



**PSEG**  
*Nuclear LLC*

JUL 23 2007  
SCH07-087

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED  
ARTICLE NUMBER: 7004 2510 0005 2136 1902

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  
CORRECTED DISCHARGE MONITORING REPORTS  
SALEM GENERATING STATION  
NJPDES PERMIT NJ0005622**

Dear Sir:

Attached are corrected Discharge Monitoring Reports for the Salem Generating Station for the period covering of June 2005 to April 2007. Also included are Circulating Water Pump Flow reports for the same period.

The corrections are required due to changes to circulating pump flow data. There are no exceedances due to the corrections. Corrective actions have been taken to prevent recurrence, including commitment tracking and personnel accountability.

If you have any questions concerning this report, please feel free to contact Clifton Gibson at (856) 339-2686

Sincerely,

Robert C. Braun  
Site Vice President – Salem

IE25

MRR

SCH07-087  
NJPDES DMR

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JUL 23 2007

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Attachments

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

JUL 23 2007

COUNTY OF SALEM  
STATE OF NEW JERSEY

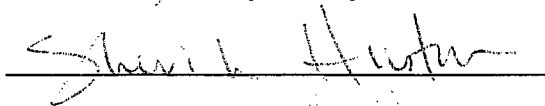
I, Robert C. Braun, of full age, being duly sworn according to law, upon my oath depose and say:

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.



Robert C. Braun  
Site Vice President – Salem

Sworn and subscribed before me  
this 23 day of July 2007



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

SCH07-087  
NJPDES DMR

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JUL 23 2007

BC Site Vice President – Salem  
Director – Regulatory Assurance  
John Valeri Jr, Esq.  
Salem Radwaste and Environmental Supervisor  
E. J. Keating  
NJPDES Technician  
Chem File SCH07-087  
NBS Room M/C N64

**PSEG**

Services Corporation

TO: David Hurka  
Nuclear Specialist  
PSEG

June 6, 2005  
Report No: TP05030

**SUBJECT: DETERMINATION OF CIRCULATING WATER FLOW AT  
SALEM GENERATING STATION**

**CONDUCTED BY:** Victor Simpson  
Sr. Test Engineer, Maplewood Testing Services

**SUMMARY**

The Mechanical Division of Maplewood Testing Services conducted a series of test runs at Salem Unit No. 2 to determine the capacities of the circulating water pumps shown in the table below.

Work was performed under SAP work orders:  
30105007, 30104954, 30104955, 30108761, 30105008, 30105009

Final results are as follows:

**SUMMARY OF TEST RESULTS**

Pump No.	CMS Pump Desig.	Test Date	Measured Pump Capacity (gpm)	Pump Suction Head (ft h <sub>2</sub> O)	Pump Discharge Head (ft h <sub>2</sub> O)	Total Static Head (ft h <sub>2</sub> O)
21A	G	05/24/05	167098	-7.1	13.2	20.3
21B	D	05/24/05	155629	-6.5	16.7	23.2
22A	K	05/24/05	155947	-7.0	14.7	21.7
22B	N	05/24/05	139618	-8.0	18.2	26.2
23A	B	05/24/05	140760	-8.5	21.9	30.4
23B	F	05/24/05	140253	-9.2	15.7	24.9

Note: Pump suction heads and discharge heads corrected to elevation 100'

David Hurka  
Nuclear Specialist  
PSEG

June 6, 2005  
Report No. TP05030

# SUMMARY (Cont'd)

For reporting purposes, shown below is the data pertinent to the injection of Rhodamine WT dye released to the river during testing. Testing is complete at this station.

## RECORD OF RHODAMINE WT DYE INJECTION

Test Date	Pump No.	Injection Time		Pure Dye Injected (ml)	Number of Pumps in Service	Total System Flow (1000 gpm)	Effluent Concentration (ppb)
		(start)	(stop)				
05/24/05	21A	1014	1030	23.73	12	2220.0	0.18
05/24/05	21B	1047	1108	30.90	12	2220.0	0.18
05/24/05	22A	1310	1326	23.63	12	2220.0	0.18
05/24/05	22B	1359	1418	28.14	12	2220.0	0.18
05/24/05	23A	1428	1444	23.30	12	2220.0	0.17
05/24/05	23B	1456	1513	24.59	12	2220.0	0.17

# TEST METHOD

The circulating water flow rate was determined by fluorometry using MTS Mechanical Division Work Instruction TPG-19 Rev. 7 "Water Flow Using The Turner Fluorometer". Rhodamine WT dye was injected into the bell mouth of each pump using 1/2 inc PVC pipe with a carrier flow of screen wash water at 3 gallons per minute.

The dye was injected at a known rate using a peristaltic pump and a class A burette to measure rate. The diluted sample was retrieved and monitored by taking a sample from the inlet water box piping. The ratio of the injected concentration to the sample concentration multiplied by the injection flow rate yielded the circulator flow rate.

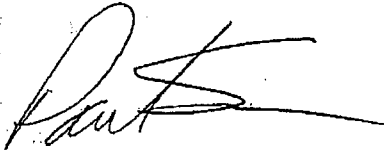
The total static head was obtained by measuring the pump suction head in feet from elevation

David Hurka  
Nuclear Specialist  
PSEG

June 6, 2005  
Report No. TP05030

TEST METHOD (Cont'd)

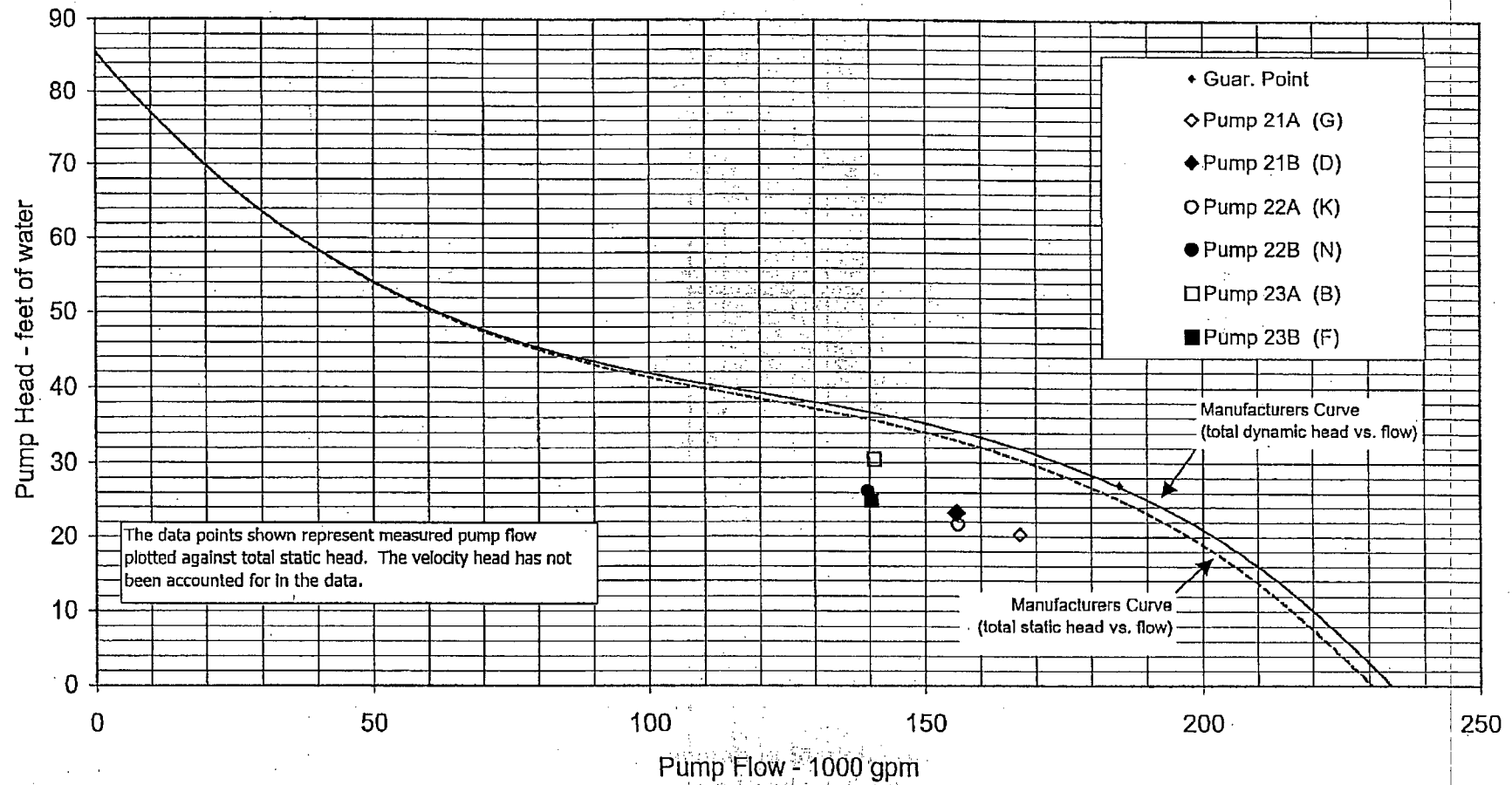
100' and the pump discharge head in feet of water at the water box inlet. After correcting for elevation, the total pump head was calculated as the pump discharge head minus the pump suction head.



Senior Supervising Test Engineer  
MTS Mechanical Division

C. R. Swartzwelder

# Salem Generating Station - Unit No.2 Total Pump Head vs. Pump Flow



Maplewood Testing Services

Report No. TP05030

5/ 2005

**PSEG**

Services Corporation

TO: David Hurka  
Nuclear Specialist IV, PSEG Power

September 16, 2005  
Report No. TP05060

SUBJECT: DETERMINATION OF CIRCULATING WATER FLOW AT  
SALEM GENERATING STATION - UNIT NO. 1

CONDUCTED BY: Victor Simpson  
Sr. Test Engineer, Maplewood Testing Services

### SUMMARY

The Mechanical Division of Maplewood Testing Services conducted a series of test runs at Salem Generating Station Unit No.1 to determine the capacities of the circulating water pumps shown in the table below:

Work was performed under SAP work orders:  
30111175, 30111222, 30111176, 30111177, 30111178, 30111179

Final results are as follows:

### SUMMARY OF TEST RESULTS

Pump No.	CMS Pump Desig.	Test Date	Measured Pump Capacity (gpm)	Pump Suction Head (ft h <sub>2</sub> o)	Pump Discharge Head (ft h <sub>2</sub> o)	Total Static Head (ft h <sub>2</sub> o)
11A	I	09/13/05	174423	-12.9	9.0	21.9
11B	A	09/13/05	174582	-12.3	10.5	22.8
12A	H	09/13/05	175071	-11.6	10.5	22.1
12B	E	09/13/05	170000	-10.6	12.0	22.6
13A	M	09/13/05	169315	-9.8	11.3	21.0
13B	J	09/13/05	159605	-9.0	16.5	25.5

Note: Pump suction heads and discharge heads corrected to elevation 100'

David Hurka  
Nuclear Specialist IV, PSEG Power

September 16, 2005  
Report No. TP05060

# SUMMARY-(Cont'd)

For reporting purposes, shown below are the data pertinent to the injection of Rhodamine WT dye released to the river during testing. Testing is complete at this station.

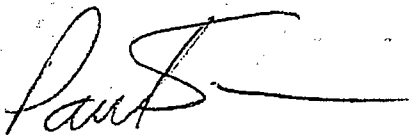
Test Date	Pump No.	Injection Time		Pure Dye Injected (ml)	Number of Pumps in Service	Total System Flow (1000 gpm)	Effluent Concentration (ppb)
		(start)	(stop)				
09/13/05	11A	1330	1346	24.14	6	1110.0	0.36
09/13/05	11B	1400	1418	27.27	6	1110.0	0.36
09/13/05	12A	1430	1446	24.65	6	1110.0	0.37
09/13/05	12B	1500	1516	24.68	6	1110.0	0.37
09/13/05	13A	1535	1551	24.30	6	1110.0	0.36
09/13/05	13B	1600	1618	27.49	6	1110.0	0.36

## TEST METHOD

The circulating water flow rate was determined by fluorometry using MTS Mechanical Division Work Instruction TPG-19 Rev. 7 "Water Flow Using The Turner Fluorometer". Rhodamine WT dye was injected into the bell mouth of each pump using 1/2 inch PVC pipe with a carrier flow of screen wash water at 3 gallons per minute.

The dye was injected at a known rate using a peristaltic pump and a class A burette to measure rate. The diluted sample was retrieved and monitored by taking a sample from the inlet water box piping. The ratio of the injected concentration to the sample concentration multiplied by the injection flow rate yielded the circulator flow rate.

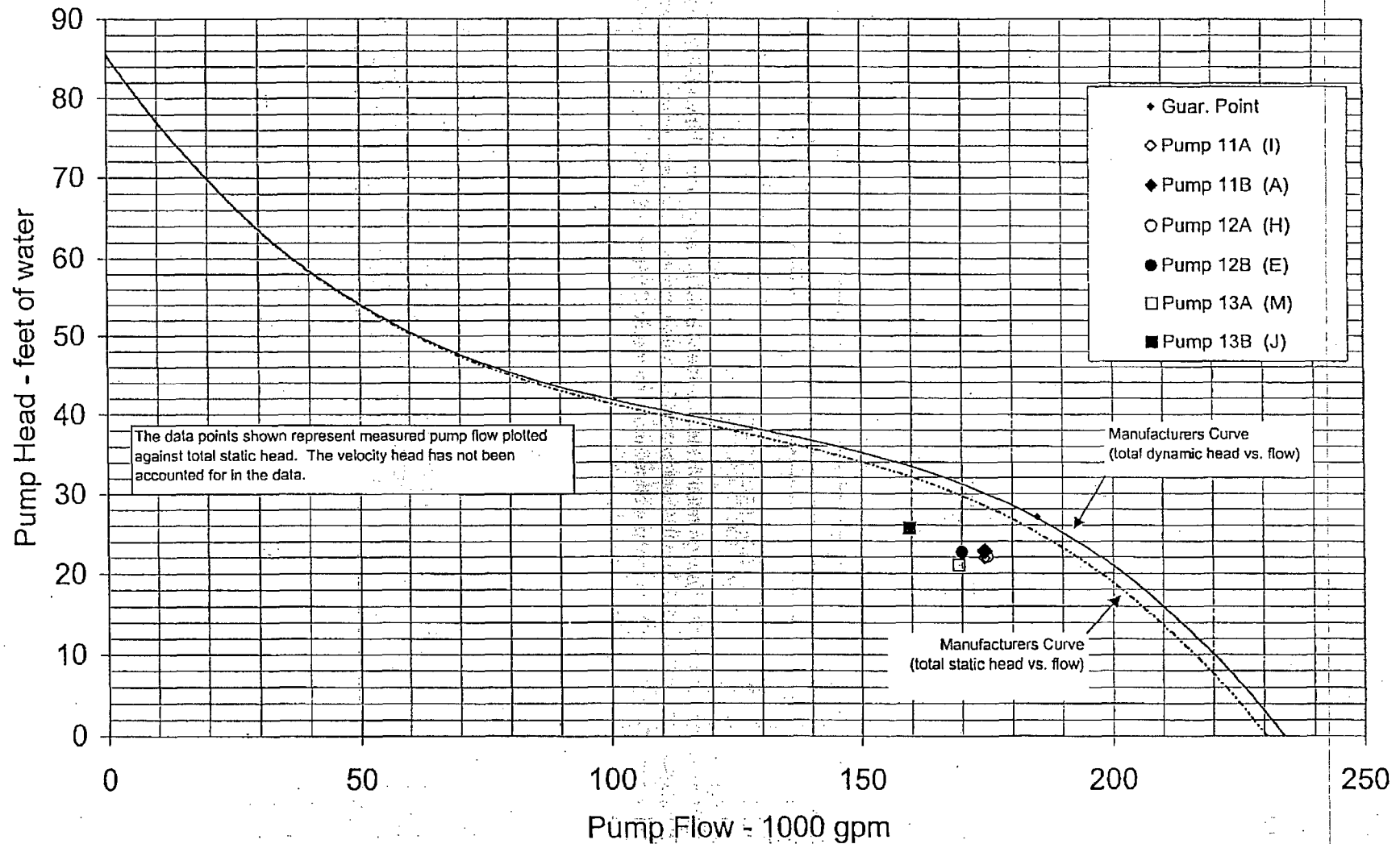
The total static head was obtained by measuring the pump suction head in feet from elevation 100' and the pump discharge head in feet of water at the water box inlet. After correcting for elevation, the total pump head was calculated as the pump discharge head minus the pump suction head.



Paul Scherba  
Senior Supervising Test Engineer  
MTS Mechanical Division

c R. Swartzwelder

# **Salem Generating Station Total Pump Head vs. Pump Flow**



Unit No. 1

Maplewood Testing Services

Report No. TP05060

9/ 2005

**PSEG**

Services Corporation

TO: William G. Biggs  
Technical Analyst  
Salem Chemistry - PSEG Power

May 30, 2006  
Report No. TP06023

**SUBJECT: DETERMINATION OF CIRCULATING WATER FLOW AT  
SALEM GENERATING STATION**

**CONDUCTED BY:** Victor Simpson  
Sr. Test Engineer, Maplewood Testing Services

### SUMMARY

The Mechanical Division of Maplewood Testing Services conducted a series of test runs at Salem Unit No. 2 to determine the capacities of the circulating water pumps shown in the table below.

Work was performed under SAP work orders:

30125879, 30125837, 30125838, 30125946, 30125880, 30125881

Final results are as follows:

### **SUMMARY OF TEST RESULTS**

Pump No.	CMS Pump Desig.	Test Date	Measured Pump Capacity (gpm)	Pump Suction Head (ft h <sub>2</sub> o)	Pump Discharge Head (ft h <sub>2</sub> o)	Total Static Head (ft h <sub>2</sub> o)
21A	G	05/23/06	136002	-8.6	20.3	28.9
21B	D	05/23/06	157950	-9.5	11.1	20.6
22A	K	05/23/06	154224	-10.2	11.1	21.3
22B	N	05/23/06	143500	-12.7	7.6	20.3
23A	A	05/23/06	130296	-13.0	14.1	27.1
23B	F	05/23/06	134445	-13.4	7.3	20.7

Note: Pump suction heads and discharge heads corrected to elevation 100'

William G. Biggs  
Technical Analyst  
Salem Chemistry - PSEG Power

May 30, 2006  
Report No. TP06023

# SUMMARY (Cont'd)

For reporting purposes, shown below is the data pertinent to the injection of Rhodamine WT dye released to the river during testing. Testing is complete at this station:

## RECORD OF RHODAMINE WT DYE INJECTION

Test Date	Pump No.	Injection Time		Pure Dye Injected (ml)	Number of Pumps in Service	Total System Flow (1000 gpm)	Effluent Concentration (ppb)
		(start)	(stop)				
05/23/06	21A	938	1000	32.75	12	2220.0	0.18
05/23/06	21B	1014	1034	28.84	12	2220.0	0.17
05/23/06	22A	1044	1105	30.30	12	2220.0	0.17
05/23/06	22B	1313	1338	36.01	12	2220.0	0.17
05/23/06	23A	1350	1411	30.19	12	2220.0	0.17
05/23/06	23B	1442	1504	31.87	12	2220.0	0.17

# TEST METHOD

The circulating water flow rate was determined by fluorometry using MTS Mechanical Division Work Instruction TPG-19 Rev. 7 "Water Flow Using The Turner Fluorometer". Rhodamine WT dye was injected into the bell mouth of each pump using 1/2 inc PVC pipe with a carrier flow of screen wash water at 3 gallons per minute.

The dye was injected at a known rate using a peristaltic pump and a class A burette to measure rate. The diluted sample was retrieved and monitored by taking a sample from the inlet water box piping. The ratio of the injected concentration to the sample concentration multiplied by the injection flow rate yielded the circulator flow rate.

The total static head was obtained by measuring the pump suction head in feet from elevation

William G. Biggs  
Technical Analyst  
Salem Chemistry - PSEG Power

May 30, 2006  
Report No. TP06023

TEST METHOD (Cont'd)

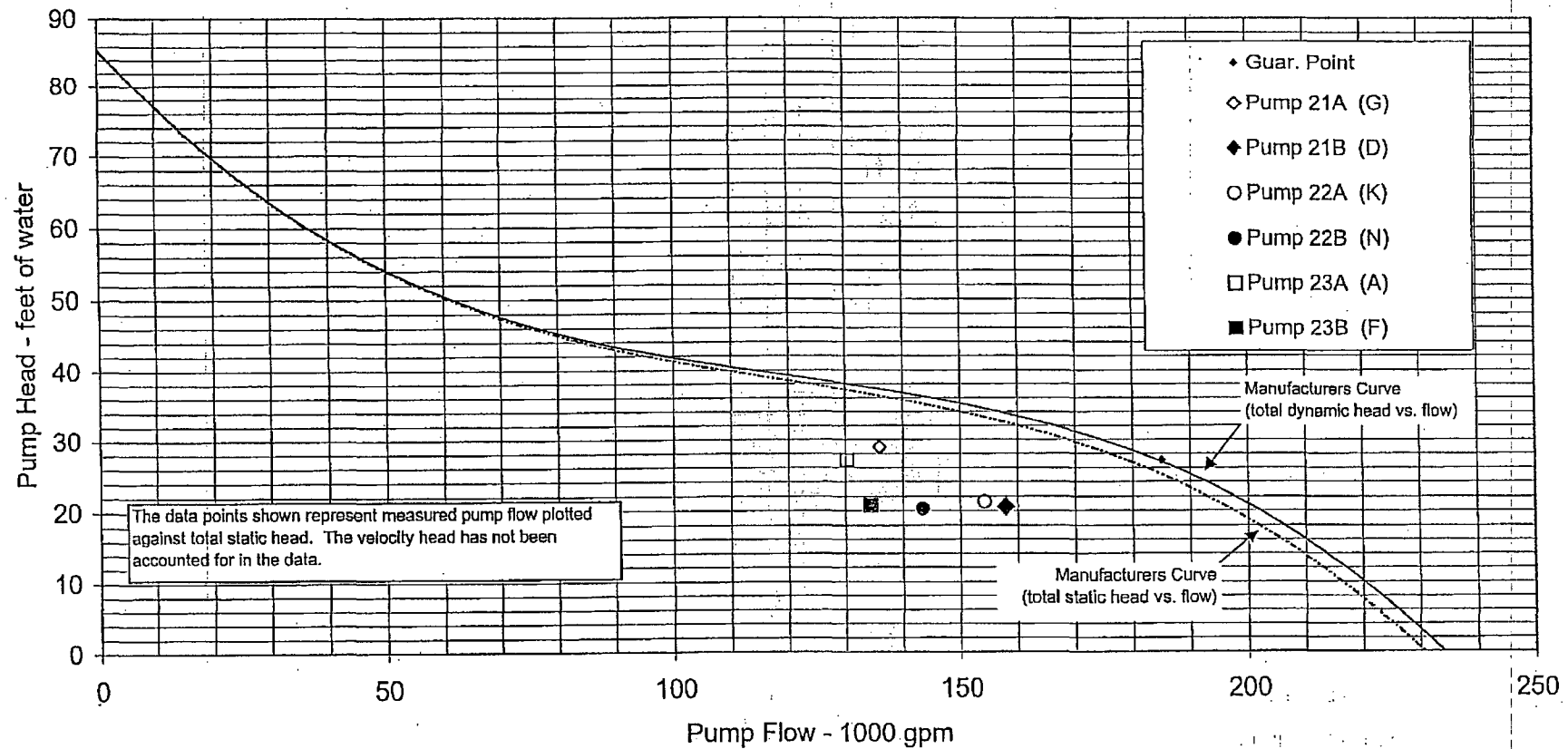
100' and the pump discharge head in feet of water at the water box inlet. After correcting for elevation, the total pump head was calculated as the pump discharge head minus the pump suction head.



Senior Supervising Test Engineer  
MTS Mechanical Division

C. R. Swartzwelder

# Salem Generating Station - Unit No.2 Total Pump Head vs. Pump Flow



Maplewood Testing Services

Report No. TP06023

5/ 2006

**PSEG**

Services Corporation

TO: Gamon Biggs  
Technical Analyst, PSEG Power

September 6, 2006  
Report No. TP06055

SUBJECT: DETERMINATION OF CIRCULATING WATER FLOW AT  
SALEM GENERATING STATION - UNIT NO. 1

CONDUCTED BY: Victor Simpson  
Sr. Test Engineer, Maplewood Testing Services

### SUMMARY

The Mechanical Division of Maplewood Testing Services conducted a series of test runs at Salem Generating Station Unit No. 1 to determine the capacities of the circulating water pumps shown in the table below.

Work was performed under SAP work orders:

30129579, 30129615, 30129580, 30129581, 30129582, 30129583

Final results are as follows:

### SUMMARY OF TEST RESULTS

Pump No.	CMS Pump Desig.	Test Date	Measured Pump Capacity (gpm)	Pump Suction Head (ft h <sub>2</sub> o)	Pump Discharge Head (ft h <sub>2</sub> o)	Total Static Head (ft h <sub>2</sub> o)
11A	I	08/29/06	152515	-6.1	19.3	25.4
11B	H	08/29/06	172605	-6.3	15.8	22.0
12A	C	08/29/06	171282	-6.8	18.0	24.8
12B	E	08/29/06	168904	-9.1	14.3	23.4
13A	L	08/29/06	168723	-10.2	15.8	25.9
13B	J	08/29/06	172714	-11.1	10.0	21.1

Note: Pump suction heads and discharge heads corrected to elevation 100'

Gamon Biggs  
Technical Analyst, PSEG Power

September 6, 2006  
Report No. TP06055

# SUMMARY (Cont'd)

For reporting purposes, shown below are the data pertinent to the injection of Rhodamine WT dye released to the river during testing. Testing is complete at this station.

Test Date	Pump No.	Injection Time		Pure Dye Injected (ml)	Number of Pumps in Service	Total System Flow (1000 gpm)	Effluent Concentration (ppb)
		(start)	(stop)				
08/29/06	11A	1510	1537	41.51	6	1110.0	0.37
08/29/06	11B	1430	1455	38.48	6	1110.0	0.37
08/29/06	12A	1345	1414	44.71	6	1110.0	0.37
08/29/06	12B	1110	1134	37.22	6	1110.0	0.37
08/29/06	13A	1030	1053	35.80	6	1110.0	0.37
08/29/06	13B	945	1013	44.15	6	1110.0	0.38

## TEST METHOD

The circulating water flow rate was determined by fluorometry using MTS Mechanical Division Work Instruction TPG-19 Rev. 7 "Water Flow Using The Turner Fluorometer". Rhodamine WT dye was injected into the bell mouth of each pump using 1/2 inch PVC pipe with a carrier flow of screen wash water at 3 gallons per minute.

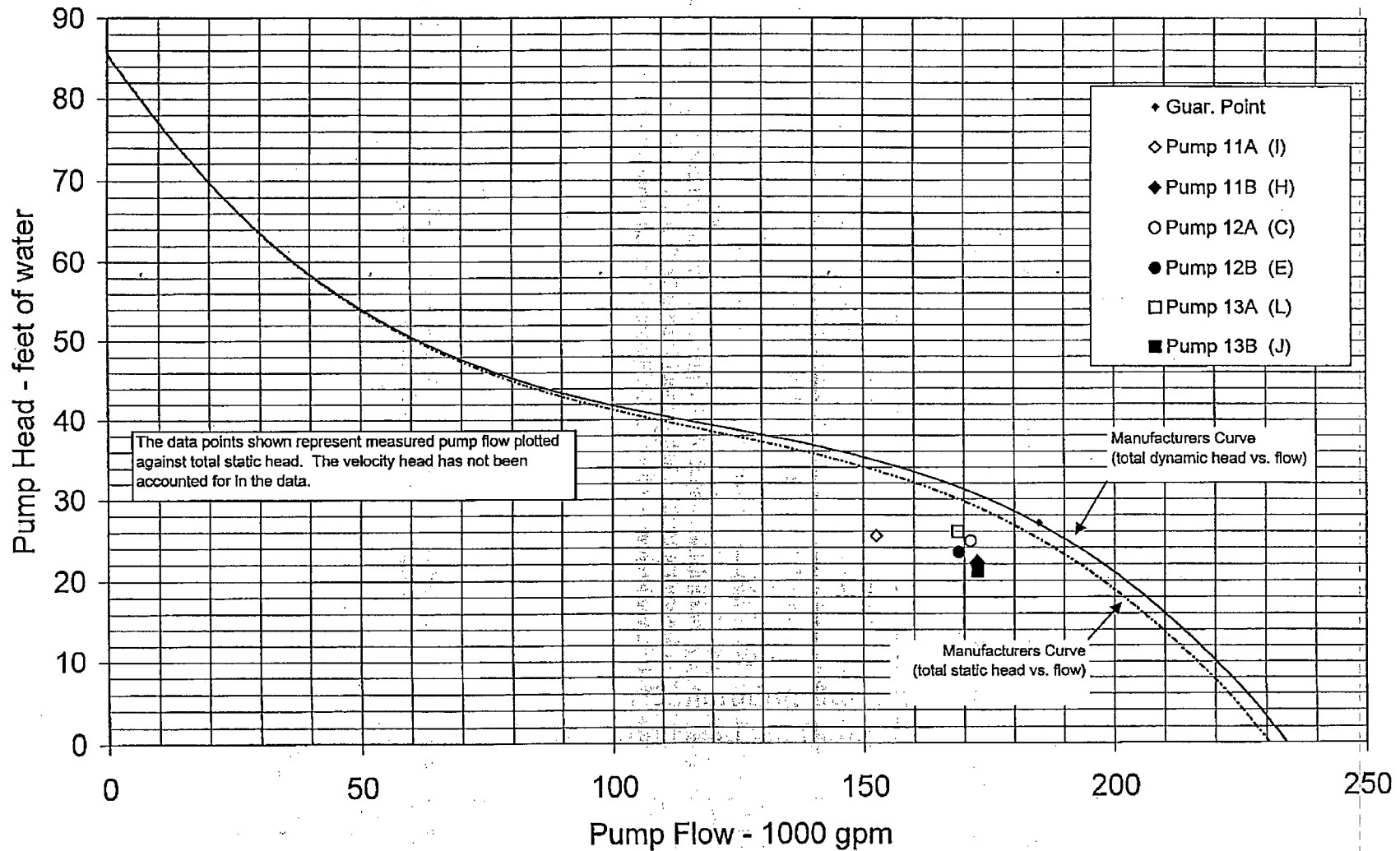
The dye was injected at a known rate using a peristaltic pump and a class A burette to measure rate. The diluted sample was retrieved and monitored by taking a sample from the inlet water box piping. The ratio of the injected concentration to the sample concentration multiplied by the injection flow rate yielded the circulator flow rate.

The total static head was obtained by measuring the pump suction head in feet from elevation 100' and the pump discharge head in feet of water at the water box inlet. After correcting for elevation, the total pump head was calculated as the pump discharge head minus the pump suction head.

Anthony R. Fortunato  
Senior Test Engineer  
MTS Mechanical Division

c R. Swartzwelder

# Salem Generating Station Total Pump Head vs. Pump Flow



Unit No. 1


Maplewood Testing Services

Report No. TP06055

8/2006

**June 2005**

PERMIT NUMBER: NJ0005622     
 MONITORED LOCATION: FACC SW Outfall FACC     
 MONITORING PERIOD: 6/1/2005 TO 6/30/2005     
 FACILITY NAME: 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	7/18/07 2578 <del>2607</del>	2614 <del>2639</del>	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
50050 G	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
Raw Sew/influent	QL	*****	*****		*****	*****	*****				
Thermal Discharge	SAMPLE MEASUREMENT	7/18/07 13839 <del>13952</del>	7/18/07 14281 <del>14390</del>	MBTU/HR	*****	*****	*****	*****	0	1/Day	CALCTD
Million BTUs per Hr	PERMIT REQUIREMENT	REPORT 01MOAV	30600 01DAMX		*****	*****	*****			1/Day	CALCTD
00015 2	QL	*****	*****		*****	*****	*****				
Effluent Net Value											
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".

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

482A SW Outfall 482A

6/1/2005 TO 6/30/2005

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	4387/1810 449	MGD	*****		0	1/Day	CALCTD
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV		*****			1/Day	CALCTD
	QL	*****		*****				
pH	SAMPLE MEASUREMENT	*****		7.6		0	1/Week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****		6.0 01DAMN			1/Week	GRAB
	QL	*****		*****				
pH	SAMPLE MEASUREMENT	*****		7.6		0	1/Week	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	*****		REPORT 01DAMN			1/Week	GRAB
	QL	*****		*****				
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****		CODE = N		0	CODE = N	CODE = N
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	*****		50 01DAMN			2/Year	COMPOS
	QL	*****		*****				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****		*****		0	CODE = N	CODE = N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****		0.3 01MOAV			3/Week	GRAB
Option 1	QL	*****		*****				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****		*****		0	3/Week	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****		REPORT 01MOAV			3/Week	GRAB
Option 2	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

483A SW Outfall 483A

6/1/2005 TO 6/30/2005

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		5180435 448	MGD	*****	*****	*****	*****	*****
50050 1	SAMPLE MEASUREMENT	5180447 460	*****	*****	*****	*****	*****	*****
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	*****	*****	*****	*****	*****	*****
	QL	*****	*****	*****	*****	*****	*****	*****
pH		*****	*****	*****	*****	*****	*****	*****
00400 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****
	QL	*****	*****	*****	*****	*****	*****	*****
pH		*****	*****	*****	*****	*****	*****	*****
00400 7	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****
Intake From Stream	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****
	QL	*****	*****	*****	*****	*****	*****	*****
Chlorine Produced		*****	*****	*****	*****	*****	*****	*****
Oxidants	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****
*CPOX 1	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****
Effluent Gross Value	QL	*****	*****	*****	*****	*****	*****	*****
Option 1		*****	*****	*****	*****	*****	*****	*****
Chlorine Produced		*****	*****	*****	*****	*****	*****	*****
Oxidants	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****
*CPOX 1	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****
Effluent Gross Value	QL	*****	*****	*****	*****	*****	*****	*****
Option 2		*****	*****	*****	*****	*****	*****	*****
Temperature,		*****	*****	*****	*****	*****	*****	*****
oC	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****
00010 1	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****
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.

**July 2005**

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACA SW Outfall FACA

7/1/2005 TO 7/31/2005

PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	28.3	30.7		0	Continuous	CONTIN
00010 G Raw Sew/Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
	QL	*****	*****		*****	*****	*****				
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	36.2	39.1 ~ 39.0 7/18/07		0	Continuous	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	46.1 01DAMX	DEG.C		Continuous	CONTIN
	QL	*****	*****		*****	*****	*****				
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	7.9	7/18/07 9.4 9.3		0	1/Day	CALCTD
00010 2 Effluent Net Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
Lab Certification #	SAMPLE MEASUREMENT	17327	06431								
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	*****	*****		*****	*****	*****				

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

Surface Water Discharge Monitoring Report

PERMIT NUMBER: VJ0005622      MONITORED LOCATION: FACC SW Outfall FACC      MONITORING PERIOD: 7/1/2005 TO 7/31/2005      FACILITY NAME: 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 0050 G Raw Sew/Influent	SAMPLE MEASUREMENT	7/18/07 2591 <del>2614</del>	7/18/07 2614 <del>2639</del>	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
	QL	*****	7/18/07 *****		*****	*****	*****				
Thermal Discharge Million BTUs per Hr 0015 2 Effluent Net Value	SAMPLE MEASUREMENT	7/18/07 13949 <del>14062</del>	7/18/07 14152 <del>14245</del>	MBTU/HR	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	30600 01DAMX		*****	*****	*****			1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
Lab Certification # 99995 00 Lab	SAMPLE MEASUREMENT	17327	06431								
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	*****	*****		*****	*****	*****				

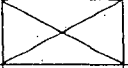
Comments: If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us".

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 481A SW Outfall 481A MONITORING PERIOD: 7/1/2005 TO 7/31/2005 FACILITY NAME: 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	474	492	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.7	SU	0	1/Week	GRAB
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX			1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	7.9	SU	0	1/Week	GRAB
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX			1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
LC50 Statre 96hr Acu	SAMPLE MEASUREMENT	*****	*****	*****	CODE=N	*****	*****	%EFFL	0	CODE=N	CODE=N
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****			2/Year	COMPOS
	QL	*****	*****		*****	*****	*****				
Chlorine Produced	SAMPLE MEASUREMENT	*****	*****	*****	*****	CODE=N	CODE=N	MG/L	0	CODE=N	CODE=N
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX			3/Week	GRAB
	QL	*****	*****		*****	*****	*****				
Chlorine Produced	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/Week	GRAB
Effluent Gross Value	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.

PERMIT NUMBER: 430005622 MONITORED LOCATION: 482A SW Outfall 482A MONITORING PERIOD: 7/1/2005 TO 7/31/2005 FACILITY NAME: 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 0050 1 Effluent Gross Value	SAMPLE MEASUREMENT	7/18/05 445	7/18/05 445	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	455	455		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
pH 0400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.6	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX				
	QL	*****	*****		*****	*****	*****				
pH 0400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	7.9	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX				
	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	*****	*****				
	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				
	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	*****	*****		*****	*****	*****				

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.

# Wastewater Discharge Monitoring Report

1140014

PERMIT NUMBER: 1J0005622 MONITORED LOCATION: 483A SW Outfall 483A MONITORING PERIOD: 7/1/2005 TO 7/31/2005 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
low, In Conduit or		7/18/07 444	7/18/07 447		*****	*****	*****				
for Treatment Plant	SAMPLE MEASUREMENT	458	460		*****	*****	*****		0	1/Day	CALCTD
0050 1	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Day	CALCTD
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
H		*****	*****		7.5	*****	7.6		0	1/Week	GRAB
0400 1	SAMPLE MEASUREMENT	*****	*****		6.0	*****	9.0	SU		1/Week	GRAB
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	01DAMN	*****	01DAMX				
	QL	*****	*****		*****	*****	*****				
H		*****	*****		7.8	*****	7.9		0	1/Week	GRAB
0400 7	SAMPLE MEASUREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX	SU		1/Week	GRAB
Take From Stream	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
Chlorine Produced		*****	*****		*****	CODE=N	CODE=N		0	CODE=N	CODE=N
Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	0.3	0.5	MG/L		3/Week	GRAB
CPOX 1	PERMIT REQUIREMENT	*****	*****	*****	*****	01MOAV	01DAMX				
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
Option 1		*****	*****		*****	<0.1	<0.1		0	3/Week	GRAB
Chlorine Produced	SAMPLE MEASUREMENT	*****	*****		*****	REPORT 01MOAV	0.2	MG/L		3/Week	GRAB
Oxidants	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	01DAMX				
CPOX 1	QL	*****	*****		*****	*****	*****				
Effluent Gross Value		*****	*****		*****	36.1	40.2		0	1/Day	CONTIN
Option 2	SAMPLE MEASUREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Temperature.	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
00010 1	QL	*****	*****		*****	*****	*****				
Effluent Gross Value		*****	*****		*****	*****	*****				

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.


**August 2005**

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: MONITORED LOCATION: MONITORING PERIOD: FACILITY NAME:

NJ0005622 FACB SW Outfall FACB 8/1/2005 TO 8/31/2005 PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 G Raw Sew/influent	SAMPLE MEASUREMENT	*****	*****	*****	*****	29.0	30.4	DEG.C	0	CONTINUOUS	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX			Continuous	CONTIN
	QL	*****	*****		*****	*****	*****				
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	37.6	38.8 7/18/07 38.7	DEG.C	0	CONTINUOUS	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	46.1 01DAMX			Continuous	CONTIN
	QL	*****	*****		*****	*****	*****				
Temperature, oC 00010 2 Effluent Net Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.5	8.9	DEG.C	0	1/DAY	CALCTD
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	15.3 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".

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACC SW Outfall FACC

8/1/2005 TO 8/31/2005

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	268107 2597 2584	2614 2605	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	14023 13936	14240 14151	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".

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

484A SW Outfall 484A

8/1/2005 TO 8/31/2005

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	499 ~ 454 7/18/07	506 ~ 461 7/18/07	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	*****	7.8	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	*****	*****	*****	7.6	*****	8.2	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	*****	*****	*****	COOG=N	*****	*****	%EFFL		COOG=N	COOG=N
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****			2/Year	COMPOS
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	COOG=N	COOG=N	MG/L		COOG=N	COOG=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	*****	*****	*****	*****	<.1	<.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:

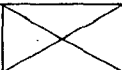
FACILITY NAME:

NJ0005622

485A SW Outfall 485A

8/1/2005 TO 8/31/2005

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	431 7/18/07 428	433 7/18/07 430	MGD	*****	*****	*****	*****	0	1/DAY	CALCTD		
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****					1/Day	CALCTD
	QL	*****	*****		*****	*****	*****						
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.0	*****	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	*****	*****	*****	7.6	*****	8.2	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		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		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	*****	*****	*****	*****	<.1	<.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

486A SW Outfall 486A

8/1/2005 TO 8/31/2005

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	427.71801 462	MGD	*****		0	1/DAY	CALCTD
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV		*****	*****		1/Day	CALCTD
	QL	*****		*****				
pH	SAMPLE MEASUREMENT	*****		7.4		0	1/WEEK	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****		6.0 01DAMN	9.0 01DAMX		1/Week	GRAB
	QL	*****		*****	*****			
pH	SAMPLE MEASUREMENT	*****		7.6		0	1/WEEK	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	*****		REPORT 01DAMN	REPORT 01DAMX		1/Week	GRAB
	QL	*****		*****	*****			
Chlorine Produced	SAMPLE MEASUREMENT	*****		*****	CODE = N		CODE = N	CODE = N
Oxidants	PERMIT REQUIREMENT	*****		*****	0.3 01MOAV		3/Week	GRAB
*CPOX 1 Effluent Gross Value	QL	*****		*****	*****			
Option 1								
Chlorine Produced	SAMPLE MEASUREMENT	*****		*****	<.1	0	3/WEEK	GRAB
Oxidants	PERMIT REQUIREMENT	*****		*****	REPORT 01MOAV		3/Week	GRAB
*CPOX 1 Effluent Gross Value	QL	*****		*****	0.2 01DAMX			
Option 2								
Temperature, °C	SAMPLE MEASUREMENT	*****		*****	37.3	0	1/DAY	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****		*****	REPORT 01MOAV		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.

**September 2005**

# 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, oC 00010 G Raw Sew/influent	SAMPLE MEASUREMENT	*****	*****		*****	26.3	27.5		0	Continuous	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
	QL	*****	*****		*****	*****	*****				
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	35.2	37.4		0	Continuous	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	46.1 01DAMX	DEG.C		Continuous	CONTIN
	QL	*****	*****		*****	*****	*****				
Temperature, oC 00010 2 Effluent Net Value	SAMPLE MEASUREMENT	*****	*****		*****	8.9	7/18/07 10.1 ~ 10.0		0	1/Day	CALCTD
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C		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".

# 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	SAMPLE MEASUREMENT	7/18/07 2483 2483 2476	7/18/07 2614 2605	MGD	*****	*****	*****	0	1/Day	CALCTD
50050 G Raw Sew/influent	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****		1/Day	CALCTD
	QL	*****	*****	MGD	*****	*****	*****			
Thermal Discharge	SAMPLE MEASUREMENT	7/18/07 13914 13867	7/18/07 14186 14076	MBTU/HR	*****	*****	*****	0	1/Day	CALCTD
00015 2 Effluent Net Value	PERMIT REQUIREMENT	REPORT 01MOAV	30600 01DAMX	MBTU/HR	*****	*****	*****		1/Day	CALCTD
	QL	*****	*****	MBTU/HR	*****	*****	*****			
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 "srosenwi@dep.state.nj.us".

# 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	459 7/18/07	498 7/18/07	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

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	SAMPLE MEASUREMENT	395 7/18/07	431 7/18/07		*****	*****	*****		0	1/Day	CALCTD
50050 1	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Day	CALCTD
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****		7.4	*****	7.7		0	1/Week	GRAB
00400 1	PERMIT REQUIREMENT	*****	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	SU		1/Week	GRAB
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****		7.8	*****	8.0		0	1/Week	GRAB
00400 7	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01DAMN	*****	REPORT 01DAMX	SU		1/Week	GRAB
Intake From Stream	QL	*****	*****		*****	*****	*****				
LC50 Statre 96hr Acu	SAMPLE MEASUREMENT	*****	*****		CODE=N	*****	*****		0	CODE=N	CODE=N
Cyprinodon	PERMIT REQUIREMENT	*****	*****	*****	50 01DAMN	*****	*****	%EFFL		2/Year	COMPOS
TAN6A 1	QL	*****	*****		*****	*****	*****				
Effluent Gross Value											
Chlorine Produced	SAMPLE MEASUREMENT	*****	*****		*****	CODE=N	CODE=N		0	CODE=N	CODE=N
Oxidants	PERMIT REQUIREMENT	*****	*****	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
*CPOX 1	QL	*****	*****		*****	*****	*****				
Effluent Gross Value											
Option 1											
Chlorine Produced	SAMPLE MEASUREMENT	*****	*****		*****	<0.1	<0.1		0	3/Week	GRAB
Oxidants	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
*CPOX 1	QL	*****	*****		*****	*****	*****				
Effluent Gross Value											
Option 2											

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

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	7/18/07 422~ 456	7/18/07 429~ 464	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.8	SU	0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX			1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	8.0	SU	0	1/week	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX			1/Week	GRAB
	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 Effluent Gross Value Option 1	QL	*****	*****		*****	*****	*****				
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 Effluent Gross Value Option 2	QL	*****	*****		*****	*****	*****				
Temperature,	SAMPLE MEASUREMENT	*****	*****	*****	*****	34.8	38.6	DEG.C	0	1/Day	CONTIN
oC	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX			1/Day	CONTIN
00010 1 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.

**October 2005**

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: FACC SW Outfall FACC MONITORING PERIOD: 10/1/2005 TO 10/31/2005 FACILITY NAME: 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 0050 G Raw Sew/Influent	SAMPLE MEASUREMENT	7/18/07 1786 1717	7/18/07 2768 2601	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
Thermal Discharge Million BTUs per Hr 0015 2 Effluent Net Value	SAMPLE MEASUREMENT	7/18/07 9562 9177	7/18/07 14864 13954	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".

PERMIT NUMBER: MONITORED LOCATION: MONITORING PERIOD: FACILITY NAME:

IJ0005622 481A SW Outfall 481A 10/1/2005 TO 10/31/2005 PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
ow, In Conduit or ru Treatment Plant 050 1 ffluent Gross Value	SAMPLE MEASUREMENT	7/18/07 232 214	7/18/07 528 484	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
0400 1 ffluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.8	SU	0	1/week	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX			1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
0400 7 ake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	8.0	SU	0	1/week	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX			1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
C50 Statre 96hr Acu ypriodon AN6A 1 ffluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	CODE=N	*****	*****	%EFFL	0	CODE=N	CODE=N
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****			2/Year	COMPOS
	QL	*****	*****		*****	*****	*****				
hlorine Produced xidants CPOX 1 ffluent Gross Value ption 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.2	MG/L	0	3/week	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX			3/Week	GRAB
	QL	*****	*****		*****	*****	*****				
hlorine Produced xidants CPOX 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			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.

ERMIT NUMBER: J0005622

MONITORED LOCATION: 482A SW Outfall 482A

MONITORING PERIOD: 10/1/2005 TO 10/31/2005

FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
w, In Conduit or ru Treatment Plant 50 1 luent Gross Value	<div><div></div><div>SAMPLE MEASUREMENT</div></div>	7/18/07 188 166	7/18/07 501 444	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	<div><div></div><div>PERMIT REQUIREMENT</div></div>	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
	<div><div></div><div>QL</div></div>	*****	*****		*****	*****	*****				
400 1 luent Gross Value	<div><div></div><div>SAMPLE MEASUREMENT</div></div>	*****	*****	*****	7.4	*****	7.7	SU	0	1/Week	GRAB
	<div><div></div><div>PERMIT REQUIREMENT</div></div>	*****	*****		6.0 01DAMN	*****	9.0 01DAMX			1/Week	GRAB
	<div><div></div><div>QL</div></div>	*****	*****		*****	*****	*****				
400 7 ake From Stream	<div><div></div><div>SAMPLE MEASUREMENT</div></div>	*****	*****	*****	7.2	*****	8.0	SU	0	1/Week	GRAB
	<div><div></div><div>PERMIT REQUIREMENT</div></div>	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX			1/Week	GRAB
	<div><div></div><div>QL</div></div>	*****	*****		*****	*****	*****				
50 Statre 96hr Acu prinodon .N6A 1 luent Gross Value	<div><div></div><div>SAMPLE MEASUREMENT</div></div>	*****	*****	*****	CODE=N	*****	*****	%EFFL	0	CODE=N	CODE=N
	<div><div></div><div>PERMIT REQUIREMENT</div></div>	*****	*****		50 01DAMN	*****	*****			2/Year	COMPOS
	<div><div></div><div>QL</div></div>	*****	*****		*****	*****	*****				
lorine Produced idants POX 1 luent Gross Value otion 1	<div><div></div><div>SAMPLE MEASUREMENT</div></div>	*****	*****	*****	*****	0.1	0.2	MG/L	0	3/Week	GRAB
	<div><div></div><div>PERMIT REQUIREMENT</div></div>	*****	*****		*****	0.3 01MOAV	0.5 01DAMX			3/Week	GRAB
	<div><div></div><div>QL</div></div>	*****	*****		*****	*****	*****				
lorine Produced idants POX 1 luent Gross Value otion 2	<div><div></div><div>SAMPLE MEASUREMENT</div></div>	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/Week	GRAB
	<div><div></div><div>PERMIT REQUIREMENT</div></div>	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX			3/Week	GRAB
	<div><div></div><div>QL</div></div>	*****	*****		*****	*****	*****				

omments: 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.

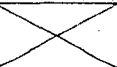

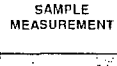
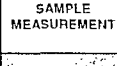

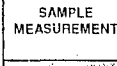
PARAMETER		QUANTITY OR LOADING	UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Waste Treatment Plant 050 1 Effluent Gross Value	<div><div></div><div>7/18/07 136 121</div><div>7/18/07 492 441</div></div>		MGD	*****	*****	*****		0	1/Day	CALCTD
	SAMPLE MEASUREMENT	*****		*****	*****	*****	*****		1/Day	CALCTD
	PERMIT REQUIREMENT	*****		*****	*****	*****	*****			
400 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	*****		*****	*****	*****				
400 7 Sample From Stream	SAMPLE MEASUREMENT	*****	*****	7.2	*****	8.0	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	*****		REPORT 01DAMN	*****	REPORT 01DAMX			1/Week	GRAB
	QL	*****		*****	*****	*****				
Chlorine Produced Oxidants POX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	<0.1	<0.1	MG/L	0	3/Week	GRAB
	PERMIT REQUIREMENT	*****		*****	0.3 01MOAV	0.5 01DAMX			3/Week	GRAB
	QL	*****		*****	*****	*****				
Chlorine Produced Oxidants POX 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, C 0010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	25.0	35.4	DEG.C	0	1/Day	CONTIN
	PERMIT REQUIREMENT	*****		*****	REPORT 01MOAV	REPORT 01DAMX			1/Day	CONTIN
	QL	*****		*****	*****	*****				

PERMIT NUMBER: 10005622 MONITORED LOCATION: 484A SW Outfall 484A MONITORING PERIOD: 10/1/2005 TO 10/31/2005 FACILITY NAME: PSEG NUCLEAR LLC

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 uent Gross Value	SAMPLE MEASUREMENT	478 434 7/18/07	498 433 7/18/07	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
00 1 uent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.7	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	*****	8.0	SU	0	1/week	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX			1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
50 Statre 96hr Acu prinodon N6A 1 luent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	CODE=N	*****	*****	%EFFL	0	CODE=N	CODE=N
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****			2/Year	COMPOS
	QL	*****	*****		*****	*****	*****				
lorine 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	*****	*****		*****	*****	*****				
lorine 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	*****	*****		*****	*****	*****				

omments: 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.

PERMIT NUMBER: 1J0005622
 MONITORED LOCATION: 485A SW Outfall 485A
 MONITORING PERIOD: 10/1/2005 TO 10/31/2005
 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Wastewater Treatment Plant 0050 1 Effluent Gross Value		7/18/07 408 404	7/18/07 431 428		*****	*****	*****		0	1/Day	CALCTD
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****				
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
0400 1 Effluent Gross Value		*****	*****		7.5	*****	7.7		0	1/week	GRAB
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	SU		1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
0400 7 Take From Stream		*****	*****		7.2	*****	8.0		0	1/week	GRAB
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01DAMN	*****	REPORT 01DAMX	SU		1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
0550 Statre 96hr Acu Cyanide AN6A 1 Effluent Gross Value		*****	*****		CODE=N	*****	*****		0	CODE=N	CODE=N
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	50 01DAMN	*****	*****	%EFFL		2/Year	COMPOS
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants POX 1 Effluent Gross Value Portion 1		*****	*****		*****	CODE=N	CODE=N		0	CODE=N	CODE=N
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants POX 1 Effluent Gross Value Portion 2		*****	*****		*****	<0.1	<0.1		0	3/week	GRAB
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		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.

PERMIT NUMBER: 10005622 MONITORED LOCATION: 486A SW Outfall 486A MONITORING PERIOD: 10/1/2005 TO 10/31/2005 FACILITY NAME: PSEG NUCLEAR LLC

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 uent Gross Value											
	SAMPLE MEASUREMENT	418 452	7/18/07 7/18/07		*****	*****	*****		0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
00 1 uent Gross Value	SAMPLE MEASUREMENT	*****	*****		7.6	*****	7.9		0	1/week	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	SU		1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
100 7 ake From Stream	SAMPLE MEASUREMENT	*****	*****		7.2	*****	8.0		0	1/week	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01DAMN	*****	REPORT 01DAMX	SU		1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
lorine Produced idants POX 1 luent Gross Value tion 1	SAMPLE MEASUREMENT	*****	*****		*****	CODE=N	CODE=N		0	CODE=N	CODE=N
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
	QL	*****	*****		*****	*****	*****				
lorine Produced idants POX 1 luent Gross Value tion 2	SAMPLE MEASUREMENT	*****	*****		*****	<0.1	<0.1		0	3/week	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
	QL	*****	*****		*****	*****	*****				
mperature, 10 1 luent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	26.9	38.2		0	1/Day	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		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.

**November 2005**

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0003622

FACA SW Outfall FACA

11/1/2005 TO 11/30/2005

PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 G Raw Sew/influent	SAMPLE MEASUREMENT	*****	*****	*****	*****	12.4	14.9	DEG.C	0	Continuous	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX				
	QL	*****	*****		*****	*****	*****				
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	19.6	24.2 24.8	DEG.C	0	Continuous	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	43.3 01DAMX				
	QL	*****	*****		*****	*****	*****				
Temperature, oC 00010 2 Effluent Net Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.2	9.8	DEG.C	0	1/Day	CALCTD
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	15.3 01DAMX				
	QL	*****	*****		*****	*****	*****				
Lab Certification #  99999 99 Lab	SAMPLE MEASUREMENT	17327	06431	*****	17451					Not Applic	NOT AP
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT 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".

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACB SW Outfall FACB

11/1/2005 TO 11/30/2005

PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 G Raw Sew/influent	SAMPLE MEASUREMENT	*****	*****	*****	*****	12.4	14.9	DEG.C	0	Continuous	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX			Continuous	CONTIN
	QL	*****	*****		*****	*****	*****				
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	21.5	24.8 7/18/07 24.6~	DEG.C	0	Continuous	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	43.3 01DAMX			Continuous	CONTIN
	QL	*****	*****		*****	*****	*****				
Temperature, oC 00010 2 Effluent Net Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.1	10.4~ 10.2	DEG.C	0	1/Day	CALCTD
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	15.3 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".

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACC SW Outfall FACC

11/1/2005 TO 11/30/2005

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	7/18/07 2427 2282	7/18/07 2768 2607	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	7/18/07 13276 12536	7/18/07 15154 14157	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".

# Surface Water Discharge Monitoring Report

PERMIT NUMBER: NJ0005622
 MONITORED LOCATION: 481A SW Outfall 481A
 MONITORING PERIOD: 11/1/2005 TO 11/30/2005
 FACILITY NAME: 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	7/18/07 420 384	7/18/07 520 476	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	8.0	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	*****	*****	*****	7.1	*****	7.9	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: 482A SW Outfall 482A MONITORING PERIOD: 11/1/2005 TO 11/30/2005 FACILITY NAME: 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		2/18/07 417 368	2/18/07 500 4420	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****				
	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				
	QL	*****	*****		*****	*****	*****				
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.9	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX				
	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	*****	*****				
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.2	0.2	MG/L	0	3/Week	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	*****	*****		*****	*****	*****				

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

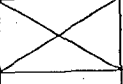
PERMIT NUMBER:                      MONITORED LOCATION:                      MONITORING PERIOD:                      FACILITY NAME:                       
 NJ0005622 483A SW Outfall 483A 11/1/2005 TO 11/30/2005 PSEG NUCLEAR LLC

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		7/18/07 402 358	7/18/07 486 435	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****			1/Day	CALCTD
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
pH	QL	*****	*****		*****	*****	*****				
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	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.9	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	*****	*****	*****	*****	19.4	27.2	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

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 484A SW Outfall 484A MONITORING PERIOD: 11/1/2005 TO 11/30/2005 FACILITY NAME: 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		7/18/07 467 423	7/18/07 491 446	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****			1/Day	CALCTD
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
pH 00400 1 Effluent Gross Value	QL	*****	*****	*****	*****	*****	*****	SU	0	1/Week	GRAB
	SAMPLE MEASUREMENT	*****	*****		7.6	*****	7.8			1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX				
pH 00400 7 Intake From Stream	QL	*****	*****	*****	*****	*****	*****	SU	0	1/Week	GRAB
	SAMPLE MEASUREMENT	*****	*****		7.1	*****	7.9			1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX				
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value	QL	*****	*****	*****	*****	*****	*****	%EFFL	0	CODE=N	CODE=N
	SAMPLE MEASUREMENT	*****	*****		CODE=N	*****	*****			2/Year	COMPOS
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	QL	*****	*****	*****	*****	CODE=N	CODE=N	MG/L	0	CODE=N	CODE=N
	SAMPLE MEASUREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX			3/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	QL	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/Week	GRAB
	SAMPLE MEASUREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX			3/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				

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: 11/1/2005 TO 11/30/2005 FACILITY NAME: 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	7/18/07 430 426	7/18/07 430 427	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	*****	*****		5.0 01DAMN	*****	9.0 01DAMX			1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.9	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: 486A SW Outfall 486A MONITORING PERIOD: 11/1/2005 TO 11/30/2005 FACILITY NAME: 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	718107 367 3975	718107 424 4590	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	*****	*****	*****	7.1	*****	7.9	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	*****	*****	*****	*****	21.4	27.5	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.

**December 2005**

PERMIT NUMBER: IJ0005622
 MONITORED LOCATION: FACA SW-Outfall-FACA
 MONITORING PERIOD: 12/1/2005 TO 12/31/2005
 FACILITY NAME: PSEG NUCLEAR-LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, C 0010 G Raw Sew/influent	SAMPLE MEASUREMENT	*****	*****		*****	5.0	9.6		0	Continuous	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
	QL	*****	*****		*****	*****	*****				
Temperature, C 0010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	14.0	18.9		0	Continuous	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
	QL	*****	*****		*****	*****	*****				
Temperature, C 0010 2 Effluent Net Value	SAMPLE MEASUREMENT	*****	*****		*****	9.0	71.862 11.5 11.4		0	1/Day	CALCTD
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
Lab Certification #  19999 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".

RMIT NUMBER: 0005622 MONITORED LOCATION: FACB SW Outfall FACB MONITORING PERIOD: 12/1/2005 TO 12/31/2005 FACILITY NAME: PSEG NUCLEAR LLC


PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature,	SAMPLE MEASUREMENT	*****	*****		*****	5.0	9.6		0	Continuous	CONTIN
10 G	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
/ Sew/influent	QL	*****	*****		*****	*****	*****				
Temperature,	SAMPLE MEASUREMENT	*****	*****		*****	13.7	71867 8.4 ~ 18.3		0	Continuous	CONTIN
10 1	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
uent Gross Value	QL	*****	*****		*****	*****	*****				
Temperature,	SAMPLE MEASUREMENT	*****	*****		*****	8.7	7118107 12.6 10.5		0	1/Day	CALCTD
10 2	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD
uent Net Value	QL	*****	*****		*****	*****	*****				
Certification #	SAMPLE MEASUREMENT	17327	06431		17451						
99 99	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".

Trace Water Discharge Monitoring Report


1140014

PERMIT NUMBER: 10005622 MONITORED LOCATION: FACC SW Outfall FACC MONITORING PERIOD: 12/1/2005 TO 12/31/2005 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
w, In Conduit or u Treatment Plant 150 G w Sew/influent	SAMPLE MEASUREMENT	7/18/07 2624 2475	7/18/07 2768 2604	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX		*****	*****	*****		1/Day	CALCTD	
	QL	*****	*****		*****	*****	*****				
ermal Discharge ion BTUs per Hr 115 2 luent Net Value	SAMPLE MEASUREMENT	7/18/07 14844 13995	7/18/07 16653 15616	MBTU/HR	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	30600 01DAMX		*****	*****	*****		1/Day	CALCTD	
	QL	*****	*****		*****	*****	*****				
b Certification #  999 99 b	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".

PERMIT NUMBER: 0005622 MONITORED LOCATION: 481A SW Outfall 481A MONITORING PERIOD: 12/1/2005 TO 12/31/2005 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
In Conduit or Treatment Plant 50 1 luent Gross Value		7/18/07 516 472	7/18/07 520 476	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****		1/Day	CALCTD	
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
00 1 luent Gross Value	QL	*****	*****	*****	*****	*****	*****	SU	0	1/Week	GRAB
	SAMPLE MEASUREMENT	*****	*****		6.7	*****	7.8		1/Week	GRAB	
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX				
00 7 ike From Stream	QL	*****	*****	*****	*****	*****	*****	SU	0	1/Week	GRAB
	SAMPLE MEASUREMENT	*****	*****		7.0	*****	7.9		1/Week	GRAB	
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX				
50 Statre 96hr Acu- orinodon N6A 1 luent Gross Value	QL	*****	*****	*****	*****	*****	*****	%EFFL	0	CODE=N	CODE=N
	SAMPLE MEASUREMENT	*****	*****		CODE=N	*****	*****		2/Year	COMPOS	
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****				
lorine Produced idants POX 1 luent Gross Value tion 1	QL	*****	*****	*****	*****	CODE=N	CODE=N	MG/L	0	CODE=N	CODE=N
	SAMPLE MEASUREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX		3/Week	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
lorine Produced idants POX 1 luent Gross Value tion 2	QL	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/Week	GRAB
	SAMPLE MEASUREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX		3/Week	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				

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.

RMIT NUMBER: 0005622 MONITORED LOCATION: 482A SW Outfall-482A MONITORING PERIOD: 12/1/2005 TO 12/31/2005 FACILITY NAME: PSEG NUCLEAR LLC

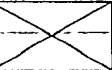
PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
v, In Conduit or J Treatment Plant 50 1 uent Gross Value	SAMPLE MEASUREMENT	448 398	500 442	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
00 1 uent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.8	SU	0	1/week	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX			1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
00 7 ke From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.0	*****	7.9	SU	0	1/week	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX			1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
00 10 Statre 96hr Acu rinodon 6A 1 uent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	CODE=N	*****	*****	%EFFL	0	CODE=N	CODE=N
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****			2/Year	COMPOS
	QL	*****	*****		*****	*****	*****				
orine Produced dants OX 1 uent Gross Value ion 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	*****	*****		*****	*****	*****				
orine Produced idants OX 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	*****	*****		*****	*****	*****				

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

P140814

PERMIT NUMBER: 0005622 MONITORED LOCATION: 483A SW Outfall 483A MONITORING PERIOD: 12/1/2005 TO 12/31/2005 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
In Conduit or Treatment Plant 50 1 luent Gross Value		7/18/07 408 <del>368</del>	7/18/07 486 <del>4550</del>		*****	*****	*****		0	1/Day	CALCTD
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****				
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
00 1 luent Gross Value	SAMPLE MEASUREMENT	*****	*****		6.9	*****	7.8		0	1/week	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	SU		1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
00 7 ike From Stream	SAMPLE MEASUREMENT	*****	*****		7.0	*****	7.9		0	1/week	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01DAMN	*****	REPORT 01DAMX	SU		1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
Iodine Produced idants POX 1 luent Gross Value tion 1	SAMPLE MEASUREMENT	*****	*****		*****	CODE=N	CODE=N		0	CODE=N	CODE=N
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
	QL	*****	*****		*****	*****	*****				
Iodine Produced idants POX 1 luent Gross Value tion 2	SAMPLE MEASUREMENT	*****	*****		*****	<0.1	<0.1		0	3/week	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
	QL	*****	*****		*****	*****	*****				
Temperature, 010 1 luent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	14.8	23.0		0	1/Day	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		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.

# Trace Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

10005622 484A SW Outfall 484A 12/1/2005 TO 12/31/2005 PSEG NUCLEAR LLC

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 uent Gross Value	SAMPLE MEASUREMENT	479 434 7/18/07	490 445 7/18/07	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
00 1 uent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.7	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX			1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
00 7 ike From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.0	*****	7.9	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX			1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
50 Statre 96hr Acu rinodon N6A 1 luent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	CODE=N	*****	*****	%EFFL	0	CODE=N	CODE=N
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****			2/Year	COMPOS
	QL	*****	*****		*****	*****	*****				
lorine 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	*****	*****		*****	*****	*****				
lorine 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	*****	*****		*****	*****	*****				

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

F140814

PERMIT NUMBER: 0005622 MONITORED LOCATION: 485A SW Outfall 485A MONITORING PERIOD: 12/1/2005 TO 12/31/2005 FACILITY NAME: PSEG NUCLEAR LLC

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	426 ✓ 423 ✓ 7/18/07	430 ✓ 427 ✓ 7/18/07	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
00 1 luent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.6	SU	0	1/week	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX			1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
00 7 ake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.0	*****	7.9	SU	0	1/week	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX			1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
50 Statre 96hr Acu prinodon N6A 1 luent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	CODE = N	*****	*****	%EFFL	0	CODE = N	CODE = N
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****			2/Year	COMPOS
	QL	*****	*****		*****	*****	*****				
lorine 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	*****	*****		*****	*****	*****				
lorine 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	*****	*****		*****	*****	*****				

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

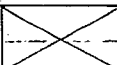
ERMIT NUMBER: 10005622
 MONITORED LOCATION: 486A SW Outfall 486A
 MONITORING PERIOD: 12/1/2005 TO 12/31/2005
 FACILITY NAME: PSEG NUCLEAR LLC

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	416 450	423 458	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
100 1 luent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7.6	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX				
	QL	*****	*****		*****	*****	*****				
100 7 ake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.0	*****	7.9	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX				
	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				
	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				
	QL	*****	*****		*****	*****	*****				
Temperature, ; 010 1 luent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	12.9	18.2	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.

**January 2006**

PERMIT NUMBER: NJ0005622
 MONITORED LOCATION: FACA SW Outfall FACA
 MONITORING PERIOD: 1/1/2006 TO 1/31/2006
 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Temperature, oC 00010 G Raw Sew/influent	SAMPLE MEASUREMENT	*****	*****		*****	5.2	6.6			0	Continuous	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C			Continuous	CONTIN
	QL	*****	*****		*****	*****	*****					
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	14.2	71867 15.3 ~ 15.4			0	Continuous	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	43.3 01DAMX	DEG.C			Continuous	CONTIN
	QL	*****	*****		*****	*****	*****					
Temperature, oC 00010 2 Effluent Net Value	SAMPLE MEASUREMENT	*****	*****		*****	8.9	71867 10.1 ~ 10.2			0	1/Day	CALCTD
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C			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".

## Surface Water Discharge Monitoring Report

P140814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: FACB-SW-Outfall FACB MONITORING PERIOD: 1/1/2006 TO 1/31/2006 FACILITY NAME: PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING	UNITS	QUALITY OR CONCENTRATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE	
Temperature, oC 00010 G Raw Sew/Influent	SAMPLE MEASUREMENT	*****	*****	*****	5.2	6.6	0	CONTINUOUS	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX		Continuous	CONTIN
	QL	*****	*****	*****	*****	*****			
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	14.2	15.6 7/18/07 15.7	0	CONTINUOUS	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01MOAV	43.3 01DAMX		Continuous	CONTIN
	QL	*****	*****	*****	*****	*****			
Temperature, oC 00010 2 Effluent Net Value	SAMPLE MEASUREMENT	*****	*****	*****	9.0	10.5 7/18/07	0	1/Day	CALCTD
	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01MOAV	15.3 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".

# Surface Water Discharge Monitoring Report

F140014

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACC SW Outfall FACC

1/1/2006 TO 1/31/2006

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	2118107 2566 2408	2118107 2768 2604	MGD	*****	*****	*****	*****	0	1/Day	CALCTT
	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
Thermal Discharge Million BTUs per Hr 00015 2 Effluent Net Value	SAMPLE MEASUREMENT	2118107 14674 13799	2118107 15063 14209	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".

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 481A SW Outfall 481A MONITORING PERIOD: 1/1/2006 TO 1/31/2006 FACILITY NAME: 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		7/18/07 465 426	7/18/07 520 476		*****	*****	*****				
50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	465	520	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****		7.3	*****	7.7		0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	SU		1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****		6.9	*****	7.6		0	1/week	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01DAMN	*****	REPORT 01DAMX	SU		1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****		CODE=N	*****	*****		0	CODE=N	CODE=N
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	50 01DAMN	*****	*****	%EFFL		2/Year	COMPOS
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	CODE=N	CODE=N		0	CODE=N	CODE=N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	<0.1	<0.1		0	3/week	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	QL	*****	*****		*****	*****	*****				

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:


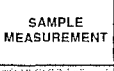
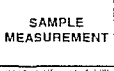



FACILITY NAME:

NJ0005622

482A SW Outfall 482A

1/1/2006 TO 1/31/2006

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		7/18/07 475~ 424	7/18/07 500~ 442	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
pH 00400 1 Effluent Gross Value		*****	*****	*****	7.2	*****	7.7	SU	0	1/Week	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX				
	QL	*****	*****		*****	*****	*****				
pH 00400 7 Intake From Stream		*****	*****	*****	6.9	*****	7.6	SU	0	1/Week	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX				
	QL	*****	*****		*****	*****	*****				
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value		*****	*****	*****	CODE=N	*****	*****	%EFFL	0	CODE=N	CODE=N
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****				
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1		*****	*****	*****	*****	CODE=N	CODE=N	MG/L	0	CODE=N	CODE=N
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX				
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2		*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/Week	GRAB
	SAMPLE MEASUREMENT										
	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:

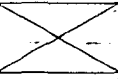
FACILITY NAME:

NJ0005622

483A SW Outfall 483A

1/1/2006 TO 1/31/2006

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		7/18/07 446 399	7/18/07 486 435	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
pH 00400 1 Effluent Gross Value	QL	*****	*****	*****	*****	*****	*****	SU	0	1/Week	GRAB
	SAMPLE MEASUREMENT	*****	*****		7.2	*****	7.7				
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX				
pH 00400 7 Intake From Stream	QL	*****	*****	*****	*****	*****	*****	SU	0	1/Week	GRAB
	SAMPLE MEASUREMENT	*****	*****		6.9	*****	7.6				
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	QL	*****	*****	*****	*****	CODE = N	CODE = N	MG/L	0	3/Week	GRAB
	SAMPLE MEASUREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX				
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	QL	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/Week	GRAB
	SAMPLE MEASUREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX				
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
Temperature, oC 00010 1 Effluent Gross Value	QL	*****	*****	*****	*****	14.3	24.2	DEG.C	0	1/Day	CONTIN
	SAMPLE MEASUREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX				
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				

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 484A SW Outfall 484A 1/1/2006 TO 1/31/2006 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	7/18/07 466	7/18/07 483	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	423	438		*****	*****	*****			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	*****	*****	*****	6.9	*****	7.6	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 485A SW Outfall 485A 1/1/2006 TO 1/31/2006 PSEG NUCLEAR LLC

PARAMETER	<div></div>	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	412 7/18/07 409	429 7/18/07 428	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		1/Day	CALCTD	
	QL	*****	*****		*****	*****	*****				
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	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	*****	*****	*****	6.9	*****	7.6	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.

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 486A SW Outfall 486A MONITORING PERIOD: 1/1/2006 TO 1/31/2006 FACILITY NAME: 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	~366 <sup>7/18/07</sup> 395	MGD	*****		0	1/Day	CALCTD
50050 1	PERMIT REQUIREMENT	REPORT 01MOAV		*****			1/Day	CALCTD
Effluent Gross Value	QL	*****		*****				
pH	SAMPLE MEASUREMENT	*****		7.3		0	1/week	GRAB
00400 1	PERMIT REQUIREMENT	*****		6.0 01DAMN			1/Week	GRAB
Effluent Gross Value	QL	*****		*****				
pH	SAMPLE MEASUREMENT	*****		6.9		0	1/week	GRAB
00400 7	PERMIT REQUIREMENT	*****		REPORT 01DAMN			1/Week	GRAB
Intake From Stream	QL	*****		*****				
Chlorine Produced	SAMPLE MEASUREMENT	*****		*****		0	CODE=N	CODE=N
Oxidants	PERMIT REQUIREMENT	*****		*****			3/Week	GRAB
*CPOX 1	QL	*****		*****				
Effluent Gross Value				0.3 01MOAV				
Option 1				*****				
Chlorine Produced	SAMPLE MEASUREMENT	*****		*****		0	3/week	GRAB
Oxidants	PERMIT REQUIREMENT	*****		*****			3/Week	GRAB
*CPOX 1	QL	*****		*****				
Effluent Gross Value				REPORT 01MOAV				
Option 2				*****				
Temperature,	SAMPLE MEASUREMENT	*****		*****		0	1/Day	CONTIN
oC	PERMIT REQUIREMENT	*****		*****			1/Day	CONTIN
00010 1	QL	*****		*****				
Effluent Gross Value				REPORT 01MOAV				
				*****				

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.

**February 2006**

## Water Discharge Monitoring Report

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACB SW Outfall FACB

2/1/2006 TO 2/28/2006

PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 G Raw Sew/influent	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.8	6.5	DEG.C	0	Continuous	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
	QL	*****	*****	*****	*****	*****	*****	DEG.C			
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	13.6 13.5	15.2 15.4	DEG.C	0	Continuous	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
	QL	*****	*****	*****	*****	*****	*****	DEG.C			
Temperature, oC 00010 2 Effluent Net Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.7	9.6	DEG.C	0	1/Day	CALCTD
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD
	QL	*****	*****	*****	*****	*****	*****	DEG.C			
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".

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

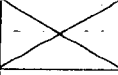
FACILITY NAME:

NJ0005622

FACC SW Outfall FACC

2/1/2006 TO 2/28/2006

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	2708 2545	2768 2607	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	14837 13954	15349 14428	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".

# Surface water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

2/1/2006 TO 2/28/2006

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		2/18/07 504 461	2/18/07 520 476	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****		1/Day	CALCTD	
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
pH 00400 1 Effluent Gross Value	QL	*****	*****	*****	*****	*****	*****	SU	0	1/Week	GRAB
	SAMPLE MEASUREMENT	*****	*****		7.5	*****	7.7		1/Week	GRAB	
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX				
pH 00400 7 Intake From Stream	QL	*****	*****	*****	*****	*****	*****	SU	0	1/Week	GRAB
	SAMPLE MEASUREMENT	*****	*****		7.3	*****	7.6		1/Week	GRAB	
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX				
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value	QL	*****	*****	*****	*****	*****	*****	%EFFL	0	2/Year	COMPOS
	SAMPLE MEASUREMENT	*****	*****		CODE=N	*****	*****		CODE=N	CODE=N	
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	QL	*****	*****	*****	*****	*****	*****	MG/L	0	3/Week	GRAB
	SAMPLE MEASUREMENT	*****	*****		*****	CODE=N	CODE=N		3/Week	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	QL	*****	*****	*****	*****	*****	*****	MG/L	0	3/Week	GRAB
	SAMPLE MEASUREMENT	*****	*****		*****	<0.1	<0.1		3/Week	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX				

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

2/1/2006 TO 2/28/2006

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	7/18/07 495 438	7/18/07 500 442	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	*****	7.6	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	*****	*****	*****	7.3	*****	7.6	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

483A SW Outfall 483A

2/1/2006 TO 2/28/2006

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	7/18/07 461	7/18/07 486	MGD	*****	*****	*****	*****	0	1/Day	CALC'D
	PERMIT REQUIREMENT	412	435		*****	*****	*****			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	*****	*****	*****	7.3	*****	7.6	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	*****	*****	*****	*****	13.4	20.0	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

484A SW Outfall 484A

2/1/2006 TO 2/28/2006

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		480 7/18/07 436	482 7/18/07 437	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****		1/Day	CALCTD	
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
pH 00400 1 Effluent Gross Value		*****	*****	*****	7.5	*****	7.7	SU	0	1/week	GRAB
	SAMPLE MEASUREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX		1/Week	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
pH 00400 7 Intake From Stream		*****	*****	*****	7.3	*****	7.6	SU	0	1/week	GRAB
	SAMPLE MEASUREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX		1/Week	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value		*****	*****	*****	CODE=N	*****	*****	%EFFL	0	CODE=N	CODE=N
	SAMPLE MEASUREMENT	*****	*****		50 01DAMN	*****	*****		2/Year	COMPOS	
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1		*****	*****	*****	*****	CODE=N	CODE=N	MG/L	0	CODE=N	CODE=N
	SAMPLE MEASUREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX		3/Week	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2		*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/week	GRAB
	SAMPLE MEASUREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX		3/Week	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
	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

485A SW Outfall 485A

2/1/2006 TO 2/28/2006

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		QUANTITY OR LOADING	UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
	SAMPLE MEASUREMENT	~423 7/18/07 419	MGD	*****	*****	*****		0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV 425	MGD	*****	*****	*****	*****		1/Day	CALCTD
	QL	*****		*****	*****	*****				
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	7.5	*****	7.7		0	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	SU		1/Week	GRAB
	QL	*****	*****	*****	*****	*****				
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	7.3	*****	7.6		0	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****	REPORT 01DAMN	*****	REPORT 01DAMX	SU		1/Week	GRAB
	QL	*****	*****	*****	*****	*****				
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	CODE=N	*****	*****		0	CODE=N	CODE=N
	PERMIT REQUIREMENT	*****	*****	50 01DAMN	*****	*****	%EFFL		2/Year	COMPOS
	QL	*****	*****	*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	CODE=N	CODE=N		0	CODE=N	CODE=N
	PERMIT REQUIREMENT	*****	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
	QL	*****	*****	*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	<0.1	<0.1		0	3/Week	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		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

486A SW Outfall 486A

2/1/2006 TO 2/28/2006

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	408 442	417 452	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****				
	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				
	QL	*****	*****		*****	*****	*****				
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.6	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	3/Week	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, oC : 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	12.7	18.9	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.

**March 2006**

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACB SW Outfall FACB

3/1/2006 TO 3/31/2006

PSEG NUCLEAR LLC

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	6.7	10.5		0	CONTINUOUS	CONTIN
00010 G	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
Raw Sew/Influent	QL	*****	*****		*****	*****	*****				
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	15.0	20.1 ~ 20.0		0	CONTINUOUS	CONTIN
00010 1	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	8.2	9.6 ~ 4.5		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".

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

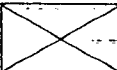
FACILITY NAME:

NJ0005622

FACC SW Outfall FACC

3/1/2006 TO 3/31/2006

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	7/18/07 2725 2561	7/18/07 2768 2601	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX		*****	*****	*****		1/Day	CALCTD	
	QL	7/18/07 *****	7/18/07 *****		*****	*****	*****				
Thermal Discharge Million BTUs per Hr 00015 2 Effluent Net Value	SAMPLE MEASUREMENT	7/18/07 14190 13343	7/18/07 15415 14502	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".

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

3/1/2006 TO 3/31/2006

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	519 7/18/07 475	521 7/18/07 476	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	*****	*****	*****	6.4	*****	7.8	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: 482A SW Outfall 482A MONITORING PERIOD: 3/1/2006 TO 3/31/2006 FACILITY NAME: 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	494 7/18/07	500 7/18/07	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
50050 1	PERMIT REQUIREMENT	438	442		*****	*****	*****			1/Day	CALCTD
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	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	*****	*****	*****	6.4	*****	7.8	SU	0	1/Week	GRAB
00400 7	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX			1/Week	GRAB
Intake From Stream	QL	*****	*****		*****	*****	*****				
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****	*****	CODE=N	*****	*****	%EFFL	0	CODE=N	CODE=N
TAN6A 1	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****			2/Year	COMPOS
Effluent Gross Value	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											

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

483A SW Outfall 483A

3/1/2006 TO 3/31/2006

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	<input checked="" type="checkbox"/> SAMPLE MEASUREMENT	~461 445	~487 436	MGD	*****	*****	*****		0	1/Day	CALCTD
50050 1	<input type="checkbox"/> PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Day	CALCTD
Effluent Gross Value	<input type="checkbox"/> QL	*****	*****		*****	*****	*****				
pH	<input checked="" type="checkbox"/> SAMPLE MEASUREMENT	*****	*****		7.6	*****	7.7		0	1/Week	GRAB
00400 1	<input type="checkbox"/> PERMIT REQUIREMENT	*****	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	SU		1/Week	GRAB
Effluent Gross Value	<input type="checkbox"/> QL	*****	*****		*****	*****	*****				
pH	<input checked="" type="checkbox"/> SAMPLE MEASUREMENT	*****	*****		6.4	*****	7.8		0	1/Week	GRAB
00400 7	<input type="checkbox"/> PERMIT REQUIREMENT	*****	*****	*****	REPORT 01DAMN	*****	REPORT 01DAMX	SU		1/Week	GRAB
Intake From Stream	<input type="checkbox"/> QL	*****	*****		*****	*****	*****				
Chlorine Produced	<input checked="" type="checkbox"/> SAMPLE MEASUREMENT	*****	*****		*****	CODE=N	CODE=N		0	CODE=N	CODE=N
Oxidants	<input type="checkbox"/> PERMIT REQUIREMENT	*****	*****	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
*CPOX 1	<input type="checkbox"/> QL	*****	*****		*****	*****	*****				
Effluent Gross Value											
Option 1											
Chlorine Produced	<input checked="" type="checkbox"/> SAMPLE MEASUREMENT	*****	*****		*****	<0.1	<0.1		0	3/Week	GRAB
Oxidants	<input type="checkbox"/> PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
*CPOX 1	<input type="checkbox"/> QL	*****	*****		*****	*****	*****				
Effluent Gross Value											
Option 2											
Temperature,	<input checked="" type="checkbox"/> SAMPLE MEASUREMENT	*****	*****		*****	15.1	23.5		0	1/Day	CONTIN
oC	<input type="checkbox"/> PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
00010 1	<input type="checkbox"/> QL	*****	*****		*****	*****	*****				
Effluent Gross Value											

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

484A SW Outfall 484A

3/1/2006 TO 3/31/2006

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		2/18/07 2/18/07									
	SAMPLE MEASUREMENT	475 430	482 437	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		0	1/week	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX	SU		1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	6.4	*****	7.8		0	1/week	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX	SU		1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	CODE=N	*****	*****		0	CODE=N	CODE=N
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****	%EFFL		2/Year	COMPOS
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	CODE=N	CODE=N		0	CODE=N	CODE=N
	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1		0	3/week	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX	MG/L		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: 3/1/2006 TO 3/31/2006 FACILITY NAME: 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	~426 7/18/07 423	~429 425	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	*****	*****	*****	6.4	*****	7.8	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	*****	*****	*****	>100	*****	*****	%EFFL	0	2/year	COMPOS
	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:

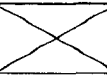
FACILITY NAME:

NJ0005622

486A SW Outfall 486A

3/1/2006 TO 3/31/2006

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	7/18/07 412 447	7/18/07 418 452	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	*****	7.7	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	*****	*****	*****	6.4	*****	7.8	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	*****	*****	*****	*****	14.3	21.3	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.

**April 2006**

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

IJ0005622

FACB SW Outfall FACB

4/1/2006 TO 4/30/2006

PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER	<div></div>	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, C 0010 G Raw Sew/Influent	SAMPLE MEASUREMENT	*****	*****	*****	*****	13.9	17.0	DEG.C	Q	Continuous	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX		Continuous	CONTIN	
	QL	*****	*****		*****	*****	*****				
Temperature, C 0010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	22.9	22.5 27.3	DEG.C	Q	Continuous	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	43.3 01DAMX		Continuous	CONTIN	
	QL	*****	*****		*****	*****	*****				
Temperature, C 00010 2 Effluent Net Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.9	10.4	DEG.C	Q	1/Day	CALCTD
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	15.3 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".

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACC SW Outfall FACC

4/1/2006 TO 4/30/2006

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 Thru Treatment Plant	SAMPLE MEASUREMENT	2612 2458 7/18/07	MGD	*****	*****	0	1/DAY	CALCTD
00050 G	PERMIT REQUIREMENT	3024 01MOAV	MGD	*****	*****	*****	1/Day	CALCTD
Raw Sew/Influent	QL	*****	MGD	*****	*****	*****		
Thermal Discharge	SAMPLE MEASUREMENT	13858 7/18/07	MBTU/HR	*****	*****	0	1/Day	CALCTD
Million BTUs per Hr	PERMIT REQUIREMENT	14730 14169 7/18/07	MBTU/HR	*****	*****	*****	1/Day	CALCTD
00015 2	QL	*****	MBTU/HR	*****	*****	*****		
Effluent Net Value	QL	*****	MBTU/HR	*****	*****	*****		
Lab Certification #	SAMPLE MEASUREMENT	17327		17451				
99999 99	PERMIT REQUIREMENT	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".

# Surface Water Discharge Monitoring Report

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

4/1/2006 TO 4/30/2006

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 Thru Treatment Plant	<input checked="" type="checkbox"/> SAMPLE MEASUREMENT	768107 503 460	MGD	*****		0	1/Day	Calctd
50050 1	<input checked="" type="checkbox"/> PERMIT REQUIREMENT	768107 520 476	MGD	*****			1/Day	CALCTD
Effluent Gross Value	<input checked="" type="checkbox"/> QL	*****		*****				
pH	<input checked="" type="checkbox"/> SAMPLE MEASUREMENT	*****		7.6		0	1/week	Grab
00400 1	<input checked="" type="checkbox"/> PERMIT REQUIREMENT	*****		6.0 01DAMN		SU	1/Week	GRAB
Effluent Gross Value	<input checked="" type="checkbox"/> QL	*****		*****				
pH	<input checked="" type="checkbox"/> SAMPLE MEASUREMENT	*****		7.8		0	1/week	Grab
00400 7	<input checked="" type="checkbox"/> PERMIT REQUIREMENT	*****		REPORT 01DAMN		SU	1/Week	GRAB
Inlake From Stream	<input checked="" type="checkbox"/> QL	*****		*****				
LC50 Statre 96hr Acu	<input checked="" type="checkbox"/> SAMPLE MEASUREMENT	*****		Code=N		0	Code=N	Code=N
Cyprinodon	<input checked="" type="checkbox"/> PERMIT REQUIREMENT	*****		50 01DAMN		%EFFL	2/Year	COMPOS
TAN6A 1	<input checked="" type="checkbox"/> QL	*****		*****				
Effluent Gross Value								
Chlorine Produced	<input checked="" type="checkbox"/> SAMPLE MEASUREMENT	*****		*****		0	Code=N	Code=N
Oxidants	<input checked="" type="checkbox"/> PERMIT REQUIREMENT	*****		0.3 01MOAV		MG/L	3/Week	GRAB
*CPOX 1	<input checked="" type="checkbox"/> QL	*****		*****				
Effluent Gross Value								
Option 1								
Chlorine Produced	<input checked="" type="checkbox"/> SAMPLE MEASUREMENT	*****		*****		0	3/weeks	Grab
Oxidants	<input checked="" type="checkbox"/> PERMIT REQUIREMENT	*****		REPORT 01MOAV		MG/L	3/Week	GRAB
*CPOX 1	<input checked="" type="checkbox"/> QL	*****		*****				
Effluent Gross Value								
Option 2								

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

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

10005622

482A SW Outfall 482A

4/1/2006 TO 4/30/2006

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		7/18/07 403.457						
Waste Water Treatment Plant	SAMPLE MEASUREMENT	7/18/07 442.500						
050 1	PERMIT REQUIREMENT	REPORT 01MOAV	MGD	*****	*****	*****	1/Day	CALCTD
Effluent Gross Value	QL	*****		*****	*****	*****	1/Day	CALCTD
1400 1	SAMPLE MEASUREMENT	*****		7.7	*****	8.0	1/week	Grab
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	1/Week	GRAB
	QL	*****		*****	*****	*****		
0400 7	SAMPLE MEASUREMENT	*****		7.8	*****	8.0	1/week	Grab
Intake From Stream	PERMIT REQUIREMENT	*****	*****	REPORT 01DAMN	*****	REPORT 01DAMX	1/Week	GRAB
	QL	*****		*****	*****	*****		
0.50 State 96hr Acu	SAMPLE MEASUREMENT	*****		Code = N	*****	*****	Code = N	Code = N
Cyprinodon	PERMIT REQUIREMENT	*****	*****	50 01DAMN	*****	*****	2/Year	COMPOS
TAN6A 1	QL	*****		*****	*****	*****		
Effluent Gross Value								
Chlorine Produced	SAMPLE MEASUREMENT	*****		*****	Code = N	Code = N	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	3/week	Grab
Oxidants	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01MOAV	0.2 01DAMX	3/Week	GRAB
*CPOX 1	QL	*****		*****	*****	*****		
Effluent Gross Value								
Option 2								

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

RMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

0005622

483A SW Outfall 483A

4/1/2006 TO 4/30/2006

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		7/18/07 430	7/18/07 487								
Effluent Treatment Plant	SAMPLE MEASUREMENT	304	435	MGD	*****	*****	*****		Q	1/Day	CalCTD
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****	*****		1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	8.0	SU	Q	1/week	Grab
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX			1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
Effluent From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	8.0	SU	Q	1/week	Grab
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX			1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
Chlorine Produced	SAMPLE MEASUREMENT	*****	*****	*****	*****	Code = N	Code = N	MG/L	Q	Code = N	Code = N
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX			3/Week	GRAB
	QL	*****	*****		*****	*****	*****				
Chlorine Produced	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	Q	3/week	Grab
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX			3/Week	GRAB
	QL	*****	*****		*****	*****	*****				
Temperature, °C	SAMPLE MEASUREMENT	*****	*****	*****	*****	23.0	29.1	DEG.C	Q	1/Day	Contin
Effluent Gross Value	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

ERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

J0005622

484A SW Outfall 484A

4/1/2006 TO 4/30/2006

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		7/18/07 445		*****				
Waste Treatment Plant	SAMPLE MEASUREMENT	7/18/07 445		*****				
050 1	PERMIT REQUIREMENT	REPORT 01MOAV	MGD	*****			1/Day	CALCTD
Effluent Gross Value	QL	*****		*****				
1								
1400 1	SAMPLE MEASUREMENT	*****		7.7			1/WEEK	GRAB
Effluent Gross Value	PERMIT REQUIREMENT	*****		6.0 01DAMN	SU		1/Week	GRAB
	QL	*****		*****				
H								
0400 7	SAMPLE MEASUREMENT	*****		7.8			1/WEEK	GRAB
Intake From Stream	PERMIT REQUIREMENT	*****		REPORT 01DAMN	SU		1/Week	GRAB
	QL	*****		*****				
C50 Statre 96hr Acu								
Pyprinodon	SAMPLE MEASUREMENT	*****		CODE=N			CODE=N	CODE=N
AN6A 1	PERMIT REQUIREMENT	*****		50 01DAMN	%EFFL		2/Year	COMPOS
Effluent Gross Value	QL	*****		*****				
Chlorine Produced								
Oxidants	SAMPLE MEASUREMENT	*****		*****			CODE=N	CODE=N
CPOX 1	PERMIT REQUIREMENT	*****		0.3 01MOAV	MG/L		3/Week	GRAB
Effluent Gross Value	QL	*****		*****				
Option 1								
Chlorine Produced								
Oxidants	SAMPLE MEASUREMENT	*****		<0.1			3/WEEK	GRAB
CPOX 1	PERMIT REQUIREMENT	*****		REPORT 01MOAV	MG/L		3/Week	GRAB
Effluent Gross Value	QL	*****		*****				
Option 2								

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

RMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

0005622

485A SW Outfall 485A

4/1/2006 TO 4/30/2006

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		748107						
Effluent Treatment Plant	SAMPLE MEASUREMENT	422	MGD	*****		Q	1/Day	CalCTD
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV		*****			1/Day	CALCTD
	QL	*****		*****				
Effluent Gross Value	SAMPLE MEASUREMENT	*****		7.7		Q	1/week	Grab
	PERMIT REQUIREMENT	*****		6.0 01DAMN		SU	1/Week	GRAB
	QL	*****		*****				
Effluent Gross Value	SAMPLE MEASUREMENT	*****		7.8		Q	1/week	Grab
Effluent Gross Value	PERMIT REQUIREMENT	*****		REPORT 01DAMN		SU	1/Week	GRAB
	QL	*****		*****				
Effluent Gross Value	SAMPLE MEASUREMENT	*****		Code=N		Q	Code=N	Code=N
Effluent Gross Value	PERMIT REQUIREMENT	*****		50 01DAMN		%EFFL	2/Year	COMPOS
	QL	*****		*****				
Effluent Gross Value	SAMPLE MEASUREMENT	*****		*****		Q	Code=N	Code=N
Effluent Gross Value	PERMIT REQUIREMENT	*****		0.3 01MOAV		MG/L	3/Week	GRAB
	QL	*****		*****				
Effluent Gross Value	SAMPLE MEASUREMENT	*****		<0.1		Q	3/week	Grab
Effluent Gross Value	PERMIT REQUIREMENT	*****		REPORT 01MOAV		MG/L	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

PERMIT NUMBER: NJ0005622
 MONITORED LOCATION: 486A SW-Outfall 486A
 MONITORING PERIOD: 4/1/2006 TO 4/30/2006
 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 Thru Treatment Plant		2/18/07 416	2/18/07 423		*****	*****	*****		0	1/DAY	CALCTD
50050 1	SAMPLE MEASUREMENT	450	458	MGD	*****	*****	*****	*****		1/Day	CALCTD
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
pH		*****	*****		7.7	*****	8.0		0	1/WEEK	GRAB
00400 1	SAMPLE MEASUREMENT	*****	*****	*****	6.0	*****	9.0	SU		1/Week	GRAB
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****		01DAMN	*****	01DAMX				
	QL	*****	*****		*****	*****	*****				
pH		*****	*****		7.8	*****	8.0		0	1/WEEK	GRAB
00400 7	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	SU		1/Week	GRAB
Intake From Stream	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX				
	QL	*****	*****		*****	*****	*****				
Chlorine Produced		*****	*****		*****	CODE = N	CODE = N		0	CODE = N	CODE = N
Oxidants	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.3	0.5	MG/L		3/Week	GRAB
*CPOX 1	PERMIT REQUIREMENT	*****	*****		*****	01MOAV	01DAMX				
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
Option 1											
Chlorine Produced		*****	*****		*****	<0.1	<0.1		0	3/WEEK	GRAB
Oxidants	SAMPLE MEASUREMENT	*****	*****	*****	*****	REPORT 01MOAV	0.2	MG/L		3/Week	GRAB
*CPOX 1	PERMIT REQUIREMENT	*****	*****		*****	*****	01DAMX				
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
Option 2											
Temperature,		*****	*****		*****	22.2	27.2		0	1/DAY	CONTIN
oC	SAMPLE MEASUREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
00010 1	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
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.

**May 2006**

# Surface Water Discharge Monitoring Report

PI 468

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: FACB SW Outfall FACB MONITORING PERIOD: 5/1/2006 TO 5/31/2006 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, °C	SAMPLE MEASUREMENT	*****	*****		*****	18.9	22.7		Q	Continuous	CONTIN
00010 G Raw Sew/Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
	QL	*****	*****		*****	*****	*****				
Temperature, °C	SAMPLE MEASUREMENT	*****	*****		*****	27.8	30.8		Q	Continuous	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
	QL	*****	*****		*****	*****	*****				
Temperature, °C	SAMPLE MEASUREMENT	*****	*****		*****	8.8 ~ 8.9 7/18/07	9.9		Q	1/DAY	CALCTD
00010 2 Effluent Net Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		17451						
99999 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".

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACC SW Outfall FACC

5/1/2006 TO 5/31/2006

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 Thru Treatment Plant 50050 G Raw Sew/influent		21817	2604	21817	2768						
	SAMPLE MEASUREMENT	2439	2601		*****	*****	*****		Q	1/DAY	CALCTD
	PERMIT REQUIREMENT	3024	REPORT 01MOAV	REPORT 01DAMX	*****	*****	*****	*****		1/Day	CALCTD
Thermal Discharge Million BTUs per Hr 00015 2 Effluent Net Value	QL	14635	14884		*****	*****	*****				
	SAMPLE MEASUREMENT	13747	14006		*****	*****	*****		Q	1/DAY	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	30800	*****	*****	*****	*****		1/Day	CALCTD
Lab Certification # 99999 99 Lab	QL				*****	*****	*****				
	SAMPLE MEASUREMENT	17327	06431		17451						
	PERMIT REQUIREMENT	REPORT Lab #	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".

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 481A SW Outfall 481A MONITORING PERIOD: 5/1/2006 TO 5/31/2006 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 Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	449 7/18/07 412	528 7/18/07 484	MGD	*****	*****	*****	*****	Q	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	Q	1/week	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX			1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.9	SU	Q	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	Q	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	Q	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	Q	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

5/1/2006 TO 5/31/2006

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 Thru Treatment Plant	SAMPLE MEASUREMENT	7/18/07 441 498	MGD	*****		Q	1/DAY	CALCTD
50050 1	PERMIT REQUIREMENT	REPORT 01MOAV		*****	*****		1/Day	CALCTD
Effluent Gross Value	QL	*****		*****				
pH	SAMPLE MEASUREMENT	*****		7.5		Q	1/Week	GRAB
00400 1	PERMIT REQUIREMENT	*****	*****	6.0 01DAMN	9.0 01DAMX	SU	1/Week	GRAB
Effluent Gross Value	QL	*****		*****	*****			
pH	SAMPLE MEASUREMENT	*****		7.5		Q	1/Week	GRAB
00400 7	PERMIT REQUIREMENT	*****	*****	REPORT 01DAMN	REPORT 01DAMX	SU	1/Week	GRAB
Intake From Stream	QL	*****		*****	*****			
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****		Code=N	*****	Q	Code=N	Code=N
TAN6A 1	PERMIT REQUIREMENT	*****	*****	50 01DAMN	*****	%EFFL	2/Year	COMPOS
Effluent Gross Value	QL	*****		*****	*****			
Chlorine Produced	SAMPLE MEASUREMENT	*****		*****	Code=N	Q	Code=N	Code=N
Oxidants	PERMIT REQUIREMENT	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L	3/Week	GRAB
*CPOX 1	QL	*****		*****	*****			
Effluent Gross Value	SAMPLE MEASUREMENT	*****		<0.1	<0.1	Q	3/Week	GRAB
Option 1	PERMIT REQUIREMENT	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L	3/Week	GRAB
Chlorine Produced	QL	*****		*****	*****			
Oxidants	PERMIT REQUIREMENT	*****	*****	*****	*****			
*CPOX 1	QL	*****		*****	*****			
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****			
Option 2	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

483A SW Outfall 483A

5/1/2006 TO 5/31/2006

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 Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	485 7/18/07 434	7/18/07 492 444	MGD	*****	*****	*****	*****	Q	1/DAY	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.7	SU	Q	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX				
	QL	*****	*****		*****	*****	*****				
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.9	SU	Q	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	Q	Code = N	Code = N
	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	Q	3/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX				
	QL	*****	*****		*****	*****	*****				
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	27.2	33.6	DEG.C	Q	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:                       
 NJ0005622 484A SW Outfall 484A 5/1/2006 TO 5/31/2006 PSEG NUCLEAR LLC SALEM 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		2/18/07 444 486	2/18/07 448 493		*****	*****	*****			1/DAY	CALCTD
50050 1	SAMPLE MEASUREMENT										
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
pH		*****	*****		7.4	*****	7.7			1/week	GRAB
00400 1	SAMPLE MEASUREMENT										
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	SU		1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
pH		*****	*****		7.5	*****	7.9			1/week	GRAB
00400 7	SAMPLE MEASUREMENT										
Intake From Stream	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01DAMN	*****	REPORT 01DAMX	SU		1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
LC50 Statre 96hr Acu Cyprinodon		*****	*****		Code = N	*****	*****			Code = N	Code = N
TAN6A 1	SAMPLE MEASUREMENT										
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	50 01DAMN	*****	*****	%EFFL		2/Year	COMPOS
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants		*****	*****		*****	Code = N	Code = N			Code = N	Code = N
*CPOX 1	SAMPLE MEASUREMENT										
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants		*****	*****		*****	<0.1	<0.1			3/week	GRAB
*CPOX 1	SAMPLE MEASUREMENT										
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	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:

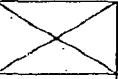
FACILITY NAME:

NJ0005622

485A SW Outfall 485A

5/1/2006 TO 5/31/2006

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 Thru Treatment Plant	SAMPLE MEASUREMENT	7/18/07 400 396	7/18/07 430 427	MGD	*****	*****	*****	*****	Q	1/DAY	CALCTD
50050 1	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Day	CALCTD
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****		7.5	*****	7.6		Q	1/week	GRAB
00400 1	PERMIT REQUIREMENT	*****	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	SU		1/Week	GRAB
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****		7.5	*****	7.9		Q	1/week	GRAB
00400 7	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01DAMN	*****	REPORT 01DAMX	SU		1/Week	GRAB
Intake From Stream	QL	*****	*****		*****	*****	*****				
LC50 Statre 96hr Acu	SAMPLE MEASUREMENT	*****	*****		Code = N	*****	*****		Q	Code = N	Code = N
Cyprinodon	PERMIT REQUIREMENT	*****	*****	*****	50 01DAMN	*****	*****	%EFFL		2/Year	COMPOS
TAN6A 1	QL	*****	*****		*****	*****	*****				
Effluent Gross Value											
Chlorine Produced	SAMPLE MEASUREMENT	*****	*****		*****	Code = N	Code = N		Q	Code = N	Code = N
Oxidants	PERMIT REQUIREMENT	*****	*****	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
*CPOX 1	QL	*****	*****		*****	*****	*****				
Effluent Gross Value											
Option 1											
Chlorine Produced	SAMPLE MEASUREMENT	*****	*****		*****	<0.1	<0.1		Q	3/week	GRAB
Oxidants	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
*CPOX 1	QL	*****	*****		*****	*****	*****				
Effluent Gross Value											
Option 2											

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

486A SW Outfall 486A

5/1/2006 TO 5/31/2006

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 Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	7/18/07 378 408	7/18/07 425 460	MGD	*****	*****	*****	*****	Q	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	Q	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX			1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.9	SU	Q	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	Q	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	Q	3/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX			3/Week	GRAB
	QL	*****	*****		*****	*****	*****				
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	27.7	31.6	DEG.C	Q	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.

**June 2006**

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:


FACILITY NAME:

NJ0005622

FACA SW Outfall FACA

6/1/2006 TO 6/30/2006

PSEG NUCLEAR LLC SALEM GENERATION

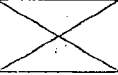
PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	23.9	26.5			Continuous	CONTIN
00010 G Raw Sew/Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
	QL	*****	*****		*****	*****	*****				
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	32.3	35.0			Continuous	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	46.1 01DAMX	DEG.C		Continuous	CONTIN
	QL	*****	*****		*****	*****	*****				
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	8.4	9.4 9.5 7/18/06			1/DAY	CALCTD
00010 2 Effluent Net Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		17451						
99999 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".

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: FACC SW Outfall FACC MONITORING PERIOD: 6/1/2006 TO 6/30/2006 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 Thru Treatment Plant 50050 G Raw Sew/Influent		7/18/07 26205	7/18/07 2706	MGD	*****	*****	*****	*****	0	1/DAY	CALCTD
	SAMPLE MEASUREMENT	2475	2553		*****	*****	*****				
	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX		*****	*****	*****				
Thermal Discharge Million BTUs per Hr 00015 2 Effluent Net Value	QL	7/18/07 13959	7/18/07 14207	MBTU/HR	*****	*****	*****	*****	0	1/DAY	CALCTD
	SAMPLE MEASUREMENT	13207	13448		*****	*****	*****				
	PERMIT REQUIREMENT	REPORT 01MOAV	30600 01DAMX		*****	*****	*****				
Lab Certification # 99999 99 Lab	QL	*****	*****		*****	*****	*****				
	SAMPLE MEASUREMENT	17327	06431		17451						
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT 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".

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

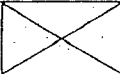
6/1/2006 TO 6/30/2006

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 Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	7/18/07 491 450	7/18/07 529 484	MGD	*****	*****	*****	*****	0	1/DAY	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.4	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX				
	QL	*****	*****		*****	*****	*****				
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.8	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX				
	QL	*****	*****		*****	*****	*****				
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	CODE = N	*****	*****	%EFFL	0	2/Year	COMPOS
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****				
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	Code=N	Code=N	MG/L	0	3/Week	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	*****	*****		*****	*****	*****				

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.

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 482A SW Outfall 482A MONITORING PERIOD: 6/1/2006 TO 6/30/2006 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 Thru Treatment Plant	SAMPLE MEASUREMENT	7/18/07 477 425	7/18/07 497 444		*****	*****	*****		Q	1/DAY	CALCTD
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****		7.3	*****	7.5		Q	1/WEEK	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	SU		1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****		7.6	*****	7.8		Q	1/week	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01DAMN	*****	REPORT 01DAMX	SU		1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****		Code=N	*****	*****		Q	Code=N	Code=N
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	50 01DAMN	*****	*****	%EFFL		2/Year	COMPOS
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	Code=N	Code=N		Q	Code=N	Code=N
*CPOX 1 Effluent Gross Value Option 1	PERMIT REQUIREMENT	*****	*****	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	<0.1	<0.1		Q	3/week	GRAB
*CPOX 1 Effluent Gross Value Option 2	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		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.

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

483A SW Outfall 483A

6/1/2006 TO 6/30/2006

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 Thru Treatment Plant	SAMPLE MEASUREMENT	464 416 7/18/07	MGD	*****		Q	1/DAY	CALCTD
50050 1	PERMIT REQUIREMENT	493 444 7/18/07	*****	*****			1/Day	CALCTD
Effluent Gross Value	QL	*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****	7.2		Q	1/WEEK	GRAB
00400 1	PERMIT REQUIREMENT	*****	*****	6.0 01DAMN	SU		1/Week	GRAB
Effluent Gross Value	QL	*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****	7.6		Q	1/week	GRAB
00400 7	PERMIT REQUIREMENT	*****	*****	REPORT 01DAMN	SU		1/Week	GRAB
Intake From Stream	QL	*****	*****	*****				
Chlorine Produced	SAMPLE MEASUREMENT	*****	*****	*****		Q	Code=N	Code=N
Oxidants	PERMIT REQUIREMENT	*****	*****	0.3 01MOAV	MG/L		3/Week	GRAB
*CPOX 1	QL	*****	*****	*****				
Effluent Gross Value								
Option 1								
Chlorine Produced	SAMPLE MEASUREMENT	*****	*****	< 0.1		Q	3/week	GRAB
Oxidants	PERMIT REQUIREMENT	*****	*****	REPORT 01MOAV	MG/L		3/Week	GRAB
*CPOX 1	QL	*****	*****	*****				
Effluent Gross Value								
Option 2								
Temperature,	SAMPLE MEASUREMENT	*****	*****	32.3		Q	1/DAY	CONTIN
oC	PERMIT REQUIREMENT	*****	*****	REPORT 01MOAV	DEG.C		1/Day	CONTIN
00010 1	QL	*****	*****	*****				
Effluent Gross Value								

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.

**July 2006**

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

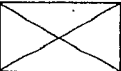

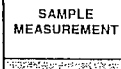
FACILITY NAME:

NJ0005622

FACC SW Outfall FACC

7/1/2006 TO 7/31/2006

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 Thru Treatment Plant 50050 G Raw Sew/Influent		7/18/07 2678 2526	7/18/07 2706 2553	MGD	*****	*****	*****	*****	Ø	1/Day	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
Thermal Discharge Million BTUs per Hr 00015 2 Effluent Net Value		7/18/07 14864 14074	7/18/07 15489 14665	MBTU/HR	*****	*****	*****	*****	Ø	1/Day	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT 01MOAV	30600 01DAMX		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
Lab Certification #  99999 99 Lab		17327	06431		17461						
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT 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".

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

7/1/2006 TO 7/31/2006

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 Thru Treatment Plant	SAMPLE MEASUREMENT	7/18/07 533 487	7/18/07 536 492	MGD	*****	*****	*****	*****	Ø	1/DAY	CALCTD
50050 1	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****				
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.5	SU	Ø	1/WEEK	GRAB
00400 1	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX				
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.6	SU	Ø	1/WEEK	GRAB
00400 7	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX				
Intake From Stream	QL	*****	*****		*****	*****	*****				
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****	*****	CODE = N	*****	*****	%EFFL	Ø	CODE = N	CODE = N
TAN6A 1	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****				
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
Chlorine Produced	SAMPLE MEASUREMENT	*****	*****	*****	*****	CODE = N	CODE = N	MG/L	Ø	CODE = N	CODE = N
Oxidants	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX				
*CPOX 1	QL	*****	*****		*****	*****	*****				
Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	Ø	3/WEEK	GRAB
Option 1	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX				
Chlorine Produced	QL	*****	*****		*****	*****	*****				
Oxidants	SAMPLE MEASUREMENT	*****	*****	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L	Ø	3/WEEK	GRAB
*CPOX 1	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
Option 2	SAMPLE MEASUREMENT	*****	*****	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L	Ø	3/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
	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: 482A SW Outfall 482A MONITORING PERIOD: 7/1/2006 TO 7/31/2006 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING STATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	7/18/07 499 442	7/18/07 503 445	MGD	*****	*****	*****	*****	Ø	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.5	SU	Ø	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX				
	QL	*****	*****		*****	*****	*****				
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.6	SU	Ø	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX				
	QL	*****	*****		*****	*****	*****				
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	CODE = N	*****	*****	%EFFL	Ø	2/Year	COMPOS
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****				
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	CODE = N	CODE = N	MG/L	Ø	3/Week	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	Ø	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

FL 40014

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 483A SW Outfall 483A MONITORING PERIOD: 7/1/2006 TO 7/31/2006 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 Thru Treatment Plant	SAMPLE MEASUREMENT	480 430 218107	498 447 218107	*****	*****	*****	0	1/DAY	CALCTD
50050 1	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	*****	*****	*****	1/Day	CALCTD	
Effluent Gross Value	QL	*****	*****	*****	*****	*****			
pH	SAMPLE MEASUREMENT	*****	*****	7.2	*****	7.5	0	1/WEEK	GRAB
00400 4	PERMIT REQUIREMENT	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	1/Week	GRAB	
Effluent Gross Value	QL	*****	*****	*****	*****	*****			
pH	SAMPLE MEASUREMENT	*****	*****	7.4	*****	7.6	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	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	0	3/WEEK	GRAB
Oxidants	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01MOAV	0.2 01DAMX	3/Week	GRAB	
*CPOX 1	QL	*****	*****	*****	*****	*****			
Effluent Gross Value									
Option 2									
Temperature,	SAMPLE MEASUREMENT	*****	*****	*****	36.5	39.7	0	1/DAY	CONTIN
oC	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	1/Day	CONTIN	
00010 1	QL	*****	*****	*****	*****	*****			
Effluent Gross Value									

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.

**August 2006**

Surface Water Discharge Monitoring Report

PERMIT NUMBER: 0005622 MONITORED LOCATION: FACC-SW Outfall FACC 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 at Treatment Plant 50 G of Sew/influent	SAMPLE MEASUREMENT	218107 2635 2487	2706 2553	MGD	*****	*****	*****	*****	Q	1/DAY	CALCTD
	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
Thermal Discharge in BTUs per Hr 15 2 of Net Value	SAMPLE MEASUREMENT	218107 15258 14451	16085 15238	MBTU/HR	*****	*****	*****	*****	Q	1/DAY	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	30600 01DAMX		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
Dissolved Oxygen Certification # 99 99 0	SAMPLE MEASUREMENT	17327	06431		17451						
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT 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".

Surface Water Discharge Monitoring Report

FI 40014

PERMIT NUMBER: 0005622 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
v, In Conduit or Treatment Plant 50 1 luent Gross Value	SAMPLE MEASUREMENT	7/18/07 499 457	536 492 7/18/07	MGD	*****	*****	*****	*****	0	1/DAY	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
00 1 luent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.7	SU	0	1/week	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX				
	QL	*****	*****		*****	*****	*****				
100 7 ake 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 N6A 1 luent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	Code = N	*****	*****	%EFFL	0	Code = N	Code = N
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****				
	QL	*****	*****		*****	*****	*****				
lorine 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				
	QL	*****	*****		*****	*****	*****				
lorine 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				
	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.

# face Water Discharge Monitoring Report

P146814

MIT NUMBER: 005622 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
In Conduit or Treatment Plant		483 428 7/18/07	503 445 7/18/07	MGD	*****	*****	*****	*****	0	1/DAY	CALCTD
1	SAMPLE MEASUREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****				
ent Gross Value	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
0 1	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.5	SU	0	1/week	GRAB
ent Gross Value	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX				
	QL	*****	*****		*****	*****	*****				
0 7	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.8	SU	0	1/week	GRAB
le From Stream	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX				
	QL	*****	*****		*****	*****	*****				
0 Statre 96hr Acu	SAMPLE MEASUREMENT	*****	*****	*****	Code = N	*****	*****	%EFFL	0	Code = N	Code = N
rinodon	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****				
16A 1	QL	*****	*****		*****	*****	*****				
ent Gross Value											
orine Produced	SAMPLE MEASUREMENT	*****	*****	*****	*****	Code = N	Code = N	MG/L	0	Code = N	Code = N
dants	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX				
OX 1	QL	*****	*****		*****	*****	*****				
uent Gross Value											
ion 1											
orine Produced	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/week	GRAB
dants	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX				
OX 1	QL	*****	*****		*****	*****	*****				
luent Gross Value											
ion 2											

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

RMIT NUMBER: 0005622     
 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
In Conduit or Treatment Plant	SAMPLE MEASUREMENT	491 440 7/18/07	498 447 7/18/07	MGD	*****	*****	*****	*****	0	1/DAY	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
001 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	*****	*****		*****	*****	*****				
007 ike From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.8	SU	0	1/week	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX			1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
orine Produced dants 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	*****	*****		*****	*****	*****				
lorine 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	*****	*****		*****	*****	*****				
mperature, 010 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.

**September 2006**

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACA SW Outfall FACA

9/1/2006 TO 9/30/2006

PSEG NUCLEAR LLC. SALEM GENERATI

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	23.2	25.4				
00010 G	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
Raw Sew/influent	QL	*****	*****		*****	*****	*****				
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	31.9	33.7 33.8~				
00010 1	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	46.1 01DAMX	DEG.C		Continuous	CONTIN
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	8.7	10.0				
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".

FI 40014

FACILITY NAME:

**PSEG NUCLEAR LLC SALEM GENERATING**

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

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:


FACILITY NAME:

NJ0005622

481A-SW Outfall 481A

9/1/2006 TO 9/30/2006

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 Thru Treatment Plant	SAMPLE MEASUREMENT	71867 483	71867 484	MGD	*****	*****	*****	*****	0	1/DAY	CALCTD
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	*****	*****	*****	*****	*****		1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.7	SU	0	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	SU		1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.0	*****	7.8	SU	0	1/week	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01DAMN	*****	REPORT 01DAMX	SU		1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****	*****	Code = N	*****	*****	%EFFL	0	Code = N	Code = N
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	50 01DAMN	*****	*****	%EFFL		2/Year	COMPOS
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****	*****	*****	Code = N	Code = N	MG/L	0	Code = N	Code = N
*CPOX 1 Effluent Gross Value Option 1	PERMIT REQUIREMENT	*****	*****	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/week	GRAB
*CPOX 1 Effluent Gross Value Option 2	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		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: 482A SW Outfall 482A MONITORING PERIOD: 9/1/2006 TO 9/30/2006 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 Thru Treatment Plant	SAMPLE MEASUREMENT	7/18/07 442	7/18/07 458	MGD	*****	*****	*****	*****	0	1/DAY	CALCTD
50050 1	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	*****	*****	*****	*****	*****		1/Day	CALCTD
Effluent Gross Value	QL	*****	*****	*****	*****	*****	*****	*****			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.7	SU	0	1/week	GRAB
00400 1	PERMIT REQUIREMENT	*****	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	SU		1/Week	GRAB
Effluent Gross Value	QL	*****	*****	*****	*****	*****	*****	*****			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.0	*****	7.8	SU	0	1/week	GRAB
00400 7	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01DAMN	*****	REPORT 01DAMX	SU		1/Week	GRAB
Intake From Stream	QL	*****	*****	*****	*****	*****	*****	*****			
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****	*****	Code = N	*****	*****	%EFFL	0	Code = N	Code = N
TAN6A 1	PERMIT REQUIREMENT	*****	*****	*****	50 01DAMN	*****	*****	%EFFL		2/Year	COMPOS
Effluent Gross Value	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	MG/L		3/Week	GRAB
*CPOX 1	QL	*****	*****	*****	*****	*****	*****	*****			
Effluent Gross Value	QL	*****	*****	*****	*****	*****	*****	*****			
Option 1	QL	*****	*****	*****	*****	*****	*****	*****			
Chlorine Produced	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/week	GRAB
Oxidants	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
*CPOX 1	QL	*****	*****	*****	*****	*****	*****	*****			
Effluent Gross Value	QL	*****	*****	*****	*****	*****	*****	*****			
Option 2	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.

# Sewage Water Discharge Monitoring Report

1140014

PERMIT NUMBER: NJ0005622     
 MONITORED LOCATION: 483A SW Outfall 483A     
 MONITORING PERIOD: 9/1/2006 TO 9/30/2006     
 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 Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	208107 394	218107 445	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	*****	*****	*****	7.0	*****	7.8	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	*****	*****	*****	*****	32.0	35.6	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.

**October 2006**

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: FACA SW Outfall FACA MONITORING PERIOD: 10/1/2006 TO 10/31/2006 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 G Raw Sew/Influent	SAMPLE MEASUREMENT	*****	*****	*****	*****	17.4	21.4	DEG.C	0	Continuous	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX			Continuous	CONTIN
	QL	*****	*****		*****	*****	*****				
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	26.1	30.8	DEG.C	0	Continuous	CONTIN
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	43.3 01DAMX			Continuous	CONTIN
	QL	*****	*****		*****	*****	*****				
Temperature, oC 00010 2 Effluent Net Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.7	9.9 <sup>120</sup>	DEG.C	0	1/DAY	CALCTD
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	15.3 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".

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: FACC SW Outfall FACC MONITORING PERIOD: 10/1/2006 TO 10/31/2006 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 Thru Treatment Plant 50050 G Raw Sew/influent	SAMPLE MEASUREMENT	7/18/07 1790 2461 1668 2340 7/18/07	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	9580 14132 8906 13402 7/18/07 7/18/07	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".

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

481A-SW Outfall 481A

10/1/2006 TO 10/31/2006

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 Thru Treatment Plant	SAMPLE MEASUREMENT	2/18/07 470	2/18/07 484	MGD	*****	*****	*****		Φ	1/DAY	CALCTD
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****		7.5	*****	7.6		Φ	1/Week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	SU		1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****		7.7	*****	7.9		Φ	1/Week	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01DAMN	*****	REPORT 01DAMX	SU		1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****		Code = N	*****	*****		Φ	Code = N	Code = N
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	50 01DAMN	*****	*****	%EFFL		2/Year	COMPOS
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	Code = N	Code = N		Φ	Code = N	Code = N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****		*****	50.1	50.1		Φ	3/Week	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	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

PJ 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

482A SW Outfall 482A

10/1/2006 TO 10/31/2006

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 Thru Treatment Plant	<input checked="" type="checkbox"/>	7/18/07 442 ~ 493	MGD	*****	*****	*****	1 DAY	CALCTD
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	*****	*****	*****	1/Day	CALCTD
	QL	*****	*****	*****	*****	*****		
pH	<input checked="" type="checkbox"/>	*****	*****	7.5	*****	7.7	1/week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	1/Week	GRAB
	QL	*****	*****	*****	*****	*****		
pH	<input checked="" type="checkbox"/>	*****	*****	7.7	*****	7.9	1/week	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	*****	*****	REPORT 01DAMN	*****	REPORT 01DAMX	1/Week	GRAB
	QL	*****	*****	*****	*****	*****		
LC50 Statre 96hr Acu Cyprinodon	<input checked="" type="checkbox"/>	*****	*****	Code = N	*****	*****	Code = N	Code = N
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	50 01DAMN	*****	*****	2/Year	COMPOS
	QL	*****	*****	*****	*****	*****		
Chlorine Produced Oxidants	<input checked="" type="checkbox"/>	*****	*****	*****	Code = N	Code = N	Code = N	Code = N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	0.3 01MOAV	0.5 01DAMX	3/Week	GRAB
Option 1	QL	*****	*****	*****	*****	*****		
Chlorine Produced Oxidants	<input checked="" type="checkbox"/>	*****	*****	*****	<0.1	<0.1	3/Week	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01MOAV	0.2 01DAMX	3/Week	GRAB
Option 2	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

483A-SW-Outfall-483A

10/1/2006 TO 10/31/2006

PSEG NUCLEAR LLC SALEM GENERATIN

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	2/18/07 351	2/18/07 412	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
50050 1	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Day	CALCTD
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.7		0	1/Week	GRAB
00400 1	PERMIT REQUIREMENT	*****	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	SU		1/Week	GRAB
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	7.9		0	1/Week	GRAB
00400 7	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01DAMN	*****	REPORT 01DAMX	SU		1/Week	GRAB
Intake From Stream	QL	*****	*****		*****	*****	*****				
Chlorine Produced	SAMPLE MEASUREMENT	*****	*****	*****	*****	Code=N	Code=N		0	Code=N	Code=N
Oxidants	PERMIT REQUIREMENT	*****	*****	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
*CPOX 1	QL	*****	*****		*****	*****	*****				
Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	50.1	50.1		0	3/Week	GRAB
Option 1	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Chlorine Produced	QL	*****	*****		*****	*****	*****				
Oxidants	SAMPLE MEASUREMENT	*****	*****	*****	*****	26.6	33.1		0	1/Day	CONTIN
*CPOX 1	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
Temperature, oC	SAMPLE MEASUREMENT	*****	*****	*****	*****	26.6	33.1		0	1/Day	CONTIN
00010 1	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		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.

**November 2006**

# Surface Water Discharge Monitoring Report

FI 40014

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: FACC SW Outfall FACC MONITORING PERIOD: 11/1/2006 TO 11/30/2006 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATION

PARAMETER	<div></div>	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	7/18/07 2454 2364	2683 2553	MGD	*****	*****	*****	*****	Q	1/Day	CALCTD
50050 G Raw Sew/influent	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
Thermal Discharge	SAMPLE MEASUREMENT	14454 13733	15201 14460	MBTU/HR	*****	*****	*****	*****	Q	1/Day	CALCTD
Million BTUs per Hr	PERMIT REQUIREMENT	7/18/07 REPORT 01MOAV	7/18/07 30600 01DAMX		*****	*****	*****				
00015 2 Effluent Net Value	QL	*****	*****		*****	*****	*****				
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		17451						
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT 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".

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

11/1/2006 TO 11/30/2006

PSEG NUCLEAR LLC SALEM GENERATION

1140014

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	4486	486		*****	*****	*****		Ø	1/Day	CALCTD
50050 1	PERMIT REQUIREMENT	440	476		*****	*****	*****	*****		1/Day	CALCTD
Effluent Gross Value	QL	*****	*****	MGD	*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****		7.5	*****	7.7		Ø	1/week	GRAB
00400 1	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	SU		1/Week	GRAB
Effluent Gross Value	QL	*****	*****		01DAMN	*****	01DAMX				
pH	SAMPLE MEASUREMENT	*****	*****		7.7	*****	8.0		Ø	1/week	GRAB
00400 7	PERMIT REQUIREMENT	*****	*****	*****	REPORT	*****	REPORT	SU		1/Week	GRAB
Intake From Stream	QL	*****	*****		01DAMN	*****	01DAMX				
LC50 Statre 96hr Acu	SAMPLE MEASUREMENT	*****	*****		CODE = N	*****	*****		Ø	CODE = N	CODE = N
Cyprinodon	PERMIT REQUIREMENT	*****	*****	*****	50	*****	*****	%EFFL		2/Year	COMPOS
TAN6A 1	QL	*****	*****		01DAMN	*****	*****				
Effluent Gross Value											
Chlorine Produced	SAMPLE MEASUREMENT	*****	*****		*****	CODE = N	CODE = N		Ø	CODE = N	CODE = N
Oxidants	PERMIT REQUIREMENT	*****	*****	*****	*****	0.3	0.5	MG/L		3/Week	GRAB
*CPOX 1	QL	*****	*****		*****	01MOAV	01DAMX				
Effluent Gross Value											
Option 1											
Chlorine Produced	SAMPLE MEASUREMENT	*****	*****		*****	<0.1	<0.1		Ø	3/week	GRAB
Oxidants	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	0.2	MG/L		3/Week	GRAB
*CPOX 1	QL	*****	*****		*****	01MOAV	01DAMX				
Effluent Gross Value											
Option 2											

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.

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

482A SW Outfall 482A

11/1/2006 TO 11/30/2006

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 Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	7/18/07 436 486	493 442 7/18/07	MGD	*****	*****	*****	*****	Ø	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.9	SU	Ø	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX				
	QL	*****	*****		*****	*****	*****				
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	8.0	SU	Ø	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX				
	QL	*****	*****		*****	*****	*****				
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	CODE=N	*****	*****	%EFFL	Ø	2/Year	COMPOS
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****				
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	CODE=N	CODE=N	MG/L	Ø	3/Week	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	Ø	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.

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

483A SW Outfall 483A

11/1/2006 TO 11/30/2006

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 Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	397 336 7/18/07	504 435 7/18/07	MGD	*****	*****	*****	*****	Q	1/DAY	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.6	SU	Q	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX				
	QL	*****	*****		*****	*****	*****				
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	8.0	SU	Q	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	Q	3/Week	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	Q	3/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX				
	QL	*****	*****		*****	*****	*****				
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	22.4	28.1	DEG.C	Q	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.

**December 2006**

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: FACA SW Outfall FACA MONITORING PERIOD: 12/1/2006 TO 12/31/2006 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	8.4	12.6		Q	Continuous	CONTIN
00010 G Raw Sew/influent	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
	QL	*****	*****		*****	*****	*****				
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	16.9	20.9		Q	Continuous	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
	QL	*****	*****		*****	*****	*****				
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	8.5	9.8 ~ 4.9 7/18/07		Q	1/DAY	CALCTD
00010 2 Effluent Net Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
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 "srosenwi@dep.state.nj.us".

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACC SW Outfall FACC

12/1/2006 TO 12/31/2006

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 Thru Treatment Plant 50050 G Raw Sew/Influent	SAMPLE MEASUREMENT	2578 24418 74867	2683 2553 74867	MGD	*****	*****	*****	*****	Q	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	14671 13981 74867	14969 14313 74867	MBTU/HR	*****	*****	*****	*****	Q	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".

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

12/1/2006 TO 12/31/2006

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 Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	447.5	485.5	MGD	*****	*****	*****	*****	Q	1/DAY	CALCTD
	PERMIT REQUIREMENT	475	475		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.6	SU	Q	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX				
	QL	*****	*****		*****	*****	*****				
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.8	SU	Q	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX				
	QL	*****	*****		*****	*****	*****				
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	Code = N	*****	*****	%EFFL	Q	Code = N	Code = N
	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****				
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	Code = N	Code = N	MG/L	Q	Code = N	Code = N
	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	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:

NJ0005622

482A SW Outfall 482A

12/1/2006-TO 12/31/2006

PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER	<div><div></div></div>	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant	SAMPLE MEASUREMENT	7/18/07 429 478	7/18/07 442 493	MGD	*****	*****	*****	*****	Q	1/DAY	CALCTD
50050 1 Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****		1/Day	CALCTD	
	QL	*****	*****		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.6	SU	Q	1/Week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX		1/Week	GRAB	
	QL	*****	*****		*****	*****	*****				
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.8	SU	Q	1/Week	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX		1/Week	GRAB	
	QL	*****	*****		*****	*****	*****				
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****	*****	*****	Code = N	*****	*****	%EFFL	Q	Code = N	Code = N
TAN6A 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****		2/Year	COMPOS	
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****	*****	*****	Code = N	Code = N	MG/L	Q	Code = N	Code = N
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX		3/Week	GRAB	
Option 1	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 0.1	< 0.1	MG/L	Q	3/Week	GRAB
*CPOX 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX		3/Week	GRAB	
Option 2	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

483A SW Outfall 483A

12/1/2006 TO 12/31/2006

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 Thru Treatment Plant	<input checked="" type="checkbox"/> SAMPLE MEASUREMENT	7/18/07 432.501	7/18/07 435.501		*****	*****	*****		0	1/DAY	CALCTO
50050 1	<input type="checkbox"/> PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Day	CALCTD
Effluent Gross Value	<input type="checkbox"/> QL	*****	*****		*****	*****	*****				
pH	<input checked="" type="checkbox"/> SAMPLE MEASUREMENT	*****	*****		7.5	*****	7.7		0	1/week	GRAB
00400 1	<input type="checkbox"/> PERMIT REQUIREMENT	*****	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	SU		1/Week	GRAB
Effluent Gross Value	<input type="checkbox"/> QL	*****	*****		*****	*****	*****				
pH	<input checked="" type="checkbox"/> SAMPLE MEASUREMENT	*****	*****		7.5	*****	7.8		0	1/week	GRAB
00400 7	<input type="checkbox"/> PERMIT REQUIREMENT	*****	*****	*****	REPORT 01DAMN	*****	REPORT 01DAMX	SU		1/Week	GRAB
Intake From Stream	<input type="checkbox"/> QL	*****	*****		*****	*****	*****				
Chlorine Produced	<input checked="" type="checkbox"/> SAMPLE MEASUREMENT	*****	*****		*****	Code = N	Code = N		0	Code = N	Code = N
Oxidants	<input type="checkbox"/> PERMIT REQUIREMENT	*****	*****	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
*CPOX 1	<input type="checkbox"/> QL	*****	*****		*****	*****	*****				
Effluent Gross Value											
Option 1											
Chlorine Produced	<input checked="" type="checkbox"/> SAMPLE MEASUREMENT	*****	*****		*****	<0.1	<0.1		0	3/week	GRAB
Oxidants	<input type="checkbox"/> PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
*CPOX 1	<input type="checkbox"/> QL	*****	*****		*****	*****	*****				
Effluent Gross Value											
Option 2											
Temperature, °C	<input checked="" type="checkbox"/> SAMPLE MEASUREMENT	*****	*****		*****	16.6	23.3		0	1/DAY	CONTIN
00010 1	<input type="checkbox"/> PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		1/Day	CONTIN
Effluent Gross Value	<input type="checkbox"/> 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.

**January 2007**

## Surface Water Discharge Monitoring Report

F140014

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACA SW Outfall FACA

1/1/2007 TO 1/31/2007

PSEG NUCLEAR LLC SALEM GENERATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 G Raw Sew/Influent	SAMPLE MEASUREMENT	*****	*****		*****	6.6	9.4		0	Continuous	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
	QL	*****	*****		*****	*****	*****				
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		*****	15.5	18.5 18.6 7/18/07		0	Continuous	CONTIN
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
	QL	*****	*****		*****	*****	*****				
Temperature, oC 00010 2 Effluent Net Value	SAMPLE MEASUREMENT	*****	*****		*****	8.9	9.9 10.0 7/18/07		0	1/DAY	CALCTD
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C		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".

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACC SW Outfall FACC

1/1/2007 TO 1/31/2007

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 Thru Treatment Plant 50050 G Raw Sew/influent	SAMPLE MEASUREMENT	2495	2683	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	3024	REPORT		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
Thermal Discharge Million BTUs per Hr 00015 2 Effluent Net Value	SAMPLE MEASUREMENT	14436	14771	MBTU/HR	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	30600	REPORT		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
Lab Certification #  99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		17451					Not Applic	NOT AP
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT 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".

# Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

481A-SW Outfall 481A

1/1/2007 TO 1/31/2007

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 Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	443	486	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	*****	7.7	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	*****	*****	*****	7.5	*****	7.8	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

1/1/2007 TO 1/31/2007

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 Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	7/18/07 476 ~ 493 427 443		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	*****	7.7	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	*****	*****	*****	7.5	*****	7.8	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

483A-SW-Outfall 483A

1/1/2007 TO 1/31/2007


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 Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	457 395 7/18/07	506 437 7/18/07	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	*****	*****	*****	7.5	*****	7.8	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	*****	*****	*****	*****	15.7	23.3	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.

**February 2007**

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: FACG-SW-Outfall FACG MONITORING PERIOD: 2/1/2007 TO 2/28/2007 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 Thru Treatment Plant 50050 G Raw Sew/Influent	SAMPLE MEASUREMENT	2621 ~ 2494	2683 ~ 2553	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
Thermal Discharge Million BTUs per Hr 00015 2 Effluent Net Value	SAMPLE MEASUREMENT	14250 ~ 13582	14890 ~ 14197	MBTU/HR	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	30600 01MOAV	REPORT 01DAMX		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
Lab Certification #  99999 99 Lab	SAMPLE MEASUREMENT	17327	6431		PR166	17451				Not Applicable	NOT AP
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT 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".

SURFACE WATER DISCHARGE MONITORING  
 PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 481-A-SW Outfall-481-A MONITORING PERIOD: 2/1/2007 TO 2/28/2007 FACILITY NAME: PSEG NUCLEAR LLC SALEM 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	<input checked="" type="checkbox"/>	7/18/07 478	MGD	*****		0	1/DAY	CALCTD
50050 1 Effluent Gross Value	<input type="checkbox"/>	7/18/07 476	MGD	*****	*****		1/Day	CALCTD
	<input type="checkbox"/>	*****		*****				
pH	<input checked="" type="checkbox"/>	*****		6.8		0	1/WEEK	GRAB
00400 1 Effluent Gross Value	<input type="checkbox"/>	*****	*****	6.0 01DAMN	*****	SU	1/Week	GRAB
	<input type="checkbox"/>	*****		*****	*****			
pH	<input checked="" type="checkbox"/>	*****		7.4		0	1/WEEK	GRAB
00400 7 Intake From Stream	<input type="checkbox"/>	*****	*****	REPORT 01DAMN	*****	SU	1/Week	GRAB
	<input type="checkbox"/>	*****		*****	*****			
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value	<input type="checkbox"/>	*****	*****	CODE = N	*****	0	CODE = N	CODE = N
	<input type="checkbox"/>	*****	*****	50 01DAMN	*****	%EFFL	2/Year	COMPOS
	<input type="checkbox"/>	*****		*****	*****			
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	<input type="checkbox"/>	*****	*****	*****	CODE = N	0	CODE = N	CODE = N
	<input type="checkbox"/>	*****	*****	*****	0.3 01MOAV	MG/L	3/Week	GRAB
	<input type="checkbox"/>	*****		*****	*****			
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	<input type="checkbox"/>	*****	*****	*****	<0.1	0	3/WEEK	GRAB
	<input type="checkbox"/>	*****	*****	*****	REPORT 01MOAV	MG/L	3/Week	GRAB
	<input type="checkbox"/>	*****		*****	0.2 01DAMX			
	<input type="checkbox"/>	*****		*****	*****			

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.

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

482A-SW-Outfall-482A

2/1/2007 TO 2/28/2007

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 Thru Treatment Plant	<input checked="" type="checkbox"/>	470 422	493 442		*****	*****	*****			1/DAY	CALCTD
50050 1		7/18/07	7/18/07								
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
pH	<input checked="" type="checkbox"/>	*****	*****		6.9	*****	7.5			1/WEEK	GRAB
00400 1											
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	SU		1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
pH	<input checked="" type="checkbox"/>	*****	*****		7.4	*****	8.2			1/WEEK	GRAB
00400 7											
Intake From Stream	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01DAMN	*****	REPORT 01DAMX	SU		1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
LC50 Statre 96hr Acu	<input checked="" type="checkbox"/>	*****	*****		CODE=N	*****	*****			CODE=N	CODE=N
Cyprinodon											
TAN6A 1											
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	50 01DAMN	*****	*****	%EFFL		2/Year	COMPOS
	QL	*****	*****		*****	*****	*****				
Chlorine Produced	<input checked="" type="checkbox"/>	*****	*****		*****	CODE=N	CODE=N			CODE=N	CODE=N
Oxidants											
*CPOX 1											
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Option 1	QL	*****	*****		*****	*****	*****				
Chlorine Produced	<input checked="" type="checkbox"/>	*****	*****		*****	<0.1	<0.1			3/WEEK	GRAB
Oxidants											
*CPOX 1											
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Option 2	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.

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	498	504	MGD	*****	*****	*****	*****	0	1/DAY	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.6	SU	0	1/WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX				
	QL	*****	*****		*****	*****	*****				
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	8.2	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	3/Week	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, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.3	14.1	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.

**March 2007**

# Surface water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACA SW-Outfall FACA

3/1/2007 TO 3/31/2007

PSEG NUCLEAR LLC SALEM GENERATING


PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	5.5	9.9			Continuous	Contin
00010 G	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
Raw Sew/influent	QL	*****	*****		*****	*****	*****				
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	13.4	18.2			Continuous	Contin
00010 1	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
Effluent Gross Value	QL	*****	*****		*****	*****	*****				
Temperature, oC	SAMPLE MEASUREMENT	*****	*****		*****	7.8	10.4			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	6431		PA 166	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".

Surface Water Discharge Monitoring Report

PI-46814

PERMIT-NUMBER: NJ0005622    MONITORED-LOCATION: FACC SW Outfall FACC    MONITORING-PERIOD: 3/1/2007 TO 3/31/2007    FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING


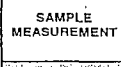


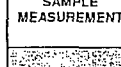
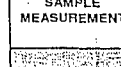
PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 G Raw Sew/influent	SAMPLE MEASUREMENT	7/18/07 2401 2279	7/18/07 2883 2553	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX		*****	*****	*****			1/Day	CALCTD
	QL	7/18/07 *****	*****		*****	*****	*****				
Thermal Discharge Million BTUs per Hr 00015 2 Effluent Net Value	SAMPLE MEASUREMENT	7/18/07 13458 12929	7/18/07 15721 15070	MBTU/HR	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	30600 01DAMX		*****	*****	*****			1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
Lab Certification #  99999 99 Lab	SAMPLE MEASUREMENT	17327	6431		PA 166	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".

## Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 481A SW Outfall 481A MONITORING PERIOD: 3/1/2007 TO 3/31/2007 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 Thru Treatment Plant 50050 1 Effluent Gross Value		7/18/07 448426	7/18/07 476486	MGD	*****	*****	*****	*****	0	1/Dry	CALCTD
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****			1/Day	CALCTD
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
pH 00400 1 Effluent Gross Value		*****	*****	*****	7.4	*****	7.7	SU	0	1/Dry	GRAB
	SAMPLE MEASUREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX			1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
pH 00400 7 Intake From Stream		*****	*****	*****	7.6	*****	7.8	SU	0	1/Week	GRAB
	SAMPLE MEASUREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX			1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value		*****	*****	*****	CODE = N	*****	*****	%EFFL	0	CODE = N	CODE = N
	SAMPLE MEASUREMENT	*****	*****		50 01DAMN	*****	*****			2/Year	COMPOS
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1		*****	*****	*****	*****	< 0.1	< 0.1	MG/L	0	3/Week	GRAB
	SAMPLE MEASUREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX			3/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2		*****	*****	*****	*****	< 0.1	< 0.1	MG/L	0	3/Week	GRAB
	SAMPLE MEASUREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX			3/Week	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				

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: 482A SW Outfall 482A MONITORING PERIOD: 3/1/2007 TO 3/31/2007 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 Thru Treatment Plant 50050 1 Effluent Gross Value											
	SAMPLE MEASUREMENT	7/18/07 334369	7/18/07 493 442		*****	*****	*****		0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	*****		1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		7.4	*****	7.6		0	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6.0 01DAMN	*****	9.0 01DAMX	SU		1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****		7.6	*****	7.8		0	1/Week	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01DAMN	*****	REPORT 01DAMX	SU		1/Week	GRAB
	QL	*****	*****		*****	*****	*****				
LC50 Statre 96hr Acu Cyprinodon TAN6A 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****		CODE=N	*****	*****		0	CODE=N	CODE=N
	PERMIT REQUIREMENT	*****	*****	*****	50 01DAMN	*****	*****	%EFFL		2/Year	COMPOS
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	*****	*****		*****	<0.1	<0.1		0	3/Week	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	*****	*****		*****	<0.1	<0.1		0	3/Week	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		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 483A SW Outfall 483A 3/1/2007 TO 3/31/2007 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 Thru Treatment Plant 50050 1 Effluent Gross Value		7/18/07 430 7/18/07 435505		MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	SAMPLE MEASUREMENT	372	435505		*****	*****	*****				
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****				
pH 00400 1 Effluent Gross Value	QL	*****	*****	*****	*****	*****	*****	SU	0	1/Week	GRAB
	SAMPLE MEASUREMENT	*****	*****		7.4	*****	7.6				
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX				
pH 00400 7 Intake From Stream	QL	*****	*****	*****	*****	*****	*****	SU	0	1/Week	GRAB
	SAMPLE MEASUREMENT	*****	*****		7.6	*****	7.8				
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	QL	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/Week	GRAB
	SAMPLE MEASUREMENT	*****	*****		*****	<0.1	<0.1				
	PERMIT REQUIREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	QL	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/Week	GRAB
	SAMPLE MEASUREMENT	*****	*****		*****	<0.1	<0.1				
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX				
Temperature, oC 00010 1 Effluent Gross Value	QL	*****	*****	*****	*****	13.2	22.1	DEG.C	0	1/Day	CONTIN
	SAMPLE MEASUREMENT	*****	*****		*****	13.2	22.1				
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX				

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.

**April 2007**

# Surface Water Discharge Monitoring Report

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACA SW-Outfall FACA

4/1/2007 TO 4/30/2007

PSEG NUCLEAR LLC SALEM GENERATING

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, °C	SAMPLE MEASUREMENT	*****	*****		*****	10.3	14.3		φ	Continuous	CONTIN
00010 G Raw Sew/Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
	QL	*****	*****		*****	*****	*****				
Temperature, °C	SAMPLE MEASUREMENT	*****	*****		*****	15.2	21.5 ~ 21.4 ~ 18.6		φ	Continuous	CONTIN
00010 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	43.3 01DAMX	DEG.C		Continuous	CONTIN
	QL	*****	*****		*****	*****	*****				
Temperature, °C	SAMPLE MEASUREMENT	*****	*****		*****	4.9	9.7 ~ 9.6 ~ 18.6		φ	1/Day	CALCTD
00010 2 Effluent Net Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C		1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
Lab Certification #	SAMPLE MEASUREMENT	17327	6431		PA 166	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 "srosenwi@dep.state.nj.us".

# Surface Water Discharge Monitoring Report

P146814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: FACC SW Outfall-FACC MONITORING PERIOD: 4/1/2007 TO 4/30/2007 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 Thru Treatment Plant 50050 G Raw Sew/influent	SAMPLE MEASUREMENT	1664	2406	MGD	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	3024	7118		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
Thermal Discharge Million BTUs per Hr 00015 2 Effluent Net Value	SAMPLE MEASUREMENT	8869	15431	MBTU/HR	*****	*****	*****	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	70818	30600		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
Lab Certification #  99999 99 Lab	SAMPLE MEASUREMENT	17327	6431		PA 166	17451				Not Applic	NOT AP
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT 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".

## Surface Water Discharge Monitoring Report

P145814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:


FACILITY NAME:

NJ0005622

481A SW Outfall 481A

4/1/2007 TO 4/30/2007

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 Thru Treatment Plant		200 - 485 196 7/18/07 475 7/18/07		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	*****	7.6	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	*****	*****	*****	7.2	*****	7.6	SU	0	1/Week	GRAB
00400 7	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX			1/Week	GRAB
Intake From Stream	QL	*****	*****		*****	*****	*****				
LC50 Statre 96hr Acu	SAMPLE MEASUREMENT	*****	*****	*****	CODE=N	*****	*****	%EFFL	0	CODE=N	CODE=N
Cyprinodon	PERMIT REQUIREMENT	*****	*****		50 01DAMN	*****	*****			2/Year	COMPOS
TAN6A 1	QL	*****	*****		*****	*****	*****				
Effluent Gross Value											
Chlorine Produced	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	0	3/Week	GRAB
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											

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

1140014

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:


FACILITY NAME:

NJ0005622

482A SW Outfall 482A

4/1/2007 TO 4/30/2007

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 Thru Treatment Plant		71867 173 455		*****				
50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	157		*****				
	PERMIT REQUIREMENT	REPORT 01MOAV	MGD	*****			1/Day	CALCTD
	QL	*****		*****				
pH	SAMPLE MEASUREMENT	*****		7.1			1/Week	GRAB
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	*****		6.0 01DAMN	SU		1/Week	GRAB
	QL	*****		*****				
pH	SAMPLE MEASUREMENT	*****		7.2			1/Week	GRAB
00400 7 Intake From Stream	PERMIT REQUIREMENT	*****		REPORT 01DAMN	SU		1/Week	GRAB
	QL	*****		*****				
LC50 Statre 96hr Acu Cyprinodon	SAMPLE MEASUREMENT	*****		CODE=N				
TAN5A 1 Effluent Gross Value	PERMIT REQUIREMENT	*****		50 01DAMN	%EFFL		2/Year	COMPOS
	QL	*****		*****				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****		*****			3/Week	GRAB
*CPOX 1 Effluent Gross Value Option 1	PERMIT REQUIREMENT	*****		0.3 01MOAV	MG/L		3/Week	GRAB
	QL	*****		*****				
Chlorine Produced Oxidants	SAMPLE MEASUREMENT	*****		*****			3/Week	GRAB
*CPOX 1 Effluent Gross Value Option 2	PERMIT REQUIREMENT	*****		REPORT 01MOAV	MG/L		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

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

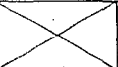
FACILITY NAME:

NJ0005622

483A SW Outfall 483A

4/1/2007-4/30/2007

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 Thru Treatment Plant 50050 1 Effluent Gross Value		7/18/07 138	7/18/07 306 360	MGD	*****	*****	*****	*****	φ	1/Day	CALCTD
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
pH 00400 1 Effluent Gross Value	QL	*****	*****	*****	*****	*****	*****	SU	φ	1/Week	GRAB
	SAMPLE MEASUREMENT	*****	*****		7.2	*****	7.6				
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX				
pH 00400 7 Intake From Stream	QL	*****	*****	*****	*****	*****	*****	SU	φ	1/Week	GRAB
	SAMPLE MEASUREMENT	*****	*****		7.2	*****	7.6				
	PERMIT REQUIREMENT	*****	*****		REPORT 01DAMN	*****	REPORT 01DAMX				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 1	QL	*****	*****	*****	*****	0.1	0.2	MG/L	φ	3/Week	GRAB
	SAMPLE MEASUREMENT	*****	*****		*****	0.3 01MOAV	0.5 01DAMX				
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value Option 2	QL	*****	*****	*****	*****	<0.1	<0.1	MG/L	φ	3/Week	GRAB
	SAMPLE MEASUREMENT	*****	*****		*****	REPORT 01MOAV	0.2 01DAMX				
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
Temperature, oC 00010 1 Effluent Gross Value	QL	*****	*****	*****	*****	14.2	31.6	DEG.C	φ	1/Day	CONTIN
	SAMPLE MEASUREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX				
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				

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.