



LR-E05-0507
October 21, 2005

New Jersey Department of
Environmental Protection
Division of Water Quality
Bureau of Permit Management
P.O. Box 029
Trenton, NJ 08625-0029
Certified Mail Number 7004 2510 0005 2136 1353

**NEW JERSEY POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORTS
SALEM GENERATING STATION
PERMIT NO. NJ0005622**

Attached is the Discharge Monitoring Report for Salem Generating Station containing the information as required in Permit No. NJ0005622, for the month of September 2005.

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 is controlled by EPA and 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 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas P. Joyce".

Thomas P. Joyce
Site Vice President -Salem

Attachments

IE25

C Executive Director – DRBC
 USNRC – Document Control Desk Unit#1-50-272 Unit#2-50-311
 Director – Regulatory Assurance
 C. McAuliffe, Esq.
 D. Hurka
 E. Keating
 SCH05-028A

The following excursions are included in the attached report and are explained below. Excursions have not endangered nor significantly impacted public health or the environment.

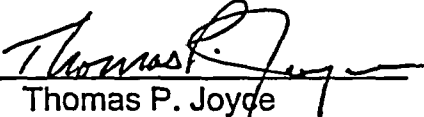
| <u>DSN NO.</u> | <u>EXPLANATION</u> |
|----------------|--------------------|
|----------------|--------------------|

| | |
|------|--|
| None | |
|------|--|

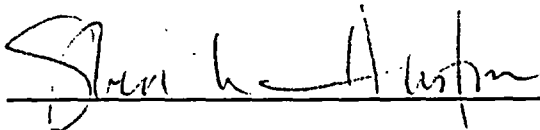
COUNTY OF SALEM
STATE OF NEW JERSEY

I, Thomas P. Joyce, of full age, being duly sworn according to law, upon my oath depose and say:

1. I Thomas P. Joyce, Site Vice President of 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 have reviewed the attached Discharge Monitoring Reports. Pursuant to N.J. A. C. 7:14A-2.4, 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 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.


Thomas P. Joyce
Site Vice President -Salem

Sworn and subscribed before me
this 21 day of Oct. 2005



SHERI L. HUSTON
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 11/15/09

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

| NJPDES PERMIT | MONITORING PERIOD | | | | | | MONITORED LOCATION: | |
|---------------|-------------------|-----|------|----|-------|-----|---------------------|------------------------|
| NJ0005622 | Month | Day | Year | To | Month | Day | Year | FACA – SW Outfall FACA |
| | 09 | 1 | 2005 | | 09 | 30 | 2005 | |

PERMITTEE:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NEAK RD - PO BOX
236/N21
HANCOCKS BRIDGE, NJ 08038

LOCATION OF ACTIVITY:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NECK RD
LOWER ALLOWAYS CREEK, NJ 08038-0000

REPORT RECIPIENT:

PSE&G NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPICABLE:

☐

No Discharge this Monitoring Period

☐

Monitoring Report Comments Attached

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

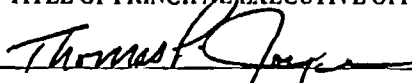
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate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

Thomas P. Joyce, Site Vice President - Salem

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)



10/21/2005

856-339-2086

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

DATE

AREA CODE/PHONE NUMBER

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

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

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:


FACILITY NAME:

NJ0005622

FACA SW Outfall FACA

9/1/2005 TO 9/30/2005

PSEG NUCLEAR LLC

| PARAMETER |  | QUANTITY OR LOADING | | UNITS | QUALITY OR CONCENTRATION | | | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|----------------------|-----------------------------------------------------------------------------------|---------------------|--------------|-------|--------------------------|---------------|---------------|-------|---------|-------------------|-------------|
| Temperature, oC | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 26.3 | 27.5 | | 0 | Continuous | CONTIN |
| 00010 G | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT 01MOAV | REPORT 01DAMX | DEG.C | | Continuous | CONTIN |
| Raw Sew/Influent | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Temperature, oC | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 34.6 | 36.9 | | 0 | Continuous | CONTIN |
| 00010 1 | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT 01MOAV | 46.1 01DAMX | DEG.C | | Continuous | CONTIN |
| Effluent Gross Value | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Temperature, oC | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 8.4 | 9.6 | | 0 | 1/Day | CALCTD |
| 00010 2 | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT 01MOAV | 15.3 01DAMX | DEG.C | | 1/Day | CALCTD |
| Effluent Net Value | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Lab Certification # | SAMPLE MEASUREMENT | 17327 | 06431 | | 17451 | | | | | | |
| 99999 99 | PERMIT REQUIREMENT | REPORT Lab # | REPORT Lab # | | REPORT Lab # | REPORT Lab # | REPORT Lab # | | | Not Applic | NOT AP |
| Lab | 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".

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

| | | | | | | | | | | | | | | |
|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----|------|----|---|------|-------|-----|------|----|----|------|-------------------------------|
| NJPDES PERMIT | MONITORING PERIOD | MONITORED LOCATION: | | | | | | | | | | | | |
| NJ0005622 | <table border="1"><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td>09</td><td>1</td><td>2005</td></tr></table> To <table border="1"><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td>09</td><td>30</td><td>2005</td></tr></table> | Month | Day | Year | 09 | 1 | 2005 | Month | Day | Year | 09 | 30 | 2005 | FACB – SW Outfall FACB |
| Month | Day | Year | | | | | | | | | | | | |
| 09 | 1 | 2005 | | | | | | | | | | | | |
| Month | Day | Year | | | | | | | | | | | | |
| 09 | 30 | 2005 | | | | | | | | | | | | |

PERMITTEE:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NEAK RD - PO BOX
236/N21
HANCOCKS BRIDGE, NJ 08038

LOCATION OF ACTIVITY:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NECK RD
LOWER ALLOWAYS CREEK, NJ 08038-0000

REPORT RECIPIENT:

PSE&G NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPICABLE:

☐ No Discharge this Monitoring Period

☐ Monitoring Report Comments Attached

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

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

Thomas P. Joyce, Site Vice President - Salem

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

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

DATE

AREA CODE/PHONE NUMBER

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

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

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACB SW Outfall FACB

9/1/2005 TO 9/30/2005

PSEG NUCLEAR LLC

| PARAMETER | | QUANTITY OR LOADING | | UNITS | QUALITY OR CONCENTRATION | | | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|------------------------------|--------------------|---------------------|--------------|-------|--------------------------|---------------|---------------|-------|---------|-------------------|-------------|
| Temperature, °C | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 26.3 | 27.5 | DEG.C | 0 | Continuous | CONTIN |
| 00010 G Raw Sew/influent | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT 01MOAV | REPORT 01DAMX | DEG.C | | Continuous | CONTIN |
| | QL | ***** | ***** | ***** | ***** | ***** | ***** | DEG.C | | | |
| Temperature, °C | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 35.2 | 37.4 | DEG.C | 0 | Continuous | CONTIN |
| 00010 1 Effluent Gross Value | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT 01MOAV | 46.1 01DAMX | DEG.C | | Continuous | CONTIN |
| | QL | ***** | ***** | ***** | ***** | ***** | ***** | DEG.C | | | |
| Temperature, °C | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 8.9 | 10.0 | DEG.C | 0 | 1/Day | CALCTD |
| 00010 2 Effluent Net Value | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT 01MOAV | 15.3 01DAMX | DEG.C | | 1/Day | CALCTD |
| | QL | ***** | ***** | ***** | ***** | ***** | ***** | DEG.C | | | |
| Lab Certification # | SAMPLE MEASUREMENT | 17327 | 06431 | | 17451 | | | | | | |
| 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 "srosenw@dep.state.nj.us".

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

| NJPDES PERMIT | MONITORING PERIOD | MONITORED LOCATION: | | | | | | | | | | | | |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----|------|----|---|------|-------|-----|------|----|----|------|------------------------|
| NJ0005622 | <table border="1"><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td>09</td><td>1</td><td>2005</td></tr></table> To <table border="1"><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td>09</td><td>30</td><td>2005</td></tr></table> | Month | Day | Year | 09 | 1 | 2005 | Month | Day | Year | 09 | 30 | 2005 | FACC – SW Outfall FACC |
| Month | Day | Year | | | | | | | | | | | | |
| 09 | 1 | 2005 | | | | | | | | | | | | |
| Month | Day | Year | | | | | | | | | | | | |
| 09 | 30 | 2005 | | | | | | | | | | | | |

PERMITTEE:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NEAK RD - PO BOX
236/N21
HANCOCKS BRIDGE, NJ 08038

LOCATION OF ACTIVITY:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NECK RD
LOWER ALLOWAYS CREEK, NJ 08038-0000

REPORT RECIPIENT:

PSE&G 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 Attached

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

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

Thomas P. Joyce, Site Vice President - Salem

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)


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

10/21/2005

856-339-2086

DATE

AREA CODE/PHONE NUMBER

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

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

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

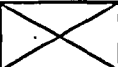
FACILITY NAME:

NJ0005622

FACC SW Outfall FACC

9/1/2005 TO 9/30/2005

PSEG NUCLEAR LLC

| PARAMETER |  | QUANTITY OR LOADING | | UNITS | QUALITY OR CONCENTRATION | | | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------|---------------|---------|--------------------------|--------------|--------------|-------|---------|-------------------|-------------|
| Flow, In Conduit or Thru Treatment Plant 50050 G Raw Sew/Influent | SAMPLE MEASUREMENT | 2476 | 2601 | MGD | ***** | ***** | ***** | ***** | 0 | 1/Day | CALCTD |
| | PERMIT REQUIREMENT | 3024 01MOAV | REPORT 01DAMX | | ***** | ***** | ***** | | | 1/Day | CALCTD |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Thermal Discharge Million BTUs per Hr 00015 2 Effluent Net Value | SAMPLE MEASUREMENT | 13867 | 14076 | MBTU/HR | ***** | ***** | ***** | ***** | 0 | 1/Day | CALCTD |
| | PERMIT REQUIREMENT | REPORT 01MOAV | 30600 01DAMX | | ***** | ***** | ***** | | | 1/Day | CALCTD |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Lab Certification # 99999 99 Lab | SAMPLE MEASUREMENT | 17327 | 06431 | | 17451 | | | | | | |
| | 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".

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

| | | | | | | | |
|--------------------------------|-------------------|----------|--------------|----|-------------|-----------|--------------------------------------------------|
| NJPDES PERMIT NJ0005622 | MONITORING PERIOD | | | | | | MONITORED LOCATION: 048C – SW Outfall 48C |
| | Month 09 | Day 1 | Year 2005 | To | Month 09 | Day 30 | |

PERMITTEE:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NEAK RD - PO BOX
236/N21
HANCOCKS BRIDGE, NJ 08038

LOCATION OF ACTIVITY:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NECK RD
LOWER ALLOWAYS CREEK, NJ 08038-0000

REPORT RECIPIENT:

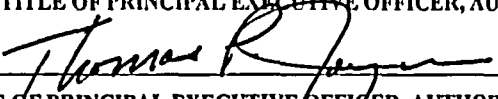
PSE&G NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

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

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

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

| | | |
|----------------------------------------------------------------------------------------|-------------------------------------------|------------------------|
| Thomas P. Joyce, Site Vice President - Salem | N/A | |
| NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR | GRADE AND REGISTRY NUMBER (IF APPLICABLE) | |
|  | 10/21/2005 | 856-339-2086 |
| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR | DATE | AREA CODE/PHONE NUMBER |

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

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

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

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:


FACILITY NAME:

NJ0005622

048C SW Outfall 48C

9/1/2005 TO 9/30/2005

PSEG NUCLEAR LLC

| 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 | 0.2547 | 0.8043 | MGD | ***** | ***** | ***** | ***** | 0 | 1/Day | CALCTD |
| | PERMIT REQUIREMENT | REPORT 01MOAV | REPORT 01DAMX | | ***** | ***** | ***** | | | 1/Day | CALCTD |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Solids, Total Suspended 00530 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 10 | 13 | MG/L | 0 | 2/Month | COMPOS |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30 01MOAV | 100 01DAMX | | | 2/Month | COMPOS |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Nitrogen, Ammonia Total (as N) 00610 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 2 | 3 | MG/L | 0 | 2/Month | COMPOS |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | 35 01MOAV | 70 01DAMX | | | 2/Month | COMPOS |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Petroleum Hydrocarbons 00551 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | <0.5 | <0.5 | MG/L | 0 | 2/Month | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | 10 01MOAV | 15 01DAMX | | | 2/Month | GRAB |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 8 | 14 | MG/L | 0 | 2/Month | COMPOS |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | REPORT 01MOAV | 50 01DAMX | | | 2/Month | COMPOS |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Lab Certification # 99999 99 Lab | SAMPLE MEASUREMENT | 17327 | 06431 | | 17451 | | | | | | |
| | PERMIT REQUIREMENT | REPORT Lab # | REPORT Lab # | | REPORT Lab # | REPORT Lab # | REPORT Lab # | | | Not Applicable | 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)292-4680 or via email at "srosenwl@dep.state.nj.us".

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

| NJPDES PERMIT | MONITORING PERIOD | MONITORED LOCATION: | | | | | | | | | | | | |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----|------|----|---|------|-------|-----|------|----|----|------|------------------------|
| NJ0005622 | <table border="1"><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td>09</td><td>1</td><td>2005</td></tr></table> To <table border="1"><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td>09</td><td>30</td><td>2005</td></tr></table> | Month | Day | Year | 09 | 1 | 2005 | Month | Day | Year | 09 | 30 | 2005 | 481A – SW Outfall 481A |
| Month | Day | Year | | | | | | | | | | | | |
| 09 | 1 | 2005 | | | | | | | | | | | | |
| Month | Day | Year | | | | | | | | | | | | |
| 09 | 30 | 2005 | | | | | | | | | | | | |

PERMITTEE:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NEAK RD - PO BOX
236/N21
HANCOCKS BRIDGE, NJ 08038

LOCATION OF ACTIVITY:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NECK RD
LOWER ALLOWAYS CREEK, NJ 08038-0000

REPORT RECIPIENT:

PSE&G 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 Attached

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

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

Thomas P. Joyce, Site Vice President - Salem

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)



10/21/2005

856-339-2086

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

DATE

AREA CODE/PHONE NUMBER

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

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

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

9/1/2005 TO 9/30/2005

PSEG NUCLEAR LLC

| 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 | 484 | 489 | MGD | ***** | ***** | ***** | ***** | 0 | 1/Day | CALCTD |
| | PERMIT REQUIREMENT | REPORT 01MOAV | REPORT 01DAMX | | ***** | ***** | ***** | | | 1/Day | CALCTD |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| pH 00400 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.6 | ***** | 7.8 | SU | 0 | 1/Week | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | | 6.0 01DAMN | ***** | 9.0 01DAMX | | | 1/Week | GRAB |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| pH 00400 7 Intake From Stream | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.8 | ***** | 8.0 | SU | 0 | 1/Week | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | | REPORT 01DAMN | ***** | REPORT 01DAMX | | | 1/Week | GRAB |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | CODE=N | ***** | ***** | %EFFL | 0 | CODE=N | CODE=N |
| | PERMIT REQUIREMENT | ***** | ***** | | 50 01DAMN | ***** | ***** | | | 2/Year | COMPOS |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1 | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | CODE=N | CODE=N | MG/L | 0 | CODE=N | CODE=N |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | 0.3 01MOAV | 0.5 01DAMX | | | 3/Week | GRAB |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2 | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | <0.1 | <0.1 | MG/L | 0 | 3/Week | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | REPORT 01MOAV | 0.2 01DAMX | | | 3/Week | GRAB |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |

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.

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

9/1/2005 TO 9/30/2005

PSEG NUCLEAR LLC

| PARAMETER | | QUANTITY OR LOADING | | UNITS | QUALITY OR CONCENTRATION | | | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|-------------------------------------------------------|--------------------|---------------------|--------------|-------|--------------------------|---------------|---------------|-------|---------|-------------------|-------------|
| Temperature, oC 00010 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 34.6 | 36.8 | | 0 | 1/Day | CONTIN |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT 01MOAV | REPORT 01DAMX | DEG.C | | 1/Day | CONTIN |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Lab Certification # 99999 99 Lab | SAMPLE MEASUREMENT | 17327 | 06431 | | 17451 | | | | | | |
| | PERMIT REQUIREMENT | REPORT Lab # | REPORT Lab # | | REPORT Lab # | REPORT Lab # | REPORT Lab # | | | Not Applic | NOT AP |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |

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.

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

| NJPDES PERMIT | MONITORING PERIOD | | | | | | MONITORED LOCATION: | |
|---------------|-------------------|-----|------|----|-------|-----|---------------------|------------------------|
| NJ0005622 | Month | Day | Year | To | Month | Day | Year | 482A – SW Outfall 482A |
| | 09 | 1 | 2005 | | 09 | 30 | 2005 | |

PERMITTEE:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NEAK RD - PO BOX
236/N21
HANCOCKS BRIDGE, NJ 08038

LOCATION OF ACTIVITY:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NECK RD
LOWER ALLOWAYS CREEK, NJ 08038-0000

REPORT RECIPIENT:

PSE&G NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

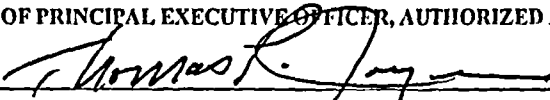
CHECK IF APPLICABLE:

☐ No Discharge this Monitoring Period

☐ Monitoring Report Comments Attached

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

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

| | |
|----------------------------------------------------------------------------------------|-------------------------------------------|
| Thomas P. Joyce, Site Vice President - Salem | N/A |
| NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR | GRADE AND REGISTRY NUMBER (IF APPLICABLE) |
|  | 10/21/2005 856-339-2086 |
| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR | DATE AREA CODE/PHONE NUMBER |

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

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

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

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

482A SW Outfall 482A

9/1/2005 TO 9/30/2005

PSEG NUCLEAR LLC

| 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 | 444 | 444 | MGD | ***** | ***** | ***** | ***** | 0 | 1/Day | CALCTD |
| | PERMIT REQUIREMENT | REPORT 01MOAV | REPORT 01DAMX | | ***** | ***** | ***** | | | 1/Day | CALCTD |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| pH 00400 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.4 | ***** | 7.6 | SU | 0 | 1/Week | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | | 6.0 01DAMN | ***** | 9.0 01DAMX | | | 1/Week | GRAB |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| pH 00400 7 Intake From Stream | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.8 | ***** | 8.0 | SU | 0 | 1/Week | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | | REPORT 01DAMN | ***** | REPORT 01DAMX | | | 1/Week | GRAB |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | CODE=N | ***** | ***** | %EFFL | 0 | CODE=N | CODE=N |
| | PERMIT REQUIREMENT | ***** | ***** | | 50 01DAMN | ***** | ***** | | | 2/Year | COMPOS |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1 | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | CODE=N | CODE=N | MG/L | 0 | CODE=N | CODE=N |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | 0.3 01MOAV | 0.5 01DAMX | | | 3/Week | GRAB |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2 | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | <0.1 | <0.1 | MG/L | 0 | 3/Week | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | REPORT 01MOAV | 0.2 01DAMX | | | 3/Week | GRAB |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |

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.

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

482A SW Outfall 482A

9/1/2005 TO 9/30/2005

PSEG NUCLEAR LLC

| PARAMETER | | QUANTITY OR LOADING | | UNITS | QUALITY OR CONCENTRATION | | | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|----------------------|--------------------|---------------------|--------------|-------|--------------------------|---------------|---------------|-------|---------|-------------------|-------------|
| Temperature, °C | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 34.6 | 37.6 | | 0 | 1/Day | CONTIN |
| 00010 1 | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT 01MOAV | REPORT 01DAMX | DEG.C | | 1/Day | CONTIN |
| Effluent Gross Value | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Lab Certification # | SAMPLE MEASUREMENT | 17327 | 06431 | | 17451 | | | | | | |
| 99999 99 | PERMIT REQUIREMENT | REPORT Lab # | REPORT Lab # | | REPORT Lab # | REPORT Lab # | REPORT Lab # | | | Not Applic | NOT AP |
| Lab | QL | ***** | ***** | | ***** | ***** | ***** | | | | |

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.

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

| NJPDES PERMIT | MONITORING PERIOD | | | | | | MONITORED LOCATION: |
|---------------|-------------------|-----|------|----|-------|-----|------------------------|
| NJ0005622 | Month | Day | Year | To | Month | Day | Year |
| | 09 | 1 | 2005 | | 09 | 30 | 2005 |
| | | | | | | | 483A – SW Outfall 483A |

PERMITTEE:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NEAK RD - PO BOX
236/N21
HANCOCKS BRIDGE, NJ 08038

LOCATION OF ACTIVITY:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NECK RD
LOWER ALLOWAYS CREEK, NJ 08038-0000

REPORT RECIPIENT:

PSE&G 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 Attached

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

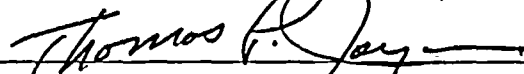
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate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

Thomas P. Joyce, Site Vice President - Salem

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)



10/21/2005

856-339-2086

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

DATE

AREA CODE/PHONE NUMBER

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

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

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

483A SW Outfall 483A

9/1/2005 TO 9/30/2005

PSEG NUCLEAR LLC

| 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 | 381 | 441 | MGD | ***** | ***** | ***** | ***** | 0 | 1/Day | CALCTD |
| | PERMIT REQUIREMENT | REPORT 01MOAV | REPORT 01DAMX | | ***** | ***** | ***** | | | 1/Day | CALCTD |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| pH 00400 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.3 | ***** | 7.7 | SU | 0 | 1/week | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | | 6.0 01DAMN | ***** | 9.0 01DAMX | | | 1/Week | GRAB |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| pH 00400 7 Intake From Stream | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.8 | ***** | 8.0 | SU | 0 | 1/week | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | | REPORT 01DAMN | ***** | REPORT 01DAMX | | | 1/Week | GRAB |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1 | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | CODE=N | CODE=N | MG/L | 0 | CODE=N | CODE=N |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | 0.3 01MOAV | 0.5 01DAMX | | | 3/Week | GRAB |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2 | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | <0.1 | <0.1 | MG/L | 0 | 3/week | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | REPORT 01MOAV | 0.2 01DAMX | | | 3/Week | GRAB |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Temperature, oC 00010 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 35.0 | 38.7 | DEG.C | 0 | 1/Day | CONTIN |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | REPORT 01MOAV | REPORT 01DAMX | | | 1/Day | CONTIN |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |

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.

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

483A SW Outfall 483A

9/1/2005 TO 9/30/2005

PSEG NUCLEAR LLC

| PARAMETER | | QUANTITY OR LOADING | | UNITS | QUALITY OR CONCENTRATION | | | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|---------------------|--------------------|---------------------|--------------|-------|--------------------------|--------------|--------------|-------|---------|-------------------|-------------|
| Lab Certification # | SAMPLE MEASUREMENT | 17327 | 06431 | | 17451 | | | | | | |
| 99999 99 | PERMIT REQUIREMENT | REPORT Lab # | REPORT Lab # | | REPORT Lab # | REPORT Lab # | REPORT Lab # | | | Not Applic | NOT AP |
| Lab | QL | ***** | ***** | | ***** | ***** | ***** | | | | |

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.

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

| NJPDES PERMIT | MONITORING PERIOD | MONITORED LOCATION: | | | | | | | | | | | | |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----|------|----|---|------|-------|-----|------|----|----|------|------------------------|
| NJ0005622 | <table border="1"><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td>09</td><td>1</td><td>2005</td></tr></table> To <table border="1"><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td>09</td><td>30</td><td>2005</td></tr></table> | Month | Day | Year | 09 | 1 | 2005 | Month | Day | Year | 09 | 30 | 2005 | 484A – SW Outfall 484A |
| Month | Day | Year | | | | | | | | | | | | |
| 09 | 1 | 2005 | | | | | | | | | | | | |
| Month | Day | Year | | | | | | | | | | | | |
| 09 | 30 | 2005 | | | | | | | | | | | | |

PERMITTEE:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NEAK RD - PO BOX
236/N21
HANCOCKS BRIDGE, NJ 08038

LOCATION OF ACTIVITY:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NECK RD
LOWER ALLOWAYS CREEK, NJ 08038-0000

REPORT RECIPIENT:

PSE&G 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 Attached

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

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

Thomas P. Joyce, Site Vice President - Salem

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

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

DATE

AREA CODE/PHONE NUMBER

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

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

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

484A SW Outfall 484A

9/1/2005 TO 9/30/2005

PSEG NUCLEAR LLC

| 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 | 420 | 453 | MGD | ***** | ***** | ***** | ***** | 0 | 1/Day | CALCTD |
| | PERMIT REQUIREMENT | REPORT 01MOAV | REPORT 01DAMX | | ***** | ***** | ***** | | | 1/Day | CALCTD |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| pH 00400 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.5 | ***** | 7.7 | SU | 0 | 1/Week | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | | 6.0 01DAMN | ***** | 9.0 01DAMX | | | 1/Week | GRAB |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| pH 00400 7 Intake From Stream | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.8 | ***** | 8.0 | SU | 0 | 1/Week | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | | REPORT 01DAMN | ***** | REPORT 01DAMX | | | 1/Week | GRAB |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | CODE=N | ***** | ***** | %EFFL | 0 | CODE=N | CODE=N |
| | PERMIT REQUIREMENT | ***** | ***** | | 50 01DAMN | ***** | ***** | | | 2/Year | COMPOS |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1 | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | CODE=N | CODE=N | MG/L | 0 | CODE=N | CODE=N |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | 0.3 01MOAV | 0.5 01DAMX | | | 3/Week | GRAB |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2 | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | <0.1 | <0.1 | MG/L | 0 | 3/Week | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | REPORT 01MOAV | 0.2 01DAMX | | | 3/Week | GRAB |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |

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.

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

484A SW Outfall 484A

9/1/2005 TO 9/30/2005

PSEG NUCLEAR LLC

| PARAMETER | | QUANTITY OR LOADING | | UNITS | QUALITY OR CONCENTRATION | | | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|-------------------------------------------------------|--------------------|---------------------|--------------|-------|--------------------------|---------------|---------------|-------|---------|-------------------|-------------|
| Temperature, oC 00010 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 35.6 | 39.2 | | 0 | 1/Day | CONTIN |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT 01MOAV | REPORT 01DAMX | DEG.C | | 1/Day | CONTIN |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Lab Certification # 99999 99 Lab | SAMPLE MEASUREMENT | 17327 | 06431 | | 17451 | | | | | | |
| | PERMIT REQUIREMENT | REPORT Lab # | REPORT Lab # | | REPORT Lab # | REPORT Lab # | REPORT Lab # | | | Not Applic | NOT AP |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |

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.

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

| NJPDDES PERMIT | MONITORING PERIOD | MONITORED LOCATION: | | | | | | | | | | | | |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----|------|----|---|------|-------|-----|------|----|----|------|------------------------|
| NJ0005622 | <table border="1"><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td>09</td><td>1</td><td>2005</td></tr></table> To <table border="1"><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td>09</td><td>30</td><td>2005</td></tr></table> | Month | Day | Year | 09 | 1 | 2005 | Month | Day | Year | 09 | 30 | 2005 | 485A – SW Outfall 485A |
| Month | Day | Year | | | | | | | | | | | | |
| 09 | 1 | 2005 | | | | | | | | | | | | |
| Month | Day | Year | | | | | | | | | | | | |
| 09 | 30 | 2005 | | | | | | | | | | | | |

PERMITTEE:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NEAK RD - PO BOX
236/N21
HANCOCKS BRIDGE, NJ 08038

LOCATION OF ACTIVITY:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NECK RD
LOWER ALLOWAYS CREEK, NJ 08038-0000

REPORT RECIPIENT:

PSE&G 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 Attached

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

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

Thomas P. Joyce, Site Vice President - Salem

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

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

DATE

AREA CODE/PHONE NUMBER

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

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

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

485A SW Outfall 485A

9/1/2005 TO 9/30/2005

PSEG NUCLEAR LLC

| 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 | 394 | 428 | MGD | ***** | ***** | ***** | ***** | 0 | 1/Day | CALCTD |
| | PERMIT REQUIREMENT | REPORT 01MOAV | REPORT 01DAMX | | ***** | ***** | ***** | | | 1/Day | CALCTD |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| pH 00400 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.4 | ***** | 7.7 | SU | 0 | 1/Week | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | | 6.0 01DAMN | ***** | 9.0 01DAMX | | | 1/Week | GRAB |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| pH 00400 7 Intake From Stream | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.8 | ***** | 8.0 | SU | 0 | 1/Week | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | | REPORT 01DAMN | ***** | REPORT 01DAMX | | | 1/Week | GRAB |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | CODE=N | ***** | ***** | %EFFL | 0 | CODE=N | CODE=N |
| | PERMIT REQUIREMENT | ***** | ***** | | 50 01DAMN | ***** | ***** | | | 2/Year | COMPOS |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1 | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | CODE=N | CODE=N | MG/L | 0 | CODE=N | CODE=N |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | 0.3 01MOAV | 0.5 01DAMX | | | 3/Week | GRAB |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2 | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | <0.1 | <0.1 | MG/L | 0 | 3/Week | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | REPORT 01MOAV | 0.2 01DAMX | | | 3/Week | GRAB |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |

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.

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622
 MONITORED LOCATION: 485A SW Outfall 485A
 MONITORING PERIOD: 9/1/2005 TO 9/30/2005
 FACILITY NAME: PSEG NUCLEAR LLC

| PARAMETER | | QUANTITY OR LOADING | | UNITS | QUALITY OR CONCENTRATION | | | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|-------------------------------------------------------|--------------------|---------------------|--------------|-------|--------------------------|---------------|---------------|-------|---------|-------------------|-------------|
| Temperature, oC 00010 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 35.5 | 38.7 | | 0 | 1/Day | CONTIN |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT 01MOAV | REPORT 01DAMX | DEG.C | | 1/Day | CONTIN |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Lab Certification # 99999 99 Lab | SAMPLE MEASUREMENT | 17327 | 06431 | | 17451 | | | | | | |
| | PERMIT REQUIREMENT | REPORT Lab # | REPORT Lab # | | REPORT Lab # | REPORT Lab # | REPORT Lab # | | | Not Applic | NOT AP |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |

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.

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

| NJPDES PERMIT | MONITORING PERIOD | | | | | | MONITORED LOCATION: | |
|---------------|-------------------|-----|------|----|-------|-----|---------------------|------------------------|
| NJ0005622 | Month | Day | Year | To | Month | Day | Year | 486A – SW Outfall 486A |
| | 09 | 1 | 2005 | | 09 | 30 | 2005 | |

PERMITTEE:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NEAK RD - PO BOX
236/N21
HANCOCKS BRIDGE, NJ 08038

LOCATION OF ACTIVITY:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NECK RD
LOWER ALLOWAYS CREEK, NJ 08038-0000

REPORT RECIPIENT:

PSE&G 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 Attached

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

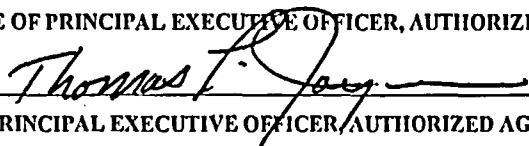
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate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

Thomas P. Joyce, Site Vice President - Salem

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)



10/21/2005

856-339-2086

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

DATE

AREA CODE/PHONE NUMBER

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

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

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

486A SW Outfall 486A

9/1/2005 TO 9/30/2005

PSEG NUCLEAR LLC


| 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 | 456 | 464 | MGD | ***** | ***** | ***** | ***** | 0 | 1/Day | CALCTD |
| 50050 1 | PERMIT REQUIREMENT | REPORT 01MOAV | REPORT 01DAMX | | ***** | ***** | ***** | | | 1/Day | CALCTD |
| Effluent Gross Value | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.3 | ***** | 7.8 | SU | 0 | 1/Week | GRAB |
| 00400 1 | PERMIT REQUIREMENT | ***** | ***** | | 6.0 01DAMN | ***** | 9.0 01DAMX | | | 1/Week | GRAB |
| Effluent Gross Value | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.8 | ***** | 8.0 | SU | 0 | 1/Week | GRAB |
| 00400 7 | PERMIT REQUIREMENT | ***** | ***** | | REPORT 01DAMN | ***** | REPORT 01DAMX | | | 1/Week | GRAB |
| Intake From Stream | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Chlorine Produced | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | CODE=N | CODE=N | MG/L | 0 | CODE=N | CODE=N |
| Oxidants | PERMIT REQUIREMENT | ***** | ***** | | ***** | 0.3 01MOAV | 0.5 01DAMX | | | 3/Week | GRAB |
| *CPOX 1 | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Effluent Gross Value Option 1 | | | | | | | | | | | |
| Chlorine Produced | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | <0.1 | <0.1 | MG/L | 0 | 3/Week | GRAB |
| Oxidants | PERMIT REQUIREMENT | ***** | ***** | | ***** | REPORT 01MOAV | 0.2 01DAMX | | | 3/Week | GRAB |
| *CPOX 1 | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Effluent Gross Value Option 2 | | | | | | | | | | | |
| Temperature, °C | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 34.8 | 38.6 | DEG.C | 0 | 1/Day | CONTIN |
| 00010 1 | PERMIT REQUIREMENT | ***** | ***** | | ***** | REPORT 01MOAV | REPORT 01DAMX | | | 1/Day | CONTIN |
| Effluent Gross Value | QL | ***** | ***** | | ***** | ***** | ***** | | | | |

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.

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622
 MONITORED LOCATION: 486A SW Outfall 486A
 MONITORING PERIOD: 9/1/2005 TO 9/30/2005
 FACILITY NAME: PSEG NUCLEAR LLC

| PARAMETER | | QUANTITY OR LOADING | | UNITS | QUALITY OR CONCENTRATION | | | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|---------------------|-----------------------------------------------------------------------------------|---------------------|--------------|-------|--------------------------|--------------|--------------|-------|---------|-------------------|-------------|
| Lab Certification # |  | | | | | | | | | | |
| | SAMPLE MEASUREMENT | 17327 | 06431 | | 17451 | | | | | | |
| 99999 99 | PERMIT REQUIREMENT | REPORT Lab # | REPORT Lab # | | REPORT Lab # | REPORT Lab # | REPORT Lab # | | | Not Applic | NOT AP |
| Lab | QL | ***** | ***** | | ***** | ***** | ***** | | | | |

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.

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

| NJPDES PERMIT | MONITORING PERIOD | MONITORED LOCATION: | | | | | | | | | | | | |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----|------|----|---|------|-------|-----|------|----|----|------|------------------------|
| NJ0005622 | <table border="1"><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td>09</td><td>1</td><td>2005</td></tr></table> To <table border="1"><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td>09</td><td>30</td><td>2005</td></tr></table> | Month | Day | Year | 09 | 1 | 2005 | Month | Day | Year | 09 | 30 | 2005 | 487B – SW Outfall 487B |
| Month | Day | Year | | | | | | | | | | | | |
| 09 | 1 | 2005 | | | | | | | | | | | | |
| Month | Day | Year | | | | | | | | | | | | |
| 09 | 30 | 2005 | | | | | | | | | | | | |

PERMITTEE:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NEAK RD - PO BOX
236/N21
HANCOCKS BRIDGE, NJ 08038

LOCATION OF ACTIVITY:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NECK RD
LOWER ALLOWAYS CREEK, NJ 08038-0000

REPORT RECIPIENT:

PSE&G 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 Attached

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

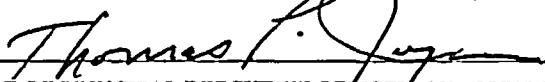
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate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

Thomas P. Joyce, Site Vice President - Salem

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)



10/21/2005

856-339-2086

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

DATE

AREA CODE/PHONE NUMBER

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

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

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

| NJPDES PERMIT | MONITORING PERIOD | MONITORED LOCATION: | | | | | | | | | | | | |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----|------|----|---|------|-------|-----|------|----|----|------|------------------------|
| NJ0005622 | <table border="1"><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td>09</td><td>1</td><td>2005</td></tr></table> To <table border="1"><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td>09</td><td>30</td><td>2005</td></tr></table> | Month | Day | Year | 09 | 1 | 2005 | Month | Day | Year | 09 | 30 | 2005 | 489A – SW Outfall 489A |
| Month | Day | Year | | | | | | | | | | | | |
| 09 | 1 | 2005 | | | | | | | | | | | | |
| Month | Day | Year | | | | | | | | | | | | |
| 09 | 30 | 2005 | | | | | | | | | | | | |

PERMITTEE:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NEAK RD - PO BOX
236/N21
HANCOCKS BRIDGE, NJ 08038

LOCATION OF ACTIVITY:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NECK RD
LOWER ALLOWAYS CREEK, NJ 08038-0000

REPORT RECIPIENT:

PSE&G 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 Attached

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

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

Thomas P. Joyce, Site Vice President - Salem

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

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

DATE

AREA CODE/PHONE NUMBER

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

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

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

489A SW Outfall 489A

9/1/2005 TO 9/30/2005

PSEG NUCLEAR LLC

| 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 | 0.0040 | 0.0040 | MGD | ***** | ***** | ***** | ***** | 0 | 1/Month | CALCTD |
| | PERMIT REQUIREMENT | REPORT 01MOAV | REPORT 01DAMX | | ***** | ***** | ***** | | | 1/Month | CALCTD |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| pH 00400 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.4 | ***** | 7.4 | SU | 0 | 1/Month | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | | 6.0 01DAMN | ***** | 9.0 01DAMX | | | 1/Month | GRAB |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Solids, Total Suspended 00530 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | 16 | 16 | ***** | MG/L | 0 | 1/Month | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | | 100 01DAMX | 30 01MOAV | ***** | | | 1/Month | GRAB |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Petroleum Hydrocarbons 00551 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 40.5 | 40.5 | MG/L | 0 | 1/Month | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | 10 01MOAV | 15 01DAMX | | | 1/Month | GRAB |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 10 | 10 | MG/L | 0 | 1/Month | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | REPORT 01MOAV | 50 01DAMX | | | 1/Month | GRAB |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Lab Certification # 99999 99 Lab | SAMPLE MEASUREMENT | 17327 | 06431 | | 17451 | | | | | | |
| | 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 the BPSP - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us".