

SCH16-017
CERTIFIED MAIL
RETURN RECEIPT REQUESTED
ARTICLE NUMBER: 7015 1730 0001 1594 6004



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

APR 2 1 2016

**NEW JERSEY POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT
SALEM GENERATING STATION
NJPDES PERMIT NJ0005622**

Dear Sir:

Attached is the Discharge Monitoring Report for the Salem Generating Station for the month of March 2016.

This report is required by and prepared specifically for the New Jersey Department of Environmental Protection (NJDEP). It presents only the observed results of measurements and analyses required to be performed by the above agencies. The choice of the measurement devices and analytical methods are controlled by the EPA and the NJDEP, not by the company, and there are limitations on the accuracy of such measurement devices and analytical techniques even when used and maintained as required. Accordingly, this report is not intended as an assertion that any instrument has measured, or that any reading or analytical result represents the true value with absolute accuracy, nor is it an endorsement of the suitability of any analytical or measurement procedure.

If you have any questions concerning this report, please feel free to contact Mark Pyle (856) 339-2331.

Sincerely,

A handwritten signature in black ink that reads "John F. Perry".

John F. Perry
Site Vice President – Salem

Attachment (12 DMR's)

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

IE25
NRR

EXPLANATION OF CONDITIONS

March 2016

The following explanations are included to clarify possible deviation from permit conditions.

General - The columns labeled "No. Ex" on the enclosed DMR tabulate the number of daily discharge values outside the indicated limits.

Data reporting and accuracy reflect the working environment, the design capabilities and reliability of the monitoring instruments and operating equipment.

Deviations from required sampling, analysis monitoring and reporting methods and periodicities are noted on the respective transmittal sheet.

Results reported on the Discharge Monitoring Report forms are consistent with permit limits, data supplied from contract laboratories, the December 2007 revision of the NJDEP DMR Instruction Manual and specific guidance from DEP personnel.

DSN 481A-486A limits for Option 1 and Option 2 are incorrect. Data is entered correctly for Option 1 and Option 2 under their respective rows.

ATTACHMENT:

None

EXPLANATION OF EXCEEDANCES

March 2016

The following exceedance(s) are included in the attached report and explained below.

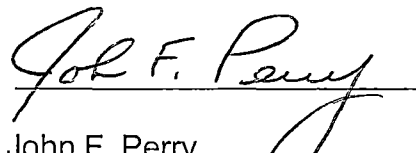
EXPLANATION

None

COUNTY OF SALEM
STATE OF NEW JERSEY

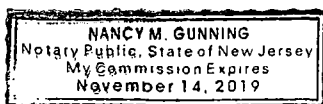
I, John F. Perry, of full age, being duly sworn according to law, upon my oath depose and say:

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.


John F. Perry
Site Vice President – Salem

Sworn and subscribed before me
this 21st day of April 2016





New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

| NJPDES PERMIT | MONITORING PERIOD | | | | | | MONITORED LOCATION: | |
|---------------|-------------------|-----|------|----|-------|-----|---------------------|------------------------|
| NJ0005622 | Month | Day | Year | To | Month | Day | Year | FACA – SW Outfall FACA |
| | 3 | 1 | 2016 | | 3 | 31 | 2016 | |

PERMITTEE:

PSE&G NUCLEAR LLC
80 PARK PLAZA
NEWARK, NJ 07101

LOCATION OF ACTIVITY:

PSEG NUCLEAR LLC SALEM
GENERATING STATION
ALLOWAY CREEK NECK RD
HANCOCKS BRIDGE, NJ 08038

REPORT RECIPIENT:

PSEG NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

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

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

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

John F. Perry, Site Vice President - Salem

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

John F. Perry

4/21/2016 856-339-3463

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

DATE

AREA CODE/PHONE NUMBER

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

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

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: FACA SW Outfall FACA MONITORING PERIOD: 3/1/2016 TO 3/31/2016 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATIN

| 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 | ***** | ***** | ***** | ***** | 9.0 | 11.8 | DEG.C | φ | Continuous | Contin' |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | REPORT 01MOAV | REPORT 01DAMX | | | | |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Temperature, oC 00010 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 17.7 | 20.3 | DEG.C | φ | Continuous | Contin' |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | REPORT 01MOAV | 43.3 01DAMX | | | | |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Temperature, oC 00010 2 Effluent Net Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 8.6 | 10.3 | DEG.C | φ | 1/Day | Calctd |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | REPORT 01MOAV | 15.3 01DAMX | | | | |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Lab Certification # 99999 99 Lab | SAMPLE MEASUREMENT | 17327 | PA166 | | | | | | | 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".

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

| NJPDES PERMIT | MONITORING PERIOD | MONITORED LOCATION: | | | | | | | | | | | | |
|---------------|---|---------------------|-----|------|---|---|------|-------|-----|------|---|----|------|------------------------|
| NJ0005622 | <table border="1"><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td>3</td><td>1</td><td>2016</td></tr></table> To <table border="1"><tr><th>Month</th><th>Day</th><th>Year</th></tr><tr><td>3</td><td>31</td><td>2016</td></tr></table> | Month | Day | Year | 3 | 1 | 2016 | Month | Day | Year | 3 | 31 | 2016 | FACB – SW Outfall FACB |
| Month | Day | Year | | | | | | | | | | | | |
| 3 | 1 | 2016 | | | | | | | | | | | | |
| Month | Day | Year | | | | | | | | | | | | |
| 3 | 31 | 2016 | | | | | | | | | | | | |

PERMITTEE:

PSE&G NUCLEAR LLC
80 PARK PLAZA
NEWARK, NJ 07101

LOCATION OF ACTIVITY:

PSEG NUCLEAR LLC SALEM
GENERATING STATION
ALLOWAY CREEK NECK RD
HANCOCKS BRIDGE, NJ 08038

REPORT RECIPIENT:

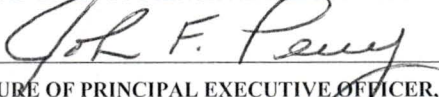
PSEG NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

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

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

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

| | |
|--|---|
| John F. Perry, Site Vice President - Salem | N/A |
| NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR | GRADE AND REGISTRY NUMBER (IF APPLICABLE) |
|  | 4/21/2016 856-339-3463 |
| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR | DATE AREA CODE/PHONE NUMBER |

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

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

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

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: FACB SW Outfall FACB MONITORING PERIOD: 3/1/2016 TO 3/31/2016 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATIN

| 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 | ***** | ***** | ***** | ***** | 9.0 | 11.8 | DEG.C | φ | Continuous | Contin |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | REPORT 01MOAV | REPORT 01DAMX | | | | |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Temperature, oC 00010 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 17.2 | 19.8 | DEG.C | φ | Continuous | Contin |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | REPORT 01MOAV | 43.3 01DAMX | | | | |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Temperature, oC 00010 2 Effluent Net Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 8.2 | 9.1 | DEG.C | φ | 1/Day | Calctd |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | REPORT 01MOAV | 15.3 01DAMX | | | | |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Lab Certification # 99999 99 Lab | SAMPLE MEASUREMENT | 17327 | PA 166 | | | | | | | 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".

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

| NJPDES PERMIT | MONITORING PERIOD | | | | | | MONITORED LOCATION: | |
|---------------|-------------------|-----|------|----|-------|-----|---------------------|------------------------|
| NJ0005622 | Month | Day | Year | To | Month | Day | Year | FACC – SW Outfall FACC |
| | 3 | 1 | 2016 | | 3 | 31 | 2016 | |

PERMITTEE:

PSE&G NUCLEAR LLC
80 PARK PLAZA
NEWARK, NJ 07101

LOCATION OF ACTIVITY:

PSEG NUCLEAR LLC SALEM
GENERATING STATION
ALLOWAY CREEK NECK RD
HANCOCKS BRIDGE, NJ 08038

REPORT RECIPIENT:

PSEG NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE:

☐

No Discharge this Monitoring Period

☐

Monitoring Report Comments Attached

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

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

John F. Perry, Site Vice President - Salem

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

John F. Perry

4/21/2016 856-339-3463

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

DATE

AREA CODE/PHONE NUMBER

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

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

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACC SW Outfall FACC

3/1/2016 TO 3/31/2016

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 50050 G Raw Sew/influent | SAMPLE MEASUREMENT | 2573 | 2601 | MGD | ***** | ***** | ***** | ***** | 0 | 1/Day | Calctd |
| | PERMIT REQUIREMENT | 3024 01MOAV | REPORT 01DAMX | | ***** | ***** | ***** | | | 1/Day | CALCTD |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Thermal Discharge Million BTUs per Hr 00015 2 Effluent Net Value | SAMPLE MEASUREMENT | 13879 | 15232 | MBTU/HR | ***** | ***** | ***** | ***** | 0 | 1/Day | Calctd |
| | PERMIT REQUIREMENT | REPORT 01MOAV | 30600 01DAMX | | ***** | ***** | ***** | | | 1/Day | CALCTD |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Lab Certification # 99999 99 Lab | SAMPLE MEASUREMENT | 17327 | PA166 | | | | | | | | |
| | PERMIT REQUIREMENT | REPORT Lab # | REPORT Lab # | | REPORT Lab # | REPORT Lab # | REPORT Lab # | | | Not Applic | NOT AP |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |

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

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

| NJPDES PERMIT | MONITORING PERIOD | | | | | | MONITORED LOCATION: | |
|---------------|-------------------|-----|------|----|-------|-----|---------------------|-----------------------|
| NJ0005622 | Month | Day | Year | To | Month | Day | Year | 048C – SW Outfall 48C |
| | 3 | 1 | 2016 | | 3 | 31 | 2016 | |

PERMITTEE:

PSE&G NUCLEAR LLC
80 PARK PLAZA
NEWARK, NJ 07101

LOCATION OF ACTIVITY:

PSEG NUCLEAR LLC SALEM
GENERATING STATION
ALLOWAY CREEK NECK RD
HANCOCKS BRIDGE, NJ 08038

REPORT RECIPIENT:

PSEG NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

CHECK IF APPLICABLE:

☐

No Discharge this Monitoring Period

☐

Monitoring Report Comments Attached

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

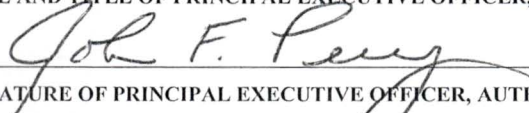
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate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

John F. Perry, Site Vice President - Salem

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)



4/21/2016 856-339-3463

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

DATE

AREA CODE/PHONE NUMBER

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

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

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

048C SW Outfall 48C

3/1/2016 TO 3/31/2016

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 | 0.2957 | 0.6828 | | ***** | ***** | ***** | | | 1/Day | Calctd |
| 50050 1 | PERMIT REQUIREMENT | REPORT 01MOAV | REPORT 01DAMX | MGD | ***** | ***** | ***** | ***** | | 1/Day | CALCTD |
| Effluent Gross Value | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Solids, Total Suspended | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 6 | 7 | | | 2/Month | Compos |
| 00530 1 | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 30 01MOAV | 100 01DAMX | MG/L | | 2/Month | COMPOS |
| Effluent Gross Value | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Nitrogen, Ammonia Total (as N) | SAMPLE MEASUREMENT | ***** | ***** | | ***** | <1 | <1 | | | 2/Month | Compos |
| 00610 1 | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 35 01MOAV | 70 01DAMX | MG/L | | 2/Month | COMPOS |
| Effluent Gross Value | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Petroleum Hydrocarbons | SAMPLE MEASUREMENT | ***** | ***** | | ***** | <2 | <2 | | | 2/Month | Grab |
| 00551 1 | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 10 01MOAV | 15 01DAMX | MG/L | | 2/Month | GRAB |
| Effluent Gross Value | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Carbon, Tot Organic (TOC) | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 11 | 13 | | | 2/Month | Compos |
| 00680 1 | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT 01MOAV | 50 01DAMX | MG/L | | 2/Month | COMPOS |
| Effluent Gross Value | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Lab Certification # | SAMPLE MEASUREMENT | 17327 | PA166 | | | | | | | | |
| 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)292-4680 or via email at "srosenwi@dep.state.nj.us".

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

| NJPDES PERMIT | MONITORING PERIOD | | | | | | MONITORED LOCATION: | |
|---------------|-------------------|-----|------|----|-------|-----|---------------------|------------------------|
| NJ0005622 | Month | Day | Year | To | Month | Day | Year | 481A – SW Outfall 481A |
| | 3 | 1 | 2016 | | 3 | 31 | 2016 | |

PERMITTEE:

PSE&G NUCLEAR LLC
80 PARK PLAZA
NEWARK, NJ 07101

LOCATION OF ACTIVITY:

PSEG NUCLEAR LLC SALEM
GENERATING STATION
ALLOWAY CREEK NECK RD
HANCOCKS BRIDGE, NJ 08038

REPORT RECIPIENT:

PSEG NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

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

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

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

John F. Perry, Site Vice President - Salem

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

John F. Perry

4/21/2016 856-339-3463

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

DATE

AREA CODE/PHONE NUMBER

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

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

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

3/1/2016 TO 3/31/2016

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 50050 1 Effluent Gross Value | SAMPLE MEASUREMENT | 445 | 451 | MGD | ***** | ***** | ***** | ***** | φ | 1/Day | Calctd |
| | PERMIT REQUIREMENT | REPORT 01MOAV | REPORT 01DAMX | | ***** | ***** | ***** | | | | |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| pH 00400 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.4 | ***** | 7.8 | SU | φ | 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 | φ | 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 | φ | 2/Year | 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 | φ | 3/Week | 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 | φ | 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: NJ0005622
 MONITORED LOCATION: 481A SW Outfall 481A
 MONITORING PERIOD: 3/1/2016 TO 3/31/2016
 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATIN

| PARAMETER | | QUANTITY OR LOADING | | UNITS | QUALITY OR CONCENTRATION | | | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|--------------|-------|--------------------------|---------------|---------------|-------|---------|-------------------|-------------|
| Temperature, oC 00010 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 17.7 | 22.2 | | φ | 1/Day | Contin |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT 01MOAV | REPORT 01DAMX | DEG.C | | 1/Day | CONTIN |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Lab Certification # 99999 99 Lab | SAMPLE MEASUREMENT | 17327 | PA166 | | | | | | | | |
| | PERMIT REQUIREMENT | REPORT Lab # | REPORT Lab # | | REPORT Lab # | REPORT Lab # | REPORT Lab # | | | Not Applic | NOT AP |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

| NJPDES PERMIT | MONITORING PERIOD | | | | | | MONITORED LOCATION: | |
|---------------|-------------------|-----|------|----|-------|-----|---------------------|------------------------|
| NJ0005622 | Month | Day | Year | To | Month | Day | Year | 482A – SW Outfall 482A |
| | 3 | 1 | 2016 | | 3 | 31 | 2016 | |

PERMITTEE:

PSE&G NUCLEAR LLC
80 PARK PLAZA
NEWARK, NJ 07101

LOCATION OF ACTIVITY:

PSEG NUCLEAR LLC SALEM
GENERATING STATION
ALLOWAY CREEK NECK RD
HANCOCKS BRIDGE, NJ 08038

REPORT RECIPIENT:

PSEG NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

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

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

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

John F. Perry, Site Vice President - Salem

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

John F. Perry

4/21/2016 856-339-3463

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

DATE

AREA CODE/PHONE NUMBER

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

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

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

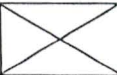
FACILITY NAME:

NJ0005622

482A SW Outfall 482A

3/1/2016 TO 3/31/2016

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 | 425 | 436 | MGD | ***** | ***** | ***** | ***** | 0 | 1/Day | CALCTD |
| | PERMIT REQUIREMENT | REPORT 01MOAV | REPORT 01DAMX | | ***** | ***** | ***** | | | | |
| | 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 | | | | |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| pH 00400 7 Intake From Stream | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.4 | ***** | 7.6 | 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.

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 482A SW Outfall 482A MONITORING PERIOD: 3/1/2016 TO 3/31/2016 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 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 17.8 | 22.0 | DEG.C | 0 | 1/Day | Contin |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | REPORT 01MOAV | REPORT 01DAMX | | | 1/Day | CONTIN |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Lab Certification # 99999 99 Lab | SAMPLE MEASUREMENT | 17327 | PA166 | | | | | | | | |
| | PERMIT REQUIREMENT | REPORT Lab # | REPORT Lab # | | REPORT Lab # | REPORT Lab # | REPORT Lab # | | | Not Applic | NOT AP |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

| NJPDES PERMIT | MONITORING PERIOD | MONITORED LOCATION: | | | | | | | | | | | | |
|---------------|---|---------------------|-----|------|---|---|------|-------|-----|------|---|----|------|------------------------|
| NJ0005622 | <table border="1"><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td>3</td><td>1</td><td>2016</td></tr></table> To <table border="1"><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td>3</td><td>31</td><td>2016</td></tr></table> | Month | Day | Year | 3 | 1 | 2016 | Month | Day | Year | 3 | 31 | 2016 | 483A – SW Outfall 483A |
| Month | Day | Year | | | | | | | | | | | | |
| 3 | 1 | 2016 | | | | | | | | | | | | |
| Month | Day | Year | | | | | | | | | | | | |
| 3 | 31 | 2016 | | | | | | | | | | | | |

PERMITTEE:

PSE&G NUCLEAR LLC
80 PARK PLAZA
NEWARK, NJ 07101

LOCATION OF ACTIVITY:

PSEG NUCLEAR LLC SALEM
GENERATING STATION
ALLOWAY CREEK NECK RD
HANCOCKS BRIDGE, NJ 08038

REPORT RECIPIENT:


PSEG NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

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

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

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

| | |
|--|---|
| John F. Perry, Site Vice President - Salem | N/A |
| NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR | GRADE AND REGISTRY NUMBER (IF APPLICABLE) |
|  | |
| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR | DATE |
| | 4/21/2016 |
| | 856-339-3463 |
| | AREA CODE/PHONE NUMBER |

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

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

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

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 483A SW Outfall 483A MONITORING PERIOD: 3/1/2016 TO 3/31/2016 FACILITY NAME: 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 50050 1 Effluent Gross Value | SAMPLE MEASUREMENT | 441 | 446 | MGD | ***** | ***** | ***** | ***** | φ | 1/Day | Calctd |
| | PERMIT REQUIREMENT | REPORT 01MOAV | REPORT 01DAMX | | ***** | ***** | ***** | | | | |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| pH 00400 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.5 | ***** | 7.7 | SU | φ | 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 | φ | 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 | φ | 3/Week | 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 | φ | 3/Week | Grab |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | REPORT 01MOAV | 0.2 01DAMX | | | | |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Temperature, oC 00010 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 17.6 | 23.0 | DEG.C | φ | 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: NJ0005622
 MONITORED LOCATION: 483A SW Outfall 483A
 MONITORING PERIOD: 3/1/2016 TO 3/31/2016
 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATIN

| PARAMETER |  | QUANTITY OR LOADING | | UNITS | QUALITY OR CONCENTRATION | | | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|--|---|---------------------|--------------|-------|--------------------------|--------------|--------------|-------|---------|-------------------|-------------|
| Lab Certification # 99999 99 Lab | SAMPLE MEASUREMENT | 17327 | PA166 | | | | | | | | |
| | PERMIT REQUIREMENT | REPORT Lab # | REPORT Lab # | | REPORT Lab # | REPORT Lab # | REPORT Lab # | | | Not Applic | NOT AP |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |

Comments: Any questions in regards to the monitoring report form can be directed to S. Rosenwinkel of the BPSP - Region 2 at (609)292-4860.

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

| NJPDES PERMIT | MONITORING PERIOD | | | | | | MONITORED LOCATION: | |
|---------------|-------------------|-----|------|----|-------|-----|---------------------|------------------------|
| NJ0005622 | Month | Day | Year | To | Month | Day | Year | 484A – SW Outfall 484A |
| | 3 | 1 | 2016 | | 3 | 31 | 2016 | |

PERMITTEE:

PSE&G NUCLEAR LLC
80 PARK PLAZA
NEWARK, NJ 07101

LOCATION OF ACTIVITY:

PSEG NUCLEAR LLC SALEM
GENERATING STATION
ALLOWAY CREEK NECK RD
HANCOCKS BRIDGE, NJ 08038

REPORT RECIPIENT:

PSEG NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

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

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

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

John F. Perry, Site Vice President - Salem

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

John F. Perry

4/21/2016 856-339-3463

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

DATE

AREA CODE/PHONE NUMBER

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

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

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

484A SW Outfall 484A

3/1/2016 TO 3/31/2016

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 50050 1 Effluent Gross Value | SAMPLE MEASUREMENT | 448 | 455 | MGD | ***** | ***** | ***** | ***** | 0 | 1/Day | CALCTD |
| | PERMIT REQUIREMENT | REPORT 01MOAV | REPORT 01DAMX | | ***** | ***** | ***** | | | | |
| | 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 | | | | |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| pH 00400 7 Intake From Stream | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.4 | ***** | 7.6 | 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 | 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 | 3/Week | 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.

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

484A SW Outfall 484A

3/1/2016 TO 3/31/2016

PSEG NUCLEAR LLC SALEM GENERATIN

| PARAMETER | | QUANTITY OR LOADING | | UNITS | QUALITY OR CONCENTRATION | | | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|--------------|-------|--------------------------|---------------|---------------|-------|---------|-------------------|-------------|
| Temperature, oC 00010 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 17.2 | 21.3 | DEG.C | 0 | 1/Day | Contin |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | REPORT 01MOAV | REPORT 01DAMX | | | 1/Day | CONTIN |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Lab Certification # 99999 99 Lab | SAMPLE MEASUREMENT | 17327 | PA166 | | | | | | | | |
| | PERMIT REQUIREMENT | REPORT Lab # | REPORT Lab # | | REPORT Lab # | REPORT Lab # | REPORT Lab # | | | Not Applic | NOT AP |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

| NJPDES PERMIT | MONITORING PERIOD | | | | | | MONITORED LOCATION: | |
|---------------|-------------------|-----|------|----|-------|-----|---------------------|------------------------|
| NJ0005622 | Month | Day | Year | To | Month | Day | Year | 485A – SW Outfall 485A |
| | 3 | 1 | 2016 | | 3 | 31 | 2016 | |

PERMITTEE:

PSE&G NUCLEAR LLC
80 PARK PLAZA
NEWARK, NJ 07101

LOCATION OF ACTIVITY:

PSEG NUCLEAR LLC SALEM
GENERATING STATION
ALLOWAY CREEK NECK RD
HANCOCKS BRIDGE, NJ 08038

REPORT RECIPIENT:

PSEG NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

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

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

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

John F. Perry, Site Vice President - Salem

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

John F. Perry

4/21/2016 856-339-3463

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

DATE

AREA CODE/PHONE NUMBER

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

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

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

485A SW Outfall 485A

3/1/2016 TO 3/31/2016

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 50050 1 Effluent Gross Value | SAMPLE MEASUREMENT | 435 | 437 | MGD | ***** | ***** | ***** | ***** | φ | 1/Day | Calctd |
| | PERMIT REQUIREMENT | REPORT 01MOAV | REPORT 01DAMX | | ***** | ***** | ***** | | | 1/Day | CALCTD |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| pH 00400 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.4 | ***** | 7.8 | SU | φ | 1/week | Grab |
| | PERMIT REQUIREMENT | ***** | ***** | | 6.0 01DAMN | ***** | 9.0 01DAMX | | | 1/Week | GRAB |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| pH 00400 7 Intake From Stream | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.4 | ***** | 7.6 | SU | φ | 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 | φ | 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 | φ | 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 | φ | 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

3/1/2016 TO 3/31/2016

PSEG NUCLEAR LLC SALEM GENERATIN

| PARAMETER | | QUANTITY OR LOADING | | UNITS | QUALITY OR CONCENTRATION | | | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|--------------|-------|--------------------------|---------------|---------------|-------|---------|-------------------|-------------|
| Temperature, oC 00010 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 17.2 | 21.3 | DEG.C | 0 | 1/Day | Contin |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | REPORT 01MOAV | REPORT 01DAMX | | | 1/Day | CONTIN |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Lab Certification # 99999 99 Lab | SAMPLE MEASUREMENT | 17327 | PA166 | | | | | | | | |
| | PERMIT REQUIREMENT | REPORT Lab # | REPORT Lab # | | REPORT Lab # | REPORT Lab # | REPORT Lab # | | | Not Applic | NOT AP |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |

Comments: The permittee is required to perform acute toxicity testing on a minimum of one representative CWS outfall while DSN 48C is being routed to that outfall.

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

| NJPDES PERMIT | MONITORING PERIOD | | | | | | MONITORED LOCATION: | |
|---------------|-------------------|-----|------|----|-------|-----|---------------------|------------------------|
| NJ0005622 | Month | Day | Year | To | Month | Day | Year | 486A – SW Outfall 486A |
| | 3 | 1 | 2016 | | 3 | 31 | 2016 | |

PERMITTEE:

PSE&G NUCLEAR LLC
80 PARK PLAZA
NEWARK, NJ 07101

LOCATION OF ACTIVITY:

PSEG NUCLEAR LLC SALEM
GENERATING STATION
ALLOWAY CREEK NECK RD
HANCOCKS BRIDGE, NJ 08038

REPORT RECIPIENT:

PSEG NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

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

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

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

John F. Perry, Site Vice President - Salem

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)

John F. Perry

4/21/2016 856-339-3463

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

DATE

AREA CODE/PHONE NUMBER

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

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

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

486A SW Outfall 486A

3/1/2016 TO 3/31/2016

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 | 444 | 448 | MGD | ***** | ***** | ***** | ***** | φ | 1/Day | Calctd |
| 50050 1 | PERMIT REQUIREMENT | REPORT 01MOAV | REPORT 01DAMX | | ***** | ***** | ***** | | | 1/Day | CALCTD |
| Effluent Gross Value | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.4 | ***** | 7.6 | SU | φ | 1/week | Grab |
| 00400 1 | PERMIT REQUIREMENT | ***** | ***** | | 6.0 01DAMN | ***** | 9.0 01DAMX | | | 1/Week | GRAB |
| Effluent Gross Value | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.4 | ***** | 7.6 | SU | φ | 1/week | Grab |
| 00400 7 | PERMIT REQUIREMENT | ***** | ***** | | REPORT 01DAMN | ***** | REPORT 01DAMX | | | 1/Week | GRAB |
| Intake From Stream | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Chlorine Produced Oxidants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | Code=N | Code=N | MG/L | φ | Code=N | Code=N |
| *CPOX 1 | PERMIT REQUIREMENT | ***** | ***** | | ***** | 0.3 01MOAV | 0.5 01DAMX | | | 3/Week | GRAB |
| Effluent Gross Value Option 1 | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Chlorine Produced Oxidants | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | <0.1 | <0.1 | MG/L | φ | 3/week | Grab |
| *CPOX 1 | PERMIT REQUIREMENT | ***** | ***** | | ***** | REPORT 01MOAV | 0.2 01DAMX | | | 3/Week | GRAB |
| Effluent Gross Value Option 2 | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Temperature, oC | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 17.3 | 21.6 | DEG.C | φ | 1/Day | Cont'n |
| 00010 1 | PERMIT REQUIREMENT | ***** | ***** | | ***** | REPORT 01MOAV | REPORT 01DAMX | | | 1/Day | CONTIN |
| Effluent Gross Value | QL | ***** | ***** | | ***** | ***** | ***** | | | | |

Comments: Any questions in regards to the monitoring report form can be directed to S. Rosenwinkel of the BPSP - Region 2 at (609)292-4860.

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622
 MONITORED LOCATION: 486A SW Outfall 486A
 MONITORING PERIOD: 3/1/2016 TO 3/31/2016
 FACILITY NAME: PSEG NUCLEAR LLC SALEM GENERATING

| PARAMETER | | QUANTITY OR LOADING | | UNITS | QUALITY OR CONCENTRATION | | | UNITS | NO. EX. | FREQ. OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------|-------|--------------------------|--------------|--------------|-------|---------|-------------------|-------------|
| Lab Certification # 99999 99 Lab | SAMPLE MEASUREMENT | 17327 | PA166 | | | | | | | | |
| | PERMIT REQUIREMENT | REPORT Lab # | REPORT Lab # | | REPORT Lab # | REPORT Lab # | REPORT Lab # | | | Not Applic | NOT AP |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |

Comments: Any questions in regards to the monitoring report form can be directed to S. Rosenwinkel of the BPSP - Region 2 at (609)292-4860.

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

| NJPDES PERMIT | MONITORING PERIOD | | | | | | MONITORED LOCATION: | |
|---------------|-------------------|-----|------|----|-------|-----|---------------------|------------------------|
| NJ0005622 | Month | Day | Year | To | Month | Day | Year | 487B – SW Outfall 487B |
| | 3 | 1 | 2016 | | 3 | 31 | 2016 | |

PERMITTEE:

PSE&G NUCLEAR LLC
80 PARK PLAZA
NEWARK, NJ 07101

LOCATION OF ACTIVITY:

PSEG NUCLEAR LLC SALEM
GENERATING STATION
ALLOWAY CREEK NECK RD
HANCOCKS BRIDGE, NJ 08038

REPORT RECIPIENT:

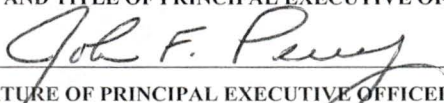
PSEG NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

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

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

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

| | |
|--|---|
| John F. Perry, Site Vice President - Salem | N/A |
| NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR | GRADE AND REGISTRY NUMBER (IF APPLICABLE) |
|  | 4/21/2016 856-339-3463 |
| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR | DATE AREA CODE/PHONE NUMBER |

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

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

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

New Jersey Department of Environmental Protection
Division of Water Quality

Surface Water Discharge Monitoring Report Submittal Form

| NJPDES PERMIT | MONITORING PERIOD | | | | | | MONITORED LOCATION: | |
|---------------|-------------------|-----|------|----|-------|-----|---------------------|------------------------|
| NJ0005622 | Month | Day | Year | To | Month | Day | Year | 489A – SW Outfall 489A |
| | 3 | 1 | 2016 | | 3 | 31 | 2016 | |

PERMITTEE:

PSE&G NUCLEAR LLC
80 PARK PLAZA
NEWARK, NJ 07101

LOCATION OF ACTIVITY:

PSEG NUCLEAR LLC SALEM
GENERATING STATION
ALLOWAY CREEK NECK RD
HANCOCKS BRIDGE, NJ 08038

REPORT RECIPIENT:

PSEG NUCLEAR LLC
PO BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

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

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

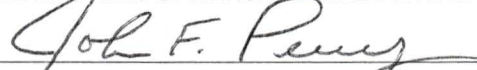
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate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

John F. Perry, Site Vice President - Salem

N/A

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

GRADE AND REGISTRY NUMBER (IF APPLICABLE)



4/21/2016 856-339-3463

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

DATE AREA CODE/PHONE NUMBER

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

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

N/A

N/A

N/A

N/A

NAME AND TITLE

SIGNATURE

DATE

AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46814

PERMIT NUMBER: NJ0005622 MONITORED LOCATION: 489A SW Outfall 489A MONITORING PERIOD: 3/1/2016 TO 3/31/2016 FACILITY NAME: 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 50050 1 Effluent Gross Value | SAMPLE MEASUREMENT | 0.0248 | 0.0248 | MGD | ***** | ***** | ***** | ***** | Φ | 1/Month | Calctd |
| | PERMIT REQUIREMENT | REPORT 01MOAV | REPORT 01DAMX | | ***** | ***** | ***** | | | | |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| pH 00400 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.9 | ***** | 6.9 | SU | Φ | 1/Month | Grab |
| | PERMIT REQUIREMENT | ***** | ***** | | 6.0 01DAMN | ***** | 9.0 01DAMX | | | | |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Solids, Total Suspended 00530 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7 | 7 | ***** | MG/L | Φ | 1/Month | Grab |
| | PERMIT REQUIREMENT | ***** | ***** | | 100 01DAMX | 30 01MOAV | ***** | | | | |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Petroleum Hydrocarbons 00551 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | <2 | <2 | MG/L | Φ | 1/Month | Grab |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | 10 01MOAV | 15 01DAMX | | | | |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 7 | 7 | MG/L | Φ | 1/Month | Grab |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | REPORT 01MOAV | 50 01DAMX | | | | |
| | QL | ***** | ***** | | ***** | ***** | ***** | | | | |
| Lab Certification # 99999 99 Lab | SAMPLE MEASUREMENT | 17327 | PA166 | | | | | | | | |
| | 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 the BPSP - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us".