SCH-14-041 CERTIFIED MAIL RETURN RECEIPT REQUESTED ARTICLE NUMBER: 7014 0150 0001 5767 5560



Department of Environmental Protection Division of Water Quality Bureau of Permit Management P.O. Box 029 Trenton, N.J. 08625-0029

OCT 23 2014

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 September 2014.

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,

John F. Perry

Site Vice President - Salem

Attachment (12 DMR's)

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

TIE25 NRR

#### **EXPLANATION OF CONDITIONS**

#### September 2014

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.

DSN 481A-486A limits for Option 1 and Option 2 are incorrect. Data is entered correctly for Option 1 and Option 2 under their respective rows.

ATTACHMENT: None

### EXPLANATION OF EXCEEDANCES

# September 2014

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

EXPLANATION None

#### 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 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.

John F. Perry

Site Vice President - Salem

Sworn and subscribed before me

this 23 day of October 2014

TINA L. GREGORY
Notary Public
State of New Jersey
My Commission Expires 8/11/2015

NJPDES PERMIT	MONITORIN	G PERIOD	MONITO	ORED LOCATION:
NJ0005622	Month         Day         Year           9         1         2014	Month Day Year 9 30 2014	FACA – SW O	utfall FACA
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	PSEG NUCLEA GENERATINO ALLOWAY CI	NOF ACTIVITY:  AR LLC SALEM STATION REEK NECK RD BRIDGE, NJ 08038	REPORT REC PSEG NUCLEAR PO BOX 236/N21 HANCOCKS BRIE	LLC
CHECK IF APPLICABLE	REGION	/ COUNTY: Southern / Salen	n County ng Report Comments Atta	and and
the certification or, in his abser the certification. Where the hig responsibility or person designa another entity to operate the tre I certify under penalty of law that, based on my inquiry of the complete. I am aware that the	est ranking official having day-to- ce a person designated by that pers hest ranking operator does not hav ted by that person shall also sign that atment works, the highest-ranking at I have personally examined and ose individuals immediately respon- e are significant penalties for subr New Jersey water Pollution Contro	son. For a local agency, the he the ability to authorize caping the second certification at the official of the contracted entire am familiar with the information of the information, including the information in the information of the information in the in	ighest ranking operator of tal expenditures and hire pottom of this page. If the ty shall sign the certificati tion submitted in this doc nation, I believe that the in luding the possibility of a	The treatment works shall sign personnel, a person having that e local agency has contracted with on.  ument and all attachments, and afformation is true, accurate and and/or imprisonment, pursuant
	e Vice President - Salem		•	N/A
	EXECUTIVE OFFICER, AUTHORIZED	AGENT, OR *LICENSED OPERA	TOR GRADE AND RI	EGISTRY NUMBER (IF APPLICABLE)
	en		10/23/2014	856-339-3463
*For a local agency where the hig person designated by that person	UTIVE OFFICER, AUTHORIZED AGEN hest-randing operator does not have the shall sign the following certification: n accordance with N.J.S.A. 58:10A-61	ne ability to authorize capital exp	·	AREA CODE/PHONE NUMBER  el, a person having that responsibility or  eports.
				-
N/A		<u>N/A</u>	N/A	N/A

MONITORED LOCATION:

**MONITORING PERIOD:** 

FACILITY NAME:

NJ0005622

**FACA SW Outfall FACA** 

9/1/2014 TO 9/30/2014

PSEG NUCLEAR LLC SALEM GENERATIN

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PARAMETER		QUANTITY (	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	****	****		****	24.3	27,4		0	continuous	Contin
00010 G Raw Sew/influent	PERMIT REQUIREMENT	*****	*****	*****	****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
······	SoQL SS	****	******		*****	*****	****				
Temperature, oC	SAMPLE MEASUREMENT	*****	****		***	32,9	35,9		0	Continuous	Contin
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	્રે QLૈ	*****	*****		*****	*****					
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Lab Certification #	SAMPLE MEASUREMENT	17327	PA 166								
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab #		REPORT Lab #	REPORT Lab#	REPORT Lab #			Not Applic	NOTAP
ļ.	QL .	A****	*****		*****	*****	*****		1774		

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	MON	ITORING PERIOD		MONIT	ORED LOCATION:	
NJ0005622		Year         Month         Da           014         To         9         30		FACB – SW C	outfall FACB	
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101	PSE GEN ALI	CATION OF ACTIVITED NUCLEAR LLC SALEM NERATING STATION LOWAY CREEK NECK RD NCOCKS BRIDGE, NJ 08038	<del></del>	REPORT REC PSEG NUCLEAR PO BOX 236/N21 HANCOCKS BRI	LLC	
		REGION / COUNTY: Sout	hern / Salem	County		
CHECK IF APPLICABLES	: No Discharge (	this Monitoring Period	□ ме	onitoring Report Comn	nents Attached	
another entity to operate the tre I certify under penalty of law that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The	atment works, the highen at I have personally exapse individuals immediate are significant penalti	est-ranking official of the cor- mmined and am familiar with ately responsible for obtainin ties for submitting false infor ation Control Act provides for	tracted entity the informati g the informa mation, inclu	shall sign the certification submitted in this do tion, I believe that the iding the possibility of	cument and all attachments, and information is true, accurate and and/or imprisonment, pursuant	
NAME AND TITLE OF PRINCIPAL			NSED OPERAT	OR GRADE AND R	REGISTRY NUMBER (IF APPLICABLE)	
Gol F. F.	acry			10/23/2014	<u>856-339-3463</u>	
*For a local agency where the hig person designated by that person I certify under penalty of law and	hest-ranking operator doe. shall sign the following ce.	s not have the ability to authori rtification:	e capital expe		AREA CODE/PHONE NUMBER  rel, a person having that responsibility or  reports.	
<u>N/A</u>		<u>N/A</u>		N/A	N/A	
NAME AND SEISE D	IE AND TITLE SIGNATURE		DATE	AREA CODE/PHONE NUMBER		

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

**FACB SW Outfall FACB** 

9/1/2014 TO 9/30/2014

PSEG NUCLEAR LLC SALEM GENERATIN

1130003622	FACE	3 SW Outlan FA	(CD S)	11/2014 1	0 9/30/2014	PSEG NUCL	EAR LLC SAL	EIN GEN	EKA	1 11/1	
PARAMETER	$\times$	QUANTITY (	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	****	****		****	24.3	27,4		0	Continuous	Contin
00010 G Raw Sew/influent	PERMIT REQUIREMENT	AND	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
Temperature, oC	SAMPLE MEASUREMENT	****	*****		*****	32,9	36,5		0	Continuous	Contin
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	*****	REPORT 01MOAV	46.1 01DAMX	DEG.C		Continuous	CONTIN
Temperature,	SAMPLE MEASUREMENT	*****	****		*****	8,5	10,1		0	1/Day	Calctd
00010 2 Effluent Net Value	PERMIT	******	*****	*****	*****	REPORT # 01MOAV	15:3 01DAMX	DEG.C		1/Day	CALCTD
Lab Certification #	QL SAMPLE MEASUREMENT	17327	PA 166	   		******	******				
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab#		REPORT Lab #	REPORT Lab#	REPORT Lab.#			Not Applic	NOT AP
L	QL C	******	*****	<u> </u>	*****	****	*****		R. 7		

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".

	N	IONITORII	NG PERIO	MONITO	ORED LOCATION:		
NJ0005622	Month Day 9 1	Year 2014	To Month	Day 30	Year 2014	FACC – SW O	utfall FACC
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101		PSEG NUCLI GENERATIN ALLOWAY	ON OF ACT EAR LLC SA NG STATION CREEK NECK BRIDGE, NJ	LEM CRD		REPORT REC PSEG NUCLEAR PO BOX 236/N21 HANCOCKS BRID	LLC
		REGION	N / COUNTY:	Southern	n / Salem	County	
CHECK IF APPLICABLE	: No Discha	ırge this Moni	itoring Period			Ionitoring Report Com	ments Attached
another entity to operate the tre	ated by that person catment works, the l	shall also sign nighest-ranking	the second cog official of the	ertification ne contrac	n at the bo	ottom of this page. If th	e local agency has contracted with
that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The	ose individuals imn re are significant po	nediately respondential	onsible for ob bmitting false	taining th informat	e informa ion, inclu	tion, I believe that the inding the possibility of a	nd/or imprisonment, pursuant
that, based on my inquiry of the complete. I am aware that the to N.J.A.C. 7:14A-6.9(B). The	ose individuals imn re are significant po	nediately respo enalties for sul Pollution Cont	onsible for ob bmitting false	taining th informat	e informa ion, inclu	tion, I believe that the inding the possibility of a	nformation is true, accurate and and/or imprisonment, pursuant
that, based on my inquiry of the complete. I am aware that the to N.J.A.C. 7:14A-6.9(B). The	ose individuals imn re are significant po New Jersey water te Vice President - S	nediately respondential respondential resultion Conference of the second results of the	onsible for ob bmitting false trol Act provid	taining th informat des for pe	e informa ion, inclu nalties up	tion, I believe that the inding the possibility of a to \$50,000 per violation	nformation is true, accurate and and/or imprisonment, pursuant n.
that, based on my inquiry of the complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The  John F. Perry, Sit  NAME AND TITLE OF PRINCIPAL	ose individuals imn re are significant po New Jersey water te Vice President - S	nediately respondential respondential resultion Conference of the second results of the	onsible for ob bmitting false trol Act provid	taining th informat des for pe	e informa ion, inclu nalties up	tion, I believe that the inding the possibility of a to \$50,000 per violation	nformation is true, accurate and and/or imprisonment, pursuant n.  N/A  EGISTRY NUMBER (IF APPLICABLE)
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that, based on my inquiry of the complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The  John F. Perry, Sit  NAME AND TITLE OF PRINCIPAL  SIGNATURE OF PRINCIPAL EXECT  *For a local agency where the hig	ose individuals immore are significant posteriors. New Jersey water the Vice President - Sexecutive office curive officer, Authorized and sign the following shall sign the sign that sign the sign the sign the sign that sign the sign the sign that sign the sign the sign that sign the sign that sign the sign the sign that sign the sign the sign the sign the sign the sign the sign that sign the sign that sign the sign the sign that sign the sign t	nediately respondentities for sulposticities for sulposticities for sulposticities for sulposticities for sulposticities for supposticities for sulposticities for su	onsible for obbmitting false trol Act provided to AGENT, OR ENT, OR *LICE the ability to a factorial to the ability to a factorial transfer transfe	taining the informated des for per *LICENSEI* NSED OPE	e informa ion, inclu nalties up  O OPERAT  RATOR  upital expe	tion, I believe that the inding the possibility of a to \$50,000 per violatio  OR GRADE AND R  10/23/2014  DATE  Inditures and hire personner	nformation is true, accurate and and/or imprisonment, pursuant in.  N/A  EGISTRY NUMBER (IF APPLICABLE)  4 856-339-3463  AREA CODE/PHONE NUMBER  el, a person having that responsibility or

MONITORED LOCATION:

MONITORING PERIOD: FACILITY NAME:

NJ0005622	FAC	C SW Outfall FA	ACC 9	/1/2014 T	O 9/30/2014	PSEG NUCL	EAR LLC SAL	EM GEN	ERAT	IN	
PARAMETER	X	QUANTITY (	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	2765	2873		****	****	****		0	1/Day	Calctd
50050 G Raw Sew/influent	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX	MGD	*****	*****		*****		1/Day	CALCTD
	QL	****	*****		****	***	****				
Thermal Discharge Million BTUs per Hr	SAMPLE MEASUREMENT	15342	15894		****	****	有有有余余章		0	1/Day	Calcta
00015 2 Effluent Net Value	PERMIT REQUIREMENT	REPORT 01MOAV	30600 01DAMX	MBTU/HR	***	****	*****	*****		1/Day	CALCTD
	QL	*****	*****		14 1 1 1 1	*****	*****				
Lab Certification #	SAMPLE MEASUREMENT	17327	PA166								
99999 99 Lab	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 - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us".

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:				
NJ0005622	Month         Day         Year           9         1         2014   To           Month         Day         Year           9         30         2014	048C – SW Out	fall 48C			
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 RECIPES PSEG NUCLEAR LIPO BOX 236/N21 HANCOCKS BRIDG	.c			
	REGION / COUNTY: Southern / Salem Co	ounty				
CHECK IF APPLICABLE	: No Discharge this Monitoring Period Moni	itoring Report Commen	ts Attached			
responsibility or person designs another entity to operate the tre I certify under penalty of law that, based on my inquiry of the complete. I am aware that the	ghest ranking operator does not have the ability to authorize capital ented by that person shall also sign the second certification at the botto catment works, the highest-ranking official of the contracted entity shat 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, including New Jersey water Pollution Control Act provides for penalties up to	om of this page. If the least sign the certification is submitted in this document, I believe that the informing the possibility of and	ocal agency has contracted with a.  nent and all attachments, and ormation is true, accurate and			
John F. Perry, Sit	re Vice President - Salem		N/A			
NAME AND TIME OF DRIVING						
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REC	ISTRY NUMBER (IF APPLICABLE)			
John F.	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	10/23/2014	ISTRY NUMBER (IF APPLICABLE)  856-339-3463			
Gol F. F	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR CUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR		·			
SIGNATURE OF PRINCIPAL EXECT *For a local agency where the hig person designated by that person	CUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR  Thest-ranking operator does not have the ability to authorize capital expendicular shall sign the following certification:	10/23/2014  DATE  itures and hire personnel,	856-339-3463  AREA CODE/PHONE NUMBER  a person having that responsibility or			
SIGNATURE OF PRINCIPAL EXECT *For a local agency where the hig person designated by that person	cutive of ficer, authorized agent, or *Licensed operator thest-ranking operator does not have the ability to authorize capital expendi	10/23/2014  DATE  itures and hire personnel,	856-339-3463  AREA CODE/PHONE NUMBER  a person having that responsibility or			

MONITORED LOCATION:

**MONITORING PERIOD:** 

FACILITY NAME:

NJ0005622

048C SW Outfall 48C

9/1/2014 TO 9/30/2014

**PSEG NUCLEAR LLC SALEM GENERATIN** 

							LAN LLO OAL				
PARAMETER		QUANTITY C	R LOADING	UNITS	QUALI	TY OR CONCENTR	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.2419	0,5559		*****	*****	****		0	1/Day	Caletd
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	****	*****	*****		1/Day	CALCTD
Solids, Total Suspended	QL SAMPLE MEASUREMENT	*****	*****		*****	11	14		0	2/Month	Compos
00530 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	****	30 01MOAV	100 01DAMX	MG/L		2/Month	COMPOS
l	QL	*****	*****	<u> </u>	*****	*****	******			   <b>7</b> /	
Nitrogen, Ammonia Total (as N)	SAMPLE MEASUREMENT	****	*****		*****	0	0		0	Month	Compos
00610 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	*****	35 01MOAV	70 01DAMX	MG/L		2/Month	COMPOS
	ેુ aL∛ૈં	*****	***		****	****	*****		183		
Petroleum Hydrocarbons	SAMPLE MEASUREMENT	****	****		****	22	<2		0	2/Month	Grab
00551 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	*****	10 01MÖAV	15 01DAMX	MG/L		2/Month	GRAB
	₹ QL	****	*****		*****	****	*****				
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	****		****	9	10		0	2/Month	Compus
00680 1 Effluent Gross Value	PERMIT REQUIREMENT QL	******	****	*****	*****	REPORT 01MOAV	50 01DAMX	MG/L		2/Month	COMPOS
Lab Certification #	SAMPLE MEASUREMENT	17327	PA166				<u> </u>				
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab#		REPORT ALab#	REPORT Lab #	REPORT Láb#			Not Applic	NOT AP
	C QL	****	*****	<u> </u>	*****	*****	****				

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".

NJPDES PERMIT	IV.	IONITOR	ING PERIO	MONITO	RED LOCATION:		
NJ0005622	Month Day 9 1	Year 2014	To Month 9	Day 30	Year 2014	481A – SW Out	fall 481A
PERMITTEE:		LOCATIO	ON OF ACT	IVITV.		REPORT RECI	PIENT.
PSE&G NUCLEAR LLC			LEAR LLC SA			PSEG NUCLEAR L	
80 PARK PLAZA			ING STATION			PO BOX 236/N21	
NEWARK, NJ 07101			CREEK NECK S BRIDGE, NJ			HANCOCKS BRID	GE, NJ 08038
			ON / COUNTY:			-	
CHECK IF APPLICABLE	: L No Dischar	ge this Moni	itoring Period	$\bowtie$ M	onitoring	g Report Comments Attac	ched
another entity to operate the tree I certify under penalty of law that, based on my inquiry of the complete. I am aware that the to N.J.A.C. 7:14A-6.9(B). The	nce a person designary person designary and the person seatment works, the hand I have personall ose individuals import are are significant personal persona	nted by that p tor does not I shall also signighest-ranking y examined a nediately respondities for s Pollution Com	person. For a lot have the ability on the second ceing official of the and am familiar ponsible for obtaining false	cal agend to author ertification e contract with the taining the	y, the hig ize capita n at the boted entity informati e information, inclu	ghest ranking operator of all expenditures and hire pottom of this page. If the a shall sign the certification submitted in this docution, I believe that the integring the possibility of an	the treatment works shall sign ersonnel, a person having that local agency has contracted with on.  ment and all attachments, and formation is true, accurate and d/or imprisonment, pursuant.
	e Vice President - S						<u>N/A</u>
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICE	R, AUTHORIZ	ZED AGENT, OR	LICENSE	O OPERAT	OR GRADE AND RE	GISTRY NUMBER (IF APPLICABLE)
Golf. F. F	ever	•				10/23/2014	856-339-3463
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AU	THORIZED AC	GENT, OR *LICE	NSED OPE	RATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the hig person designated by that person	hest-ranking operato shall sign the followi	r does not hav ng certificatio	ve the ability to an on:	uthorize co	pital expe	enditures and hire personnel	, a person having that responsibility or
I certify under penalty of law and							
rooming and ponding or law and	in accordance with N	.J.S.A. 58:10A	A-6F(5) that I hav	e reviewe	d the attacl	hed discharge monitoring re	ports.
N/A	in accordance with N	.J.S.A. 58:10A	A-6F(5) that I hav <u>N/A</u>	e reviewe	d the attacl	hed discharge monitoring re	ports. <u>N/A</u>

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

9/1/2014 TO 9/30/2014

PSEG NUCLEAR LLC SALEM GENERATIN

1400003022	7017	OW Outlan 401		1/2017 1	0 3/30/2014	1 020 11002	LAIT LLO SAL	L.III OLI 1			
PARAMETER	X	QUANTITY C	R LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	502	518		*****	****	****		0	1/Day	Calctd
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	****	*****		1/Day	CALCTD
	√ CQL	*****	******		*****	*****	*****		-5%		
рН	SAMPLE MEASUREMENT	*****	, ******		7,5	*****	7,8		0	/Week	Grab
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	6.0 201DAMN	*****	9.0 	SU		1/Week	GRAB
pH		<u>(1988)                                   </u>	*****					<u> </u>			
1 1011	SAMPLE MEASUREMENT	****	*****		7.5	*****	7,9		0	/Week	Grab
00400 7 Intake From Stream	PERMIT REQUIREMENT	****	****	*****	REPORT 01DAMN	*****	REPORT 01DAMX =	SU	5/2	1/Week	GRAB
	, QL	*****	***		*****	*****	*****	1		25 Apr 200	
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	****	*****		Code=N	*****	****	1	0	Code=N	Code=N
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT.	*****	*****	*****	50 01DAMN	******	*****	%EFFL		2/Year	CÓMPOS
	QL 💮	*****	****		*****	*****	****				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		****	Code=N	Code = N		0	Code = N	Code = N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	****	*****	*****	0.3 01MOAV	0:5 01DAMX	MG/L		3/Week	GRAB
Option 1	QL	*****			*****	Annah	*****	1			
Chlorine Produced	SAMPLE			1					1	3/	
Oxidants	MEASUREMENT	*****	*****		*****	<0.1	<0,1		0	3/week	Grab
*CPOX 1	PERMIT			*****		REPORT	0.2	MC//		3/Week	GRAB
Effluent Gross Value	REQUIREMENT	*****	****		*****	01MOAV	01DAMX	MG/L			
Option 2	QL €	*****	*****	1	*****	*****	*****				

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

9/1/2014 TO 9/30/2014

PSEG NUCLEAR LLC SALEM GENERATIN

1430003622	40 IA	SW Outlan 40	iA J	112014 1	0 9/30/2014	FOLG NOOL	LAN LLO SAL	LIVI OLIV		114	
PARAMETER		QUANTITY (	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	33,1	38.6		0	1/Day	Contin
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	****	*****	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Lab Certification #	SAMPLE MEASUREMENT	17327	PA166								
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab.#		REPORT Lab #	REPORT Lab #	REPORT Lab#			Not Applic	NOT AP

NJPDES PERMIT	MONITORING PERIOD	MONITO	RED LOCATION:
NJ0005622	Month         Day         Year           9         1         2014         To         Month         Day           9         30	<b>Year</b> 2014 482A – SW Ou	tfall 482A
PERMITTEE:	LOCATION OF ACTIVITY:	REPORT REC	IPIENT:
PSE&G NUCLEAR LLC	PSEG NUCLEAR LLC SALEM	PSEG NUCLEAR	
80 PARK PLAZA	GENERATING STATION	PO BOX 236/N21	ACT NV 00000
NEWARK, NJ 07101	ALLOWAY CREEK NECK RD HANCOCKS BRIDGE, NJ 08038	HANCOCKS BRIT	JGE, NJ 08038
CHECK IF APPLICABLES	REGION / COUNTY: Southern:  No Discharge this Monitoring Period	ı / Salem County onitoring Report Comments Atta	ched
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 that, based on my inquiry of the complete. I am aware that there to N.J.A.C. 7:14A-6.9(B). The	nest ranking official having day-to-day managerial and op- nice a person designated by that person. For a local agency ghest ranking operator does not have the ability to authori- ated by that person shall also sign the second certification eatment works, the highest-ranking official of the contract that I have personally examined and am familiar with the lose individuals immediately responsible for obtaining the are are significant penalties for submitting false information. New Jersey water Pollution Control Act provides for per-	y, the highest ranking operator of ize capital expenditures and hire part the bottom of this page. If the ted entity shall sign the certification information submitted in this doce information, I believe that the iron, including the possibility of a	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 it.
John F. Perry, Sit	e Vice President - Salem		<u>N/A</u>
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED	OPERATOR GRADE AND RI	EGISTRY NUMBER (IF APPLICABLE)
Yole F. Fe	· · · · · · · · · · · · · · · · · · ·	10/23/2014	856-339-3463
SIGNATURE OF PRINCIPAL EXEC	CUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPE	RATOR DATE	AREA CODE/PHONE NUMBER
*For a local agency where the hig	thest-stanking operator does not have the ability to authorize ca shall sign the following certification:	pital expenditures and hire personne	l, a person having that responsibility or
person designated by that person			
	in accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed	the attached discharge monitoring re	eports.
	in accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed N/A	the attached discharge monitoring re	eports.

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

482A SW Outfall 482A

9/1/2014 TO 9/30/2014

PSEG NUCLEAR LLC SALEM GENERATIN

1130003022	70217	SVV Outlan 402	.,	1,2014	0 3/30/2014	1 020 11002	LAIT LLO JALI			• • • •	
PARAMETER		QUANTITY C	R LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	477	506		*****	****	*****		0	1/Day	Calctd
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	******	******	***		1/Day	CALCTD
рН	SAMPLE MEASUREMENT	****	****		7,5	*****	7,8		0	1/Week	Grab
00400 1 Effluent Gross Value	PERMIT PERMENT	****	******	*****	6.0 01DAMN	****	9.0 01DAMX	SU		1/Week	GRAB
рН	SAMPLE MEASUREMENT	***	****		7.5	5×++×	7.9		0	1/week	Grab
00400 7 Intake From Stream	PERMIT REQUIREMENT	*****	******	*****	REPORT 01DAMN	*****	REPORT 01DAMX	ຮບ		⊿ 1/Week	GRAB
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	****	****		Code = N	****	****		0	Code = N	Code = N
TAN6A 1 Effluent Gross Value	PERMIT. REQUIREMENT	ARMAN	*****	*****	50 01DAMN	*****	*****	%EFFL		2/Year	COMPOS
	S QL	*****	**************************************	<u> </u>	*****	*****	*****	1		<u>'</u>	
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	****		*****	Code = N	Code = N		0	code=N	Code=W
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	****	*****	******	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB#
Option 1 Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	****		*****	20,1	<011	<u> </u>	0	3/week	Grab
*CPOX 1 Effluent Gross Value	PĒRMĪT REQUIREMENT	Addaha Addahad	*******	**************************************	******	REPORT 01MOAV	0:2 01DAMX	MG/L		3/Week	GRÅB
Option 2	QL		*****	<u> </u>	*****	*****	****	1	學學		

PERMIT NUMBER:MONITORED LOCATION:MONITORING PERIOD:FACILITY NAME:NJ0005622482A SW Outfall 482A9/1/2014 TO 9/30/2014PSEG NUCLEAR LLC SALEM GENERATIN

PARAMETER		QUANTITY (	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	***	****		*****	33.2	37,1		0	1/Day	Contin
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*********	******	****	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Lab Certification #	SAMPLE MEASUREMENT	17327	PA 166								
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab.#	REPORT Lab#		REPORT Lab #	REPORT Lab #	REPORT Lab#			Not Applic	NOT AP

NJPDES PERMIT		N	IONITO	RING	PERIO	D			MONITORED LOCATION:						
NJ0005622	Month 9	Day 1	Year 2014	То	Month 9	Day 30	Year 2014	483A -	- SW Out	fall 483A					
PERMITTEE:			LOCAT	ION (	OF ACT	IVITY	:	REP	ORT RECI	PIENT:					
PSE&G NUCLEAR LLC			PSEG NU	CLEAR	LLC SA	LEM	-	PSEG	NUCLEAR L	LC					
80 PARK PLAZA			GENERA'						OX 236/N21						
NEWARK, NJ 07101			ALLOWA HANCOC					HAN	COCKS BRID	GE, NJ 08038					
			REG	ION / C	COUNTY:	Southe	rn / Salem	County							
CHECK IF APPLICABLE	: N	) Discha	rge this M					•	eport Comme	nts Attached					
I certify under penalty of law that, based on my inquiry of the complete. I am aware that the to N.J.A.C. 7:14A-6.9(B). The	ose individure are signi New Jersey	ials imn ficant pe y water l	nediately re enalties for Pollution C	esponsi submit	ble for ob tting false	taining t informa	he informa tion, inclu	ntion, I belied Iding the po	eve that the infossibility of an	ormation is true, accurate and d/or imprisonment, pursuant					
John F. Perry, Sit								<del></del>		N/A					
NAME AND TITLE OF PRINCIPAL	EXECUTIVE	OFFICE	R, AUTHOR	IZED AC	GENT, OR	LICENS	ED OPERAT	OR (	GRADE AND RE	GISTRY NUMBER (IF APPLICABLE)					
Yole F. F	Leen	•							10/23/2014	856-339-3463					
SIGNATURE OF PRINCIPAL EXEC	UTIVEOFFI	CER, AU	THORIZED	AGENT,	OR *LICE	NSED OP	ERATOR	DAT		AREA CODE/PHONE NUMBER					
*For a local agency where the hig person designated by that person	hest-ranking shall sign th	operato. e followi	r does not h ng certificat	ave the dion:	ability to a	uthorize (	capital expe	enditures and	hire personnel.	a person having that responsibility o					
I certify under penalty of law and	in accordanc	e with N	.J.S.A. 58:1	0A-6F(5	5) that I hav	e review	ed the attac	hed discharg	e monitoring re	ports.					
<u>N/A</u>					N/A				<u>N/A</u>	<u>N/A</u>					
NAME AND TITLE SIGNATURE DATE AREA CODE/PHONE					NATURE DATE AREA CODE/PHONE NUMB				AREA CODE/PHONE NUMBER						

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

483A SW Outfall 483A

9/1/2014 TO 9/30/2014

PSEG NUCLEAR LLC SALEM GENERATIN

1100000022	10071	OVV Outrain 403		.,_0,,	0 3/30/2014	. 020 11002	LAN LLO SAL		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
PARAMETER	X	QUANTITY C	R LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	546	549		****	****	****		0	1/Day	Calctd
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	****	*****		1/Day	CALCTD
рН	SAMPLE MEASUREMENT	***	*****		7.5	****	7,8		0	1/week	Grab
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	6.0 01DAMN	· 大学的开始电 · · · · · · · · · · · · · · · · · · ·	9:0 01DAMX	SU		1/Week	GRAB
рН	SAMPLE MEASUREMENT	***	*****		7,5	****	7.9		0	1/week	Grab
00400 7 Intake From Stream	PERMIT REQUIREMENT	*****	******	*****	REPORT 01DAMN	*****	REPORT 01DAMX	รบ		1/Week	GRAB
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	****		****	Code = N	Code = W		0	Code = N	Code=N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	****	***************	*****	******	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1 Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	<0,1	20.1		0	3/week	Grab
*CPOX 1 Effluent Gross Value Option 2	PERMIT PERMIT PERMENT	****	******	*****	*****	REPORT 01MOAV	0:2 01DAMX	MG/L		3/Week	ĞRAB
Temperature,	SAMPLE MEASUREMENT	****	*****		****	32,5	36,2		0	Day	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.

urrace Water Discharge Monitoring F	Report
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PI 46814

PERMIT NUMBER:	MON	IITORED LOCAT	TION:	MONITOR	RING PERIOD:	FACILITY NA	AME:				
NJ0005622	483A	SW Outfall 483	BA	9/1/2014 7	O 9/30/2014	PSEG NUCL	EAR LLC SAL	EM GEN	ERAT	ΓIN	
PARAMETER	X	QUANTITY (	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT	17327	PA166								
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab.#	REPORT Lab #		REPORT Lab#	REPORT Lab#	REPORT Lab #			Not Applic	NOT AP

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.

NJPDES PERMIT	MONITORING PERIOD	MONITO	RED LOCATION:					
NJ0005622	Month         Day         Year           9         1         2014   To Month Day Year 9 30 2014	484A – 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	PSEG NUCLEAR LLC SALEM GENERATING STATION ALLOWAY CREEK NECK RD PSEG NUCLEAR LLC PO BOX 236/N21 HANCOCKS BRIDGE, NJ 08038						
	REGION / COUNTY: Southern / Salem	County						
CHECK IF APPLICABLE:	No Discharge this Monitoring Period 🔀 Monitoring	Report Comments Attac	hed					
the certification. Where the hig responsibility or person designal another entity to operate the tre I certify under penalty of law 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 designated by that person. For a local agency, the hig thest ranking operator does not have the ability to authorize capital ted by that person shall also sign the second certification at the boatment works, the highest-ranking official of the contracted entity at I have personally examined and am familiar with the informationse individuals immediately responsible for obtaining the information are are significant penalties for submitting false information, incluing New Jersey water Pollution Control Act provides for penalties up	I expenditures and hire per ottom of this page. If the shall sign the certification on submitted in this documentation, I believe that the infedding the possibility of and	rsonnel, a person having that local agency has contracted with a.  ment and all attachments, and ormation is true, accurate and l/or imprisonment, pursuant					
	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERAT	OR GRADE AND REC	GISTRY NUMBER (IF APPLICABLE)					
Joh F. P.	reed	10/23/2014	856-339-3463					
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER					
*For a local agency where the hig person designated by that person .	heft-ranking operator does not have the ability to authorize capital expensional sign the following certification:	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 reviewed the attacl	ned discharge monitoring rep	oorts.					
<u>N/A</u>	N/A	<u>N/A</u>	N/A					
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER					

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	484A SW Outfall 484A	9/1/2014 TO 9/30/2014	PSEG NUCLEAR LLC SALEM GENERATIN

4047	Svv Outran 484	1 000 11000	LANCELO ONE.							
X	QUANTITY O	R LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
SAMPLE MEASUREMENT	534	556		. *****	****	***		0	Day	Calctd
PERMIT REQUIREMENT	REPÓRT 01MOAV	REPORT 01DAMX	MGD	****	****	******	****		1/Day	CALCTD
SAMPLE MEASUREMENT	****	***		6.9	****	7.7		0	/week	Grab
PERMIT REQUIREMENT	****	*****	*****	6:0 01DAMN	*****	9.0 01DAMX	SU		1/Week	GRAB
SAMPLE MEASUREMENT	****	****		7,5	*****	7,9		U	1/Week	Grab
PERMIT	****	******	*****	REPORT 01DAMN	*****	REPORT 01DAMX	su		1/Week	GRAB
SAMPLE MEASUREMENT	***	****		Code = N	****	***		0	Code=N	Code = N
PERMIT REQUIREMENT	****	· 有效点的有效	*****	50 01DAMN	*****	******	%EFFL		2/Year	COMPOS
SAMPLE MEASUREMENT	*****	*****		*****	Code = N	Code=N		0	Code=N	Code=N
PERMIT REQUIREMENT	*****	*****	****	*****	0/3 01MOAV	0.5 01DAMX	MG/L	**************************************	3/Week	GRAB
SAMPLE MEASUREMENT	****	****		*****	20.1	20,1		0	3/	Grab
PERMIT REQUIREMENT	*****	*****	*****	******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
	SAMPLE MEASUREMENT  PERMIT REQUIREMENT  QL  SAMPLE MEASUREMENT  QL  SAMPLE MEASUREMENT  PERMIT REQUIREMENT  QL  SAMPLE MEASUREMENT  PERMIT REQUIREMENT  QL  SAMPLE MEASUREMENT  PERMIT REQUIREMENT  PERMIT REQUIREMENT	QUANTITY O  SAMPLE MEASUREMENT 534  PERMIT REQUIREMENT 01MOAV  QL  SAMPLE MEASUREMENT ******  QL  SAMPLE MEASUREMENT ******  QL  SAMPLE MEASUREMENT ******  QL  SAMPLE MEASUREMENT ******  PERMIT REQUIREMENT ******  QL  SAMPLE MEASUREMENT ******  PERMIT REQUIREMENT ******  QL  SAMPLE MEASUREMENT ******  PERMIT REQUIREMENT *******  PERMIT REQUIREMENT ******  PERMIT REQUIREMENT *******  PERMIT REQUIREMENT ******  PERMIT REQUIREMENT ******  PERMIT REQUIREMENT ******	QUANTITY OR LOADING  SAMPLE MEASUREMENT O1 MOAV O1DAMX  QL ******  SAMPLE MEASUREMENT ******  PERMIT REQUIREMENT ******  PERMIT REQUIREMENT ******  PERMIT REQUIREMENT ******  PERMIT REQUIREMENT ******  QL *******  SAMPLE MEASUREMENT ******  PERMIT REQUIREMENT ******	QUANTITY OR LOADING UNITS  SAMPLE MEASUREMENT 534 556  PERMIT REPORT OIDAMX OID	QUANTITY OR LOADING UNITS QUALT  SAMPLE MEASUREMENT 534 556  PERMIT REQUIREMENT 01MOAY 01DAMX MGD  AND	QUANTITY OR LOADING UNITS QUALITY OR CONCENTR  BAMPLE MEASUREMENT S3H 55G  PERMIT REQUIREMENT OTMOAY OIDAMX  QL ASSATCE MEASUREMENT  PERMIT MEASUREMENT  REQUIREMENT  REQUIREMENT  REQUIREMENT  REQUIREMENT  REQUIREMENT  REQUIREMENT  REQUIREMENT  REPORT  OIDAMN  COL ASSATCE MEASUREMENT  REPORT  OIDAMN  CODE NOTE OF THE COUNTY	QUANTITY OR LOADING	QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS    SAMPLE   S34   556	QUANTITY OR LOADING UNITS OUALITY OR CONCENTRATION UNITS EX    MARKED	QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS NO FREQ. OF ANALYSIS ANALYSIS STATE OF THE CONCENTRATION UNITS NO FREQ. OF ANALYSIS STATE OF THE CONCENTRATION UNITS NO FREQ. OF ANALYSIS STATE OF THE CONCENTRATION UNITS NO FREQ. OF ANALYSIS STATE OF THE CONCENTRATION UNITS NO FREQ. OF ANALYSIS STATE OF THE CONCENTRATION UNITS NO FREQ. OF THE CONCENTRATION UNITS NO FRECO. OF THE CONCENTRATION UNITS NO FREQ. OF THE CONCENTRATION UNITS NO FRECO. OF THE CO

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

484A SW Outfall 484A

9/1/2014 TO 9/30/2014

PSEG NUCLEAR LLC SALEM GENERATIN

70-77	OW Outlan 40-	<del>,</del> ,,,	, ,, <u>,,</u> ,, , ,	0 0/00/2014	102011002	LIMIT ELO ONE				
X	QUANTITY (	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
SAMPLE MEASUREMENT	*****	*****		*****	33,0	39.4		0	1/Day	Contin
PERMIT REQUIREMENT	###### #######	******	*****	*****	RÉPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
SAMPLE MEASUREMENT	17327	PA 166								
PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab#		REPORT Lab #	REPORT Lab#	REPORT Lab#			Not Applic	NOT AP
	SAMPLE MEASUREMENT  PERMIT REQUIREMENT  SAMPLE MEASUREMENT  PERMIT REQUIREMENT	QUANTITY (  SAMPLE MEASUREMENT  PERMIT ARGUIREMENT  QL  SAMPLE MEASUREMENT  17327  PERMIT PERMIT REPORT	QUANTITY OR LOADING  SAMPLE MEASUREMENT  PERMIT REQUIREMENT  ATTACK  ATTACK  PERMIT AREAUREMENT  ATTACK  PERMIT AREAUREMENT  ATTACK  PERMIT REPORT REPORT REPORT  REQUIREMENT  Lab #	QUANTITY OR LOADING UNITS  SAMPLE MEASUREMENT  PERMIT ARGUIREMENT  QL  SAMPLE MEASUREMENT  THE PERMIT ARGUIREMENT  REPORT REPORT REPORT  REQUIREMENT  Lab #	QUANTITY OR LOADING UNITS QUALITY OR LOADING U	QUANTITY OR LOADING UNITS QUALITY OR CONCENTRES AND	QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION  SAMPLE MEASUREMENT	QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS  SAMPLE MEASUREMENT REPORT REPORT OI MOAV OI DAMX  SAMPLE MEASUREMENT 17327 PA 166  PERMIT REPORT REPORT REPORT REPORT REPORT REPORT REPORT REPORT REQUIREMENT Lab # Lab # Lab #	QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS EX  SAMPLE MEASUREMENT	QUANTITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS NO. FREQ. OF ANALYSIS  SAMPLE MEASUREMENT

NJPDES PERMIT	MONITORING PERIOD	MONITO	RED LOCATION:
NJ0005622	Month         Day         Year           9         1         2014   To           Month         Day         Year           9         30         2014	485A – SW Out	fall 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 RECI PSEG NUCLEAR L PO BOX 236/N21 HANCOCKS BRIDG	LC
	REGION / COUNTY: Southern / Salem C	ounty	
CHECK IF APPLICABLE:	No Discharge this Monitoring Period Monitoring F	Report Comments Attac	hed
the certification. Where the hig responsibility or person designa another entity to operate the treat I certify under penalty of law the that, based on my inquiry of the complete. I am aware that ther	ce a person designated by that person. For a local agency, the higher tranking operator does not have the ability to authorize capital of the by that person shall also sign the second certification at the both attent works, the highest-ranking official of the contracted entity start I have personally examined and am familiar with the information se individuals immediately responsible for obtaining the information are significant penalties for submitting false information, including New Jersey water Pollution Control Act provides for penalties up to	expenditures and hire per tom of this page. If the shall sign the certification in submitted in this docurron, I believe that the infing the possibility of an	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
John F. Perry, Site	Vice President - Salem		<u>N/A</u>
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	R GRADE AND REC	GISTRY NUMBER (IF APPLICABLE) 856-339-3463
SIGNATURE OF PRINCIPAL EXEC	UTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the high person designated by that person s	next-yunking operator does not have the ability to authorize capital expend thall sign the following certification:	ditures and hire personnel,	a person having that responsibility or
I certify under penalty of law and i	n accordance with N.J.S.A. 58:10A-6F(5) that I have reviewed the attache	d discharge monitoring rep	ports.
N/A	N/A	N/A	<u>N/A</u>
NAME AND TITLE	SIGNATURE	DATE	AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

485A SW Outfall 485A

9/1/2014 TO 9/30/2014

PSEG NUCLEAR LLC SALEM GENERATIN

		OII Outlan 400	,,,,	1/2014 1	0 3/30/2014	1 OLO NOOL	LAN LLO SAL	LIN OLIV			
PARAMETER		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	460	488		*****	****	****		0	1/Day	Calctd
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	****		1/Day	CALCTD
	QL ,	<b>*****</b>	*****		****	*****	*****		35 3 3 4 5 6 K		
рН	SAMPLE MEASUREMENT	*****	****		7.1	*****	7,7		0	1/week	Grab
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	€ 6.0 € 01DAMN	*****	9.0 01DAMX	su		1/Week	GRAB
	QL	*****	****		**************************************	****	*****			100 DESCRIP	
pH	SAMPLE MEASUREMENT	****	****		7.5	****	7,9		0	/week	Grab
00400 7 Intake From Stream	PERMIT REQUIREMENT	***	*****	*****	REPORT 01DAMN	*****	REPORT 01DAMX	SU		1/Week	GRAB
L	← QL →	****	*****		******	*****	******		27.785 27.785 27.785		
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	****	*****		Code = N	****	*****		0	Code=N	Code = N
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	50 01DAMN	******	*****	%EFFL		2/Year	COMPOS
	QĽ	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	****		****	Code = W	Code=N		0	Code=N	Code= N
*CPOX 1	PERMIT	******	****	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L	2.5	3/Week	GRAB
Effluent Gross Value Option 1	QL	*****	*****	1	*****	*****	****				
Chlorine Produced				<u> </u>				<u> </u>			
Oxidants	SAMPLE MEASUREMENT	****	*****	ļ	*****	20,1	<0,1		0	3/week	Grab
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	***	****	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	QL	*****	****	j .	*****	*****	*****				

PERMIT NUMBER:MONITORED LOCATION:MONITORING PERIOD:NJ0005622485A SW Outfall 485A9/1/2014 TO 9/30/2014

FACILITY NAME:

PSEG NUCLEAR LLC SALEM GENERATIN

1430003022	403A	SW Outlan 40	SA SI	11/2014 1	114 TO \$15012014 PSEG NUCLEAR LLC SALEM GENERATIN								
PARAMETER	PARAMETER QUANTITY OR LOADING (					NITS QUALITY OR CONCENTRATION					SAMPLE TYPE		
Temperature,	SAMPLE MEASUREMENT	****	, ******		****	33,0	37,2		ð	1/Day	Contin		
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	******	*****	****	<b>净水的水水</b>	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN		
Lab Certification #	SAMPLE MEASUREMENT	17327	PA166										
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab#		REPORT Lab#	REPORT	REPORT Lab#			Not Applic	NOT AP		

NJPDES PERMIT		MONITORIN	G PERIO	PERIOD MONITORED LOCATION:						
NJ0005622	Month Day 9 1	Year 2014 To	Month 9	Day 30	Year 2014	486A – SW Oı	utfall 486A			
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101		LOCATION PSEG NUCLEA GENERATING ALLOWAY CI HANCOCKS B	AR LLC SA STATION REEK NECK	LEM CRD	<u>.</u>	REPORT REC PSEG NUCLEAR PO BOX 236/N21 HANCOCKS BRI	LLC			
		REGION .	COUNTY	: Souther	n / Salem	County				
CHECK IF APPLICABLE	: No Discha	arge this Monitor				Report Comments At	tached			
responsibility or person designation another entity to operate the tree I certify under penalty of law the	atted by that person atment works, the nat I have persona ose individuals im re are significant p	n shall also sign thighest-ranking  Ily examined and mediately respondenalties for sub-	he second conflicial of the am familian isible for obnitting false	ertification e contra with the taining the informa	on at the bected entity information, including	ottom of this page. If the shall sign the certification on submitted in this dottion, I believe that the iding the possibility of	cument and all attachments, and information is true, accurate and and/or imprisonment, pursuant			
John F. Perry, Sit	e Vice President -	Salem					<u>N/A</u>			
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFIC	ER, AUTHORIZED	AGENT, OR	*LICENSE	D OPERAT	OR GRADE AND I	REGISTRY NUMBER (IF APPLICABLE) 4 856-339-3463			
SIGNATURE OF PRINCIPAL EXEC	UZIVE OFFICER, A	UTHORIZED AGEN	T, OR *LICE	NSED OP	ERATOR	DATE	AREA CODE/PHONE NUMBER			
*For a local agency where the hig person designated by that person			ie ability to a	uthorize c	apital expo	nditures and hire personn	nel, a person having that responsibility or			
I certify under penalty of law and	in accordance with 1	N.J.S.A. 58:10A-61	F(5) that I hav	ve reviewo	ed the attac	hed discharge monitoring	reports.			
<u>N/A</u>			N/A			N/A	<u>N/A</u>			
NAME AND TITLE		SIGNATURE				DATÉ	AREA CODE/PHONE NUMBER			

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

486A SW Outfall 486A

9/1/2014 TO 9/30/2014

PSEG NUCLEAR LLC SALEM GENERATIN

NJ0005622	486A	SW Outfall 486	5A 9	/1/2014 T	O 9/30/2014	PSEG NUCL	EAR LLC SAL	EM GEN	ERAT	IN	
PARAMETER	X	QUANTITY (	OR LOADING	UNITS	QUALI	TY OR CONCENTR	ATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	362	384		****	*****	*****		0	1/Day	Calctd
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	*****	******	*****		1/Day	CALCTD
рН	QL	*****	*****			******	******			17 .	
	MEASUREMENT	*****	****		7,4	*****	7, 7		0	/week	Grab
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	ANNAN	******	*****	6.0 01DAMN	*****	9.0 01DAMX	su <sub>.</sub>		1/Week	GRAB
	QL	*****	*****		*****	****	5 25 X X X X	ļ <u></u>			
рН	SAMPLE MEASUREMENT	****	****		7,5	*****	7.9		0	1/week	Grab
00400 7 Intake From Stream	PERMIT REQUIREMENT	******	*****	*****	REPORT 01DAMN	**************************************	REPORT 01DAMX	su		1/Week	GRAB
	<b>∂</b> QL	******	*****		*****	*****	*****		<b>1</b>		
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	****		****	Code = N	Code=N		0	Code = N	Cocle = N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	****	*****	***	*****	0,3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	QL 📜	*****	*****		*****		*****				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	****	****		****	20,1	<0.1		0	3/week	Grab
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	******	****	*****	******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	QL.	*****	*****		*******	*****	****				
Temperature, oC	SAMPLE MEASUREMENT	***	****		****	32.6	36,3		0	1/Day	Contin
00010 1 Effluent Gross Value	PERMIT S REQUIREMENT	*****	*****	******	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	QL	ANDRES	<b>埃安安</b> 克安安		***	*****	*****				

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.

PERMIT NUMBER:MONITORED LOCATION:MONITORING PERIOD:FACILITY NAME:NJ0005622486A SW Outfall 486A9/1/2014 TO 9/30/2014PSEG NUCLEAR LLC SALEM GENERATIN

PARAMETER		QUANTITY C	R LOADING	UNITS	QUALITY OR CO	ONCENTRA	TION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Lab Certification #	SAMPLE MEASUREMENT	17327	PA166					ļ			
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab.#	REPORT Lab #		Lab:#, La	PORT	REPORT Lab #			Not Applic	NOT AP

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.

NJPDES PERMIT	N	ONITORING	PERIOD				MONITORED LOCATION:						MONITORED LOCATION:						
NJ0005622	Month Day 9 1	Year To	Month 9	Day 30	Year 2014	487B -	· SW Out	fall 487B											
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101		LOCATION OF PSEG NUCLEAR GENERATING SENERATING SENERATION OF THE PROPERTY OF THE PSECOND SERVICE OF THE PSECOND SECOND SERVICE OF THE PSECOND SECOND SERVICE OF THE PSECOND SECOND	LLC SALE TATION EK NECK R	EM RD		PSEG PO B	EPORT RECIPIENT: SEG NUCLEAR LLC O BOX 236/N21 ANCOCKS BRIDGE, NJ 08038												
CHECK IF APPLICABLE:	. 🔘 Na Dischar	REGION / C				•	Comments Att	ached											
who must sign The high the certification or, in his absent the certification. Where the high responsibility or person designs another entity to operate the treatment of law that, based on my inquiry of the complete. I am aware that the to N.J.A.C. 7:14A-6.9(B). The	the a person designary  The stranking operal attention that person attent works, the last I have personallose individuals impresented that I have personallose individuals impresented that I have personallose are significant personal pers	ated by that persor tor does not have a shall also sign the highest-ranking of y examined and an nediately responsi- enalties for submit	the ability to second certificial of the manifiar when familiar where for obtaining false in	of agence author ification contraction the ming the informat	y, the hig ize capita n at the bo ted entity information, inclu-	hest rankin I expenditu ottom of thi shall sign ( on submitte tion, I belie ding the po	g operator of tres and hire person of the spage. If the che certification in this docuve that the infessibility of an	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											
John F. Perry. Sit	e Vice President - S	Salem	•	•	•	,	•	N/A											
NAME AND TITLE OF PRINCIPAL			GENT, OR *LI	ICENSEI	O OPERATO	OR C	RADE AND REC	GISTRY NUMBER (IF APPLICABLE)											
John F. Per	~						10/23/2014	856-339-3463											
SIGNATURE OF PRINCIPAL EXEC	OTWE OFFICER, AU	THORIZED AGENT,	OR *LICENS	ED OPE	RATOR	DAT	`E	AREA CODE/PIIONE NUMBER											
· · · · · · · · · · · · · · · · · · ·								AREA CODE HOLE HOMBER											
*For a local agency where the hig person designated by that person	hest-ranking operato shall sign the followi	r does not have the ang certification:	ability to auth				hire personnel,												
*For a local agency where the hig person designated by that person.  I certify under penalty of law and i	shall sign the followi	ng certification:		iorize ca	ıpital exper	nditures and	-	a person having that responsibility or											
person designated by that person	shall sign the followi	ng certification:		iorize ca	ıpital exper	nditures and	-	a person having that responsibility or											

NJPDES PERMIT		M	IONITO	RING	PERIO	D		MONITO	RED LOCATION:
NJ0005622	Month 9	Day 1	Year 2014	То	Month 9	Day 30	Year 2014	489A – SW Out	fall 489A
PERMITTEE: PSE&G NUCLEAR LLC 80 PARK PLAZA NEWARK, NJ 07101			PSEG NU GENERA ALLOWA	CLEAI TING S Y CRE	OF ACT R LLC SA STATION EEK NECK IDGE, NJ	LEM RD	<u>.</u>	REPORT RECT PSEG NUCLEAR I PO BOX 236/N21 HANCOCKS BRID	LC
			REG	ION / G	COUNTY	Souther	n / Salem	County	
CHECK IF APPLICABLE:		Dischar	ge this Mo	nitorin	g Period		Monitori	ng Report Comments At	tached
the certification. Where the hig responsibility or person designa another entity to operate the treatment of law that, based on my inquiry of the complete. I am aware that ther to N.J.A.C. 7:14A-6.9(B). The	ted by that atment wor at I have po se individu e are signif New Jersey	person a ks, the hersonally tals impressions ficant personally water I	shall also s nighest-ran y examined nediately remalties for Pollution C	sign the king of d and a esponsi	s second ce ficial of the m familian ible for ob tting false	ertification e contration with the taining the informa	on at the bected entity information, including	ottom of this page. If the shall sign the certification on submitted in this docution, I believe that the inding the possibility of ar	local agency has contracted with on.  Iment and all attachments, and formation is true, accurate and ad/or imprisonment, pursuant
NAME AND TITLE OF PRINCIPAL				IZED A	GENT, OR	*LICENSE	D OPERAT	OR GRADE AND RE	GISTRY NUMBER (IF APPLICABLE)
Jol F. Per	4							10/23/2014	856-339-3463
SIGNATURE OF PRINCIPAL EXEC	UNIVE OFFI	CER, AU	<b>THORIZED</b>	AGENT.	OR *LICE	NSED OPI	ERATOR	DATE	AREA CODE/PHONE NUMBER
*For a local agency where the high person designated by that person.	hest-ranking shall sign the	operatoi e followii	r does not h ng certificat	ave the tion:	ability to a	uthorize c	apital expo	nditures and hire personnel	, a person having that responsibility or
I certify under penalty of law and i	n accordanc	e with N.	J.S.A. 58:1	0A-6F(:	5) that I hav	e reviewe	ed the attac	hed discharge monitoring re	ports.
<u>N/A</u>					N/A		<u></u>	N/A	<u>N/A</u>
NAME AND TITLE			SIGNATI	URE				DATE	AREA CODE/PHONE NUMBER

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

489A SW Outfall 489A

9/1/2014 TO 9/30/2014

PSEG NUCLEAR LLC SALEM GENERATIN

1430003022	-103/1	SW Outlan 40:	וט חט	112014 1	0 9/30/2014	F3EG NOCL	EAR LLC SAL	EINI GEIN	EKAI	IIN .	
PARAMETER	X	QUANTITY	OR LOADING	UNITS	QUALI	TY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.0256	0,0256		****	****	*****		0	Month	Calctd
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	****	****	****	*****		1/Month	CALCTD
рН	SAMPLE MEASUREMENT	*****	*****		7.2	****	7,2		0	Month	Grab
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	******	****	*****	6.0 01DAMN	*****	9.0 01DAMX	SU		1/Month	GRAB
Solids, Total Suspended	SAMPLE MEASUREMENT	****	*****	<u> </u>	5	5	*****		0	Month	Grab
00530 1 Effluent Gross Value	PERMIT REQUIREMENT	****	*****	*****	100 01DAMX	30 01MOAV	*****	MG/L		1/Month	GRAB
Petroleum Hydrocarbons	SAMPLE MEASUREMENT	*****	****		*****	<2	<2		0	1/Month	Grab
00551 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	10 - 01MOAV	15 01DAMX	MG/L		* 1/Month	GRAB
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	*****		*****	9	9		0	1/Month	Girab
00680 1 Effluent Gross Value	PERMIT REQUIREMENT	****	******	*****	*****	REPORT 01MOAV	50 01DAMX	MG/L		1/Month	GRAB
Lab Certification #	SAMPLE MEASUREMENT	17327	PA 166	<u> </u>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	********				
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #	177		Not Applic	NOT AP
L	(C) QL	*****	*****		*****	*****	*****	ŷ	7430		

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".