

SEP 21 2006

SCH06-081



CERTIFIED MAIL
RETURN RECEIPT REQUESTED
ARTICLE NUMBER: 7004 2510 0005 2136 6990

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
SALEM GENERATING STATION
NJPDES PERMIT NJ0005622**

Dear Sir:

Attached is the Discharge Monitoring Report for the Salem Generating Station for the month of August 2006.

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 Brendan Daly at (856) 339-1169.

Sincerely,

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

Thomas P. Joyce
Site Vice President – Salem

Attachments

IE25

SCH06-081
NJPDES DMR

2

SEP 21 2006

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

EXPLANATION OF CONDITIONS

August 2006

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.

SCH06-081
NJPDES DMR

4

SEP 21 2006

EXPLANATION OF EXCEEDANCES

August 2006

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

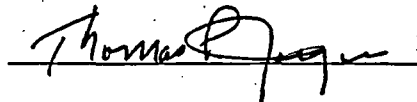
DSN No.	EXPLANATION
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None.	
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COUNTY OF SALEM
STATE OF NEW JERSEY

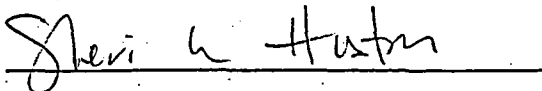
I, Thomas P. Joyce, of full age, being duly sworn according to law, upon my oath depose and say:

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



Thomas P. Joyce
Site Vice President – Salem

Sworn and subscribed before me
this 21 day of September 2006.



SHERI L. HUSTON
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 1-15-09

BC Site Vice President – Salem
 Director – Regulatory Assurance
 Christopher McAuliffe, Esq.
 Salem Radwaste and Environmental Supervisor
 E. J. Keating
 NJPDES Technician
 Chem File SCH06-081
 NBS Room M/C N64

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
	8	1	2006		8	31	2006	

PERMITTEE:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NEAK RD - PO BOX
236/S07
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/S07
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)

Thomas P. Joyce

09/20/2006

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

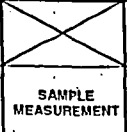
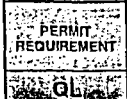


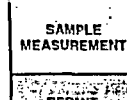

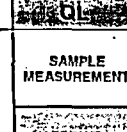
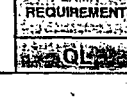




DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

1140014

PERMIT NUMBER: 0005622
 MONITORED LOCATION: FACA SW Outfall FACA
 MONITORING PERIOD: 8/1/2006 TO 8/31/2006
 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING STATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, 10 G v Sew/influent		*****	*****		*****	28.0	29.9		0	Continuous	CONTIN
		*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
		*****	*****		*****	*****	*****				
Temperature, 110 1 Influent Gross Value		*****	*****		*****	36.8	39.0		0	Continuous	CONTIN
		*****	*****	*****	*****	REPORT 01MOAV	46.1 01DAMX	DEG.C		Continuous	CONTIN
		*****	*****		*****	*****	*****				
Temperature, 110 2 Influent Net Value		*****	*****		*****	8.7	10.5		0	1/DAY	CALC'D
		*****	*****	*****	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALC'D
		*****	*****		*****	*****	*****				
Lab Certification # 999 99 b		17327	06431		17451						
		REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
		*****	*****		*****	*****	*****				

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><td rowspan="2">To</td><td>Month</td><td>Day</td><td>Year</td></tr><tr><td>8</td><td>1</td><td>2006</td><td>8</td><td>31</td><td>2006</td></tr></table>	Month	Day	Year	To	Month	Day	Year	8	1	2006	8	31	2006	FACB – SW Outfall FACB
Month	Day	Year	To	Month		Day	Year								
8	1	2006		8	31	2006									

PERMITTEE:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NEAK RD - PO BOX
236/S07
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/S07
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.

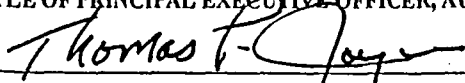
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate 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)



09/20/2006 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

1140017

PERMIT NUMBER: J0005622
 MONITORED LOCATION: FACB SW Outfall FACB
 MONITORING PERIOD: 8/1/2006 TO 8/31/2006
 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING STATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, °F	SAMPLE MEASUREMENT	*****	*****		*****	28.0	29.9		0	Continuous	CONTIN
010 G w Sew/Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
	QL	*****	*****		*****	*****	*****				
Temperature, °F	SAMPLE MEASUREMENT	*****	*****		*****	37.1	38.5		0	Continuous	CONTIN
010 1 Influent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	46.1 01DAMX	DEG.C		Continuous	CONTIN
	QL	*****	*****		*****	*****	*****				
Temperature, °F	SAMPLE MEASUREMENT	*****	*****		*****	9.1	10.3		0	1/Day	CALCTD
010 2 Influent Net Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		17451						
9999 99 Lab	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)292-4860 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	Month	Day	Year	To	Month	Day	Year	FACC – SW Outfall FACC
	8	1	2006		8	31	2006	

PERMITTEE:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NEAK RD - PO BOX
236/S07
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/S07
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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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)



09/20/2006

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

Wastewater Discharge Monitoring Report

PERMIT NUMBER: J0005622
 MONITORED LOCATION: FACC SW Outfall FACC
 MONITORING PERIOD: 8/1/2006 TO 8/31/2006
 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Sewer Treatment Plant 050 G Sewer Influent	SAMPLE MEASUREMENT	2487	2553	MGD	*****	*****	*****	*****	Q	1/DAY	CALCTD
	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
	Q/L	*****	*****		*****	*****	*****				
Thermal Discharge Million BTUs per Hr 015 2 Influent Net Value	SAMPLE MEASUREMENT	14451	15238	MBTU/HR	*****	*****	*****	*****	Q	1/DAY	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	30600 01DAMX		*****	*****	*****			1/Day	CALCTD
	Q/L	*****	*****		*****	*****	*****				
Lab Certification # 1999 99 Lab	SAMPLE MEASUREMENT	17327	06431		17451						
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	Q/L	*****	*****		*****	*****	*****				

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 "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	Month	Day	Year	To	Month	Day	Year	048C – SW Outfall 48C
	8	1	2006		8	31	2006	

PERMITTEE:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NEAK RD - PO BOX
236/S07
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/S07
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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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)



09/20/2006

856-339-2086

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

Interface Water Discharge Management Reporting

1140014

PERMIT NUMBER: 10005622
 MONITORED LOCATION: 048C SW Outfall 48C
 MONITORING PERIOD: 8/1/2006 TO 8/31/2006
 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
w, In Conduit or u Treatment Plant 50 1 luent Gross Value	SAMPLE MEASUREMENT	0.3152	0.7013	MGD	*****	*****	*****	*****	Q	1/DAY	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
lids, Total spended 530 1 luent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	9	12	MG/L	Q	2/month	Compos
	PERMIT REQUIREMENT	*****	*****		*****	30 01MOAV	100 01DAMX			2/Month	COMPOS
	QL	*****	*****		*****	*****	*****				
rogen, Ammonia al (as N) 610 1 luent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	3	MG/L	Q	2/month	Compos
	PERMIT REQUIREMENT	*****	*****		*****	35 01MOAV	70 01DAMX			2/Month	COMPOS
	QL	*****	*****		*****	*****	*****				
stroleum ydrocarbons 551 1 luent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.5	<0.5	MG/L	Q	2/month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	10 01MOAV	15 01DAMX			2/Month	GRAB
	QL	*****	*****		*****	*****	*****				
arbon, Tot Organic (OC) 0680 1 luent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	10	12	MG/L	Q	2/month	Compos
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	50 01DAMX			2/Month	COMPOS
	QL	*****	*****		*****	*****	*****				
ab Certification # 9999 99 ab	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)292-4680 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	Month	Day	Year	To	Month	Day	Year	481A – SW Outfall 481A
	8	1	2006		8	31	2006	

PERMITTEE:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NEAK RD - PO BOX
236/S07
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/S07
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE:

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Thomas P. Joyce, Site Vice President - Salem

N/A

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GRADE AND REGISTRY NUMBER (IF APPLICABLE)

Thomas P. Joyce

09/20/2006

856-339-2086

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

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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

In-lake water Discharge Monitoring Report

P140014

PERMIT NUMBER: 10005622
 MONITORED LOCATION: 481A SW Outfall 481A
 MONITORING PERIOD: 8/1/2006 TO 8/31/2006
 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING STATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
w, In Conduit or u Treatment Plant 50 1 luent Gross Value	SAMPLE MEASUREMENT	457	492	MGD	*****	*****	*****	*****	0	1/DAY	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
400 1 luent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.7	SU	0	1/week	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX				
	QL	*****	*****		*****	*****	*****				
400 7 lake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.8	SU	0	1/week	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX				
	QL	*****	*****		*****	*****	*****				
50 Statre 96hr Acu prinodon AN6A 1 luent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	Code = N	*****	*****	%EFFL	0	Code = N	Code = N
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****				
	QL	*****	*****		*****	*****	*****				
hlorine Produced xidants POX 1 ffluent Gross Value ption 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	Code = N	Code = N	MG/L	0	Code = N	Code = N
	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX				
	QL	*****	*****		*****	*****	*****				
hlorine Produced xidants POX 1 ffluent Gross Value ption 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/week	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX				
	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

P146814

ERMIT NUMBER: J0005622
 MONITORED LOCATION: 481A SW Outfall 481A
 MONITORING PERIOD: 8/1/2006 TO 8/31/2006
 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature,	SAMPLE MEASUREMENT	*****	*****		*****	36.9	41.2		0	1/DAY	CONTIN
010 1	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		17451						
999 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	482A – SW Outfall 482A
	8	1	2006		8	31	2006	

PERMITTEE:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NEAK RD - PO BOX
236/S07
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/S07
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)



09/20/2006

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: 0005622
 MONITORED LOCATION: 482A SW Outfall 482A
 MONITORING PERIOD: 8/1/2006 TO 8/31/2006
 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING STATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Effluent in Conduit or Effluent Treatment Plant	SAMPLE MEASUREMENT	428	445	MGD	*****	*****	*****	*****	0	1/DAY	CALCTD
Effluent Treatment Plant	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
Effluent 1	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.5	SU	0	1/week	GRAB
Effluent Treatment Plant	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX			1/Week	GRAB
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
Effluent 100 7	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.8	SU	0	1/week	GRAB
Effluent From Stream	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX			1/Week	GRAB
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
Effluent 50 Statre 96hr Acu	SAMPLE MEASUREMENT	*****	*****	*****	Code = N	*****	*****	%EFFL	0	Code = N	Code = N
Effluent Treatment Plant	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****			2/Year	COMPOS
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
Effluent Chlorine Produced	SAMPLE MEASUREMENT	*****	*****	*****	*****	Code = N	Code = N	MG/L	0	Code = N	Code = N
Effluent Chloridants	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX			3/Week	GRAB
Effluent Chlorine POX 1	QL	*****	*****		*****	*****	*****				
Effluent Chlorine Produced	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/week	GRAB
Effluent Chloridants	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX			3/Week	GRAB
Effluent Chlorine POX 1	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.

Trace Water Discharge Monitoring Report

PI 46814

ERMIT NUMBER: J0005622
 MONITORED LOCATION: 482A SW Outfall 482A
 MONITORING PERIOD: 8/1/2006 TO 8/31/2006
 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature,	SAMPLE MEASUREMENT	*****	*****		*****	36.9	40.0		0	1/DAY	CONTIN
010 1	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		17451						
9999 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	483A – SW Outfall 483A
	87	1	2006		8	31	2006	

PERMITTEE:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NEAK RD - PO BOX
236/S07
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/S07
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)

Thomas P. Joyce

09/20/2006

856-339-2086

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 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: 10005622 MONITORED LOCATION: 483A SW Outfall 483A MONITORING PERIOD: 8/1/2006 TO 8/31/2006 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING STATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
w, In Conduit or u Treatment Plant 50 1 luent Gross Value	SAMPLE MEASUREMENT	440	447	MGD	*****	*****	*****	*****	0	1/DAY	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
100 1 luent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.6	SU	0	1/week	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX			1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
100 7 ake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.8	SU	0	1/week	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX			1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
Iodine Produced idants POX 1 luent Gross Value tion 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	*****	*****		*****	*****	*****				
Iodine Produced idants POX 1 luent Gross Value tion 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, ; 1010 1 luent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	36.6	39.3	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.

Irrigation Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: 10005622
 MONITORED LOCATION: 483A SW Outfall 483A
 MONITORING PERIOD: 8/1/2006 TO 8/31/2006
 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING STATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Certification # 999 99 5	SAMPLE MEASUREMENT	17327	06431		17451						
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applicable	NOT APPLICABLE
	Q/L										

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>8</td><td>1</td><td>2006</td></tr></table> To <table border="1"><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td>8</td><td>31</td><td>2006</td></tr></table>	Month	Day	Year	8	1	2006	Month	Day	Year	8	31	2006	484A – SW Outfall 484A
Month	Day	Year												
8	1	2006												
Month	Day	Year												
8	31	2006												

PERMITTEE:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NEAK RD - PO BOX
236/S07
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/S07
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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Thomas P. Joyce, Site Vice President - Salem

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

N/A
GRADE AND REGISTRY NUMBER (IF APPLICABLE)

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

09/20/2006
DATE
856-339-2086
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 reviewed the attached discharge monitoring reports.

N/A
NAME AND TITLE

N/A
SIGNATURE

N/A
DATE

N/A
AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: 10005622 MONITORED LOCATION: 484A SW Outfall 484A MONITORING PERIOD: 8/1/2006 TO 8/31/2006 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING STATION


PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
w, In Conduit or u Treatment Plant 50 1 luent Gross Value	SAMPLE MEASUREMENT	455	459	MGD	*****	*****	*****	*****	Q	1/DAY	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
100 1 luent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.6	SU	Q	1/week	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX				
	QL	*****	*****		*****	*****	*****				
400 7 ake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.8	SU	Q	1/week	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX				
	QL	*****	*****		*****	*****	*****				
50 Statre 96hr Acu prinodon N6A 1 luent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	Code=N	*****	*****	%EFFL	Q	Code=N	Code=N
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****				
	QL	*****	*****		*****	*****	*****				
hlorine Produced xidants POX 1 ffluent Gross Value ption 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	Code=N	Code=N	MG/L	Q	Code=N	Code=N
	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX				
	QL	*****	*****		*****	*****	*****				
hlorine Produced xidants POX 1 ffluent Gross Value ption 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	Q	3/week	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX				
	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:
 IJ0005622 484A SW Outfall 484A 8/1/2006 TO 8/31/2006 PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature,		*****	*****		*****	37.3	41.9			1/Day	CONTIN
010 1	SAMPLE MEASUREMENT										
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
	QL	*****	*****		*****	*****	*****				
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		17451						
9999 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	<table border="1"><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td>8</td><td>1</td><td>2006</td></tr></table> To <table border="1"><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td>8</td><td>31</td><td>2006</td></tr></table>	Month	Day	Year	8	1	2006	Month	Day	Year	8	31	2006	485A – SW Outfall 485A
Month	Day	Year												
8	1	2006												
Month	Day	Year												
8	31	2006												

PERMITTEE:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NEAK RD - PO BOX
236/S07
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/S07
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE:

☐

No Discharge this Monitoring Period

☐

Monitoring Report Comments Attached

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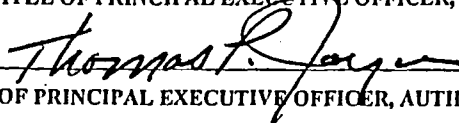
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate 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)



09/20/2006

856-339-2086

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 46814

PERMIT NUMBER: 10005622 MONITORED LOCATION: 485A SW Outfall 485A MONITORING PERIOD: 8/1/2006 TO 8/31/2006 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
w, In Conduit or u Treatment Plant ISO 1 luent Gross Value	SAMPLE MEASUREMENT	434	435	MGD	*****	*****	*****	*****	0	1/DAY	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
100 1 luent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.6	SU	0	1/week	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX				
	QL	*****	*****		*****	*****	*****				
400 7 ake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.8	SU	0	1/week	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX				
	QL	*****	*****		*****	*****	*****				
ISO Statre 96hr Acu prinodon IN6A 1 luent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	Code = N	*****	*****	%EFFL	0	Code = N	Code = N
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****				
	QL	*****	*****		*****	*****	*****				
hlorine Produced xidants POX 1 ffluent Gross Value ption 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	Code = N	Code = N	MG/L	0	Code = N	Code = N
	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX				
	QL	*****	*****		*****	*****	*****				
hlorine Produced xidants POX 1 ffluent Gross Value ption 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/week	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX				
	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: J0005622 MONITORED LOCATION: 485A SW Outfall 485A MONITORING PERIOD: 8/1/2006 TO 8/31/2006 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature;	<div>SAMPLE MEASUREMENT</div>	*****	*****		*****	37.2	40.4		Q	1/DAY	CONTIN
010 1	<div>PERMIT REQUIREMENT</div>	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Effluent Gross Value	<div>OL</div>	*****	*****		*****	*****	*****				
Lab Certification #	<div>SAMPLE MEASUREMENT</div>	17327	06431		17451						
999 99	<div>PERMIT REQUIREMENT</div>	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applicable	NOT AP
Lab	<div>OL</div>	*****	*****		*****	*****	*****				

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	<table border="1"><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td>8</td><td>1</td><td>2006</td></tr></table> To <table border="1"><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td>8</td><td>31</td><td>2006</td></tr></table>	Month	Day	Year	8	1	2006	Month	Day	Year	8	31	2006	486A – SW Outfall 486A
Month	Day	Year												
8	1	2006												
Month	Day	Year												
8	31	2006												

PERMITTEE:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NEAK RD - PO BOX
236/S07
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/S07
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: 1J0005622
 MONITORED LOCATION: 486A SW Outfall 486A
 MONITORING PERIOD: 8/1/2006 TO 8/31/2006
 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Effluent Treatment Plant 0050 1 Effluent Gross Value	SAMPLE MEASUREMENT	388	407	MGD	*****	*****	*****	*****	0	1/DAY	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
H 0400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.6	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX				
	QL	*****	*****		*****	*****	*****				
H 0400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.8	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX				
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	Code=N	Code=N	MG/L	0	Code=N 3/Week	Code=N GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX				
	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				
	QL	*****	*****		*****	*****	*****				
Temperature, °C 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	36.9	40.1	DEG.C	0	1/DAY	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX				
	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:

WJ0005622

486A SW Outfall 486A

8/1/2006 TO 8/31/2006

PSEG NUCLEAR LLC SALEM GENERATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
ab Certification #	SAMPLE MEASUREMENT	17327	06431		17451				0		
9999 99	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
ab	Q										

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	Month	Day	Year	To	Month	Day	Year	487B – SW Outfall 487B
	8	1	2006		8	31	2006	

PERMITTEE:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NEAK RD - PO BOX
236/S07
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/S07
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.

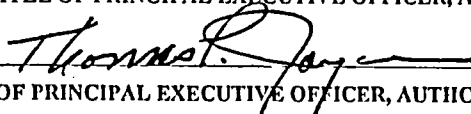
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate 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)



09/20/2006

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	Month	Day	Year	To	Month	Day	Year
	8	1	2006		8	31	2006
							489A – SW Outfall 489A

PERMITTEE:

PSE&G NUCLEAR LLC
ALLOWAY CREEK NEAK RD - PO BOX
236/S07
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/S07
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE:

☐

No Discharge this Monitoring Period

☐

Monitoring Report Comments Attached

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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

09/20/2006

DATE

856-339-2086

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 reviewed the attached discharge monitoring reports.

N/A

NAME AND TITLE

N/A

SIGNATURE

N/A

DATE

N/A

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

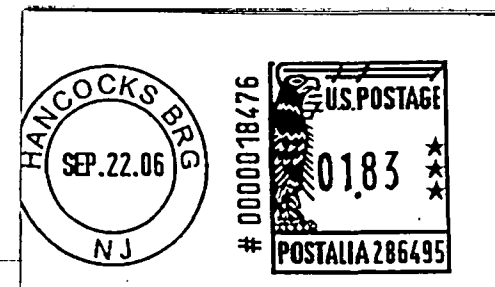
PI 46814

ERMIT NUMBER: J0005622
 MONITORED LOCATION: 489A SW Outfall 489A
 MONITORING PERIOD: 8/1/2006 TO 8/31/2006
 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Wastewater Treatment Plant 050 1 Effluent Gross Value	SAMPLE MEASUREMENT	0.0224	0.0224	MGD	*****	*****	*****	*****	0	1/month	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Month	CALCTD
	QL	*****	*****		*****	*****	*****				
1400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	7.7	SU	0	1/month	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX			1/Month	GRAB
	QL	*****	*****		*****	*****	*****				
Solids, Total Suspended 0530 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	13	13	*****	MG/L	0	1/month	GRAB
	PERMIT REQUIREMENT	*****	*****		100 01DAMX	30 01MOAV	*****			1/Month	GRAB
	QL	*****	*****		*****	*****	*****				
Petroleum Hydrocarbons 0551 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.5	<0.5	MG/L	0	1/month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	10 01MOAV	15 01DAMX			1/Month	GRAB
	QL	*****	*****		*****	*****	*****				
Carbon, Tot Organic (TOC) 0680 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	8	8	MG/L	0	1/month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	50 01DAMX			1/Month	GRAB
	QL	*****	*****		*****	*****	*****				
Lab Certification # 09999 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 "srosenwl@dep.state.nj.us".

W. Gamon Biggs
Salem Generating Station
PO Box 236
MC-SO7
Hancoaks Bridge, NJ 08038



Document Control Desk
USNRC
Docket Numbers
50-272 and 50-311
Washington, DC 20555

