PSEG Nuclear LLC
P.O. Box 236, Hancocks Bridge, New Jersey 08038-0236

PSEG
Nuclear LLC

September 18, 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 7099 3400 0003 6394 5352

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 August 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,

Timothy J. O'Connor
Vice President Plant Support

Attachments

JE25

NJPDES Report
August 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
August 2000

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.

DSN NO.	EXPLANATION
	None

COUNTY OF SALEM
STATE OF NEW JERSEY

I, Timothy J. O'Connor, of full age, being duly sworn according to law, upon my oath depose and say:

1. I am the Vice President, Plant Support 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.

Timothy J. O'Connor
Vice President
Plant Support

Sworn and subscribed before me
this 18 day of Sept 2000

Sheri L. Huston

SHERI L. HUSTON
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 12/03/2003

New Jersey Department of Environmental Protection
Division of Water Quality

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: **NJ0005622**
MONITORING REPORT TYPE: **Surface Water Discharge**
MONITORING PERIOD: **8/1/2000 - 8/31/2000**

MONITORED LOCATION: **FACA SW Outfall FACA**
MONITORED LOCATION GROUP: **N/A**
REGION / COUNTY: **Southern / Salem County**

PERMITTEE NAME AND ADDRESS:
PSE&G
PO BOX 236/N21
Hancocks Bridge, NJ 08038

LOCATION OF ACTIVITY:
PSE&G GENERATING STA (SALEM)
ALLOWAY CREEK NECK RD
Lower Alloways Creek, NJ 08038-0000

CHECK IF APPLICABLE: ☐ **No Discharge this Monitoring Period**

MONITORING REPORT COMMENTS: _____

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based un 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. § 1319.

(Penalties under these statutes may include fines up to $10,000 and or a maximum imprisonment of between 6 months and 5 years.)

Timothy J. O'Connor Vice President Plant Support
NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

856-935-6000
AREA CODE / TELEPHONE NUMBER

9/18/00
DATE (MONTH / DAY / YEAR)

Surface Water Discharge Monitoring Report

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	FACA SW Outfall FACA	8/1/2000 TO 8/31/2000	PSE&G GENERATING STA (SALEM)

PARAMETER		QUANTITY OR LOADING		UNITS	QUANTITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		******	33.4	36.1		0	Continuous	Contin
	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	46.1 01DAMX	DEG.C		Continuous	CONTIN
Temperature, oC 00010 2 Effluent Net Value	SAMPLE MEASUREMENT	******	******		******	7.1	9.1		0	Continuous	CalcTd
	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	15.3 01DAMX	DEG.C		Continuous	CALCTD
Temperature, oC 00010 G Raw Sew/influent	SAMPLE MEASUREMENT	******	******		******	26.3	28.0		0	Continuous	Contin
	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		46405	77343					
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP

Comments: Your monitoring report forms have been converted to the Department's new NJ Environmental Management System (NJEMS). 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

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: **NJ0005622**
MONITORING REPORT TYPE: **Surface Water Discharge**
MONITORING PERIOD: **8/1/2000 - 8/31/2000**

MONITORED LOCATION: **FACB SW Outfall FACB**
MONITORED LOCATION GROUP: **N/A**
REGION / COUNTY: **Southern / Salem County**

PERMITTEE NAME AND ADDRESS:
PSE&G
PO BOX 236/N21
Hancocks Bridge, NJ 08038

LOCATION OF ACTIVITY:
PSE&G GENERATING STA (SALEM)
ALLOWAY CREEK NECK RD
Lower Alloways Creek, NJ 08038-0000

CHECK IF APPLICABLE: ☐ **No Discharge this Monitoring Period**

MONITORING REPORT COMMENTS:

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Timothy J. O'Connor, Vice President - Plant Support

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

856-935-6000

AREA CODE / TELEPHONE NUMBER

9/18/00

DATE (MONTH / DAY / YEAR)

Surface Water Discharge Monitoring Report

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	FACB SW Outfall FACB	8/1/2000 TO 8/31/2000	PSE&G GENERATING STA (SALEM)

PARAMETER		QUANTITY OR LOADING		UNITS	QUANTITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		******	33.6	35.5		0	Continuous	ConTin
	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	46.1 01DAMX	DEG.C		Continuous	CONTIN
Temperature, oC 00010 2 Effluent Net Value	SAMPLE MEASUREMENT	******	******		******	7.3	9.3		0	Continuous	Calctd
	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	15.3 01DAMX	DEG.C		Continuous	CALCTD
Temperature, oC 00010 G Raw Sew/influent	SAMPLE MEASUREMENT	******	******		******	26.3	28.0		0	Continuous	ConTin
	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		46405	77343					
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP

Comments: Your monitoring report forms have been converted to the Department's new NJ Environmental Management System (NJEMS). 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".

Pre-Print Creation Date: 7/5/2000

New Jersey Department of Environmental Protection
Division of Water Quality

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: **NJ0005622**
MONITORING REPORT TYPE: **Surface Water Discharge**
MONITORING PERIOD: **8/1/2000 - 8/31/2000**

MONITORED LOCATION: **FACC SW Outfall FACC**
MONITORED LOCATION GROUP: **N/A**
REGION / COUNTY: **Southern / Salem County**

PERMITTEE NAME AND ADDRESS:
PSE&G
PO BOX 236/N21
Hancocks Bridge, NJ 08038

LOCATION OF ACTIVITY:
PSE&G GENERATING STA (SALEM)
ALLOWAY CREEK NECK RD
Lower Alloways Creek, NJ 08038-0000

CHECK IF APPLICABLE: ☐ **No Discharge this Monitoring Period**

MONITORING REPORT COMMENTS:

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Timothy J. O'Connor, Vice President - Plant Support

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

856-935-6000

AREA CODE / TELEPHONE NUMBER

9/18/00

DATE (MONTH / DAY / YEAR)

Surface Water Discharge Monitoring Report

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	FACC SW Outfall FACC	8/1/2000 TO 8/31/2000	PSE&G GENERATING STA (SALEM)

PARAMETER		QUANTITY OR LOADING		UNITS	QUANTITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 G Raw Sew/influent	SAMPLE MEASUREMENT	2721	2761	MGD	******	******	******	******	0	Daily	Calctd
	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX		******	******	******			1/Day	CALCTD
Thermal Discharge Million BTUs per Hr 00015 2 Effluent Net Value	SAMPLE MEASUREMENT	12693	13849	MBTU/HR	******	******	******	******	0	Continuous	Calctd
	PERMIT REQUIREMENT	REPORT 01MOAV	30600 01DAMX		******	******	******			Continuous	CALCTD
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		46405	77343					
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP

Comments: Your monitoring report forms have been converted to the Department's new NJ Environmental Management System (NJEMS). 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".

Pre-Print Creation Date: 7/5/2000

New Jersey Department of Environmental Protection
Division of Water Quality

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: **NJ0005622**
MONITORING REPORT TYPE: **Surface Water Discharge**
MONITORING PERIOD: **8/1/2000 - 8/31/2000**

MONITORED LOCATION: **048C SW Outfall 48C**
MONITORED LOCATION GROUP: **N/A**
REGION / COUNTY: **Southern / Salem County**

PERMITTEE NAME AND ADDRESS:
PSE&G
PO BOX 236/N21
Hancocks Bridge, NJ 08038

LOCATION OF ACTIVITY:
PSE&G GENERATING STA (SALEM)
ALLOWAY CREEK NECK RD
Lower Alloways Creek, NJ 08038-0000

CHECK IF APPLICABLE: ☐ **No Discharge this Monitoring Period**

MONITORING REPORT COMMENTS:

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Timothy J. O'Connor, Vice President - Plant Support
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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

856-935-6000
AREA CODE / TELEPHONE NUMBER

9/18/00
DATE (MONTH / DAY / YEAR)

Surface Water Discharge Monitoring Report

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	048C SW Outfall 48C	8/1/2000 TO 8/31/2000	PSE&G GENERATING STA (SALEM)

PARAMETER		QUANTITY OR LOADING		UNITS	QUANTITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	0.1984	0.4815	MGD	******	******	******	******	0	Daily	Calctd
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		******	******	******			1/Day	CALCTD
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	******	4	6	MG/L	0	Twice/Month	Compos
	PERMIT REQUIREMENT	******	******		******	30 01MOAV	100 01DAMX			2/Month	COMPOS
Nitrogen, Ammonia Total (as N) 00610 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	******	2	2	MG/L	0	Twice/Month	Compos
	PERMIT REQUIREMENT	******	******		******	35 01MOAV	70 01DAMX			2/Month	COMPOS
Hydrocarbons,in H2O, IR, CCl4 Ext. Chrom. 00551 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	******	<0.5	<0.5	MG/L	0	Twice/Month	Compos
	PERMIT REQUIREMENT	******	******		******	10 01MOAV	15 01DAMX			2/Month	GRAB
Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	******	10	16	MG/L	0	Twice/Month	Compos
	PERMIT REQUIREMENT	******	******		******	REPORT 01MOAV	50 01DAMX			2/Month	COMPOS
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		46405	77343					
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP

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Pre-Print Creation Date: 7/5/2000

New Jersey Department of Environmental Protection
Division of Water Quality

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: **NJ0005622**
MONITORING REPORT TYPE: **Surface Water Discharge**
MONITORING PERIOD: **8/1/2000 - 8/31/2000**

MONITORED LOCATION: **481A SW Outfall 481A**
MONITORED LOCATION GROUP: **N/A**
REGION / COUNTY: **Southern / Salem County**

PERMITTEE NAME AND ADDRESS:
PSE&G
PO BOX 236/N21
Hancocks Bridge, NJ 08038

LOCATION OF ACTIVITY:
PSE&G GENERATING STA (SALEM)
ALLOWAY CREEK NECK RD
Lower Alloways Creek, NJ 08038-0000

CHECK IF APPLICABLE: ☐ **No Discharge this Monitoring Period**

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856-935-6000
AREA CODE / TELEPHONE NUMBER

9/18/00
DATE (MONTH / DAY / YEAR)

Surface Water Discharge Monitoring Report

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	481A SW Outfall 481A	8/1/2000 TO 8/31/2000	PSE&G GENERATING STA (SALEM)

PARAMETER		QUANTITY OR LOADING		UNITS	QUANTITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	533	537		******	******	******		0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	******	******	******		1/Day	CALCTD
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		6.7	******	7.4		0	1/week	GRAB
	PERMIT REQUIREMENT	******	******	******	6.0 01DAMN	******	9.0 01DAMX	SU		1/Week	GRAB
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	******	******		7.1	******	7.9		0	1/week	GRAB
	PERMIT REQUIREMENT	******	******	******	REPORT 01DAMN	******	REPORT 01DAMX	SU		1/Week	GRAB
LC50 Fthd Minnow Static Defn TA1CA 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		CODE=N	******	******		0	1/Quarter	COMPOS
	PERMIT REQUIREMENT	******	******	******	50 01DAMN	******	******	%EFFL		1/Quarter	COMPOS
Chlorine, Total Residual 50060 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	******	******		******	CODE=N	CODE=N		0	3/week	GRAB
	PERMIT REQUIREMENT	******	******	******	******	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Chlorine, Total Residual 50060 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	******	******		******	<0.1	<0.1		0	3/week	GRAB
	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		46405	77343					
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP

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New Jersey Department of Environmental Protection
Division of Water Quality

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: **NJ0005622**
MONITORING REPORT TYPE: **Surface Water Discharge**
MONITORING PERIOD: **8/1/2000 - 8/31/2000**

MONITORED LOCATION: **482A SW Outfall 482A**
MONITORED LOCATION GROUP: **N/A**
REGION / COUNTY: **Southern / Salem County**

PERMITTEE NAME AND ADDRESS:
PSE&G
PO BOX 236/N21
Hancocks Bridge, NJ 08038

LOCATION OF ACTIVITY:
PSE&G GENERATING STA (SALEM)
ALLOWAY CREEK NECK RD
Lower Alloways Creek, NJ 08038-0000

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DATE (MONTH / DAY / YEAR)

Surface Water Discharge Monitoring Report

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	482A SW Outfall 482A	8/1/2000 TO 8/31/2000	PSE&G GENERATING STA (SALEM)

PARAMETER		QUANTITY OR LOADING		UNITS	QUANTITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	478	494		******	******	******		0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	******	******	******		1/Day	CALCTD
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		6.8	******	7.4		0	1/Week	GRAB
	PERMIT REQUIREMENT	******	******	******	6.0 01DAMN	******	9.0 01DAMX	SU		1/Week	GRAB
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	******	******		7.1	******	7.9		0	1/Week	GRAB
	PERMIT REQUIREMENT	******	******	******	REPORT 01DAMN	******	REPORT 01DAMX	SU		1/Week	GRAB
LC50 Fthd Minnow Static Defn TA1CA 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		CODE= N	******	******		0	1/Quarter	COMPOS
	PERMIT REQUIREMENT	******	******	******	50 01DAMN	******	******	%EFFL		1/Quarter	COMPOS
Chlorine, Total Residual 50060 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	******	******		******	CODE = N	CODE= N		0	3/Week	GRAB
	PERMIT REQUIREMENT	******	******	******	******	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Chlorine, Total Residual 50060 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	******	******		******	<0.1	<0.1		0	3/Week	GRAB
	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		46405	77343					
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP

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New Jersey Department of Environmental Protection
Division of Water Quality

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: **NJ0005622**
MONITORING REPORT TYPE: **Surface Water Discharge**
MONITORING PERIOD: **8/1/2000 - 8/31/2000**

MONITORED LOCATION: **483A SW Outfall 483A**
MONITORED LOCATION GROUP: **N/A**
REGION / COUNTY: **Southern / Salem County**

PERMITTEE NAME AND ADDRESS:
PSE&G
PO BOX 236/N21
Hancocks Bridge, NJ 08038

LOCATION OF ACTIVITY:
PSE&G GENERATING STA (SALEM)
ALLOWAY CREEK NECK RD
Lower Alloways Creek, NJ 08038-0000

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856-935-6000
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9/18/00
DATE (MONTH / DAY / YEAR)

Surface Water Discharge Monitoring Report

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	483A SW Outfall 483A	8/1/2000 TO 8/31/2000	PSE&G GENERATING STA (SALEM)

PARAMETER		QUANTITY OR LOADING		UNITS	QUANTITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	473	475		******	******	******		0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	******	******	******		1/Day	CALCTD
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		6.7	******	7.4		0	1/Week	GRAB
	PERMIT REQUIREMENT	******	******	******	6.0 01DAMN	******	9.0 01DAMX	SU		1/Week	GRAB
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	******	******		7.1	******	7.9		0	1/Week	GRAB
	PERMIT REQUIREMENT	******	******	******	REPORT 01DAMN	******	REPORT 01DAMX	SU		1/Week	GRAB
LC50 Fthd Minnow Static Defn TA1CA 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		CODE=N	******	******		0	1/Quarter	COMPOS
	PERMIT REQUIREMENT	******	******	******	50 01DAMN	******	******	%EFFL		1/Quarter	COMPOS
Chlorine, Total Residual 50060 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	******	******		******	CODE=N	CODE=N		0	3/Week	GRAB
	PERMIT REQUIREMENT	******	******	******	******	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Chlorine, Total Residual 50060 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	******	******		******	<0.1	<0.1		0	3/Week	GRAB
	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		46405	77343					
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP

Comments: Your monitoring report forms have been converted to the Department's new NJ Environmental Management System (NJEMS). 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".

Pre-Print Creation Date: 7/5/2000

New Jersey Department of Environmental Protection
Division of Water Quality

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: **NJ0005622**
MONITORING REPORT TYPE: **Surface Water Discharge**
MONITORING PERIOD: **8/1/2000 - 8/31/2000**

MONITORED LOCATION: **484A SW Outfall 484A**
MONITORED LOCATION GROUP: **N/A**
REGION / COUNTY: **Southern / Salem County**

PERMITTEE NAME AND ADDRESS:
PSE&G
PO BOX 236/N21
Hancocks Bridge, NJ 08038

LOCATION OF ACTIVITY:
PSE&G GENERATING STA (SALEM)
ALLOWAY CREEK NECK RD
Lower Alloways Creek, NJ 08038-0000

CHECK IF APPLICABLE: ☐ **No Discharge this Monitoring Period**

MONITORING REPORT COMMENTS:

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based un 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. § 1319.

(Penalties under these statutes may include fines up to $10,000 and or a maximum imprisonment of between 6 months and 5 years.)

Timothy J. O'Connor, Vice President - Plant Support

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

856-935-6000

AREA CODE / TELEPHONE NUMBER

9/18/00

DATE (MONTH / DAY / YEAR)

Surface Water Discharge Monitoring Report

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	484A SW Outfall 484A	8/1/2000 TO 8/31/2000	PSE&G GENERATING STA (SALEM)

PARAMETER		QUANTITY OR LOADING		UNITS	QUANTITY OR CONCENTRATION			UNITS	NO EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	437	462	MGD	******	******	******	******	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		******	******	******			1/Day	CALCTD
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.4	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	******	******		6.0 01DAMN	******	9.0 01DAMX			1/Week	GRAB
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.9	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	******	******		REPORT 01DAMN	******	REPORT 01DAMX			1/Week	GRAB
LC50 Fthd Minnow Static Defn TA1CA 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	CODE= N	******	******	%EFFL	0	1/Quarter	COMPOS
	PERMIT REQUIREMENT	******	******		50 01DAMN	******	******			1/Quarter	COMPOS
Chlorine, Total Residual 50060 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			3/Week	GRAB
Chlorine, Total Residual 50060 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	******	******	******	******	<0.1	<0.1	MG/L	0	3/week	GRAB
	PERMIT REQUIREMENT	******	******		******	REPORT 01MOAV	0.2 01DAMX			3/Week	GRAB
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		46405	77343					
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP

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New Jersey Department of Environmental Protection
Division of Water Quality

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: **NJ0005622**
MONITORING REPORT TYPE: **Surface Water Discharge**
MONITORING PERIOD: **8/1/2000 - 8/31/2000**

MONITORED LOCATION: **485A SW Outfall 485A**
MONITORED LOCATION GROUP: **N/A**
REGION / COUNTY: **Southern / Salem County**

PERMITTEE NAME AND ADDRESS:
PSE&G
PO BOX 236/N21
Hancocks Bridge, NJ 08038

LOCATION OF ACTIVITY:
PSE&G GENERATING STA (SALEM)
ALLOWAY CREEK NECK RD
Lower Alloways Creek, NJ 08038-0000

CHECK IF APPLICABLE: ☐ **No Discharge this Monitoring Period**

MONITORING REPORT COMMENTS:

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

856-935-6000

AREA CODE / TELEPHONE NUMBER

9/18/00

DATE (MONTH / DAY / YEAR)

Surface Water Discharge Monitoring Report

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	485A SW Outfall 485A	8/1/2000 TO 8/31/2000	PSE&G GENERATING STA (SALEM)

PARAMETER		QUANTITY OR LOADING		UNITS	QUANTITY OR CONCENTRATION			UNITS	NO. EX	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	456	457		******	******	******		0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	******	******	******		1/Day	CALCTD
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		6.9	******	7.4		0	1/Week	GRAB
	PERMIT REQUIREMENT	******	******	******	6.0 01DAMN	******	9.0 01DAMX	SU		1/Week	GRAB
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	******	******		7.1	******	7.9		0	1/Week	GRAB
	PERMIT REQUIREMENT	******	******	******	REPORT 01DAMN	******	REPORT 01DAMX	SU		1/Week	GRAB
LC50 Fthd Minnow Static Defn TA1CA 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		CODE=N	******	******		0	1/Quarter	COMPOS
	PERMIT REQUIREMENT	******	******	******	50 01DAMN	******	******	%EFFL		1/Quarter	COMPOS
Chlorine, Total Residual 50060 1 Effluent Gross Value Option 1	SAMPLE MEASUREMENT	******	******		******	CODE=N	CODE=N		0	3/Week	GRAB
	PERMIT REQUIREMENT	******	******	******	******	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Chlorine, Total Residual 50060 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	******	******		******	<0.1	<0.1		0	3/Week	GRAB
	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		46405	77343					
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP

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New Jersey Department of Environmental Protection
Division of Water Quality

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: **NJ0005622**
MONITORING REPORT TYPE: **Surface Water Discharge**
MONITORING PERIOD: **8/1/2000 - 8/31/2000**

MONITORED LOCATION: **486A SW Outfall 486A**
MONITORED LOCATION GROUP: **N/A**
REGION / COUNTY: **Southern / Salem County**

PERMITTEE NAME AND ADDRESS:
PSE&G
PO BOX 236/N21
Hancocks Bridge, NJ 08038

LOCATION OF ACTIVITY:
PSE&G GENERATING STA (SALEM)
ALLOWAY CREEK NECK RD
Lower Alloways Creek, NJ 08038-0000

CHECK IF APPLICABLE: ☐ **No Discharge this Monitoring Period**

MONITORING REPORT COMMENTS: _____

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NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

856-935-6000
AREA CODE / TELEPHONE NUMBER

9/18/00
DATE (MONTH / DAY / YEAR)

Surface Water Discharge Monitoring Report

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	486A SW Outfall 486A	8/1/2000 TO 8/31/2000	PSE&G GENERATING STA (SALEM)

PARAMETER		QUANTITY OR LOADING		UNITS	QUANTITY OR CONCENTRATION			UNITS	NO EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	451	461	MGD	******	******	******	******	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		******	******	******			1/Day	CALCTD
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	7.0	******	7.4	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	******	******		6.0 01DAMN	******	9.0 01DAMX			1/Week	GRAB
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.9	SU	0	1/week	GRAB
	PERMIT REQUIREMENT	******	******		REPORT 01DAMN	******	REPORT 01DAMX			1/Week	GRAB
LC50 Fthd Minnow Static Defn TA1CA 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	CODE=N	******	******	%EFFL	0	1/Quarter	COMPOS
	PERMIT REQUIREMENT	******	******		50 01DAMN	******	******			1/Quarter	COMPOS
Chlorine, Total Residual 50060 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			3/Week	GRAB
Chlorine, Total Residual 50060 1 Effluent Gross Value Option 2	SAMPLE MEASUREMENT	******	******	******	******	<0.1	<0.1	MG/L	0	3/week	GRAB
	PERMIT REQUIREMENT	******	******		******	REPORT 01MOAV	0.2 01DAMX			3/Week	GRAB
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		46405	77343					
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP

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New Jersey Department of Environmental Protection
Division of Water Quality

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: **NJ0005622**
MONITORING REPORT TYPE: **Surface Water Discharge**
MONITORING PERIOD: **8/1/2000 - 8/31/2000**

MONITORED LOCATION: **487B SW Outfall 487B**
MONITORED LOCATION GROUP: **N/A**
REGION / COUNTY: **Southern / Salem County**

PERMITTEE NAME AND ADDRESS:
PSE&G
PO BOX 236/N21
Hancocks Bridge, NJ 08038

LOCATION OF ACTIVITY:
PSE&G GENERATING STA (SALEM)
ALLOWAY CREEK NECK RD
Lower Alloways Creek, NJ 08038-0000

CHECK IF APPLICABLE: ☒ **No Discharge this Monitoring Period**

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NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

856-935-6000
AREA CODE / TELEPHONE NUMBER

9/18/00
DATE (MONTH / DAY / YEAR)

Surface Water Discharge Monitoring Report

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	487B SW Outfall 487B	8/1/2000 TO 8/31/2000	PSE&G GENERATING STA (SALEM)

PARAMETER		QUANTITY OR LOADING		UNITS	QUANTITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT				******	******	******				
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	******	******	******		1/Batch	CALCTD
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******			******					
	PERMIT REQUIREMENT	******	******	******	6.0 01DAMN	******	9.0 01DAMX	SU		1/Batch	GRAB
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		******						
	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	100 01DAMX	MG/L		1/Batch	GRAB
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		******						
	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	43.3 01DAMX	DEG.C		1/Batch	GRAB
Hydrocarbons,in H2O, IR, CCl4 Ext. Chrom. 00551 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		******						
	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	15 01DAMX	MG/L		1/Batch	GRAB
Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		******						
	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	50 01DAMX	MG/L		1/Batch	GRAB
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP

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New Jersey Department of Environmental Protection
Division of Water Quality

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: **NJ0005622**
MONITORING REPORT TYPE: **Surface Water Discharge**
MONITORING PERIOD: **8/1/2000 - 8/31/2000**

MONITORED LOCATION: **489A SW Outfall 489A**
MONITORED LOCATION GROUP: **N/A**
REGION / COUNTY: **Southern / Salem County**

PERMITTEE NAME AND ADDRESS:
PSE&G
PO BOX 236/N21
Hancocks Bridge, NJ 08038

LOCATION OF ACTIVITY:
PSE&G GENERATING STA (SALEM)
ALLOWAY CREEK NECK RD
Lower Alloways Creek, NJ 08038-0000

CHECK IF APPLICABLE: ☐ **No Discharge this Monitoring Period**

MONITORING REPORT COMMENTS:

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DATE (MONTH / DAY / YEAR)

Surface Water Discharge Monitoring Report

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	489A SW Outfall 489A	8/1/2000 TO 8/31/2000	PSE&G GENERATING STA (SALEM)

PARAMETER		QUANTITY OR LOADING		UNITS	QUANTITY OR CONCENTRATION			UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1 Effluent Gross Value	SAMPLE MEASUREMENT	0.1610	0.1610		******	******	******		0	Once/ Month	Calctd
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	******	******	******		1/Month	CALCTD
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		7.5	******	7.5		0	Once/ Month	Grab
	PERMIT REQUIREMENT	******	******	******	6.0 01DAMN	******	9.0 01DAMX	SU		1/Month	GRAB
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******			5	5		0	Once/ Month	Grab
	PERMIT REQUIREMENT	******	******	******	100 01DAMX	30 01MOAV	45 01WKAV	MG/L		1/Month	GRAB
Hydrocarbons,in H2O, IR, CCl4 Ext. Chrom. 00551 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		******	<0.5	<0.5		0	Once/ Month	Grab
	PERMIT REQUIREMENT	******	******	******	******	10 01MOAV	15 01DAMX	MG/L		1/Month	GRAB
Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******		******	6	6		0	Once/ Month	Grab
	PERMIT REQUIREMENT	******	******	******	******	REPORT 01MOAV	50 01DAMX	MG/L		1/Month	GRAB
Lab Certification # 99999 99 Lab	SAMPLE MEASUREMENT	17327	06431		46405	77343					
	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab #	REPORT Lab #	REPORT Lab #			Not Applic	NOT AP

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