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

PSEG Nuclear LLC

December 19, 2000
LR-E00-0485

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 5260

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 November 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,

David F. Garchow
Vice President Operations

Attachments

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
November 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 22 day of Dec 2000

COUNTY OF SALEM
STATE OF NEW JERSEY

I, David F. Garchow, 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.

David F. Garchow
Vice President
Operations

Sworn and subscribed before me
this 22 day of Dec. 2000

CONSTANCE B. QUATHER
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires Apr. 25, 2005

PSEG
Power LLC

TO: Dave Hurka
Sr. Staff Engineer - Nuclear
PSEG

October 12, 2000
Report No.TP00055-A

SUBJECT: **RECORD OF RHODAMINE WT DYE INJECTION FOR CIRCULATING WATER FLOW TEST AT SALEM GENERATING STATION - UNIT NO. 1**

CONDUCTED BY: Victor Simpson
Sr. Test Engineer, Maplewood Testing Services

PURPOSE
To report the date, time, amount and concentration of Rhodamine WT dye released to the river while testing at Salem Generating Station - Unit No. 1.

SUMMARY
Listed in the table below are the data pertinent to the injection of Rhodamine WT dye at Salem Generating Station - Unit No. 1. Testing is complete at this station.

RECORD OF RHODAMINE WT INJECTION

Test Date	Pump No.	Injection Time		Pure Dye Injected (ml)	No. of Pumps In Service	Total System Flow (1000 gpm)	Effluent Concentration (ppb)
		(start)	(stop)				
10/11/00	11A	1055	1107	16.51	6	1110.0	0.33
10/11/00	11A	1108	1118	15.08	6	1110.0	0.36
10/11/00	11A	1322	1335	17.60	6	1110.0	0.32
10/11/00	11B	1349	1415	21.60	6	1110.0	0.32
10/11/00	12A	1418	1432	18.96	6	1110.0	0.32
10/11/00	12B	1458	1514	21.76	6	1110.0	0.32
10/11/00	13A	1526	1545	25.88	6	1110.0	0.32
10/11/00	13B	1608	1627	25.84	6	1110.0	0.32

Senior Supervising Test Engineer
Mechanical Division

c R. Swartzwelder
F Todd
K. Botto

PSEG Power LLC

TO: Robert Swartzwelder
Sr. Engineer - Nuclear
PSEG

October 13, 2000
Report No.TP00055

SUBJECT: **DETERMINATION OF CIRCULATING WATER FLOW AT SALEM GENERATING STATION - UNIT NO. 1**

CONDUCTED BY: Victor Simpson
Sr. Test Engineer, Maplewood Testing Services

PURPOSE
To determine the flow capacities of the Unit No. 1 circulating water pumps.

SUMMARY
On October 11, 2000 the Mechanical Division of Maplewood Testing Services conducted a series of test runs at Salem Unit No. 1 to determine the capacities of the 11A, 11B, 12A, 12B, 13A and 13B (CMS designations H, M, K, E, B and A respectively) circulating water pumps.

Work was performed under SAP work orders 30013035, 30013440, 30013388, 3013366, 30013460 and 30013038.

Final test results are shown in the table below and the following figure.

SUMMARY OF TEST RESULTS

Pump No.	CMS Pump Designation	Test Date	Measured Pump Capacity (gpm)	Pump Suction Head (ft h2o)	Pump Discharge Head (ft h2o)	Total Dynamic Head (ft h2o)
11A	H	10/11/00	178,863	-11.4	9.7	21.1
11B	M	10/11/00	191,710	-12.1	11.3	23.4
12A	K	10/11/00	184,073	-12.5	10.5	23.0
12B	E	10/11/00	180,512	-13.0	9.0	22.0
13A	B	10/11/00	180,773	-13.6	9.0	22.6
13B	A	10/11/00	180,499	-14.0	9.0	23.0

Robert Swartzwelder
Sr. Engineer - Nuclear
PSEG

October 13, 2000
Report No.TP00055

TEST METHOD

The circulating water flow rate was determined by fluorometry using MTS Mechanical Division Work Instruction TPG-19 "Water Flow Using The Turner Fluorometer". Rhodamine WT dye was injected into the bell mouth of each pump using ½ inch PVC pipe with a carrier flow of screen wash water at 3 gallons per minute.

The dye was injected at a known rate using a peristaltic pump and a class A burette to measure rate. The diluted sample was retrieved and monitored by taking a sample from the inlet water box piping. The ratio of the injected concentration to the sampled concentration multiplied by the injection flow rate yielded the circulator flow rate.

The total dynamic head was obtained by measuring the pump suction head in feet from elevation 100 and the pump discharge head in feet of water at the water box inlet. After correcting for elevation the total dynamic head was calculated as the pump discharge head minus the pump suction head.

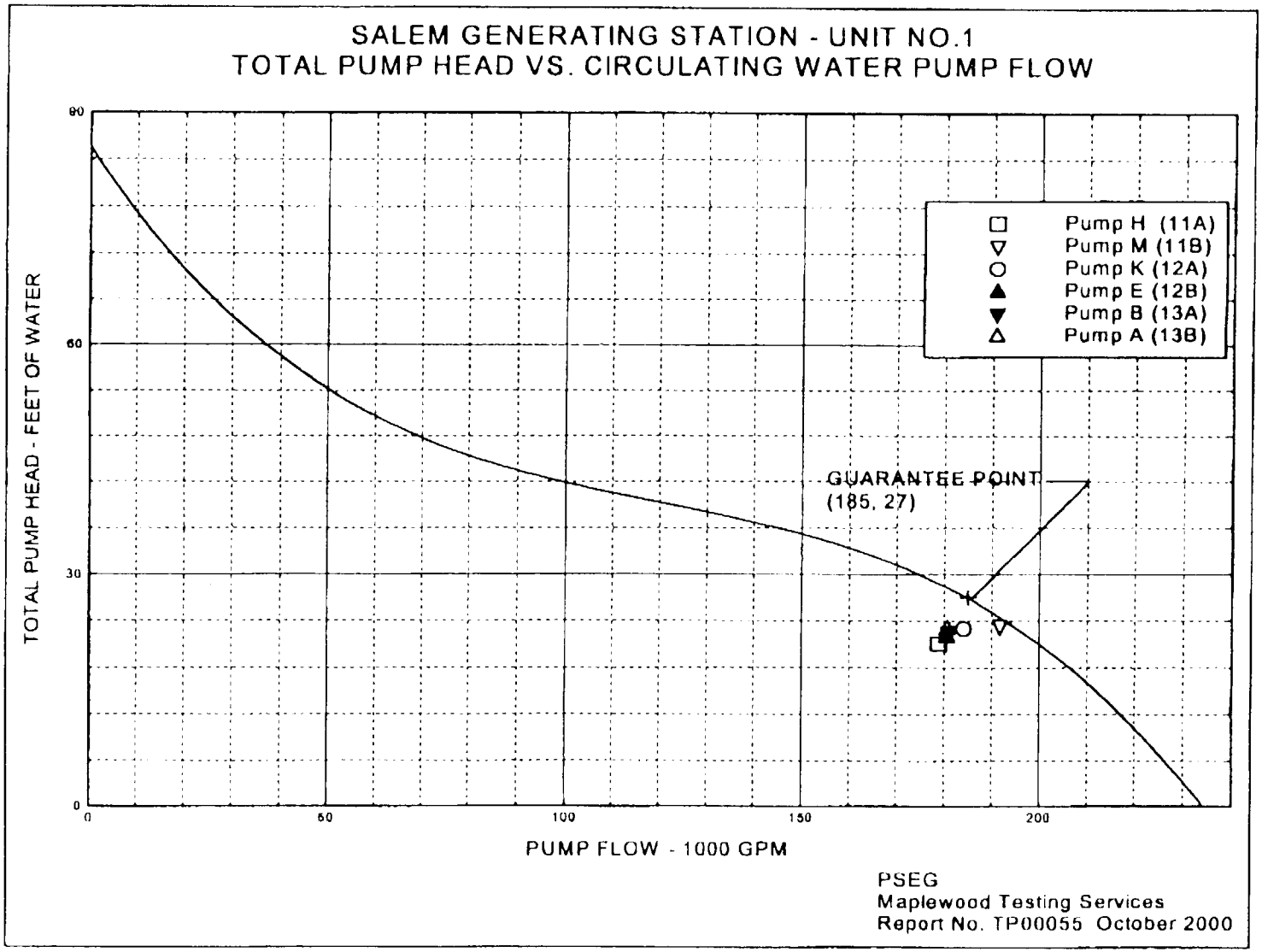
Senior Supervising Test Engineer
Mechanical Division

c F. Todd
K. Botto

S:\mech\mag\tpg reports 2000\tp00055\report.doc

Robert Swartzwelder
Sr. Engineer – Nuclear
PSEG

October 13, 2000
Report No.TP00055



New Jersey Department of Environmental Protection
Division of Water Quality

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: **NJ0005622**
MONITORING REPORT TYPE: **Surface Water Discharge M**
MONITORING PERIOD: **11/1/2000 - 11/30/2000**

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.)

David F.Garchow Vice President Operations

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

David F. Garchow

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

(856)339-6000

AREA CODE / TELEPHONE NUMBER

12/27/00

DATE (MONTH / DAY / YEAR)

Surface Water Discharge Monitoring Report

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	FACA SW Outfall FACA	11/1/2000 TO 11/30/2000	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	******	******	******	******	19.6	22.6	DEG.C	0	Continuous	CONTIN
	PERMIT REQUIREMENT	******	******		******	REPORT 01MOAV	43.3 01DAMX			Continuous	CONTIN
Temperature, oC 00010 2 Effluent Net Value	SAMPLE MEASUREMENT	******	******	******	******	8.2	9.8	DEG.C	0	Continuous	CALCTD
	PERMIT REQUIREMENT	******	******		******	REPORT 01MOAV	15.3 01DAMX			Continuous	CALCTD
Temperature, oC 00010 G Raw Sew/influent	SAMPLE MEASUREMENT	******	******	******	******	11.4	14.3	DEG.C	0	Continuous	CONTIN
	PERMIT REQUIREMENT	******	******		******	REPORT 01MOAV	REPORT 01DAMX			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 M**
MONITORING PERIOD: **11/1/2000 - 11/30/2000**

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:

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.)

David F. Garchow Vice President Operations

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

(856)339-6000

AREA CODE / TELEPHONE NUMBER

12/20/00

DATE (MONTH / DAY / YEAR)

Surface Water Discharge Monitoring Report

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	FACB SW Outfall FACB	11/1/2000 TO 11/30/2000	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	******	******	******	******	15.3	18.8	DEG.C	0	Continuous	CONTIN
	PERMIT REQUIREMENT	******	******		******	REPORT 01MOAV	43.3 01DAMX			Continuous	CONTIN
Temperature, oC 00010 2 Effluent Net Value	SAMPLE MEASUREMENT	******	******	******	******	3.9	9.6	DEG.C	0	Continuous	CALCTD
	PERMIT REQUIREMENT	******	******		******	REPORT 01MOAV	15.3 01DAMX			Continuous	CALCTD
Temperature, oC 00010 G Raw Sew/influent	SAMPLE MEASUREMENT	******	******	******	******	11.4	14.3	DEG.C	0	Continuous	CONTIN
	PERMIT REQUIREMENT	******	******		******	REPORT 01MOAV	REPORT 01DAMX			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 M**
MONITORING PERIOD: **11/1/2000 - 11/30/2000**

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

David F. Garchoww Vice President Operations

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

David Garchow 12/20/00

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

(856)339-6000

AREA CODE / TELEPHONE NUMBER

DATE (MONTH / DAY / YEAR)

Surface Water Discharge Monitoring Report

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	FACC SW Outfall FACC	11/1/2000 TO 11/30/2000	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	SAMPLE MEASUREMENT	2614	2898	MGD	******	******	******	*****	0	1/Day	CALCTD
Raw Sew/influent	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX		******	******	******			1/Day	CALCTD
Thermal Discharge Million BTUs per Hr 00015 2	SAMPLE MEASUREMENT	11208	15407	MBTU/HR	******	******	******	*****	0	Continuous	CALCTD
Effluent Net Value	PERMIT REQUIREMENT	REPORT 01MOAV	30600 01DAMX		******	******	******			Continuous	CALCTD
Lab Certification # 99999 99	SAMPLE MEASUREMENT	17327	06431		46405	77343					
Lab	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: 10/1/2000

New Jersey Department of Environmental Protection
Division of Water Quality

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: **NJ0005622**
MONITORING REPORT TYPE: **Surface Water Discharge M**
MONITORING PERIOD: **11/1/2000 - 11/30/2000**

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**

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David F. Garchow Vice President Operations

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

(856)339-6000

AREA CODE / TELEPHONE NUMBER

12/20/00

DATE (MONTH / DAY / YEAR)

Surface Water Discharge Monitoring Report

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	048C SW Outfall 48C	11/1/2000 TO 11/30/2000	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	0.2071	0.5237	MGD	******	******	******	******	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		******	******	******			1/Day	CALCTD
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	******	4	5	MG/L	0	2/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	2/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	2/Month	GRAB
	PERMIT REQUIREMENT	******	******		******	10 01MOAV	15 01DAMX			2/Month	GRAB
Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	******	11	15	MG/L	0	2/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: 10/1/2000

New Jersey Department of Environmental Protection
Division of Water Quality

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: **NJ0005622**
MONITORING REPORT TYPE: **Surface Water Discharge M**
MONITORING PERIOD: **11/1/2000 - 11/30/2000**

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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David F. Garchow Vice President Operations

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

(856)339-6000

AREA CODE / TELEPHONE NUMBER

DATE (MONTH / DAY / YEAR)

Surface Water Discharge Monitoring Report

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	481A SW Outfall 481A	11/1/2000 TO 11/30/2000	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	548	551	MGD	******	******	******	******	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		******	******	******			1/Day	CALCTD
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	7.7	******	7.9	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	******	******		6.0 01DAMN	******	9.0 01DAMX			1/Week	GRAB
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	******	******	******	7.0	******	8.0	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	CODE=N	CODE=N
	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	CODE=N	CODE=N
	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 M**
MONITORING PERIOD: **11/1/2000 - 11/30/2000**

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

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.)

David F. Garchow Vice President Operations

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

David F. Garchow

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

(856)339-6000

AREA CODE / TELEPHONE NUMBER

12/20/00

DATE (MONTH / DAY / YEAR)

Surface Water Discharge Monitoring Report

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	482A SW Outfall 482A	11/1/2000 TO 11/30/2000	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	518	528	MGD	******	******	******	******	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		******	******	******			1/Day	CALCTD
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	7.8	******	8.0	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	******	******		6.0 01DAMN	******	9.0 01DAMX			1/Week	GRAB
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	******	******	******	7.0	******	8.0	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	CODE=N	CODE=N
	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	CODE: N	CODE=N
	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

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 M**
MONITORING PERIOD: **11/1/2000 - 11/30/2000**

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

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

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David F. Garchow Vice President Operations

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

(856)339-6000

AREA CODE / TELEPHONE NUMBER

12/20/00

DATE (MONTH / DAY / YEAR)

Surface Water Discharge Monitoring Report

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	483A SW Outfall 483A	11/1/2000 TO 11/30/2000	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	507	533	MGD	******	******	******	*****	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		******	******	******			1/Day	CALCTD
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	7.5	******	7.8	SU	0	1/week	GRAB
	PERMIT REQUIREMENT	******	******		6.0 01DAMN	******	9.0 01DAMX			1/Week	GRAB
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	******	******	******	7.0	******	8.0	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	CODE = N	CODE = N
	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	CODE = N	CODE = N
	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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Pre-Print Creation Date: 10/1/2000

New Jersey Department of Environmental Protection
Division of Water Quality

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: **NJ0005622**
MONITORING REPORT TYPE: **Surface Water Discharge M**
MONITORING PERIOD: **11/1/2000 - 11/30/2000**

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:

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NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

David F. Garchow

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

(856)339-6000

AREA CODE / TELEPHONE NUMBER

12/20/00

DATE (MONTH / DAY / YEAR)

Discharge Monitoring Report

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	484A SW Outfall 484A	11/1/2000 TO 11/30/2000	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	375	447	MGD	******	******	******	******	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		******	******	******			1/Day	CALCTD
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	7.8	******	7.9	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	******	******		6.0 01DAMN	******	9.0 01DAMX			1/Week	GRAB
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	******	******	******	7.0	******	8.0	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	CODE=N	CODE=N
	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	CODE=N	CODE=N
	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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Pre-Print Creation Date: 10/1/2000

New Jersey Department of Environmental Protection
Division of Water Quality

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: **NJ0005622**
MONITORING REPORT TYPE: **Surface Water Discharge M**
MONITORING PERIOD: **11/1/2000 - 11/30/2000**

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**

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David F.Garchow Vice President Operations

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David F. Garchow

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

(856)339-6000

AREA CODE / TELEPHONE NUMBER

12/20/00

DATE (MONTH / DAY / YEAR)

Surface Water Discharge Monitoring Report

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	485A SW Outfall 485A	11/1/2000 TO 11/30/2000	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	380	455	MGD	******	******	******	******	O	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		******	******	******			1/Day	CALCTD
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	7.7	******	7.8	SU	O	1/week	GRAB
	PERMIT REQUIREMENT	******	******		6.0 01DAMN	******	9.0 01DAMX			1/Week	GRAB
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	******	******	******	7.0	******	8.0	SU	O	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	O	CODE=N	CODE=N
	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	O	CODE=N	CODE=N
	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	O	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 M**
MONITORING PERIOD: **11/1/2000 - 11/30/2000**

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**

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David F. Garchow Vice President Operations

NAME AND TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

David F. Garchow

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(856)339-6000

AREA CODE / TELEPHONE NUMBER

DATE (MONTH / DAY / YEAR)

Surface Water Discharge Monitoring Report

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	486A SW Outfall 486A	11/1/2000 TO 11/30/2000	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	349	451	MGD	******	******	******	******	0	1/Day	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		******	******	******			1/Day	CALCTD
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	7.8	******	7.8	SU	0	1/Week	GRAB
	PERMIT REQUIREMENT	******	******		6.0 01DAMN	******	9.0 01DAMX			1/Week	GRAB
pH 00400 7 Intake From Stream	SAMPLE MEASUREMENT	******	******	******	7.0	******	8.0	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	CODE=N	CODE=N
	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	CODE=N	CODE=N
	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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Pre-Print Creation Date: 10/1/2000

New Jersey Department of Environmental Protection
Division of Water Quality

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: **NJ0005622**
MONITORING REPORT TYPE: **Surface Water Discharge M**
MONITORING PERIOD: **11/1/2000 - 11/30/2000**

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**

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(856)339-6000
AREA CODE / TELEPHONE NUMBER

12/20/00
DATE (MONTH / DAY / YEAR)

Surface Water Discharge Monitoring Report

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	489A SW Outfall 489A	11/1/2000 TO 11/30/2000	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	0.0618	0.0618	MGD	******	******	******	******	0	1/Month	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		******	******	******			1/Month	CALCTD
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	7.6	******	7.6	SU	0	1/Month	GRAB
	PERMIT REQUIREMENT	******	******		6.0 01DAMN	******	9.0 01DAMX			1/Month	GRAB
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	1	1	1	MG/L	0	1/Month	GRAB
	PERMIT REQUIREMENT	******	******		100 01DAMX	30 01MOAV	45 01WKAV			1/Month	GRAB
Hydrocarbons,in H2O, IR, CCl4 Ext. Chrom. 00551 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	******	<0.5	<0.5	MG/L	0	1/Month	GRAB
	PERMIT REQUIREMENT	******	******		******	10 01MOAV	15 01DAMX			1/Month	GRAB
Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	******	5	5	MG/L	0	1/Month	GRAB
	PERMIT REQUIREMENT	******	******		******	REPORT 01MOAV	50 01DAMX			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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New Jersey Department of Environmental Protection
Division of Water Quality

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: **NJ0005622**
MONITORING REPORT TYPE: **Surface Water Discharge M**
MONITORING PERIOD: **11/1/2000 - 11/30/2000**

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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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

(856)339-6000

AREA CODE / TELEPHONE NUMBER

12/20/00

DATE (MONTH / DAY / YEAR)

Surface Water Discharge Monitoring Report

PERMIT NUMBER:	MONITORED LOCATION:	MONITORING PERIOD:	FACILITY NAME:
NJ0005622	487B SW Outfall 487B	11/1/2000 TO 11/30/2000	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			MGD	******	******	******	******			
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		******	******	******			1/Batch	CALCTD
pH 00400 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******		******		SU			
	PERMIT REQUIREMENT	******	******		6.0 01DAMN	******	9.0 01DAMX			1/Batch	GRAB
Solids, Total Suspended 00530 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	******			MG/L			
	PERMIT REQUIREMENT	******	******		******	REPORT 01MOAV	100 01DAMX			1/Batch	GRAB
Temperature, oC 00010 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	******			DEG.C			
	PERMIT REQUIREMENT	******	******		******	REPORT 01MOAV	43.3 01DAMX			1/Batch	GRAB
Hydrocarbons,in H2O, IR, CCl4 Ext. Chrom. 00551 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	******			MG/L			
	PERMIT REQUIREMENT	******	******		******	REPORT 01MOAV	15 01DAMX			1/Batch	GRAB
Carbon, Tot Organic (TOC) 00680 1 Effluent Gross Value	SAMPLE MEASUREMENT	******	******	******	******			MG/L			
	PERMIT REQUIREMENT	******	******		******	REPORT 01MOAV	50 01DAMX			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

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".

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