

MAY 20 2016



HCH-2016-018

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
ARTICLE NUMBER: 7013 1710 0000 6324 5240

Department of Environmental Protection
Office of Permit Management
Division of Water Quality
PO Box 420
Trenton, N.J. 08625-0420

**NEW JERSEY POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT
HOPE CREEK GENERATING STATION
NJPDES PERMIT NJ0025411**

Dear Sir or Madam:

Attached is the Discharge Monitoring Report for the Hope Creek Generating Station for the month of April 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 Travis Zigo at (856) 339-2493.

Sincerely,

A handwritten signature in cursive script that reads "Paul J. Davison".

Paul J. Davison
Site Vice President – Hope Creek

IEZ5
NRR

HCH-2016-018
NJPDES DMR

2

MAY 20 2016

Attachments

C Executive Director, DRBC
 USNRC - Docket number 50-354

EXPLANATION OF CONDITIONS

April 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 indicated on the respective transmittal sheet with explanations below.

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 Monitoring Report Form Reference Manual and specific guidance from DEP personnel.

For DSN 461A, sampling was performed in April for the 2nd Quarter 2016 Consolidated Waste Characterization Report and will be included in a future Discharge Monitoring Report.

MAY 20 2016

HCH-2016-018
NJPDES DMR

4

EXPLANATION OF EXCEEDANCES

April 2016

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

DSN No.

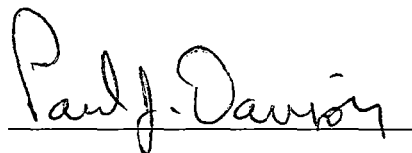
EXPLANATION

No Exceedances

COUNTY OF SALEM
STATE OF NEW JERSEY

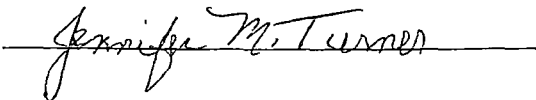
I, Paul J. Davison, of full age, being duly sworn according to law, upon my oath depose and say:

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



Paul J. Davison
Site Vice President – Hope Creek

Sworn and subscribed before me
this 20 day of May, 2016.



JENNIFER M. TURNER
NOTARY PUBLIC OF NEW JERSEY
ID # 2332557
My Commission Expires 8/8/2020

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

PI 46815

NJPDES PERMIT	MONITORING PERIOD	MONITORED LOCATION:													
NJ0025411	<table style="width: 100%; border-collapse: collapse;"><tr><td style="border: 1px solid black; text-align: center;">Month</td><td style="border: 1px solid black; text-align: center;">Day</td><td style="border: 1px solid black; text-align: center;">Year</td><td rowspan="2" style="vertical-align: middle; padding: 0 10px;">To</td><td style="border: 1px solid black; text-align: center;">Month</td><td style="border: 1px solid black; text-align: center;">Day</td><td style="border: 1px solid black; text-align: center;">Year</td></tr><tr><td style="border: 1px solid black; text-align: center;">4</td><td style="border: 1px solid black; text-align: center;">1</td><td style="border: 1px solid black; text-align: center;">2016</td><td style="border: 1px solid black; text-align: center;">4</td><td style="border: 1px solid black; text-align: center;">30</td><td style="border: 1px solid black; text-align: center;">2016</td></tr></table>	Month	Day	Year	To	Month	Day	Year	4	1	2016	4	30	2016	461A – DSN 461A – DSW
Month	Day	Year	To	Month		Day	Year								
4	1	2016		4	30	2016									

PERMITTEE:

PSE&G NUCLEAR LLC
PO BOX 236 – ALLOWAY CREEK NECK RD
HANCOCKS BRIDGE, NJ 08038

LOCATION OF ACTIVITY:

HOPE CREEK GENERATING STATION
ARTIFICIAL ISLAND
FOOT OF BUTTONWOOD RD
LOWER ALLOWAYS CREEK, NJ 08038

REPORT RECIPIENT:

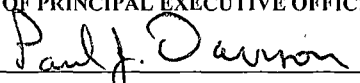
PSE&G
TRAVIS ZIGO
PO BOX 236 / H15
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

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

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

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Paul J. Davison, Site Vice President-Hope Creek	N/A
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
	5/20/16 856-339-1555
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 46815

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

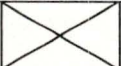
FACILITY NAME:

NJ0025411

461A DSN 461A - DSW

4/1/2016 TO 4/30/2016

HOPE CREEK GENERATING STATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	36.916	40.264	MGD	*****	*****	*****	*****	φ	Continuous	Meter
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
Flow, In Conduit or Thru Treatment Plant 50050 7 Intake From Stream	SAMPLE MEASUREMENT	53.845	57.208	MGD	*****	*****	*****	*****	φ	Continuous	Meter
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****				
	QL	*****	*****		*****	*****	*****				
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	8.5	*****	8.6	SU	φ	1/Week	Grab
	PERMIT REQUIREMENT	*****	*****		6.0 01DAMN	*****	9.0 01DAMX				
	QL	*****	*****		*****	*****	*****				
LC50 Statre 96hr Acu Mysid Bahia TAN3E 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	>100	*****	*****	%EFFL	φ	1/Year	Compos
	PERMIT REQUIREMENT	*****	*****		REPORT 01RPMN	*****	*****				
	QL	*****	*****		*****	*****	*****				
IC25 Statre 7day Chr Mysid Bahia TBP3E 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	>100	*****	*****	%EFFL	φ	1/Year	Compos
	PERMIT REQUIREMENT	*****	*****		REPORT 01RPMN	*****	*****				
	QL	*****	*****		*****	*****	*****				
Chlorine Produced Oxidants *CPOX 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	<0.1	MG/L	φ	3/Week	Grab
	PERMIT REQUIREMENT	*****	*****		*****	0.2 01MOAV	0.5 01DAMX				
	RQL	*****	*****		*****	0.1	0.1				

Comments: If there are any questions regarding the monitoring report form, please contact Heather Genievich of the Bureau of Surface Water Permitting at (609) 292-4860.

Surface Water Discharge Monitoring Report

PI 46815

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:


FACILITY NAME:

NJ0025411

461A DSN 461A - DSW

4/1/2016 TO 4/30/2016

HOPE CREEK GENERATING STATION

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	*****	*****	*****	*****	24.8	31.6	DEG.C	φ	Continuous	Meter
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	36.2 01DAMX				
	QL	*****	*****		*****	*****	*****				
Temperature, oC 00010 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	*****	13.6	16.7	DEG.C	φ	Continuous	Meter
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX				
	QL	*****	*****		*****	*****	*****				
Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.92	1.92	MG/L	φ	1/Month	Grab
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX				
	QL	*****	*****		*****	*****	*****				
Carbon, Tot Organic (TOC) 00680 2 Effluent Net Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.15	0.15	MG/L	φ	1/Month	Calctd
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX				
	QL	*****	*****		*****	*****	*****				
Carbon, Tot Organic (TOC) 00680 7 Intake From Stream	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.26	1.26	MG/L	φ	1/Month	Grab
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX				
	QL	*****	*****		*****	*****	*****				
Sulfate, Total (as SO4) 00945 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	703600	703000	UG/L	φ	1/6 Months	Comp 24
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX				
	QL	*****	*****		*****	*****	*****				

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Surface Water Discharge Monitoring Report

PI 46815

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

461A DSN 461A - DSW

4/1/2016 TO 4/30/2016

HOPE CREEK GENERATING STATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Boron, Total (as B) 01022 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	1070	1070	UG/L	φ	1/6 Months	Compos
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX			1/6 Months	COMPOS
	QL	*****	*****		*****	*****	*****				
Heat (winter) (per Hr.) 81387 1 Effluent Gross Value	SAMPLE MEASUREMENT	256	400	MBTU/HR	*****	*****	*****	*****	φ	1/Day	Calctd
	PERMIT REQUIREMENT	REPORT 01MOAV	662 01DAMX		*****	*****	*****			1/Day	CALCTD
	QL	*****	*****		*****	*****	*****				
Copper, Total Recoverable 01119 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.6	11.6	UG/L	φ	1/6 months	Compos
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX			1/6 Months	COMPOS
	RQL	*****	*****		*****	2	2				
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17451	PA166		03036						
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	*****	*****		*****	*****	*****				

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

PI 46815

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4	30	2016												

PERMITTEE:

PSE&G NUCLEAR LLC
PO BOX 236 – ALLOWAY CREEK NECK RD
HANCOCKS BRIDGE, NJ 08038

LOCATION OF ACTIVITY:

HOPE CREEK GENERATING STATION
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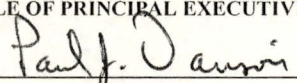
PSE&G
TRAVIS ZIGO
PO BOX 236 / H15
HANCOCKS BRIDGE, NJ 08038

REGION / COUNTY: Southern / Salem County

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

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Paul J. Davison, Site Vice President- Hope Creek	N/A
	5/20/16
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER, AUTHORIZED AGENT, OR *LICENSED OPERATOR	GRADE AND REGISTRY NUMBER (IF APPLICABLE)
Paul J. Davison	856-339-1555
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 46815

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0025411

461C DSN 461C - DSW interna

4/1/2016 TO 4/30/2016

HOPE CREEK GENERATING STATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	0.027	0.100	MGD	*****	*****	*****	*****	φ	Continuous	Meter
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			Continuous	METER
	QL	*****	*****		*****	*****	*****				
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	7	7	MG/L	φ	1/month	COMPOS
	PERMIT REQUIREMENT	*****	*****		*****	30 01MOAV	100 01DAMX			1/Month	COMPOS
	QL	*****	*****		*****	*****	*****				
Petrol Hydrocarbons, Total Recoverable 45501 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	<2	<2	MG/L	φ	2/month	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	10 01MOAV	15 01DAMX			2/Month	GRAB
	QL	*****	*****		*****	*****	*****				
Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	4	MG/L	φ	1/month	COMPOS
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	50 01DAMX			1/Month	COMPOS
	QL	*****	*****		*****	*****	*****				
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17451	PA166		03036						
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP
	QL	*****	*****		*****	*****	*****				

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Surface Water Discharge Monitoring Report Submittal Form

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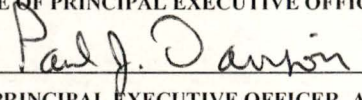
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Paul J. Davison, Site Vice President- Hope Creek	N/A
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N/A	N/A	N/A
NAME AND TITLE	SIGNATURE	DATE
		N/A
		AREA CODE/PHONE NUMBER

Surface Water Discharge Monitoring Report

PI 46815

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:


FACILITY NAME:

NJ0025411

462B DSN 462B - DSW Intern

4/1/2016 TO 4/30/2016

HOPE CREEK GENERATING STATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	0.023	0.035	MGD	*****	*****	*****	*****	Ø	Continuous	Meter
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****			Continuous	METER
	QL	*****	*****		*****	*****	*****				
BOD, 5-Day (20 oC) 00310 G Raw Sew/influent	SAMPLE MEASUREMENT	*****	*****	*****	*****	157	157	MG/L	Ø	1/month	Compos
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX			1/Month	COMPOS
	QL	*****	*****		*****	*****	*****				
BOD, 5-Day (20 oC) 00310 1 Effluent Gross Value	SAMPLE MEASUREMENT	1	1	KG/DAY	*****	9	9	MG/L	Ø	1/month	Compos
	PERMIT REQUIREMENT	8 01MOAV	REPORT 01WKAV		*****	30 01MOAV	45 01WKAV			1/Month	COMPOS
	QL	*****	*****		*****	*****	*****				
BOD, 5-Day (20 oC) 00310 K Percent Removal	SAMPLE MEASUREMENT	*****	*****	*****	94.3	*****	*****	PERCENT	Ø	1/month	Calctd
	PERMIT REQUIREMENT	*****	*****		87.5 01MOAVMN	*****	*****			1/Month	CALCTD
	QL	*****	*****		*****	*****	*****				
Solids, Total Suspended 00530 G Raw Sew/influent	SAMPLE MEASUREMENT	*****	*****	*****	*****	300	300	MG/L	Ø	1/month	Compos
	PERMIT REQUIREMENT	*****	*****		*****	REPORT 01MOAV	REPORT 01DAMX			1/Month	COMPOS
	QL	*****	*****		*****	*****	*****				
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	*****	*****	*****	*****	8	8	MG/L	Ø	1/month	Compos
	PERMIT REQUIREMENT	*****	*****		*****	30 01MOAV	45 01WKAV			1/Month	COMPOS
	QL	*****	*****		*****	*****	*****				

Comments: If there are any questions regarding the monitoring report form, please contact Heather Genievich of the Bureau of Surface Water Permitting at (609) 292-4860.

Surface Water Discharge Monitoring Report

PI 46815

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

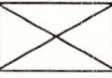
FACILITY NAME:

NJ0025411

462B DSN 462B - DSW Interna

4/1/2016 TO 4/30/2016

HOPE CREEK GENERATING STATION

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	*****		97	97	*****		φ	1/Month	Calctd
00530 K Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 01MOAVMN	REPORT 01MOAV	*****	PERCENT		1/Month	CALCTD
	QL	*****	*****		*****	*****	*****				
Oil and Grease	SAMPLE MEASUREMENT	*****	*****		*****	<2	<2		φ	1/month	Grab
00556 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	10 01MOAV	15 01DAMX	MG/L		1/Month	GRAB
	QL	*****	*****		*****	*****	*****				
Nitrogen, Ammonia Total (as N)	SAMPLE MEASUREMENT	*****	*****		*****	9	9		φ	1/month	Compos
00610 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	35 01MOAV	REPORT 01DAMX	MG/L		1/Month	COMPOS
	QL	*****	*****		*****	*****	*****				
Enterococci	SAMPLE MEASUREMENT	*****	*****		*****	<4	<4		φ	1/month	Grab
61211 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 01MOGE	REPORT 01WKGE	#/100ML		1/Month	GRAB
	QL	*****	*****		*****	*****	*****				
Coliform, Fecal General	SAMPLE MEASUREMENT	*****	*****		*****	<4	<4		φ	1/month	Grab
74055 1 Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	*****	200 01MOGE	400 01WKGE	#/100ML		1/Month	GRAB
	QL	*****	*****		*****	*****	*****				
Lab Certification #	SAMPLE MEASUREMENT	17451	PA166		06005						
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 regarding the monitoring report form, please contact Heather Genievich of the Bureau of Surface Water Permitting at (609) 292-4860.

**NJPDES BIOMONITORING REPORT FORM
CHRONIC TOXICITY TESTS**

NJPDES #: NJ[0025411]

DSN:[461A]

FACILITY NAME:[PSEG Nuclear LLC – Hope Creek Generating Station]

FACILITY LOCATION: [P.O. Box 236, Hancocks Bridge, NJ 08038]

LABORATORY
NAME: [New England Bioassay]

ACUTE TOXICITY ID. /
CERTIFICATION #: [CT405]

DATE OF LAST SRT TEST: [4/6/16] NOEC/IC25 OF LAST SRT TEST: [15.4 mg/L IC25]

CONTROL CHART
MEAN: [13.1 mg/L]

UPPER CONTROL LIMIT: [17.5 mg/L IC25]
LOWER CONTROL LIMIT: [8.7 mg/L IC25]

TEST START DATE: [4/19/16]

TEST END DATE: [4/26/16]

TEST TYPE AND RESULTS (Check applicable test, circle applicable endpoint & fill in NOEC and/or IC25)

____ Fathead minnow, (CN/FM) NOEC [] IC25 []
Method 1000.0 (*Pimephales promelas*, 7 day Larval Survival and Growth Test)

____ Cladoceran, (CN/CD) NOEC [] IC25 []
Method 1002.0 (*Ceriodaphnia dubia*, 3 brood Survival and Reproduction Test)

____ Sheepshead minnow, (CN/SM) NOEC [] IC25 []
Method 1005.0 (*Cyprinodon variegatus*, 7 day Larval Survival and Growth Test)

____ Inland Silverside, (CN/IS) NOEC [] IC25 []
Method 1006.0 (*Menidia beryllina*, 7 day Larval Survival and Growth Test)

X Mysis, (CN/MS) NOEC [100%] IC25 [> 100%]
Method 1007.0 (*Mysidopsis bahia*, 7 day Survival, Growth and Fecundity Test)

____ Alga, (CN/SC) NOEC [] IC25 []
Method 1003.0 (*Selenastrum capricornutum*, Growth Test)

____ Macroalga, (CN/CP) NOEC [] IC 25 []
Method 1009.0 (*Champia parvula*, Sexual Reproduction Test)

CONTROL MORTALITY (Percent): [2.5%]

Did the test meet the acceptability criteria for the test species as specified in Part III of the Chronic Methods Document? X Yes _____ No

CERTIFICATION:

Accuracy of report certified by: ~

(Laboratory Manager)

(Date)

5/17/16

NJPDES BIOMONITORING REPORT FORM - ACUTE TOXICITY

Permit No.: NJ[0025411]

DSN [461A]

Facility name: [PSEG Power - Hope Creek Generating Station]

Facility address: [P.O. Box 236]

[Hancocks Bridge, NJ 08038]

Facility contact person: [Mr. Christopher White]

phone #: [(609) 339-1275]

Acute toxicity laboratory: [New England Bioassay]

[77 Batson Drive]

[Manchester, CT 06042]

Acute laboratory certification No.: [CT405]

Test Specifications:

Effluent type (e.g., final, predisinfection): [461A Wastewater]

Test type (check one): Static ☐ Renewal (6 hr) ☐ Renewal (24 hr) ☒ Flow-through ☐

Test Results:

Test starting date: [4/19/16] Completion date: [4/23/16]

Test endpoint (check one): LC50 ☒ NMAT ☐ EC50 ☐

LC50/EC50 (% effluent): [> 100%] 95% Confidence interval: [100% ± ∞]

Highest percent mortality in any test concentration (if applicable): [5%]

Test concentration: [100%]

Test organism: [Mysid shrimp]; [*Mysidopsis bahia*]
(common name) (scientific name)

Quality Control Summary:

Control mortality: [0]%

Temperature maintained within 20° ± 2°C? Yes ☒ No ☐

Dissolved oxygen levels always greater than 40% saturation? Yes ☒ No ☐

Two or more concentrations exhibit a trend deviation? Yes ☐ No ☒

Certification:

Accuracy of report certified by:

Laboratory Manager

Date

5/11/16