



LR-E03-0395

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED
ARTICLE NUMBER: 7099 3400 0003 6393 0570**

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

**NEW JERSEY POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT
HOPE CREEK GENERATING STATION
NJPDES PERMIT NJ0025411**

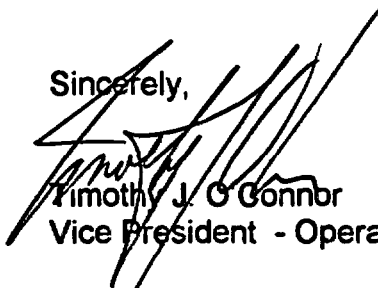
Dear Sir:

Attached is the Discharge Monitoring Report for the Hope Creek Generating Station for the month of August 2003.

This report is required by and prepared specifically for the Environmental Protection Agency (EPA) and 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 J. Serfass at (856) 339-5411.

Sincerely,


Timothy J. O'Connor
Vice President - Operations

JEAS

LR-E03-0395
NJPDES DMR

Attachments

C Executive Director, DRBC
 USNRC - Docket number 50-354
 Vice President - Operations
 Manager - Nuclear Safety & Licensing
 Christopher McAuliffe, Esq.
 D. K. Hurka
 E. J. Keating
 J. Buchanan
 J. Serfass
 Patrick Whyte, Jr.
 NJPDES Tech
 NBS Room, MC N64
 Chem File HCH 2003-039
 Env Lic File 2.1.6 HC Book

LR-E03-0395
NJPDES DMR

EXPLANATION OF CONDITIONS

August 2003

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 1993 revision of the NJDEP DMR Instruction Manual and specific guidance from DEP personnel.

LR-E03-0395
NJPDES DMR

EXPLANATION OF EXCEEDANCES

August 2003

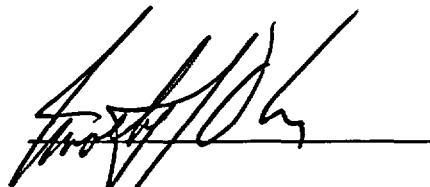
The following exceedances are included in the attached report and explained below.

DSN No.	EXPLANATION
	No Exceedances

COUNTY OF SALEM
STATE OF NEW JERSEY

I, Timothy J. O'Connor, of full age, being duly sworn according to law, upon my oath depose and say:

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



Timothy J. O'Connor
Vice President - Operations

Sworn and subscribed before me
this 16th day of September 2003.



DELORIS D. HADDEN
Notary Public of New Jersey
My Commission Expires 03-29-2005
ID # 2073649

New Jersey Department of Environmental Protection
Division of Water Quality

PI 46815

Surface Water Discharge Monitoring Report Submittal Form

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:												
NJ0025411	<table border="1"><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td>8</td><td>1</td><td>2003</td></tr></table> To <table border="1"><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td>8</td><td>31</td><td>2003</td></tr></table>	Month	Day	Year	8	1	2003	Month	Day	Year	8	31	2003	461A - DSN 461A - dsw
Month	Day	Year												
8	1	2003												
Month	Day	Year												
8	31	2003												

PERMITTEE:

PSEG NUCLEAR LLC
PO BOX 236/N21
ALLOWAY CREEK NECK RD
HANCOCKS BRIDGE, NJ 08038

LOCATION OF ACTIVITY:

HOPE CREEK GENERATING STATION
ARTIFICIAL ISLAND
FOOT OF BUTTONWOOD RD
LOWER ALLOWAYS CREEK, NJ 08038-0000

REPORT RECIPIENT:

PSE&G
P.O. BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE:

☐

No Discharge this Monitoring Period

☐

Monitoring Report Comments Attached

WHO MUST SIGN The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment, pursuant to N.J.A.C. 7:14A-6.9(B). The New Jersey Water Pollution Control Act provides for penalties up to \$50,000 per violation.

Timothy J. O'Connor, Vice-President - Operations

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR

9/16/03
DATE

856-339-2900
AREA CODE/PHONE NUMBER

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

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

N/A

NAME AND TITLE

N/A

SIGNATURE

N/A

DATE

N/A

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46815

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:


FACILITY NAME:

NJ0025411

461A DSN 461A - dsw

8/1/2003 TO 8/31/2003

HOPE CREEK GENERATING STATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	58.153	64.278	MGD	*****	*****	*****	*****	0	CONTINUOUS	METER
50050 1	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			Continuous	METER
Effluent Gross Value	MDL										
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.5	*****	8.6	SU	0	1/WEEK	GRAB
00400 1	PERMIT REQUIREMENT	*****	*****		8.0 01DAMN	*****	9.0 01DAMX			1/Week	GRAB
Effluent Gross Value	MDL										
Chlorine Produced	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/WEEK	GRAB
Oxidants	PERMIT REQUIREMENT	*****	*****		*****	0.2 01MOAV	0.5 01DAMX			3/Week	GRAB
*CPOX 1	MDL										
Effluent Gross Value											
Temperature, oC	SAMPLE MEASUREMENT	*****	*****	*****	*****	31.6	33.7	DEG.C	0	CONTINUOUS	METER
00010 1	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	38.2 01DAMX			Continuous	METER
Effluent Gross Value	MDL										
Temperature, oC	SAMPLE MEASUREMENT	*****	*****	*****	*****	27.6	28.7	DEG.C	0	CONTINUOUS	METER
00010 7	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX			Continuous	METER
Intake From Stream	MDL										
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	4	MG/L	0	1/MONTH	GRAB
00680 1	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX			1/Month	GRAB
Effluent Gross Value	MDL										

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

Surface Water Discharge Monitoring Report

PI 46815

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:


FACILITY NAME:

NJ0025411

461A DSN 461A - dsw

8/1/2003 TO 8/31/2003

HOPE CREEK GENERATING STATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	*****		*****	0	0		0	1/MONTH	CALCTD
00680 2	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	MGL		1/Month	CALCTD
Effluent Net Value	NOL										
Carbon, Tot Organic (TOC)	SAMPLE MEASUREMENT	*****	*****		*****	3	3		0	1/MONTH	GRAB
00680 7	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	MGL		1/Month	GRAB
Intake From Stream	NOL										
Heat (summer) (per Hr.)	SAMPLE MEASUREMENT	147	303		*****	*****	*****		0	1/DAY	CALCTD
81356 1	PERMIT REQUIREMENT	REPORT 01MOAV	834 01DAMX	MBTU/HR	*****	*****	*****	*****		1/Day	CALCTD
Effluent Gross Value	NOL										
Lab Certification #	SAMPLE MEASUREMENT	PA343	17451		06431				-	-	-
99999 99	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applo	NOTAP
Lab	NOL										

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

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

PI 46815

NJPDES PERMIT	MONITORING PERIOD						MONITORED LOCATION:
NJ0025411	Month	Day	Year	To	Month	Day	Year
	8	1	2003		8	31	2003
							462B - dsn 462B - dsw outfall

PERMITTEE:

PSEG NUCLEAR LLC
PO BOX 236/N21
ALLOWAY CREEK NECK RD
HANCOCKS BRIDGE, NJ 08038

LOCATION OF ACTIVITY:

HOPE CREEK GENERATING STATION
ARTIFICIAL ISLAND
FOOT OF BUTTONWOOD RD
LOWER ALLOWAYS CREEK, NJ 08038-0000

REPORT RECIPIENT:

PSE&G
P.O. BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE:

☐

No Discharge this Monitoring Period

☐

Monitoring Report Comments Attached

WHO MUST SIGN The highest ranking official having day-to-day managerial and operational responsibilities for the discharging facility shall sign the certification or, in his absence a person designated by that person. For a local agency, the highest ranking operator of the treatment works shall sign the certification. Where the highest ranking operator does not have the ability to authorize capital expenditures and hire personnel, a person having that responsibility or person designated by that person shall also sign the second certification at the bottom of this page. If the local agency has contracted with another entity to operate the treatment works, the highest-ranking official of the contracted entity shall sign the certification.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment, pursuant to N.J.A.C. 7:14A-6.9(B). The New Jersey Water Pollution Control Act provides for penalties up to \$50,000 per violation.

Timothy J. O'Gonha, Vice-President - Operations
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR

DATE

AREA CODE/PHONE NUMBER

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

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

N/A
NAME AND TITLE

N/A
SIGNATURE

N/A
DATE

N/A
AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46815

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

462B dsn 462B - dsw outfall

8/1/2003 TO 8/31/2003

HOPE CREEK GENERATING STATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	0.012	0.021	MGD	*****	*****	*****	*****	0	1/DAY	METER
50050 1	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	METER
Effluent Gross Value	MDL										
BOD, 5-Day (20 oC)	SAMPLE MEASUREMENT	*****	*****	*****	*****	372	372	MGL	0	1/MONTH	COMPOS
00310 G	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX			1/Month	COMPOS
Raw Sew/Influent	MDL										
BOD, 5-Day (20 oC)	SAMPLE MEASUREMENT	0	0	KG/DAY	*****	4	4	MGL	0	1/MONTH	COMPOS
00310 1	PERMIT REQUIREMENT	8 01MOAV	REPORT 01WKAV		*****	30 01MOAV	45 01WKAV			1/Month	COMPOS
Effluent Gross Value	MDL										
BOD, 5-Day (20 oC)	SAMPLE MEASUREMENT	*****	*****	*****	98.9	*****	98.9	PERCENT	0	1/MONTH	CALCTD
00310 K	PERMIT REQUIREMENT	*****	*****		87.5 01DAMN	*****	REPORT 01MOAV			1/Month	CALCTD
Percent Removal	MDL										
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	305	305	MGL	0	1/MONTH	COMPOS
00530 G	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX			1/Month	COMPOS
Raw Sew/Influent	MDL										
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2	MGL	0	1/MONTH	COMPOS
00530 1	PERMIT REQUIREMENT	*****	*****		*****	30 01MOAV	45 01WKAV			1/Month	COMPOS
Effluent Gross Value	MDL										

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

Surface Water Discharge Monitoring Report

PI 46815

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:


FACILITY NAME:

NJ0025411

462B dsn 462B - dsw outfall

8/1/2003 TO 8/31/2003

HOPE CREEK GENERATING STATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Solids, Total	SAMPLE MEASUREMENT	*****	*****		99	99	*****		0	1/MONTH	CALCTD
Suspended.	PERMIT REQUIREMENT	*****	*****	*****	85 01DAMN	REPORT 01MOAV	*****	PERCENT		1/Month	CALCTD
00530 K	MDL	*****	*****								
Percent Removal											
Oil and Grease	SAMPLE MEASUREMENT	*****	*****		*****	<1	<1		0	1/MONTH	GRAB
00556 1	PERMIT REQUIREMENT	*****	*****	*****	*****	10 01MOAV	15 01DAMN	MG/L		1/Month	GRAB
Effluent Gross Value	MDL	*****	*****								
Coliform, Fecal	SAMPLE MEASUREMENT	*****	*****		*****	90	90		0	1/MONTH	GRAB
General	PERMIT REQUIREMENT	*****	*****	*****	*****	200 01MOGE	400 01WKGE	#/100ML		1/Month	GRAB
74055 1	MDL	*****	*****								
Effluent Gross Value											
Lab Certification #	SAMPLE MEASUREMENT	PA 343	17451		06431				-	-	-
99999 99	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applo	NOT AP
Lab	MDL	*****	*****								

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

PI 46815

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Month	Day	Year												
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PERMITTEE:

PSEG NUCLEAR LLC
PO BOX 236/N21
ALLOWAY CREEK NECK RD
HANCOCKS BRIDGE, NJ 08038

LOCATION OF ACTIVITY:

HOPE CREEK GENERATING STATION
ARTIFICIAL ISLAND
FOOT OF BUTTONWOOD RD
LOWER ALLOWAYS CREEK, NJ 08038-0000

REPORT RECIPIENT:

PSE&G
P.O. BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE:

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No Discharge this Monitoring Period

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Monitoring Report Comments Attached

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NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR

DATE

AREA CODE/PHONE NUMBER

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MA
NAME AND TITLE

MA
SIGNATURE

MA
DATE

MA
AREA CODE/PHONE NUMBER

Surface water Discharge Monitoring Report

PI 46815

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

461C DSN 461C - DSW Intern

8/1/2003 TO 8/31/2003

HOPE CREEK GENERATING STATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, in Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	0.034	0.080	MGD	*****	*****	*****	*****	0	CONTINUOUS	METER
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			Continuous	METER
	MDL										
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	5	5	MG/L	0	1/MONTH	COMPOS
	PERMIT REQUIREMENT	*****	*****		*****	30 01MOAV	100 01DAMX			1/Month	COMPOS
	MDL										
Petrol Hydrocarbons, Total Recoverable 45501 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	<1	<1	MG/L	0	2/MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	10 01MOAV	15 01DAMX			2/Month	GRAB
	MDL										
Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	21	21	MG/L	0	1/MONTH	COMPOS
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	50 01DAMX			1/Month	COMPOS
	MDL										
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	PA343	17451		06431				-	-	-
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	MDL										

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".