



LR-E05-0548

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
ARTICLE NUMBER: 7004 2510 0005 2135 6335

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 October 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 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,

A handwritten signature in dark ink, appearing to read "George P. Barnes".

George P. Barnes
Site Vice President – Hope Creek

IE25

LR-E05-0548
NJPDES DMR

Attachments

C Executive Director, DRBC
 USNRC - Docket number 50-354
 Site Vice President – Hope Creek
 Director – Regulatory Assurance
 Christopher McAuliffe, Esq.
 T. A. Baban
 E. J. Keating
 NJPDES Technician
 Chem File HCH 2005-052
 NBS Room M/C N64

LR-E05-0548
NJPDES DMR

EXPLANATION OF CONDITIONS

October 2005

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-E05-0548
NJPDES DMR

EXPLANATION OF EXCEEDANCES

October 2005

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

DSN No.

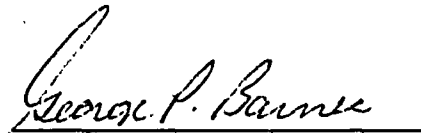
EXPLANATION

No Exceedances

COUNTY OF SALEM
STATE OF NEW JERSEY

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

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



George P. Barnes
Site Vice President – Hope Creek

Sworn and subscribed before me
this 16th day of November 2005.



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

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

PI 46815

| NJPDES PERMIT | MONITORING PERIOD | MONITORED LOCATION: | | | | | | | | | | | | |
|---------------|---|---------------------|-----|------|----|---|------|-------|-----|------|----|----|------|-----------------------|
| NJ0025411 | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="text-align: center;">Month</td><td style="text-align: center;">Day</td><td style="text-align: center;">Year</td></tr><tr><td style="text-align: center;">10</td><td style="text-align: center;">1</td><td style="text-align: center;">2005</td></tr></table> To <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="text-align: center;">Month</td><td style="text-align: center;">Day</td><td style="text-align: center;">Year</td></tr><tr><td style="text-align: center;">10</td><td style="text-align: center;">31</td><td style="text-align: center;">2005</td></tr></table> | Month | Day | Year | 10 | 1 | 2005 | Month | Day | Year | 10 | 31 | 2005 | 461A - DSN 461A - dsw |
| Month | Day | Year | | | | | | | | | | | | |
| 10 | 1 | 2005 | | | | | | | | | | | | |
| Month | Day | Year | | | | | | | | | | | | |
| 10 | 31 | 2005 | | | | | | | | | | | | |

PERMITTEE:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NECK RD - PO BOX
236/N21
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.

George P. Barnes, Site Vice President – Hope Creek

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

George P. Barnes

11-16-05

856-339-1952

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

DATE

AREA CODE/PHONE NUMBER

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

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

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46815 "

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

461A DSN 461A - dsw

10/1/2005 TO 10/31/2005

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 | 49.970 | 63.091 | | ***** | ***** | ***** | | 0 | Continuous | meter |
| 50050 1 | PERMIT REQUIREMENT | REPORT 01MOAV | REPORT 01DAMX | MGD | ***** | ***** | ***** | ***** | | Continuous | METER |
| Effluent Gross Value | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Flow, In Conduit or Thru Treatment Plant | SAMPLE MEASUREMENT | 61.961 | 73.814 | | ***** | ***** | ***** | | 0 | Continuous | meter |
| 50050 7 | PERMIT REQUIREMENT | REPORT 01MOAV | REPORT 01DAMX | MGD | ***** | ***** | ***** | ***** | | Continuous | METER |
| Intake From Stream | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | | 8.4 | ***** | 8.9 | | 0 | 1/week | Grab |
| 00400 1 | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.0 01DAMN | ***** | 9.0 01DAMX | SU | | 1/Week | GRAB |
| Effluent Gross Value | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Chlorine Produced | SAMPLE MEASUREMENT | ***** | ***** | | ***** | <0.1 | <0.1 | | 0 | Continuous | Grab |
| Oxidants | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 0.2 01MOAV | 0.5 01DAMX | MG/L | | Continuous | GRAB |
| *CPOX 1 | QL | ***** | ***** | | ***** | 0.1 | 0.1 | | | | |
| Effluent Gross Value | | | | | | | | | | | |
| Temperature, oC | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 26.8 | 32.4 | | 0 | Continuous | meter |
| 00010 1 | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT 01MOAV | 36.2 01DAMX | DEG.C | | Continuous | METER |
| Effluent Gross Value | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Temperature, oC | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 21.4 | 25.1 | | 0 | Continuous | meter |
| 00010 7 | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT 01MOAV | REPORT 01DAMX | DEG.C | | Continuous | METER |
| Intake From Stream | QL | ***** | ***** | | ***** | ***** | ***** | | | | |

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

Surface Water Discharge Monitoring Report

PI 46815

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

461A DSN 461A - dsw

10/1/2005 TO 10/31/2005

HOPE CREEK GENERATING STATION

| PARAMETER | | QUANTITY OR LOADING | | UNITS | QUALITY OR CONCENTRATION | | | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|--------------|---------|--------------------------|---------------|---------------|-------|---------|-------------------|-------------|
| Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 12 | 12 | | 0 | 1/month | Grab |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT 01MOAV | REPORT 01DAMX | MG/L | | 1/Month | GRAB |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Carbon, Tot Organic (TOC) 00680 2 Effluent Net Value | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 6 | 6 | | 0 | 1/month | Calcd |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT 01MOAV | REPORT 01DAMX | MG/L | | 1/Month | CALCTD |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Carbon, Tot Organic (TOC) 00680 7 Intake From Stream | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 4 | 4 | | 0 | 1/month | Grab |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT 01MOAV | REPORT 01DAMX | MG/L | | 1/Month | GRAB |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Heat (winter) (per Hr.) 81387 1 Effluent Gross Value | SAMPLE MEASUREMENT | 165 | 283 | | ***** | ***** | ***** | | 0 | 1/Day | Calcd |
| | PERMIT REQUIREMENT | REPORT 01MOAV | 662 01DAMX | MBTU/HR | ***** | ***** | ***** | ***** | | 1/Day | CALCTD |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Lab Certification # 99999 99 Lab | SAMPLE MEASUREMENT | 17451 | 06431 | | | | | | | | |
| | PERMIT REQUIREMENT | REPORT Lab # | REPORT Lab # | | REPORT Lab # | REPORT Lab # | REPORT Lab # | | | Not Applic | NOT AP |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |

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

New Jersey Department of Environmental Protection
Division of Water Quality

PI 46815

Surface Water Discharge Monitoring Report Submittal Form

| NJPDES PERMIT | MONITORING PERIOD | MONITORED LOCATION: | | | | | | | | | | | | | |
|---------------|--|---------------------|-----|-------|----|-------|------|------|----|---|------|----|----|------|--------------------------------|
| NJ0025411 | <table border="1"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> <td rowspan="2">To</td> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td>10</td> <td>1</td> <td>2005</td> <td>10</td> <td>31</td> <td>2005</td> </tr> </table> | Month | Day | Year | To | Month | Day | Year | 10 | 1 | 2005 | 10 | 31 | 2005 | 461C - DSN 461C - DSW internal |
| Month | Day | Year | To | Month | | Day | Year | | | | | | | | |
| 10 | 1 | 2005 | | 10 | 31 | 2005 | | | | | | | | | |

PERMITTEE:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NECK RD - PO BOX
236/N21
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.

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George P. Barnes, Site Vice President – Hope Creek

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

George P. Barnes

11-16-05 856-339-1952

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

DATE AREA CODE/PHONE NUMBER

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

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46815

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

461C DSN 461C - DSW Intern

10/1/2005 TO 10/31/2005

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 | 0.039 | 0.100 | MGD | ***** | ***** | ***** | ***** | 0 | Continuous | meter |
| | PERMIT REQUIREMENT | REPORT 01MOAV | REPORT 01DAMX | | ***** | ***** | ***** | | | Continuous | METER |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Solids, Total Suspended 00530 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 9 | 9 | MG/L | 0 | 1/month | Compos |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30 01MOAV | 100 01DAMX | | | 1/Month | COMPOS |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Petrol Hydrocarbons, Total Recoverable 45501 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 1 | 1 | 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 | ***** | ***** | ***** | ***** | 4 | 4 | MG/L | 0 | 1/month | Compos |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | REPORT 01MOAV | 50 01DAMX | | | 1/Month | COMPOS |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Lab Certification # 99999 99 Lab | SAMPLE MEASUREMENT | 17451 | 06431 | | | | | | | | |
| | PERMIT REQUIREMENT | REPORT Lab # | REPORT Lab # | | REPORT Lab # | REPORT Lab # | REPORT Lab # | | | Not Applic | NOT AP |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |

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

PI 46815

| NJPDES PERMIT | MONITORING PERIOD | | | | | | MONITORED LOCATION: | |
|---------------|-------------------|-----|------|----|-------|-----|---------------------|-------------------------------|
| NJ0025411 | Month | Day | Year | To | Month | Day | Year | 462B - dsn 462B - dsw outfall |
| | 10 | 1 | 2005 | | 10 | 31 | 2005 | |

PERMITTEE:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NECK RD - PO BOX
236/N21
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.

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N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

George P. Barnes

11-16-05 856-339-1952

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

DATE

AREA CODE/PHONE NUMBER

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N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

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

10/1/2005 TO 10/31/2005

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 | 0.017 | 0.046 | MGD | ***** | ***** | ***** | ***** | 0 | 1/Day | meter |
| | PERMIT REQUIREMENT | REPORT 01MOAV | REPORT 01DAMX | | ***** | ***** | ***** | | | 1/Day | METER |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| BOD, 5-Day (20 oC) 00310 G Raw Sew/Influent | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 451 | 451 | MG/L | 0 | 1/month | Compos |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | REPORT 01MOAV | REPORT 01DAMX | | | 1/Month | COMPOS |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| BOD, 5-Day (20 oC) 00310 1 Effluent Gross Value | SAMPLE MEASUREMENT | 0 | 0 | KG/DAY | ***** | 4 | 4 | MG/L | 0 | 1/month | Compos |
| | PERMIT REQUIREMENT | 8 01MOAV | REPORT 01WKAV | | ***** | 30 01MOAV | 45 01WKAV | | | 1/Month | COMPOS |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| BOD, 5-Day (20 oC) 00310 K Percent Removal | SAMPLE MEASUREMENT | ***** | ***** | ***** | 99.1 | ***** | ***** | PERCENT | 0 | 1/month | Calctd |
| | PERMIT REQUIREMENT | ***** | ***** | | 87.5 01MOAVMN | ***** | ***** | | | 1/Month | CALCTD |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Solids, Total Suspended 00530 G Raw Sew/Influent | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 305 | 305 | MG/L | 0 | 1/month | Compos |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | REPORT 01MOAV | REPORT 01DAMX | | | 1/Month | COMPOS |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Solids, Total Suspended 00530 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 9 | 9 | MG/L | 0 | 1/month | Compos |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30 01MOAV | 45 01WKAV | | | 1/Month | COMPOS |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |

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

10/1/2005 TO 10/31/2005

HOPE CREEK GENERATING STATION

| PARAMETER | | QUANTITY OR LOADING | | UNITS | QUALITY OR CONCENTRATION | | | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|----------------------|-------------------------------------|---------------------|-----------------|-------|--------------------------|------------------|-----------------|---------|---------|-------------------|-------------|
| Solids, Total | <input checked="" type="checkbox"/> | ***** | ***** | | 97 | 97 | ***** | | 0 | 1/month | Calctd |
| Suspended | <input checked="" type="checkbox"/> | ***** | ***** | ***** | 85 01MOAVMN | REPORT 01MOAV | ***** | PERCENT | | 1/Month | CALCTD |
| 00530 K | <input checked="" type="checkbox"/> | ***** | ***** | | ***** | ***** | ***** | | | | |
| Percent Removal | <input checked="" type="checkbox"/> | ***** | ***** | | ***** | ***** | ***** | | | | |
| | <input checked="" type="checkbox"/> | ***** | ***** | | ***** | ***** | ***** | | | | |
| Oil and Grease | <input checked="" type="checkbox"/> | ***** | ***** | | ***** | 5 | 5 | | 0 | 1/month | Grab |
| 00556 1 | <input checked="" type="checkbox"/> | ***** | ***** | ***** | ***** | 10 01MOAV | 15 01DAMX | MGL | | 1/Month | GRAB |
| Effluent Gross Value | <input checked="" type="checkbox"/> | ***** | ***** | | ***** | ***** | ***** | | | | |
| | <input checked="" type="checkbox"/> | ***** | ***** | | ***** | ***** | ***** | | | | |
| Coliform, Fecal | <input checked="" type="checkbox"/> | ***** | ***** | | ***** | 8 | 8 | | 0 | 1/month | Grab |
| General | <input checked="" type="checkbox"/> | ***** | ***** | ***** | ***** | 200 01MOGE | 400 01WKGE | #/100ML | | 1/Month | GRAB |
| 74055 1 | <input checked="" type="checkbox"/> | ***** | ***** | | ***** | ***** | ***** | | | | |
| Effluent Gross Value | <input checked="" type="checkbox"/> | ***** | ***** | | ***** | ***** | ***** | | | | |
| Lab Certification # | <input checked="" type="checkbox"/> | 17451 | 06431 | | | | | | | | |
| 99999 99 | <input checked="" type="checkbox"/> | REPORT Lab # | REPORT Lab # | | REPORT Lab # | REPORT Lab # | REPORT Lab # | | | Not Applic | NOT AP |
| Lab | <input checked="" type="checkbox"/> | ***** | ***** | | ***** | ***** | ***** | | | | |
| | <input checked="" type="checkbox"/> | ***** | ***** | | ***** | ***** | ***** | | | | |

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