



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

Nuclear Business Unit

June 19, 2000

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED  
ARTICLE NUMBER: 7099 3400 0002 4172 2754

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

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

Dear Sir:

Attached is the Discharge Monitoring Report for the Hope Creek  
Generating Station for the month of May 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 analysis 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 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 Christopher White at (856) 339-3301.

Sincerely,

Mark B. Bezilla  
Vice President  
Operations

1E25

NJPDES DMR

2

06/19/00

**Attachments**

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

Attachments

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

BC Vice President - Operations  
Manager - Licensing and Regulation - Nuclear  
Maureen Vaskis, Esq.  
P. R. La Sala  
D. K. Hurka  
C. E. White  
J. Buchanan  
A. Nurk  
Chem File HCH 2000-037  
Env Lic File 2.1.6 HC Book

Explanation of Conditions

May 2000

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.

Analytical values performed by the following NJDEP certified laboratories:

Hope Creek Generating Station (17451)  
Raytheon Env. Services Laboratory (77343)  
South Jersey Testing, Inc. (06431)

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

Results reported on the Discharge Monitoring Report forms are consistent with permit limits, data supplied from contract laboratories, the December 1993 revision of the NJDEP DMR Instruction manual and specific guidance from DEP personnel.

The industrial license holder's (N-2) signature is signifying the review for DSN's 461A and 461C. The S-4 license holder's signature signifies review for DSN-462B.

NJPDES DMR

06/19/00

Explanation of Exceedances

May 2000

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

DSN No.

EXPLANATION

**No Exceedances**

COUNTY OF SALEM  
STATE OF NEW JERSEY

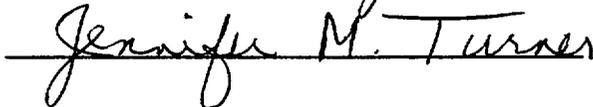
I, Mark B. Bezilla, of full age, being duly sworn according to law, upon my oath depose and say:

1. I am the Vice President, Operations for PSEG Nuclear, and as such am authorized to sign 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.



Mark B. Bezilla  
Vice President  
Operations

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



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



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.  
00254111

REPORTING PERIOD  
Mo. Yr. Mo. Yr.  
015101 015101

PERMITTEE: Name: Public Service Electric & Gas

Address: P.O. Box 236  
Hancocks Bridge, N.J. 08038

FACILITY: Name: Hope Creek Generating Station

Address: P.O. Box 236  
Hancocks Bridge, N.J. 08038

Telephone: (856) 339-3463

FORMS ATTACHED (Indicate Quantity of Each)

Operating Exceptions

SLUDGE REPORT - SANITARY  
\_\_\_ T-VWX-007 \_\_\_ T-VWX-008 \_\_\_ T-VWX-009  
\_\_\_ EPA Form 3320-1

DYE TESTING YES NO  
\_\_\_  \_\_\_

SLUDGE REPORT - INDUSTRIAL  
\_\_\_ T-VWX-010A \_\_\_ T-VWX-010B

TEMPORARY BYPASSING \_\_\_

DISINFECTION INTERRUPTION \_\_\_

WASTEWATER REPORTS  
\_\_\_ T-VWX-011 \_\_\_ T-VWX-012 \_\_\_ T-VWX-013

MONITORING MALFUNCTIONS \_\_\_

UNITS OUT OF OPERATION  \_\_\_

GROUNDWATER REPORTS  
\_\_\_ VWX-015(A,B) \_\_\_ VWX-016 \_\_\_ VWX-017  
\_\_\_ ELECTRONIC SUBMISSION

OTHER  \_\_\_

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

NJPDES DISCHARGE MONITORING  
\_\_\_ 5 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 or 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 REPRESENTATIVE

Name (Printed) Andres Nurk

Name (Printed) Mark B. Bezilla

Grade & Registry No. S-4 (0006979)

Title (Printed) Vice President, Operations

Signature Andres Nurk

Signature Mark B. Bezilla

Date 6/16/00

Date 6/16/00





PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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)

NJ0025411  
 PERMIT NUMBER

461A  
 DISCHARGE NUMBER

Form Approved.  
 OMB No. 2040-0004  
 Approval expires 05-31-98

MAJOR

FACILITY LOCATION PSE&G HOPE CREEK GENERATING ST  
 LOWER ALLOWAYS CREE, NJ 08038

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	05	01		00	05	31

DMR NUMBER : NJ0025411 461A 012000

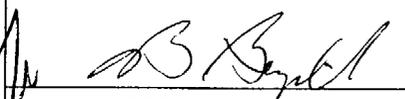
SOUTHERN REGION / SALEM

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (54-51)	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		7.5	*****	8.7		0	WEEKLY	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	6.0 <del>0000</del> 01RPMN	*****	9.0 <del>0000</del> 01RPMX	SU		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	42.498	55.935	*****	*****	*****		UOUS	0	CONTIN	METER
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	**** ***		CONTIN UOUS	METER
LC50 STATRE 96HR ACU MYSID. BAHIA	SAMPLE MEASUREMENT	*****	*****		CODE=N	*****	*****		0	CODE=N	CODE=N
TAN3E 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	REPORT 01MOAVMN	*****	*****	PERCENT		QTRLY	CK REQ
IC25 STATRE 7DAY CHR MYSID. BAHIA	SAMPLE MEASUREMENT	*****	*****		CODE=N	*****	*****		0	CODE=N	CODE=N
TBP3E 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	REPORT 01MOAVMN	*****	*****	PERCENT		QRTLY	CK REQ
IC25 STATRE 7DAY CHR CYPRINODON	SAMPLE MEASUREMENT	*****	*****		CODE=N	*****	*****		0	CODE=N	CODE=N
TBP6A 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	REPORT 01MOAVMN	*****	*****	PERCENT		QRTLY	CK REQ
CHLORINE PRODUCED OXIDANTS	SAMPLE MEASUREMENT	*****	*****		*****	0.1	.3		0	THREE/ WEEK	GRAB
*CPOX 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	0.2 <del>0000</del> 01MOAV	0.5 <del>0000</del> 01DAMX	MG/L		THREE/ WEEK	GRAB
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	*****		*****	21.3	24.7		0	CONTIN UOUS	CK REQ
00010 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	REPORT 01MOAV	36.2 <del>0000</del> 01DAMX	DEG.C		CONTIN UOUS	CK REQ

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 U.S.C. § 1001 AND 33 U.S.C. § 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 856 339-3463  
 DATE 00 06 19  
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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) NJ0025411 (17-19) 461A  
 PERMIT NUMBER DISCHARGE NUMBER

Form Approved.  
 OMB No. 2040-0004  
 Approval expires 05-31-98

MAJOR

FACILITY LOCATION PSE&G HOPE CREEK GENERATING ST  
 LOWER ALLOWAYS CREEK, NJ 08038

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
00	05	01	00	05	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

SOUTHERN REGION / SALEM

DMR NUMBER : NJ0025411 461A 012000

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE (54-61)	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
TEMPERATURE, WATER DEG. CENTIGRADE 00010 7 0 INTAKE FROM STREAM	*****	*****	*****	*****	19.7	22.1	DEG.C	0	CONTINUOUS	CK REQ	
	PERMIT REQUIREMENT	*****	*****	****	REPORT 01MOAV	REPORT 01DAMX			CONTINUOUS	CK REQ	
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	70.4	76.5	DEG.F	0	CONTINUOUS	CK REQ	
	PERMIT REQUIREMENT	*****	*****	****	REPORT 01MOAV	97.1000X REPORT 01DAMX			CONTINUOUS	CK REQ	
TEMPERATURE, WATER DEG. FAHRENHEIT 0011 7 0 INTAKE FROM STREAM	*****	*****	*****	*****	67.4	71.7	DEG.F	0	CONTINUOUS	CK REQ	
	PERMIT REQUIREMENT	*****	*****	****	REPORT 01MOAV	REPORT 01DAMX			CONTINUOUS	CK REQ	
PHOSPHORUS, TOTAL (AS P) 00665 1 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	CODE=N	CODE=N	MG/L	0	ONCE/MONTH	GRAB	
	PERMIT REQUIREMENT	*****	*****	****	REPORT 01MOAV	REPORT 01DAMX			ONCE/MONTH	GRAB	
CARBON, TOT ORGANIC (TOC) 00680 1 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	10.1	10.1	MG/L	0	ONCE/MONTH	GRAB	
	PERMIT REQUIREMENT	*****	*****	****	REPORT 01MOAV	REPORT 01DAMX			ONCE/MONTH	GRAB	
CARBON, TOT ORGANIC (TOC) 00680 2 0 EFFLUENT NET VALUE	*****	*****	*****	*****	-1	-1	MG/L	** 0	ONCE/MONTH	CALCTD	
	PERMIT REQUIREMENT	*****	*****	****	REPORT 01MOAV	20.000X REPORT 01DAMX			ONCE/MONTH	GRAB	
CARBON, TOT ORGANIC (TOC) 00680 7 0 INTAKE FROM STREAM	*****	*****	*****	*****	7.8	7.8	MG/L	0	ONCE/MONTH	GRAB	
	PERMIT REQUIREMENT	*****	*****	****	REPORT 01MOAV	REPORT 01DAMX			ONCE/MONTH	GRAB	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Mark B. Bezilla Vice President Operations	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 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)						TELEPHONE 856 339-3463		DATE 00 06 19		
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 Please refer to the attached Transmittal Sheet Addenda.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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)

NJ0025411  
 PERMIT NUMBER

461A  
 DISCHARGE NUMBER

Form Approved.  
 OMB No. 2040-0004  
 Approval expires 05-31-98

MAJOR

FACILITY LOCATION PSE&G HOPE CREEK GENERATING ST  
 LOWER ALLOWAYS CREEK,NJ 08038

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	05	01		00	05	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

SOUTHERN REGION / SALEM

DMR NUMBER : NJ0025411 461A 012000

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM			
HEAT (WINTER) (PER HOUR) 81387 1 0 EFFLUENT GROSS VALUE		43	120		MBTU/HR	*****	*****	*****	0	DAILY	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	662.00000X 01DAMX			*****	*****	*****	**** ***	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 Operations	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 U.S.C. § 1001 AND 33 U.S.C. § 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	339-3463	00	06	19
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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)

NJ0025411  
 PERMIT NUMBER

461C  
 DISCHARGE NUMBER

Form Approved.  
 OMB No. 2040-0004  
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MAJOR

FACILITY LOCATION PSE&G HOPE CREEK GENERATING ST  
 LOWER ALLOWAYS CREEK, NJ 08038

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
00	05	01	00	05	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

SOUTHERN REGION / SALEM

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DMR NUMBER : NJ0025411 461C 012000

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUANTITY OR CONCENTRATION (4 Card Only) (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (54-61)	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	*****	*****	*****	****	*****	8	8	0	ONCE/ MONTH	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	30.0000X 01MOAV	100.0000X 01DAMX		ONCE/ MONTH	COMPOS
PETROL HYDROCARBONS, TOTAL RECOVERABLE 45501 1 0 EFFLUENT GROSS VALUE	*****	*****	*****	****	*****	1	2	0	TWICE/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	10.0000X 01MOAV	15.0000X 01DAMX		TWICE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	.021	.03		MGD	*****	*****	*****	0	CONTIN UOUS	METER
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	****	*****	*****	*****		CONTIN UOUS	METER
CARBON, TOT ORGANIC (TOC) 00680 1 0 EFFLUENT GROSS VALUE	*****	*****	*****	****	*****	12	12	0	ONCE/ MONTH	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 01MOAV	50.0000X 01DAMX		ONCE/ MONTH	COMPOS
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Mark B. Bezilla VicePresident 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 U.S.C. § 1001 AND 33 U.S.C. § 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	339-3463	00	06	19

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

NJ0025411  
 PERMIT NUMBER

462B  
 DISCHARGE NUMBER

Form Approved.  
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MAJOR

FACILITY LOCATION PSE&G HOPE CREEK GENERATING ST  
 LOWER ALLOWAYS CREE, NJ 08038

MONITORING PERIOD					
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SOUTHERN REGION / SALEM

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DMR NUMBER : NJ0025411 462B 012000

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE (54-55)	MAXIMUM (56-57)	UNITS (58-59)	MINIMUM (38-39)	AVERAGE (40-41)	MAXIMUM (42-43)				UNITS (44-45)
BOD, 5-DAY (20 DEG. C)	MEASUREMENT	2	2	KG/DAY	*****	*****	*****	0	ONCE/MONTH	COMPOS	
00310 1 0	PERMIT REQUIREMENT	8.0000X 01MOAV	REPORT 01DAMX		*****	*****	*****	**** ***	ONCE/MONTH	COMPOS	
SOLIDS, TOTAL SUSPENDED	MEASUREMENT	*****	*****	MG/L	*****	23	23	0	ONCE/MONTH	COMPOS	
00530 1 0	PERMIT REQUIREMENT	*****	*****		*****	30.0000X 01MOAV	REPORT 01DAMX	****	ONCE/MONTH	COMPOS	
OIL AND GREASE FREON EXTR-GRAV METH	MEASUREMENT	*****	*****	MG/L	*****	<1	<1	0	ONCE/MONTH	GRAB	
00556 1 0	PERMIT REQUIREMENT	*****	*****		*****	10.0000X 01MOAV	15.0000X 01DAMX	****	ONCE/MONTH	GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	MEASUREMENT	.022	.034	MGD	*****	*****	*****	0	DAILY	METER	
50050 1 0	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****	**** ***	DAILY	METER	
COLIFORM, FECAL GENERAL	MEASUREMENT	*****	*****	#/100	*****	<1	<1	0	ONCE/MONTH	GRAB	
74055 1 0	PERMIT REQUIREMENT	*****	*****		*****	200.0000X 01MOGE	400.0000X 01DAGE	****	ONCE/MONTH	GRAB	
BOD, 5-DAY PERCENT REMOVAL	MEASUREMENT	*****	*****	PERCENT	93.1	*****	*****	0	ONCE/MONTH	CALCTD	
81010 K 0	PERMIT REQUIREMENT	*****	*****		*****	87.5000X 01MOAVMN	*****	*****	ONCE/MONTH	CALCTD	
SOLIDS, SUSPENDED PERCENT REMOVAL	MEASUREMENT	*****	*****	PERCENT	92	*****	*****	0	ONCE/MONTH	CALCTD	
81011 1 0	PERMIT REQUIREMENT	*****	*****		*****	85.0000X 01MOAVMN	*****	*****	ONCE/MONTH	CALCTD	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)						TELEPHONE		DATE		
Mark B. Bezilla Vice President Operations							856 339-3463		00	06	19
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)