



50-272  
50-311

Public Service Electric and Gas Company P.O. Box 236 Hancocks Bridge, New Jersey 08038-0236

Nuclear Business Unit

April 20, 2000

New Jersey Department of  
Environmental Protection  
Division of Water Quality  
Bureau of Permit Management  
P.O. Box 029  
Trenton, NJ 08625-0029  
Certified Mail Number Z 449 228 455

**NEW JERSEY POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORTS  
SALEM GENERATING STATION  
PERMIT NO. NJ0005622**

Attached is the Discharge Monitoring Report for Salem Generating Station containing the information as required in Permit No. NJ0005622, for the month of March 2000.

This report is required by and prepared specifically for the Environmental Protection Agency (EPA) and 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 is controlled by EPA and 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 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.

Sincerely,

Mark B. Bezillá  
Vice President Operations

Attachments

*Report on file*

*COO 1/1*

NJPDES Report  
March 2000

C     Executive Director – DRBC  
       USNRC – Document Control Desk Unit#1-50-272 Unit#2-50-311  
       Vice President Operations  
       Licensing Manager  
       M. Vaskis  
       D. Hurka  
       J. Schloss  
       Central Record Facility  
       E. Keating

NJPDES Report  
Explanation of Deviations  
March 2000

The following explanations are included to clarify possible deviations 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.
- All reported concentrations are based on daily discharge values.
- Total residual chlorine is performed three times per week during chlorination unless otherwise indicated.
- Analytical values which are less than detectable are reported as zero unless otherwise indicated.
- Analytical results for all parameters other than pH, temperature, TSS, TRC and Bioassay results are provided by Raytheon Environmental Services Laboratory. (NJDEP certification 77343) or South Jersey Testing Laboratory (NJDEP certification 06431). Bioassay results are provided by New England Bioassay, Inc. (NJDEP certification 46405).
- Net negative discharge values are reported as negative.
- 489C- Flow through outfall 489 is calculated based on Oil Water Separator Lift Pump run times.
- 481-486 - Chlorination of the circulation water system normally does not occur except as otherwise noted. Service water system chlorination is normally continuous and is monitored on the circulating water system outfall.
- Chlorination of both systems will be indicated by results reported for both and represents their combined effect upon the circulating water outfall.

NJPDES Report  
Explanation of Deviations  
March 2000

48C            Non-Radioactive Liquid Waste - This system continues to be operated in a batch mode to treat for hydrazine and ammonia by the addition of sodium hypochlorite. No hydrazine has been discharged from this outfall during the reporting period. Residual chlorine is monitored at the outfalls of DSN's 481, 482, 484, and 485, and has not exceeded the permit limits at these outfalls.

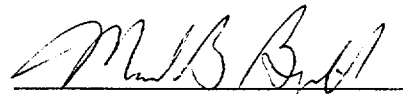
The following excursions are included in the attached report and are explained below. Excursions have not endangered nor significantly impacted public health or the environment.

<u>DSN NO.</u>	<u>EXPLANATION</u>
	None

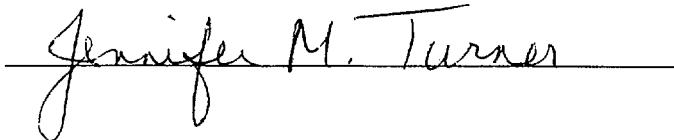
COUNTY OF SALEM  
STATE OF NEW JERSEY

I, Mark B. Bezilla, of full age, being duly sworn according to law, upon my oath depose and say:

1. I am the Vice President, Operations 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 have reviewed the attached Discharge Monitoring Reports. Pursuant to N.J. A. C. 7:14A-2.4, 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 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.

  
Mark B. Bezilla  
Vice President  
Operations

Sworn and subscribed before me  
this 20<sup>th</sup> day of April 2000



JENNIFER M. TURNER  
NOTARY PUBLIC OF NEW JERSEY  
My Commission Expires July 25, 2000

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
DIVISION OF WATER QUALITYMONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.

00005622

REPORTING PERIOD

Mo. Yr.

03/00

Mo. Yr.

03/00PERMITTEE: Name : Public Service Electric and Gas CompanyAddress: P.O. Box 236FACILITY: Name : Salem Nuclear Generating StationAddress: Alloway Creek Neck RoadHancock's BridgeTelephone: (856) 935-6000FORMS ATTACHED (Indicate Quantity of Each)Operating Exceptions

## SLUDGE REPORT-SANITARY

0 T-VWX-007 0 T-VWX-008 0 T-VWX-0090 EPA FORM 3320-1

DYE TESTING

Yes No

— X

## SLUDGE REPORT-INDUSTRIAL

0 T-VWX-010A 0 T-VWX-010B

TEMPORARY BYPASSING

— X

DISINFECTION INTERRUPTION

— X

## WASTEWATER REPORTS

0 T-VWX-011 0 T-VWX-012 0 T-VWX-013

MONITORING MALFUNCTIONS

— X

## GROUNDWATER REPORTS

0 VWX-015(A,B) 0 VWX-016 0 VWX-017

UNITS OF OPERATION

— X0 ELECTRONIC SUBMISSION

OTHER

— X

(Detail any "Yes" on reverse side in appropriate space)

## NJPDES DISCHARGE MONITORING REPORT

12 EPA FORM 3320-1

NOTE: The "Hours Attended at Plant" on the reverse of this sheet must also be completed.

AUTHENTICATION I certify under penalty of law that this document and all attachments were prepared under the direction of supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

## LICENSED OPERATOR

PRINCIPAL EXECUTIVE OFFICER or  
DULY AUTHORIZED REPRESENTATIVEName (Printed) Michael J. KubiakGrade & Registry No. N-2 0016955

Signature

Date

4/19/00Name (Printed) Mark B. BezillaTitle (Printed) Vice President Operations

Signature

Date

4/20/00

PAGE 2

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Month 

0	3
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Year 

0	0
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[illegible]

PERMITTEE NAME/ADDRESS

NAME PSE&amp;G

ADDRESS P.O. BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-16) (17-19)

MAJOR

NJ0005622  
PERMIT NUMBERFACA  
DISCHARGE NUMBER

FACILITY PSE&amp;G SALEM GENERATING STATION

LOCATION LOWER ALLOWAYS CREEK, NJ 08038

DMR NUMBER: NJ0005622 FACA 032000

## MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
00	03	01		00	03	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

THERMAL DSCHG FOR DSN 481-483  
SOUTHERN REGION / SALEM

PARAMETER (32-37)	■ ■ ■ ■ (3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)	UNITS	(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53)	(54-61)	UNITS	NO. EX. (62 63)	FREQ. OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE, WATER DEG. CENTRIGADE 00010 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	17.9	20.4				CONTINCONTIN
PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 01MOAV	46.1 01DAMX	DEG.C			CONTINCONTIN
TEMPERATURE, WATER DEG. CENTRIGADE 00010 2 0 EFFLUENT NET VALUE	SAMPLE MEASUREMENT	*****	*****	*****	9.0	11.0				CONTINCONTIN
PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C			CONTINCONTIN
TEMPERATURE, WATER DEG. CENTRIGADE 00010 7 0 INTAKE FROM STREAM	SAMPLE MEASUREMENT	*****	*****	*****	8.9	11.8				CONTINCONTIN
PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C			CONTINCONTIN
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

MARK B. BEZILLA  
VICE PRESIDENT  
OPERATIONS

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL  
EXECUTIVE OFFICER OR  
AUTHORIZED AGENT

TELEPHONE

DATE

856 935-6000 00 04 20

AREA  
CODE

NUMBER

YEAR MO DAY

EFFLUENT TEMP IS TO BE CALCULATED AS THE COMBINED AVERAGE OF EACH OF THE SEPARATE DISCHARGES 481-483.  
NET TEMP IS THE DIFFERENCE BETWEEN THE AMBIENT RIVER WATER TEMP AND THE AVE EFFLUENT TEMP OF 481-483.

LABS: 17327 06431 46405 77343



PERMITTEE NAME/ADDRESS

NAME PSE&amp;G

ADDRESS P.O. BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-16) (17-19)

MAJOR

NJ0005622

PERMIT NUMBER

FACB

DISCHARGE NUMBER

## MONITORING PERIOD

FACILITY PSE&amp;G SALEM GENERATING STATION

LOCATION LOWER ALLOWAYS CREEK, NJ 08038

DMR NUMBER: NJ0005622 FACB 032000

YEAR	MO	DAY	TO	YEAR	MO	DAY
00	03	01		00	03	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

THERMAL DSCHG FOR DSN 484-486  
SOUTHERN REGION / SALEM

PARAMETER (32-37)	■ ■ ■ ■ (3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)	UNITS	(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53)	(54-61)	UNITS	NO. EX. (62 63)	FREQ. OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE, WATER DEG. CENTRIGADE 00010 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	17.8	21.4				0CONTINCONTIN UOUS
TEMPERATURE, WATER DEG. CENTRIGADE 00010 2 0 EFFLUENT NET VALUE	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01MOAV	46.1 01DAMX	DEG.C			CONTINCONTIN UOUS
TEMPERATURE, WATER DEG. CENTRIGADE 00010 7 0 INTAKE FROM STREAM	SAMPLE MEASUREMENT	*****	*****	*****	8.9	11.0				0CONTINCONTIN UOUS
	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C			CONTINCONTIN UOUS
	SAMPLE MEASUREMENT				8.9	11.8				0CONTINCONTIN UOUS
	PERMIT REQUIREMENT				REPORT 01MOAV	REPORT 01DAMX	DEG.C			CONTINCONTIN UOUS
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

MARK B. BEZILLA  
VICE PRESIDENT  
OPERATIONS

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL  
EXECUTIVE OFFICER OR  
AUTHORIZED AGENT

TELEPHONE

DATE

856 935-6000 00 04 20

AREA  
CODE

NUMBER

YEAR NO DAY

EFFLUENT TEMP IS TO BE CALCULATED AS THE COMBINED AVERAGE OF EACH OF THE SEPARATE DISCHARGES 484-486.  
NET TEMP IS THE DIFFERENCE BETWEEN THE AMBIENT RIVER WATER TEMP AND THE AVE EFFLUENT TEMP OF 484-486.

LABS: 17327 06431 46405 77343

PERMITTEE NAME/ADDRESS

NAME PSE&G  
 ADDRESS P.O. BOX 236/N21  
 HANCOCKS BRIDGE, NJ 08038

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 (2-16) (17-19)

NJ0005622  
 PERMIT NUMBER

FACC  
 DISCHARGE NUMBER

THERMAL DSCHG FOR DSN 481-486  
 MAJOR SALEM

FACILITY PSE&G SALEM GENERATING STATION  
 LOCATION LOWER ALLOWAYS CREEK, NJ 08038

DMR NUMBER: NJ0005622 FACC 032000

## MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
00	03	01		00	03	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

SOUTHERN REGION

PARAMETER (32-37)	(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)	UNITS	(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53)	UNITS	NO. EX. (62 63)	FREQ. OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
THERMAL DISCHARGE MILLION BTUS PER HR. 00015 2 0	SAMPLE MEASUREMENT	15801	18502		*****	*****		0	CONTINUALCTD
EFFLUENT NET VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 7 0	PERMIT REQUIREMENT	REPORT 01MOAV	30600 01DAMX	MBTU/ HR	*****	*****	****	0	CONTINUALCTD
INTAKE FROM STREAM	SAMPLE MEASUREMENT	2775	2925		*****	*****		0	DAILY CALCTD
	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX	MGD	*****	*****	****	DAILY	CALCTD
	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT								
	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT								
	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT								
	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT								
	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

MARK B. BEZILLA  
 VICE PRESIDENT  
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TYPED OR PRINTED

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 AUTHORIZED AGENT

TELEPHONE

DATE

856 935-6000 00 04 20

AREA  
CODE

NUMBER

YEAR MO DAY

LABS: 17327 06431 46405 77343

PERMITTEE NAME/ADDRESS

NAME PSE&G  
ADDRESS P.O. BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-16) (17-19)

MAJOR

NJ0005622  
PERMIT NUMBER

048C  
DISCHARGE NUMBER

FACILITY PSE&amp;G SALEM GENERATING STATION

LOCATION LOWER ALLOWAYS CREEK, NJ 08038

DMR NUMBER: NJ0005622 048C 032000

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	03	01		00	03	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

SOUTHERN REGION / SALEM

PARAMETER (32-37)	<div><div><div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div></div></div></div>	(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)	UNITS	(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)		UNITS	NO. EX. (62 63)	FREQ. OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SOLIDS, TOTAL SUSPENDED 00530 1 0	SAMPLE MEASUREMENT	*****	*****		*****	6	9				0TWICE/COMPOS MONTH
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	30 01MOAV	100 01DAMX	MG/L			TWICE/COMPOS MONTH
HYDROCARBONS, IN H2O IR, CC14 EXT. CHROMA 00551 1 0	SAMPLE MEASUREMENT	*****	*****		*****	0	1				0TWICE/GRAB MONTH
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	10 01MOAV	15 01DAMX	MG/L			TWICE/GRAB MONTH
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0	SAMPLE MEASUREMENT	*****	*****		*****	4	4				0TWICE/COMPOS MONTH
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	35 01MOAV	70 01DAMX	MG/L			TWICE/COMPOS MONTH
CARBON, TOT ORGANIC (TOC) 00680 1 0	SAMPLE MEASUREMENT	*****	*****		*****	31	33				0TWICE/COMPOS MONTH
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	REPORT 01MOAV	50 01DAMX	MG/L			TWICE/COMPOS MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0	SAMPLE MEASUREMENT	0.1511	0.4194		*****	*****	*****				0DAILY CALCTD
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	**** ****			DAILY CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

MARK B. BEZILLA  
VICE PRESIDENT  
OPERATIONS

TYPED OR PRINTED

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AUTHORIZED AGENT

TELEPHONE

DATE

856 935-6000 00 04 20

AREA  
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NUMBER

YEAR MO DAY

LABS: 17327 06431 46405 77343

PERMITTEE NAME/ADDRESS

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DISCHARGE MONITORING REPORT (DMR)  
(2-16) (17-19)

MAJOR

NJ0005622

PERMIT NUMBER

481A

DISCHARGE NUMBER

FACILITY PSE&amp;G SALEM GENERATING STATION

LOCATION LOWER ALLOWAYS CREEK, NJ 08038

DMR NUMBER: NJ0005622 481A 032000

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
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SOUTHERN REGION / SALEM

PARAMETER (32-37)	■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)		UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)			UNITS	NO. EX. (62 63)	FREQ. OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LC50 STATRE 96HR ACU CYPRINODON TAN6A 1 0 EFFLUENT GROSS VALUE PH	SAMPLE MEASUREMENT	*****	*****		CODE=N	*****	*****			0	CODE=N
	PERMIT REQUIREMENT	*****	*****	****	50	*****	*****	PERCE NT		Q	TRLY
	SAMPLE MEASUREMENT	*****	*****		01DAMN					0	WEEKLY GRAB
					7.3	*****	7.8			0	WEEKLY GRAB
00400 1 0 EFFLUENT GROSS VALUE PH	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SU		W	WEEKLY GRAB
				****	01RPMN		01RPMX			0	WEEKLY GRAB
	SAMPLE MEASUREMENT	*****	*****		7.4	*****	8.0			0	WEEKLY GRAB
00400 7 0 INTAKE FROM STREAM	PERMIT REQUIREMENT	*****	*****	****	REPORT	*****	REPORT	SU		W	WEEKLY GRAB
				****	01RPMN		01RPMX			0	WEEKLY GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	517	521		*****	*****	*****			0	DAILY CALCTD
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		D	DAILY CALCTD
		01MOAV	01DAMX					****			
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	NODI	NODI			0	NODI NODI
50060 R 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	.3	.5	MG/L		TH	THREE/GRAB
				****	01MOAV	01DAMX				0	THREE/GRAB
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	< 0.1	< 0.1			0	THREE/GRAB
50060 S 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	.2	MG/L		TH	THREE/GRAB
				****	01MOAV	01DAMX				0	THREE/GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

MARK B. BEZILLA  
VICE PRESIDENT  
OPERATIONS

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL  
EXECUTIVE OFFICER OR  
AUTHORIZED AGENT

TELEPHONE

DATE

856 935-6000 00 04 20

AREA  
CODE

NUMBER

YEAR MO DAY

PARAMETER 50060 LOCATIONS: "R" = SWS DSCHG (NO CWS FLOW) "S" = SWS DSCHG (NORMAL COND)

ENTER "NODI" FOR LOCATIONS THAT DO NOT APPLY.

WHEN MAIN CONDENSERS ARE CHLORINATED, MONITOR TRC 3 TIMES PER WEEK DURING 2-HR PERIODS OF CHLORINATION  
LABS: 17327 06431 46405 77343

PERMITTEE NAME/ADDRESS

NAME

PSE&amp;G

ADDRESS

P.O. BOX 236/N21

HANCOCKS BRIDGE, NJ 08038

## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

MAJOR

NJ0005622

PERMIT NUMBER

482A

DISCHARGE NUMBER

## MONITORING PERIOD

FACILITY PSE&amp;G SALEM GENERATING STATION

LOCATION LOWER ALLOWAYS CREEK, NJ 08038

DMR NUMBER: NJ0005622 482A 032000

YEAR	MO	DAY	TO	YEAR	MO	DAY
00	03	01		00	03	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

SOUTHERN REGION / SALEM

PARAMETER (32-37)	(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)	UNITS	(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53)	(54-61)	UNITS	NO. EX. (62 63)	FREQ. OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LC50 STATRE 96HR ACU CYPRINODON	SAMPLE MEASUREMENT	*****	*****		CODE=N	*****	*****		0	CODE=N
TAN6A 1 0	PERMIT REQUIREMENT	*****	*****	****	50	*****	*****	PERCE	QTRLY	
EFFLUENT GROSS VALUE PH	SAMPLE MEASUREMENT	*****	*****	****	01DAMN	*****	*****	NT		
					7.4	*****	7.8		0	WEEKLYGRAB
00400 1 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SU	WEEKLYGRAB	
EFFLUENT GROSS VALUE PH	SAMPLE MEASUREMENT	*****	*****	****	01RPMN	*****	01RPMX			
					7.4	*****	8.0		0	WEEKLYGRAB
00400 7 0	PERMIT REQUIREMENT	*****	*****	****	REPORT	*****	REPORT	SU	WEEKLYGRAB	
INTAKE FROM STREAM				****	01RPMN	*****	01RPMX			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	416	492		*****	*****	*****		0	DAILY CALCTD
50050 1 0	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****	DAILY	CALCTD
EFFLUENT GROSS VALUE		01MOAV	01DAMX					****		
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	NODI	NODI		0	NODI NODI
50060 R 0	PERMIT REQUIREMENT	*****	*****	****	*****	.3	.5	MG/L	THREE/GRAB	WEEK
SEE COMMENTS BELOW				****	01MOAV	01DAMX				
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	< 0.1	< 0.1		0	THREE/GRAB
50060 S 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	.2	MG/L	THREE/GRAB	WEEK
SEE COMMENTS BELOW				****	01MOAV	01DAMX				
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

MARK B. BEZILLA  
VICE PRESIDENT  
OPERATIONS

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL  
EXECUTIVE OFFICER OR  
AUTHORIZED AGENT

TELEPHONE

DATE

856 935-6000 00 04 20

AREA  
CODE

NUMBER

YEAR MO DAY

PARAMETER 50060 LOCATIONS: "R" = SWS DSCHG (NO CWS FLOW) "S" = SWS DSCHG (NORMAL COND)

ENTER "NODI" FOR LOCATIONS THAT DO NOT APPLY.

WHEN MAIN CONDENSERS ARE CHLORINATED, MONITOR TRC 3 TIMES PER WEEK DURING 2-HR PERIODS OF CHLORINATION  
LABS: 17327 06431 46405 77343

PERMITTEE NAME/ADDRESS

NAME PSE&amp;G

ADDRESS P.O. BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-16) (17-19)

NJ0005622

PERMIT NUMBER

483A

DISCHARGE NUMBER

MAJOR

FACILITY PSE&amp;G SALEM GENERATING STATION

LOCATION LOWER ALLOWAYS CREEK, NJ 08038

DMR NUMBER: NJ0005622 483A 032000

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	03	01		00	03	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

SOUTHERN REGION / SALEM

PARAMETER (32-37)	(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)	UNITS	(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53)	(54-61)	UNITS	NO. EX. (62 63)	FREQ. OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LC50 STATRE 96HR ACU CYPRINODON TAN6A 1 0 EFFLUENT GROSS VALUE PH	SAMPLE MEASUREMENT	*****	*****		CODE=N	*****	*****		0	CODE=N
	PERMIT REQUIREMENT	*****	*****	****	50 01DAMN	*****	*****	PERCE NT	Q	TRLY
	SAMPLE MEASUREMENT	*****	*****		7.4	*****	8.0		0	WEEKLYGRAB
00400 1 0 EFFLUENT GROSS VALUE PH	PERMIT REQUIREMENT	*****	*****	****	6.0 01RPMN	*****	9.0 01RPMX	SU	W	WEEKLYGRAB
	SAMPLE MEASUREMENT	*****	*****		7.4	*****	8.0		0	WEEKLYGRAB
00400 7 0 INTAKE FROM STREAM	PERMIT REQUIREMENT	*****	*****	****	REPORT 01RPMN	*****	REPORT 01RPMX	SU	W	WEEKLYGRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	443	463		*****	*****	*****		0	DAILY CALCTD
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	****	D	DAILY CALCTD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	NODI	NODI		0	NODI NODI
50060 R 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	.3 01MOAV	.5 01DAMX	MG/L	THREE	GRAB WEEK
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	< 0.1	< 0.1		0	THREE/GRAB WEEK
50060 S 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 01MOAV	.2 01DAMX	MG/L	THREE	GRAB WEEK
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

MARK B. BEZILLA  
VICE PRESIDENT  
OPERATIONS

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL  
EXECUTIVE OFFICER OR  
AUTHORIZED AGENT

TELEPHONE

DATE

856 935-6000 00 04 20

AREA  
CODE

NUMBER

YEAR MO DAY

PARAMETER 50060 LOCATIONS: "R" = SWS DSCHG (NO CWS FLOW) "S" = SWS DSCHG (NORMAL COND)

ENTER "NODI" FOR LOCATIONS THAT DO NOT APPLY.

WHEN MAIN CONDENSERS ARE CHLORINATED, MONITOR TRC 3 TIMES PER WEEK DURING 2-HR PERIODS OF CHLORINATION  
LABS: 17327 06431 46405 77343

PERMITTEE NAME/ADDRESS

NAME PSE&amp;G

ADDRESS P.O. BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-16) (17-19)

NJ0005622

PERMIT NUMBER

484A

DISCHARGE NUMBER

MAJOR

FACILITY PSE&amp;G SALEM GENERATING STATION

LOCATION LOWER ALLOWAYS CREEK, NJ 08038

DMR NUMBER: NJ0005622 484A 032000

## MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
00	03	01		00	03	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

SOUTHERN REGION / SALEM

PARAMETER (32-37)	■ ■ ■ ■ ■ (3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)	UNITS	(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53)	(54-61)	UNITS	NO. EX. (62 63)	FREQ. OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LC50 STATRE 96HR ACU CYPRINODON	SAMPLE MEASUREMENT	*****	*****		CODE=N	*****	*****		0	CODE=N
TAN6A 1 0	PERMIT REQUIREMENT	*****	*****	****	50	*****	*****	PERCE NT	Q	TRLY
EFFLUENT GROSS VALUE PH	SAMPLE MEASUREMENT	*****	*****	****	01DAMN	*****	*****		0	WEEKLYGRAB
00400 1 0	PERMIT REQUIREMENT	*****	*****	****	7.4	*****	8.0		0	WEEKLYGRAB
EFFLUENT GROSS VALUE PH	SAMPLE MEASUREMENT	*****	*****	****	6.0	*****	9.0	SU	W	WEEKLYGRAB
00400 7 0	PERMIT REQUIREMENT	*****	*****	****	01RPMN	*****	01RPMX		0	WEEKLYGRAB
INTAKE FROM STREAM	SAMPLE MEASUREMENT	*****	*****	****	7.4	*****	8.0		0	WEEKLYGRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	****	REPORT 01RPMN	*****	REPORT 01RPMX	SU	W	WEEKLYGRAB
50050 1 0	SAMPLE MEASUREMENT	525	538	MGD	*****	*****	*****	****	0	DAILY CALCTD
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	****	*****	*****	*****	****	D	DAILY CALCTD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	****	*****	NODI	NODI		0	NODI NODI
50060 R 0	PERMIT REQUIREMENT	*****	*****	****	*****	.3	.5	MG/L	TH	THREE/GRAB WEEK
SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	****	*****	01MOAV	01DAMX		0	THREE/GRAB WEEK
CHLORINE, TOTAL RESIDUAL	PERMIT REQUIREMENT	*****	*****	****	*****	< 0.1	< 0.1		0	THREE/GRAB WEEK
50060 S 0	SAMPLE MEASUREMENT	*****	*****	****	*****	REPORT 01MOAV	.2	MG/L	TH	THREE/GRAB WEEK
SEE COMMENTS BELOW	PERMIT REQUIREMENT					01DAMX				
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

MARK B. BEZILLA  
VICE PRESIDENT  
OPERATIONS

TYPED OR PRINTED

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TELEPHONE

DATE

856 935-6000 00 04 20

AREA  
CODE

NUMBER

YEAR MO DAY

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LABS: 17327 06431 46405 77343

PERMITTEE NAME/ADDRESS

NAME PSE&amp;G

ADDRESS P.O. BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-16) (17-19)NJ0005622  
PERMIT NUMBER485A  
DISCHARGE NUMBER

MAJOR

FACILITY PSE&amp;G SALEM GENERATING STATION

LOCATION LOWER ALLOWAYS CREEK, NJ 08038

DMR NUMBER: NJ0005622 485A 032000

## MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
00	03	01		00	03	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

SOUTHERN REGION / SALEM

PARAMETER (32-37)	(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)	UNITS	(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53)	(54-61)	UNITS	NO. EX. (62 63)	FREQ. OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LC50 STATRE 96HR ACU CYPRINODON	SAMPLE MEASUREMENT	*****	*****	CODE=N	*****	*****			0	CODE=N
TAN6A 1 0	PERMIT REQUIREMENT	*****	*****	50	*****	*****	PERCE NT		Q	TRLY
EFFLUENT GROSS VALUE PH	SAMPLE MEASUREMENT	*****	*****	01DAMN	*****	*****			0	WEEKLYGRAB
00400 1 0	PERMIT REQUIREMENT	*****	*****	7.4	*****	7.9			0	WEEKLYGRAB
EFFLUENT GROSS VALUE PH	SAMPLE MEASUREMENT	*****	*****	6.0	*****	9.0	SU		W	WEEKLYGRAB
00400 7 0	PERMIT REQUIREMENT	*****	*****	01RPMN	*****	01RPMX			0	WEEKLYGRAB
INTAKE FROM STREAM	SAMPLE MEASUREMENT	*****	*****	7.4	*****	8.0			0	WEEKLYGRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	REPORT 01RPMN	*****	REPORT 01RPMX	SU		W	WEEKLYGRAB
50050 1 0	SAMPLE MEASUREMENT	487	494	*****	*****	*****			0	DAILY CALCTD
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	*****	*****	*****	****		D	DAILY CALCTD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	*****	NODI	NODI			0	NODI NODI
50060 R 0	PERMIT REQUIREMENT	*****	*****	*****	.3	.5	MG/L		TH	THREE/GRAB WEEK
SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	*****	< 0.1	< 0.1			0	THREE/GRAB WEEK
CHLORINE, TOTAL RESIDUAL	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01MOAV	.2	MG/L		TH	THREE/GRAB WEEK
50060 S 0	SAMPLE MEASUREMENT									
SEE COMMENTS BELOW	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

MARK B. BEZILLA  
VICE PRESIDENT  
OPERATIONS

TYPED OR PRINTED

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TELEPHONE

DATE

856 935-6000 00 04 20

AREA  
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NUMBER

YEAR MO DAY

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LABS: 17327 06431 46405 77343



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DISCHARGE MONITORING REPORT (DMR)  
(2-16) (17-19)

NJ0005622

PERMIT NUMBER

486A

DISCHARGE NUMBER

MAJOR

FACILITY PSE&amp;G SALEM GENERATING STATION

LOCATION LOWER ALLOWAYS CREEK, NJ 08038

DMR NUMBER: NJ0005622 486A 032000

## MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
00	03	01		00	03	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

SOUTHERN REGION / SALEM

PARAMETER (32-37)	■ ■ ■ ■ (3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)	UNITS	(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53)	(54-61)	UNITS	NO. EX. (62 63)	FREQ. OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LC50 STATRE 96HR ACU CYPRINODON	SAMPLE MEASUREMENT	*****	*****		CODE=N	*****	*****			0CODE=N
TAN6A 1 0	PERMIT REQUIREMENT	*****	*****	****	50	*****	*****	PERCE		QTRLY
EFFLUENT GROSS VALUE				****	01DAMN			NT		
PH	SAMPLE MEASUREMENT	*****	*****		7.3	*****	7.8			0WEEKLYGRAB
00400 1 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SU		WEEKLYGRAB
EFFLUENT GROSS VALUE				****	01RPMN		01RPMX			
PH	SAMPLE MEASUREMENT	*****	*****		7.4	*****	8.0			0WEEKLYGRAB
00400 7 0	PERMIT REQUIREMENT	*****	*****	****	REPORT	*****	REPORT	SU		WEEKLYGRAB
INTAKE FROM STREAM				****	01RPMN		01RPMX			
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	452	491		*****	*****	*****			0DAILY CALCTD
THRU TREATMENT PLANT										
50050 1 0	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		DAILY CALCTD
EFFLUENT GROSS VALUE		01MOAV	01DAMX					****		
CHLORINE, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	NODI	NODI			0NODI NODI
RESIDUAL										
50060 R 0	PERMIT REQUIREMENT	*****	*****	****	*****	.3	.5	MG/L		THREE/GRAB
SEE COMMENTS BELOW				****		01MOAV	01DAMX			WEEK
CHLORINE, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	< 0.1	< 0.1			0THREE/GRAB
RESIDUAL										WEEK
50060 S 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	.2	MG/L		THREE/GRAB
SEE COMMENTS BELOW				****		01MOAV	01DAMX			WEEK
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

MARK B. BEZILLA  
VICE PRESIDENT  
OPERATIONS

TYPED OR PRINTED

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LABS: 17327 06431 46405 77343

PERMITTEE NAME/ADDRESS

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ADDRESS

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HANCOCKS BRIDGE, NJ 08038

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

MAJOR

NJ0005622

PERMIT NUMBER

489C

DISCHARGE NUMBER

MONITORING PERIOD

FACILITY PSE&amp;G SALEM GENERATING STATION

LOCATION LOWER ALLOWAYS CREEK, NJ 08038

DMR NUMBER: NJ0005622 489C 032000

YEAR	MO	DAY
00	03	01

YEAR	MO	DAY
00	03	31

SOUTHERN REGION / SALEM

PARAMETER (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)		(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53)		UNITS	NO. EX. (62 63)	FREQ. OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
				UNITS							
PH	SAMPLE MEASUREMENT	*****	*****		7.8	*****	7.8			00 ONCE/MONTH	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SU		00 ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		01RPMN	*****	01RPMX			00 ONCE/MONTH	GRAB
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	3	3			00 ONCE/MONTH	GRAB
HYDROCARBONS, IN H2O IR, CC14 EXT. CHROMA	SAMPLE MEASUREMENT	*****	*****		*****	30	100	MG/L		00 ONCE/MONTH	GRAB
00551 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	01MOAV	01DAMX			00 ONCE/MONTH	GRAB
CARBON, TOT ORGANIC (TOC)	SAMPLE MEASUREMENT	*****	*****		*****	< 0.5	< 0.5			00 ONCE/MONTH	GRAB
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	10	15	MG/L		00 ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.1454	0.1454		*****	6	6			00 ONCE/MONTH	CALCTD
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	****		00 ONCE/MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

MARK B. BEZILLA  
VICE PRESIDENT  
OPERATIONS

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL  
EXECUTIVE OFFICER OR  
AUTHORIZED AGENT

TELEPHONE

DATE

856 935-6000 00 04 20

AREA  
CODE

NUMBER

YEAR MO DAY

TOTAL SUSPENDED SOLIDS SHALL NOT EXCEED A 7-DAY AVERAGE OF 45 MG/L. THIS DISCHARGE IS DESIGNATED AS DSN 489 IN PERMIT

LABS: 17327 06431 46405 77343

PERMITTEE NAME/ADDRESS

NAME PSE&G  
ADDRESS P.O. BOX 236/N21  
HANCOCKS BRIDGE, NJ 08038

## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

NJ0005622

PERMIT NUMBER

487B

DISCHARGE NUMBER

#3 Oil Skim Tank DSN-487B  
MAJOR SALEM

FACILITY PSE&amp;G SALEM GENERATING STATION

LOCATION LOWER ALLOWAYS CREEK, NJ 08038

DMR NUMBER: NJ0005622 487B 032000

## MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
00	03	01		00	03	31
(20-21) (22-23) (24-25)				(26-27) (28-29) (30-31)		

SOUTHERN REGION

PARAMETER (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)	UNITS	(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53)	(54-61)	UNITS	NO. EX. (62 63)	FREQ. OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TEMPERATURE, WATER DEG. CENTRIGADE 00010 1 0	SAMPLE MEASUREMENT	*****	*****		*****	NODI	NODI			0NODI	NODI
EFFLUENT GROSS VALUE PH	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 01MOAV	43.3 01DAMX	DEG.C		ONCE/ DISCHG	GRAB
00400 1 0	SAMPLE MEASUREMENT	*****	*****		NODI	*****	NODI			0NODI	NODI
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 01RPMN	*****	9.0 01RPMX	SU		ONCE/ DISCHG	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0	SAMPLE MEASUREMENT	*****	*****		*****	NODI	NODI			0NODI	NODI
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 01MOAV	100 01DAMX	MG/L		ONCE/ DISCHG	GRAB
HYDROCARBONS, IN H2O IR, CC14 EXT. CHROMA 00551 1 0	SAMPLE MEASUREMENT	*****	*****		*****	NODI	NODI			0NODI	NODI
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 01MOAV	15 01DAMX	MG/L		ONCE/ DISCHG	GRAB
CARBON, TOT ORGANIC (TOC) 00680 1 0	SAMPLE MEASUREMENT	*****	*****		*****	NODI	NODI			0NODI	NODI
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 01MOAV	50 01DAMX	MG/L		ONCE/ DISCHG	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0	SAMPLE MEASUREMENT	NODI	NODI		*****	*****	*****			0NODI	NODI
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	****		ONCE/ DISCHG	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

MARK B. BEZILLA  
VICE PRESIDENT  
OPERATIONS

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