/	 								
PERMIT REQUIREMENT	BEPORIL Lab #	REPORT /		REPORT. Lab##1	REPORT	BEPORTOR Lab#			Not Applic	M INOT APATH
	MON 481A SAMPLE MEASUREMENT ACCURENT SAMPLE	MONITORED LOCA 481A SW Outfall 48 QUANTITY O SAMPLE MEASUREMENT RECURRENEENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT CITIZET	MONITORED LOCATION: 481A SW Outfall 481A QUANTITY OR LOADING SAMPLE MEASUREMENT COLOR SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT CLICATION: ARCOUNTS AND	481A SW Outfall 481A 11/1/2011 QUANTITY OR LOADING UNITS SAMPLE MEASUREMENT ****** ***** ***** ***** ***** ***** ****	MONITORED LOCATION: MONITORING PERIOD: 481A SW Outfall 481A 11/1/2011 TO 11/30/2011 QUANTITY OR LOADING UNITS QUANTITY OR LOADING UNITS SAMPLE 4814 MEASUREMENT 4814 SAMPLE 4814 MEASUREMENT 4814 SAMPLE 4814	MONITORED LOCATION: MONITORING PERIOD: FACILITY N 481A SW Outfall 481A 11/1/2011 TO 11/30/2011 PSEG NUCI QUANTITY OR LOADING UNITS QUALITY OR CONCENTR SAMPLE 17.2 VERNIT SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE MEASUREMENT	MONITORED LOCATION: MONITORING PERIOD: FACILITY NAME: 481A SW Outfall 481A 11/1/2011 TO 11/30/2011 PSEG NUCLEAR LLC SAL QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION SAMPLE 17.2 21.6 RECURRENT 17.2 21.6 SAMPLE SAMPLE SAMPLE SAMPLE	MONITORED LOCATION: MONITORING PERIOD: FACILITY NAME: 481A SW Outfall 481A 11/1/2011 TO 11/30/2011 PSEG NUCLEAR LLC SALEM GEN QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS SAMPLE ****** ****** 17.2 21.6 PERMIT RECIPENENT ****** ****** 17.2 21.6 SAMPLE ******* ******* ************************************	MONITORED LOCATION: MONITORING PERIOD: FACILITY NAME: 481A SW Outfall 481A 11/1/2011 TO 11/30/2011 PSEG NUCLEAR LLC SALEM GENERAL QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS SAMPLE ***** ****** 17.2 21.6 PERMIT ****** ****** 17.2 21.6 0 SAMPLE ************************************	MONITORED LOCATION: MONITORING PERIOD: FACILITY NAME: 481A SW Outfall 481A 11/1/2011 TO 11/30/2011 PSEG NUCLEAR LLC SALEM GENERATION QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS NO. MEASUREMENT 17.2 21.6 O V/DG4 PERMENT 17.2 21.6 O V/DG4 VINITS 17.2 21.6 O V/DG4 PERMENT 17.2 21.6 O V/DG4 MARLEENT 17.2 21.6 O V/DG4 MEASUREMENT 17.4 01MOAV DEG.C V/DG4 MARLEENT 01DAMX DEG.C V/DG4 MARLEENT

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

Pre-Print Creation Date: 10/1/2011

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Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD		MONITO	RED LOCATION:
NJ0005622		ay Year 30 2011	482A – SW Out	fall 482A
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIV PSEG NUCLEAR LLC SALEN GENERATING STATION ALLOWAY CREEK NECK RI HANCOCKS BRIDGE, NJ 080	1	REPORT RECH PSEG NUCLEAR LI PO BOX 236/N21 HANCOCKS BRID(LC
	REGION / COUNTY: So	thern / Salem	County	
CHECK IF APPLICABLE	: 🔲 No Discharge this Monitoring Period 🛛] Monitoring	g Report Comments Attac	hed
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 there	hest ranking official having day-to-day managerial ice a person designated by that person. For a local shest ranking operator does not have the ability to a atted by that person shall also sign the second certific atment works, the highest-ranking official of the co nat I have personally examined and am familiar wit ose individuals immediately responsible for obtaining re are significant penalties for submitting false infor New Jersey water Pollution Control Act provides to	agency, the hig uthorize capita cation at the b- ntracted entity n the information ng the information, inclu	chest ranking operator of t al expenditures and hire pe- ottom of this page. If the shall sign the certification ion submitted in this docum- tion, I believe that the info ding the possibility of and	he treatment works shall sign ersonnel, a person having that local agency has contracted with n. ment and all attachments, and ormation is true, accurate and d/or imprisonment, pursuant
Carl J. Fricker, Si	te Vice President - Salem			<u>N/A</u>
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LIC	ENSED OPERAT	OR GRADE AND REC 12/21/2011	GISTRY NUMBER (IF APPLICABLE) 856-339-1102
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSE	OPERATOR	DATE	AREA CODE/PHONE NUMBER
	hest-ranking operator does not have the ability to author shall sign the following certification:	ize capital expe	nditures 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 re-	viewed the attack	hed discharge monitoring rep	ports.
N/A	N/A		N/A	N/A

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NAME AND TITLE

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SIGNATURE

DATE AREA CODE/PHONE NUMBER

PERMIT NUMBER:	MON	ITORED LOCA		MONITOR	RING PERIOD:	FACILITY N	AME·				
						· · · · · · · · · · · · · · · · · · ·				 T13	
NJ0005622	482A	SW Outfall 48	2A	11/1/2011	TO 11/30/2011	PSEG NUCI	EAR LLC SAL	EM GEN	IERA		
PARAMETER		QUANTITY (OR LOADING	UNITS	UNITS QUALITY OR CONCENTRATION UNITS					FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	147	458		******	*****	*****		0	Yoay	CALCTE
50050 1 Effluent Gross Value			01DAMX	19				******		1/Day⊺	CALCTD
pH	PROVER 2552		S Sim I We with						10.900		
PIL	SAMPLE MEASUREMENT	*****	*****		7.5	*****	7.8		0	Yweek	GRAB
00400 1 Effluent Gross Value	PERMIT RECLIREMENT			*****	6.0 M 01DAMN		90 CIDAMX	SU		i (/Week) .	GRAB
			Anna Anna Anna Anna Anna Anna Anna Anna	×.	ale and the second	and the second se	ANNA ANNA ANNA ANNA ANNA ANNA ANNA ANN		a est		Const 25-
pH	SAMPLE MEASUREMENT	******	*****		7.1	*****	7.8		0	Yweek	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT			******			REPORT	ຣບ		1/Week	GRAB
	C. OLAN		******	676 6-1						entris 22	
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	******	*****		CODE=N	*****	*****		0	CODE=N	CODE = N
TAN6A 1 Effluent Gross Value	PERMIT XX REQUIREMENT			••••••	50 ***•••01.DAMN			%EFFL		2/Year A	COMPOS
<u></u>	QL &		Service and the service of the servi		Maine	and the second second	and the second of the			and the second second	L. of Later
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	******	*****		*****	20.1	0.2		0	3/week	GRAB
*CPOX 1 Effluent Gross Value	PESIC PERMIT REQUIREMENT			••••••		0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	WADE					and the second second	ATTACK AND A		a fair		NUC .
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	50.1	20.1		0	Jurek	GRAB
*CPOX 1 Effluent Gross Value	PERMIT		. Street	*****		NIREPORT 01MOAV	01DAMX	MG/L		3/Week	GRAB
Option 2	QL				and the second second						a Catalan (

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

Pre-Print Creation Date: 10/1/2011

Surface Water	Discharg	je Monitori	ing Report	t							PI 46814
PERMIT NUMBER:	MON	ITORED LOCA	TION:	MONITOF	RING PERIOD:	FACILITY N	AME:				
NJ0005622	482A	SW Outfall 48	2A	11/1/2011	TO 11/30/2011	PSEG NUC	LEAR LLC SAL	.EM GEN	IERA	ЛІР	
PARAMETER	\mathbf{X}	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature,	SAMPLE MEASUREMENT	******	*****		******	17.0	23,3		0	YDay	CONTIN
00010 1 Effluent Gross Value						OTMOAV	REPORT TOIDAMX	DEG.C	÷.	1/Day	CONTIN
	i Tol			Z			The second second	4 2 2			311
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PAILL						
99999 99	PERMIT ***	, AREPORT	BEPORT Lab #		REPORT	REPORT:	REPORT	5		Not Applic,	NOT AP
Lab	Clar .					Lab #		2		114	

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

Pre-Print Creation Date: 10/1/2011

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Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:
NJ0005622	MonthDayYear1112011To11302011	483A – SW Outfall 483A
<u>PERMITTEE:</u> PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038	REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038
CHECK IF APPLICABLE:	REGION / COUNTY: Southern / Salem (County nitoring Report Comments Attached
the certification or, in his absen the certification. Where the hig responsibility or person designa	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	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
that, based on my inquiry of the complete. I am aware that then	at I have personally examined and am familiar with the informatic ose individuals immediately responsible for obtaining the informat e are significant penalties for submitting false information, include New Jersey water Pollution Control Act provides for penalties up	ion, I believe that the information is true, accurate and ling the possibility of and/or imprisonment, pursuant
Carl J. Fricker, Si	te Vice President - Salem	<u>N/A</u>
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	OR GRADE AND REGISTRY NUMBER (IF APPLICABLE) 12/21/2011 856-339-1102
SIGNATURE OF PRINCIPAL/EXEC	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE AREA CODE/PHONE NUMBER

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR DATE

*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.

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

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Surface Water [PERMIT NUMBER:	-	ITORED LOCA			RING PERIOD:	FACILITY N					PI 4681
			·								
NJ0005622	483A	SW Outfall 483	3A	11/1/2011	TO 11/30/2011	PSEG NUCL	EAR LLC SAL				
PARAMETER	$\left \right>$	QUANTITY C	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or	SAMPLE	175			*****					1/2	CALCTI
Thru Treatment Plant	MEASUREMENT	135	425		******	*****	· *****		٥	Day	CHICI
50050 1	PERMIT	REPORT.	REPORT	MGD	n that they are			******		∡_ ⊼1/Daÿ ≇∹	CALCTD
Effluent Gross Value				<u> X</u>			190-10-000770		in the		Same (
	Des OL 14		**************************************	2 80	LAL MARKEN	California (California)			N 15		a no the second second
pH ´.	SAMPLE MEASUREMENT	******	*****		7,5	******	7.8		0	YWEEK	GRAB
00400 1	PERMIT		******	*****	6.0 4 - 19	PRATE STREET	······································	SU		ira 1/Weék	GRAB
Effluent Gross Value	REQUIREMENT				01DAMN		01DAMX		100		
÷	THE OL .				Manager Making	Brythaurase .					
pH	SAMPLE MEASUREMENT	*****	******		7.1	******	7.8		0	lweek	G-RAB
00400 7	PERMIT	MM active in		<u></u>	REPORT		REPORT	SU		201/Week	GRAB
Intake From Stream	REQUIREMENT				01DAMN		01DAMX	50		ALC: N	
· ·	Pro QL									The second	
Chlorine Produced	SAMPLE	*****	*****		******	1 1 - 1	~ ~			3/week	
Oxidants	MEASUREMENT					20.1	0.2		0	Tubleac	GRAB
*CPOX 1	PERMIT	A CALCULAR CONTRACTOR		*****	Section States	0.3	0.5	MG/L		/ 3/Week,	GRAB
Effluent Gross Value	REQUIREMENT	1946 P	And the second states of the s			CIMOAV					
Option 1	QUAR	TTO THE CAN									TT Ent
Chlorine Produced	SAMPLE MEASUREMENT	*****	******		*****	20.1	20.1		0	3/week	GRAB
Oxidants	1344 543-1.15			40.ª		-	-		19983.5.5	1000	
*CPOX 1	REQUIREMENT		Carlor Access	*****		01MOAV	0.2 3 1-01DAMX	MG/L		3/Week	GRAB
Effluent Gross Value Option 2	QLases								4	Contraction of the second	Mible
Temperature,		<u> </u>	EXCLUSION STATEMENT	56) 		lineeret Fitching we		i	<u></u>		交行 出版的 编制的分
oC	SAMPLE MEASUREMENT	******	*****		*****	17.8	23.1		0	1/ Day	Contin
00010 1	PERMIT					REPORTMENT	REPORT	1		1/Day	CONTIN
Effluent Gross Value	REQUIREMENT				A COMPANY	-01MOAV	01DAMX	DEG.C			
	OL-		Course the Destate				*******		16.8		and the second second

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

Pre-Print Creation Date: 10/1/2011

PERMIT NUMBER:	<u>MON</u>	ITORED LOCA	TION:	MONITOF	NING PERIOD:	FACILITY N	AME:		NITS NO. FREQ. OF EX. ANALYSIS		
NJ0005622	483A	A SW Outfall 48	3A	11/1/2011	TO 11/30/2011	PSEG NUCL	EAR LLC SAL	EM GEN	IERA	TIP	
PARAMETER	$\mathbf{ imes}$	QUANTITY	OR LOADING	UNITS	QUALITY OR CONCENTRATION UN						SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166					<u>.</u>	
99999 99 Lab	的意思和自己的问题。	Lab #	34 999 221113 (1988) 小小市		Lab#	REPORT Lab #				Not Applic	

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

Pre-Print Creation Date: 10/1/2011

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Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITO	RED LOCATION:
NJ0005622	MonthDayYearMonthDayYear41112011To113020114	184A – SW Out	fall 484A
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038	REPORT RECT PSEG NUCLEAR LI PO BOX 236/N21 HANCOCKS BRIDO	
	REGION / COUNTY: Southern / Salem Co	ounty	
CHECK IF APPLICABLE	: 🔲 No Discharge this Monitoring Period 🛛 🗌 Monitoring Ro	eport Comments Attac	hed
the certification or, in his absent the certification. Where the hig responsibility or person designs 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	nest ranking official having day-to-day managerial and operational re ince a person designated by that person. For a local agency, the higher the phest ranking operator does not have the ability to authorize capital en- the by that person shall also sign the second certification at the botton atment works, the highest-ranking official of the contracted entity shat that I have personally examined and am familiar with the information ose individuals immediately responsible for obtaining the information re are significant penalties for submitting false information, includin New Jersey water Pollution Control Act provides for penalties up to	est ranking operator of t expenditures and hire per om of this page. If the nall sign the certification submitted in this docum n, I believe that the info ag the possibility of and	he treatment works shall sign rsonnel, a person having that local agency has contracted with n. nent and all attachments, and prmation is true, accurate and
<u>Carl J. Fricker, Si</u>	te Vice President - Salem		<u>N/A</u>
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REC	SISTRY NUMBER (IF APPLICABLE) 856-339-1102
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
person designated by that person	hest-ranking operator does not have the ability to authorize capital expendit shall sign the following certification: n accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attached	-	
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

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MON	ITORED LOCA	TION: <u>N</u>	10NITOF	RING PERIOD:	FACILITY N	AME:				
484A	SW Outfall 484	4A 1	1/1/2011	TO 11/30/2011	PSEG NUCL	EAR LLC SAL	EM GEN	ERA	TIN	
\triangleright	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
SAMPLE MEASUREMENT	475	511		*****	*****	*****		0	YDay	CALCTO
REQUIREMENT		- LREPORT	MGD				******		i/Day⊪ a	CALCTD
SAMPLE	******	<u>######</u>		7.6	******	7.7		0	Yweek	GRAB
PERMIT			******			9.0.44 	SU		a i/Week	GRAB
SAMPLE MEASUREMENT	*****	*****		7.1	*****	7.8		0	Kucek	GRAB
			*****	101DAMN		REPORT 01DAMX	SU		, 1/Week	GRAB I
SAMPLE MEASUREMENT	*****	*****		CODE=N	*****	*****		0		CODE=N
N. IPERMU REQUIREMENT		i Ang		10481312 M6 10124 64767 77114 6110 M8 10000	A		%EFFL		t-2/Vear si	
SAMPLE	******	****		*****	CODE=N	CODE=N		6	CODE =N	CODE=N
					0.3	0.5 OIDAMX	MG/L		> 3/Week	GRAB
SAMPLE	****	****		*****	٢٥.١	٢٥٠١		0	3/week	GRAB
PERMIT			*****		REPORT 01MOAV	0 01DAMX	MG/L		Week	GRAB
	484A	484A SW Outfall 484 QUANTITY C SAMPLE MEASUREMENT AT 7 S STREAMPLENT A	484A SW Outfall 484A 1 QUANTITY OR LOADING SAMPLE MEASUREMENT QT WITTY OR LOADING SAMPLE MEASUREMENT QT WITTY OR LOADING SAMPLE MEASUREMENT QT SAMPLE MEASUREMENT OTMOAV PERMIT SAMPLE MEASUREMENT PERMIT SAMPLE MEASUREMENT PERMIT SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT MEASUREMENT SAMPLE MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT <td< td=""><td>484A SW Outfall 484A 11/1/2011 QUANTITY OR LOADING UNITS MEASUREMENT COLSPAN="2">MGD SAMPLE COLSPAN="2">COLSPAN="2" MEASUREMENT COLSPAN="2" SAMPLE COLSPAN="2" COLSPAN="2" COLSPAN="2" SAMPLE COLSPAN="2" SAMPLE COLSPAN="2" COLSPAN="2" COLSPAN="2" COLSPAN="2"</td><td>484A SW Outfall 484A 11/1/2011 TO 11/30/2011 QUANTITY OR LOADING UNITS QUALI MEASUREMENT 47.5 5.11 </td><td>484A SW Outfall 484A 11/1/2011 TO 11/30/2011 PSEG NUCL QUANTITY OR LOADING UNITS OUALITY OR CONCENTR SAMPLE MEASUREMENT 47.7 S 5 L1 </td><td>484A SW Outfall 484A 11/1/2011 TO 11/30/2011 PSEG NUCLEAR LLC SAL OUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION MERUINERNY 477 S 5 L1 </td><td>484A SW Outfall 484A 11/1/2011 TO 11/30/2011 PSEG NUCLEAR LLC SALEM GEN QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS MANNEL 47.5 5.11 </td><td>484A SW Outfall 484A 11/1/2011 TO 11/30/2011 PSEG NUCLEAR LLC SALEM GENERAL QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS O MERCUREARY 47.7 S 5 1.1 </td><td>434A SW Outfall 484A 11/1/2011 TO 11/30/2011 PSEG NUCLEAR LLC SALEM GENERATIN QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS NO. FREO. OF EX. MEAUREMENT 47S 511 0 1/0av MEAUREMENT 47S 511 0 1/0av MEAUREMENT HEPORT HREPORT HREPORT 0 1/0av VILLE HREPORT HREPORT HREPORT 0 1/0av VILLE HREPORT HREPORT 7/.6 7/.7 0 V/Ueek VILLE HREPORT 7/.1 7/.8 0 1/ueek VILLE HREPORT </td></td<>	484A SW Outfall 484A 11/1/2011 QUANTITY OR LOADING UNITS MEASUREMENT COLSPAN="2">MGD SAMPLE COLSPAN="2">COLSPAN="2" MEASUREMENT COLSPAN="2" SAMPLE COLSPAN="2" COLSPAN="2" COLSPAN="2" SAMPLE COLSPAN="2" SAMPLE COLSPAN="2" COLSPAN="2" COLSPAN="2" COLSPAN="2"	484A SW Outfall 484A 11/1/2011 TO 11/30/2011 QUANTITY OR LOADING UNITS QUALI MEASUREMENT 47.5 5.11	484A SW Outfall 484A 11/1/2011 TO 11/30/2011 PSEG NUCL QUANTITY OR LOADING UNITS OUALITY OR CONCENTR SAMPLE MEASUREMENT 47.7 S 5 L1	484A SW Outfall 484A 11/1/2011 TO 11/30/2011 PSEG NUCLEAR LLC SAL OUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION MERUINERNY 477 S 5 L1	484A SW Outfall 484A 11/1/2011 TO 11/30/2011 PSEG NUCLEAR LLC SALEM GEN QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS MANNEL 47.5 5.11	484A SW Outfall 484A 11/1/2011 TO 11/30/2011 PSEG NUCLEAR LLC SALEM GENERAL QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS O MERCUREARY 47.7 S 5 1.1	434A SW Outfall 484A 11/1/2011 TO 11/30/2011 PSEG NUCLEAR LLC SALEM GENERATIN QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS NO. FREO. OF EX. MEAUREMENT 47S 511 0 1/0av MEAUREMENT 47S 511 0 1/0av MEAUREMENT HEPORT HREPORT HREPORT 0 1/0av VILLE HREPORT HREPORT HREPORT 0 1/0av VILLE HREPORT HREPORT 7/.6 7/.7 0 V/Ueek VILLE HREPORT 7/.1 7/.8 0 1/ueek VILLE HREPORT

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

Pre-Print Creation Date: 10/1/2011

PI 46814

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PERMIT NUMBER:	MON	ITORED LOCA	TION:	MONITOF	MONITORING PERIOD: FACILITY NAME:						
NJ0005622	484A	SW Outfall 48	4A	11/1/2011	TO 11/30/2011	PSEG NUCI	EAR LLC SAL	EM GEN	ERA		
PARAMETER	\mathbf{X}	QUANTITY (OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
remperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	21.1	26.4		0	YDay	CONTIN
00010 1 Effluent Gross Value	PERMIT					REPORT 01MOAV	REPORT.	DEG.C	1.5	1/Day	CONTIN
	\$≩-∕OL		**************************************								
ab Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166						
99999 99	S STRATE	REPORT	A REPORT		REPORT	REPORT	REPORT			Not Applic	NOTAP

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

Pre-Print Creation Date: 10/1/2011

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Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD		MONITORED LOCATION:
NJ0005622	MonthDayYear1112011To1130	Year 2011	485A – SW Outfall 485A
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038		REPORT RECIPIENT: PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038
	REGION / COUNTY: Souther	n / Salem	County
CHECK IF APPLICABLE:	No Discharge this Monitoring Period 🛛 🕅 M	lonitoring	Report Comments Attached
the certification or, in his absend the certification. Where the high responsibility or person designat another entity to operate the treat I certify under penalty of law that that, based on my inquiry of tho complete. I am aware that there	hest ranking operator does not have the ability to autho ted by that person shall also sign the second certification timent works, the highest-ranking official of the contract at I have personally examined and am familiar with the	by, the high rize capita in at the bo ted entity informati e informati ion, inclu	chest ranking operator of the treatment works shall sign all expenditures and hire personnel, a person having that obtom of this page. If the local agency has contracted with shall sign the certification. All submitted in this document and all attachments, and tion, I believe that the information is true, accurate and ding the possibility of and/or imprisonment, pursuant
Carl J. Fricker, Sit	v Vice President - Salem		N/A
	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSE	D OPERAT	OR GRADE AND REGISTRY NUMBER (IF APPLICABLE) 12/21/2011 856-339-1102
SIGNATURE OF PRINCIPAL EXECU	TTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPE	RATOR	DATE AREA CODE/PHONE NUMBER
person designated by that person s	est-ranking operator does not have the ability to authorize control hall sign the following certification: a accordance with N.J.S.A. 58:10A-6F(5) that I have reviewe		nditures and hire personnel, a person having that responsibility or

 N/A
 N/A
 N/A

 NAME AND TITLE
 SIGNATURE
 DATE
 AREA CODE/PHONE NUMBER

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NJ0005622	485A	SW Outfall 48	5A 1	1/1/2011	TO 11/30/2011	PSEG NUCL	EAR LLC SAL	EM GEN	ERA	אוד	
PARAMETER	$\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{$	QUANTITY C	OR LOADING	UNITS QUALITY OR CONCENTRATION U					NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	471	472		*****	*****	*****		0	1/Day	CALCTO
50050 1 Effluent Gross Value			REPORT 01DAMX	MGD				*****		il, si∕iDay⊭st	CALCID
pH_	SAMPLE	******	*****		7.6	*****	7.8		0	Yweer	GRAB
00400 1 Effluent Gross Value				****	6.0 01DAMN	t de anti-	9.0 01DAMX	SU		t/Week	HU GRAB
pH	SAMPLE	. *****			7.1	4 4 4 4 4	7.8		0	Yweek	GRAB
00400 7 Intake From Stream	RECORDENT			******				SU		1/Week	GRAB
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	**************************************	******		COOE=N	*****	****		0	CODE=N	CODE = N
TAN6A 1 Effluent Gross Value	REQUIREMENT			****	50 01DAMN			%EFFL			COMPOS
Chlorine Produced Oxidants	SAMPLE	******	*****		******	CODE=N	CODE=N		0	COD==N	CODE =N
*CPOX 1 Effluent Gross Value Option 1			A Constant of the second se			03 OIMOAV	0.5 OTDAMX	MG/L		3/Week	GRAB
Chlorine Produced	SAMPLE MEASUREMENT	*****	*****			<0.1	<0.1		0	3/week	GRAB
CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT			*****			0.2 // * 7.01DAMX	MG/L		S S Week	GRAB
Option 2	OLA				1. A	*****	t den menter de la compañía de la co	1			

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

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Pre-Print Creation Date: 10/1/2011

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PERMIT NUMBER:	MON	IITORED LOCA	TION:	MONITOF	RING PERIOD:	FACILITY N	AME:	-			
NJ0005622	485A	SW Outfall 48	5A	11/1/2011	TO 11/30/2011	PSEG NUCI	LEAR LLC SAL	EM GEN	ERA	TIN	
PARAMETER	$\mathbf{>}$	QUANTITY (OR LOADING	UNITS	QUALIT	Y OR CONCENTR	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature,	SAMPLE MEASUREMENT	*****	*****		*****	20.8	24.9		0	YDay	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT			*****		REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
······································	OL	A Manuar Josef		ktay Kay		A la statistic (- And see
Lab Certification #	SAMPLE MEASUREMENT	17327	17451		PA 166						
99999 99	PERMIT	REPORT	REPORT		REPORT	REPORT	REPORT		*	Not Applic	NINOTAP
Lab	REQUIREMENT	Lab#			Lab#4	େ ଅନ୍ମାର୍କ ଜନ୍ମ	Lab #starts				
8	OL	A BOW & AAAAAAA			A state of the second s	A CONTRACTOR OF A	and the second				20

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

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Pre-Print Creation Date: 10/1/2011

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Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITO	RED LOCATION:
NJ0005622	MonthDayYear1112011To11302011	486A – SW Out	fall 486A
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038	REPORT RECI PSEG NUCLEAR L PO BOX 236/N21 HANCOCKS BRID	LC
	REGION / COUNTY: Southern / Salem	County	
CHECK IF APPLICABLE:	: 🗌 No Discharge this Monitoring Period 🛛 🗍 Monitoring	g Report Comments Attac	hed
the certification or, in his absen the certification. Where the hig responsibility or person designa another entity to operate the tree I certify under penalty of law th that, based on my inquiry of the complete. I am aware that ther	test ranking official having day-to-day managerial and operational ce a person designated by that person. For a local agency, the hig thest ranking operator does not have the ability to authorize capita atted by that person shall also sign the second certification at the be atment works, the highest-ranking official of the contracted entity nat I have personally examined and am familiar with the information bese individuals immediately responsible for obtaining the information e are significant penalties for submitting false information, inclu- New Jersey water Pollution Control Act provides for penalties up	thest ranking operator of all expenditures and hire p ottom of this page. If the shall sign the certification on submitted in this docu- tion, I believe that the inf ding the possibility of an	the treatment works shall sign ersonnel, a person having that local agency has contracted with n. ment and all attachments, and formation is true, accurate and d/or imprisonment, pursuant
Carl J. Fricker, Si	te Vice President - Salem		<u>N/A</u>
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	OR GRADE AND RE	GISTRY NUMBER (IF APPLICABLE) 856-339-1102
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
person designated by that person s	hest-ranking operator does not have the ability to authorize capital expensions of the following certification: n accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attack	-	
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

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											FI 400 14				
PERMIT NUMBER:	MON	IITORED LOCA	TION:	IONITORING PERIOD: FACILITY NAME:											
NJ0005622	486A	SW Outfall 48	6 A	11/1/2011	TO 11/30/2011	PSEG NUCL	LEAR LLC SAL	EM GEN	IERA	ATIN					
PARAMETER	$\mathbf{>}$	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 MEASUREMENT	434	461		*****	*****	*****		0	You	CALCTO				
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	BEPORT '01DAMX'	MGD			**************************************	******		1/Day	CALCTD				
рН	SAMPLE	*****	1996-20097172194478C	<u>**.</u>	7.6	*****	7.7		0	Viewer	GRAB				
00400 1 Effluent Gross Value	PERMIT REQUIREMENT		******	******	6.0 01DAMN		9.0 2010AMX	SU		1/Week	GRAB				
pH	SAMPLE	*****	*****	<u>n. </u>	7.1	<u>• 201788 (2018.8.2 № 500088886).</u> ++++++	7.8	<u> </u>	0	Yweek	CRAB				
00400 7 Intake From Stream	PERMIT				REPORT		REPORT	SU		1. 17Week	GRAB				
Chlorine Produced	SAMPLE		*****		******	CODE=N			6	CODE=N	CODE=N				
Oxidants *CPOX 1 Effluent Gross Value Option 1	PERMIT REQUIREMENT			******		0.3 OTMOAV	0.5 01DAMX	MG/L		3/Week	GRAB				
Chlorine Produced	SAMPLE	#*****	<u>*****</u>	* <u> </u>		٢٥.١	20.1		0	3/week	GRAB				
CPOX 1 Effluent Gross Value Option 2	PERMIT REGUREMENTA	**************************************	Construction of the second sec	******		REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB				
remperature,	SAMPLE MEASUREMENT	<u>*************************************</u>	*****		*****	20.9	26.6		0	YDay	CONTIN				
00010 1 Effluent Gross Value	PERMIT REQUIREMENT					REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN				

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

Pre-Print Creation Date: 10/1/2011

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NUMBER: MONITORED LOCATION:		TION: N	MONITORING PERIOD: FACILITY NAME			AME:				
486A	SW Outfall 480	6A 1	1/1/2011	TO 11/30/2011	PSEG NUCL	EAR LLC SAL	em gen	ERA	TIN	
\times	QUANTITY (DR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
SAMPLE MEASUREMENT	17327	17451		PA 166	 _ 					
PERMIT REQUIREMENT	REPORT:	REPORT		REPORT.	REPORT	Lab #			Not Applica	NOT/AP
	486A	486A SW Outfall 486 QUANTITY C	486A SW Outfall 486A 1 QUANTITY OR LOADING	486A SW Outfall 486A 11/1/2011 QUANTITY OR LOADING UNITS	486A SW Outfall 486A 11/1/2011 TO 11/30/2011 QUANTITY OR LOADING UNITS QUALT	486A SW Outfall 486A 11/1/2011 TO 11/30/2011 PSEG NUCL QUANTITY OR LOADING UNITS QUALITY OR CONCENTR	486A SW Outfall 486A 11/1/2011 TO 11/30/2011 PSEG NUCLEAR LLC SAL QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION	486A SW Outfall 486A 11/1/2011 TO 11/30/2011 PSEG NUCLEAR LLC SALEM GEN QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS	486A SW Outfall 486A 11/1/2011 TO 11/30/2011 PSEG NUCLEAR LLC SALEM GENERAL QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS NO. EX.	486A SW Outfall 486A 11/1/2011 TO 11/30/2011 PSEG NUCLEAR LLC SALEM GENERATIV QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS NO. EX. FREQ. OF ANALYSIS

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

Pre-Print Creation Date: 10/1/2011

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PI 46814

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITO	RED LOCATION:
NJ0005622	MonthDayYear1112011ToMonthDayYear11302011	487B – SW Out	fall 487B
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038	REPORT RECI PSEG NUCLEAR L PO BOX 236/N21 HANCOCKS BRID	LC
	REGION / COUNTY: Southern / Salem O	County	
CHECK IF APPLICABLE:		g Report Comments Att	ached
the certification or, in his absent the certification. Where the hig responsibility or person designa another entity to operate the treas I certify under penalty of law th that, based on my inquiry of the complete. I am aware that ther	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 informate e are significant penalties for submitting false information, includ New Jersey water Pollution Control Act provides for penalties up	nest ranking operator of the expenditures and hire po- tom of this page. If the shall sign the certification of submitted in this docution, I believe that the infling the possibility of an	the treatment works shall sign ersonnel, a person having that local agency has contracted with n. ment and all attachments, and formation is true, accurate and d/or imprisonment, pursuant
Carl J. Fricker, Si	te Vice Prøsident - Salem		N/A
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	PR GRADE AND REG	GISTRY NUMBER (IF APPLICABLE) 856-339-1102
SIGNATURE OF PRINCIPAL EXECT	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
person designated by that person s	hest-ranking operator does not have the ability to authorize capital expen shall sign the following certification:	-	
I certify under penalty of law and in	n accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attache	ed discharge monitoring rep	ports.
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

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Surface Water Discharge Monitoring Report Submittal Form

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NJPDES PERMIT	MONITORING PERIOD	MONITO	ORED LOCATION:
			KED LOCATION:
NJ0005622	Month Day Year 11 1 2011 To Month Day Year 11 30 2011 To 11 30 2011	489A – SW Out	tfall 489A
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	LOCATION OF ACTIVITY: PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038	REPORT REC PSEG NUCLEAR I PO BOX 236/N21 HANCOCKS BRID	LLC
	REGION / COUNTY: Southern / Salem (County	
CHECK IF APPLICABLE:	No Discharge this Monitoring Period 🛛 Monitorin	ng Report Comments At	tached
the certification or, in his absen the certification. Where the hig responsibility or person designa another entity to operate the tree I certify under penalty of law th that, based on my inquiry of the complete. I am aware that ther	est ranking official having day-to-day managerial and operational ce a person designated by that person. For a local agency, the high thest 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 that I have personally examined and am familiar with the information ose individuals immediately responsible for obtaining the information re are significant penalties for submitting false information, include New Jersey water Pollution Control Act provides for penalties up	hest ranking operator of l expenditures and hire p ottom of this page. If the shall sign the certification on submitted in this docu- tion, I believe that the in ding the possibility of ar	the treatment works shall sign personnel, a person having that e local agency has contracted with on. ument and all attachments, and formation is true, accurate and nd/or imprisonment, pursuant
Carl J. Fricker, Si	te Vice President - Salem		<u>N/A</u>
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATO	OR GRADE AND RE	GISTRY NUMBER (IF APPLICABLE) 856-339-1102
SIGNATURE OF PRINCIPAL EXECT	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
person designated by that person s	hest-ranking operator does not have the ability to authorize capital expen shall sign the following certification:		
I certify under penalty of law and it	n accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attach	ed discharge monitoring re	ports.
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

والمحمد والمراجع والمحمد المراجع والمحمد والمراجع والمحمد والمحمد والمراجع والمحمد والمراجع والمحمد والمحمد

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Surface Water I	Discharg	ge Monitori	ing Report								PI 4681
PERMIT NUMBER:	MON	IITORED LOCA	TION:	MONITOF	ONITORING PERIOD: FACILITY NAME:						
NJ0005622	489A SW Outfall 489A 11/1/2011 TO 11				TO 11/30/2011	PSEG NUCI	LEAR LLC SAL	EM GEN	IERA	TIN	
PARAMETER	\bowtie	QUANTITY	OR LOADING	UNITS	UNITS QUALITY OR CONCENTRATION				NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.0384	0.0384		*****	*****	*****		0	Ymonth	GRAB
50050 1 Effluent Gross Value		REPORT 01MOAV	REPORT 01DAMX	MGD				******		1/Monto	CALCTD
pH	SAMPLE MEASUREMENT	*****	*****		7.4	*****	7.4		0	1/mait#	GRAB
00400 1 Effluent Gross Value	QL			******	6.0 SOIDAMN		9.0 44 01DAMX	SU	X	1/Month	GRAB.
Solids, Total Suspended	SAMPLE	*****	*****		37	25	*****		0	MONTH	GRAB
00530 1 Effluent Gross Value	PERMIT REQUIREMENT			•••••	100 01DAMX			MG/L		1/Month	GRAB
Petroleum Hydrocarbons	SAMPLE MEASUREMENT	*****	*****	<u> </u>	*****	<u>ل</u>	く5		Ö	1/month	G-RAB
00551 1 Effluent Gross Value				******		CIMOAV	M15 O1DAMX	MG/L		1/Month	GRAB
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	****	*****		*****	5	5		0	1/month	GRAB
00680 1 Effluent Gross Value	REQUIREMENT			••••••		REPORT 01MOAV	Tel: 50 tel: COLDAMX	MG/L		(1/Month).	GRAB
Lab Certification #	SAMPLE	17327	17451		PA 166	nnand e græder <u>a syntestad for</u> I	a an			<u> </u>	neter ter an in
99999 99 Lab	PERMIT REQUIREMENT		REPORT		REPORT L	REPORT Lab.#	REPORT Lab#			Not Applic	NOTIAP
Luv	AL .		1. 1	5 5	Tall territ		A CONTRACTOR OF A CONTRACTOR A CONTRA				

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

Pre-Print Creation Date: 10/1/2011

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