



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

Salem Generating Station

January 25, 1993

Chief George Caporale
Bureau of Information Systems
CN-029
Trenton, NJ 08625

**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 December 1992.

This report is required by and prepared specifically for the Environmental Protection Agency (EPA) and the New Jersey Department of Environmental Protection and Energy (NJDEPE). 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 NJDEPE, 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.

Very truly yours,

C. A. Vondra
General Manager -
Salem Operations

RFQ:pc
Attachments

740091

9302020027 921231
PDR ADOCK 05000272
R PDR

FEAS
11

The power is in your hands.

HANDLED BY KJB
DATE COPIED 1-5-93
DATE SENT 1-5-93
OTHER _____

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
ARTICLE NUMBER: P 708 711 341

JAN 05 1993
NLR-E92384

Mr. Steve Mathis
NJ Department of Environmental Protection and Energy
Office of Enforcement Policy
Southern Bureau of Water and Hazardous Waste Enforcement
20 E. Clementon Road
Gibbsboro, NJ 08026

Dear Mr. Mathis:

SALEM GENERATING STATION
NJPDES PERMIT NO. NJ0005622
OIL DISCHARGE TO RIVER
CASE NO. 92-12-30-0853-00

A discharge of oil to the Delaware River occurred at the Salem Generating Station on December 30, 1992. The oil sheen entered the Delaware River through a stormwater outfall, DSN 488. The sheen, which appeared dark and smoky extended approximately 300 feet downstream hugging the shoreline. The sheen was also reported to the National Response Center which assigned Case Number 151-003. The U.S. Coast Guard dispatched Petty Officers Kilgore and Lee who inspected the discharge and cleanup activities. Less than five (5) gallons of oil was estimated to be discharged.

The oil sheen was discovered at 0845 hours during a precipitation event and reported to the Senior Shift Supervisor. Site Protection and Site Services personnel immediately took action to install oil-absorbent boom in the Delaware River around the outfall and in the last inlet of DSN 488 prior to discharge to the River. Other inlets into DSN 488 were inspected and no source of oil was identified nor was any sheen observed on the water in those inlets. The discharge was effectively terminated upon placement of the boom in the River at approximately 1100 hours.

JAN 05 1993


Mr. S. Mathis
NLR-E92384

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Although the investigation identified no source of oil, the probable cause is oil which leaked to the storm drain system during a dry period and was washed from the system during the precipitation event.

If you have any additional comments or questions regarding this matter, please contact Pat McCabe at (609) 339-1245.

Sincerely,


F. X. Thomson, Jr.
Manager -
Licensing and Regulation

C Assistant Director of Enforcement
NJ Department of Environmental Protection and Energy
401 East State Street
CN 029
Trenton, NJ 08625-0029

Petty Officer G. Kilgore
U. S. Coast Guard
1 Washington Avenue
Philadelphia, PA 19147-4395

U. S. Nuclear Regulatory Commission
Document Control Desk
Washington, D. C. 20555

JAN 05 1993

Mr. S. Mathis
NLR-E92384

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PJM
PJM/kjb/so

BC General Manager - Salem Operations (S05)
General Manager - Nuclear Services (N35)
General Manager - Environmental Affairs (Newark 17G)
Rad Prot/Chemistry Manager - Salem (S04)
Chemistry Engineer - Salem (S07)
Principal Engineer - Environmental Licensing (N21)
Station Environmental Licensing Engineer - Salem (N21)
M. F. Vaskis (Newark 5C)
R. F. Quinn (S07)
D. K. Hurka (N21)
Microfilm
Records Management
File 2.1.1 S, 12.1

ATS CLOS: DEP PM NJ0005622-06 TASK 0027

C EPA-Region II
Mr. Gerald M. Hansler - Executive Director
USNRC - Document Control Desk
Vice President - Nuclear Operations
General Manager - Salem Operations
RP/Chemistry Manager - Salem Operations
Manager-Licensing & Regulations
E. Keating
M. Vaskis
D. Hurka
Central Record Facility
File
RPC93-016

The following explanations are included to clarify possible deviations from permit conditions.

General - The columns labeled, "No. Ex.," on the enclosed DMR, tabulate the number of daily discharge values outside the indicated limits.

Data reporting and accuracy reflect the working environment, the design capabilities and reliability of the monitoring instruments and operating equipment.

All reported concentrations are based on daily discharge values.

Total residual chlorine is performed three times per week during chlorination unless otherwise indicated.

Analytical values which are less than detectable are reported as zero unless otherwise indicated.

Analytical results for all parameters other than Ph, temperature, TSS, TRC and Bioassay are provided by NET Atlantic, Inc. (NJDEP certification 08153). Bioassay results are provided by Princeton Testing Laboratories Inc. (NJDEP certification 11118).

Net negative discharge values are reported as negative.

487, 487B-Flow calculated as per permit based on Wilmington NWS
489, 489A Data.
489B

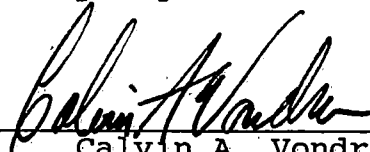
481-486 - Chlorination of the circulation water system normally does not occur except as otherwise noted. Service water system chlorination is normally continuous and is monitored on the circulating water system outfall.

Chlorination of both systems will be indicated by results reported for both and represents their combined affect upon the circulating water outfall.

COUNTY OF SALEM
STATE OF NEW JERSEY


I, Calvin A. Vondra, of full age, being duly sworn according to law, upon my oath depose and say:

1. I am the General Manager of the Salem Generating Station, and as such am authorized to sign Discharge Monitoring Reports submitted to the New Jersey Department of Environmental Protection and Energy 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.



Calvin A. Vondra
General Manager -
Salem Operations

Sworn and subscribed before me
this 25 day of January 1992.



Notary Public

My commission expires August 1995

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

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

<u>DMR NO.</u>	<u>EXPLANATION</u>
DSN-488	See Attached Report Case No. 92-12-30-0853-00

MONITORING REPORT - TRANSMITTAL SHEET

NPDES NO.

REPORTING PERIOD

MO. YR. MO. YR.

010101516122

1292 THRU 1292

PERMITTEE: Name Public Service Electric and Gas Company

Address P.O. Box 236

Hancock's Bridge, New Jersey

FACILITY: Name Salem Generating Station

Address Alloway Creek Neck Road

Hancock's Bridge (County) Salem

Telephone (609) 935-6000

FORMS ATTACHED (Indicate Quantity of Each)

SLUDGE REPORTS - SANITARY

T-VWX-007 T-VWX-008 T-VWX-009

SLUDGE REPORTS - INDUSTRIAL

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

WASTEWATER REPORTS

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

GROUNDWATER REPORTS

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

NPDES DISCHARGE MONITORING REPORT

17 EPA FORM 3320-1

OPERATING EXCEPTIONS

Table with 3 columns: Exception Name, YES, NO. Includes DYE TESTING, TEMPORARY BYPASSING, DISINFECTION INTERRUPTION, MONITORING MALFUNCTIONS, UNITS OUT OF OPERATION, OTHER.

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

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

AUTHENTICATION - 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.

LICENSED OPERATOR

Name (Printed) David K. Hurka

Grade & Registry No. N-2 N-684

Signature [Signature]

Date January 25, 1993

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name (Printed) C. A. Vondra

Title (Printed) General Manager - Salem Operations

Signature [Signature]

Date January 25, 1993

OPERATING EXCEPTIONS DETAILED

DSN 487 and 489 - Samples were obtained and results reported for COD Intake, Net, and Effluent. However, chloride interference with the analysis renders the results meaningless for practical purposes.

DSN 489A - Was out of service for weir repair, there were no discharges during the reporting period.

DSN 489B - Page 17, parameter 32, COD, sample was obtained during the reporting period for COD. Valid results were not obtained due to chloride interference in excess of 1000 ppm. Sample was also obtained for TOC analysis, the result was 4 ppm.

DSN 482A and 483A - Thermal RTD's were out of service for part of the reporting period. Data used was taken from Operations hourly logs.

DSN 485A - Thermal RTD was out of service for the entire reporting period. Data used was taken from Operations hourly logs.

HOURS ATTENDED AT PLANT

Month 11 Year 912

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator	8	8	8	8			8	8	8	8	8			8	8	8
Others	4	4	4	4			4	4	4	4	4			4	4	4
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator	8	8			8	8	8	8	H			8	8	8	8	
Others	4	4			4	4	4	4	4			4	4	4	4	

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

NAME **PSEEG**
 ADDRESS **P.O. BOX 236/N21**
HANCOCKS BRIDGE, NJ 08038

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) (17-19)

NJ0005622
 PERMIT NUMBER

FACA
 DISCHARGE NUMBER

Form Approved.
 OMB No. 2040-0004.
 Approval expires 6-30-91.

THERMAL DSCHG FOR DSN 481-483
MAJOR SALEM
SOUTHERN REGION

FACILITY **PSEEG SALEM GENERATING STATION**
 LOCATION **LOWER ALLOWAYS CREE, NJ 08038**
 DMR NUMBER: **92120268**

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	12	01		92	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	16.6	21.6		0	CONTINUOUS	
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MONTH AVG	43.30000 DLY MAX	DEG.C		CONTINUOUS	
TEMPERATURE, WATER DEG. CENTIGRADE 00010 2 1 EFFLUENT NET VALUE	SAMPLE MEASUREMENT	*****	*****		*****	10.9	14.7		0	CONTINUOUS	
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MONTH AVG	15.30000 DLY MAX	DEG.C		CONTINUOUS	
TEMPERATURE, WATER DEG. CENTIGRADE 00010 7 1 INTAKE FROM STREAM	SAMPLE MEASUREMENT	*****	*****		*****	5.8	9.2		0	CONTINUOUS	
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MONTH AVG	REPORT DLY MAX	DEG.C		CONTINUOUS	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
C. Vondra
G.M.- Salem Ops.
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND: BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

[Signature]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **609 935-6000**
 DATE **93 01 25**
 AREA CODE NUMBER YEAR MO DAY

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

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

Form Approved.
 OMB No. 2040-0004.
 Approval expires 6-30-91.

THERMAL DSCHG FOR DSN 484-486
MAJOR SALEM
SOUTHERN REGION

NOTE: Read instructions before completing this form.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME PSEEG
ADDRESS P.O. BOX 236/N21
HANCOCKS BRIDGE, NJ 08038
FACILITY PSEEG SALEM GENERATING STATION
LOCATION LOWER ALLOWAYS CREE, NJ 08038
DMR NUMBER: 92120268

NJ0005622
 PERMIT NUMBER

FACB
 DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	12	01		92	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING			(4 Card Only) QUALITY OR CONCENTRATION				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS			
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	*****		*****	17.4	20.9		0	CONTINUOUS	
00010 1 1	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MNTH AVG	43.30000 DLY MAX	DEG.C		CONTINUOUS	
EFFLUENT GROSS VALUE											
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	*****		*****	11.6	14.7		0	CONTINUOUS	
00010 2 1	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MNTH AVG	15.30000 DLY MAX	DEG.C		CONTINUOUS	
EFFLUENT NET VALUE											
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	*****		3.0	5.8	9.2		0	CONTINUOUS	
00010 7 1	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	REPORT MNTH AVG	REPORT DLY MAX	DEG.C		CONTINUOUS	
INTAKE FROM STREAM											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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
C. Vondra G.M. - Salem Ops.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	609 935-6000
TYPED OR PRINTED		AREA CODE	NUMBER
		YEAR	MO
		DAY	

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

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

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

THERMAL DSCHG FOR DSN 481-486
MAJOR SALEM
SOUTHERN REGION

NOTE: Read instructions before completing this form.

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

NAME PSEEG
ADDRESS P.O. BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

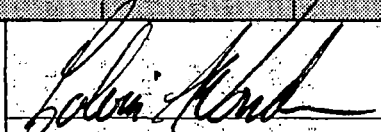
NJ0005622
PERMIT NUMBER

FACC
DISCHARGE NUMBER

FACILITY PSEEG SALEM GENERATING STATION
LOCATION LOWER ALLOWAYS CREE, NJ 08038
DMR NUMBER: 92120268

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	12	01		92	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		XXXXXX	XXXXXX	UNITS	XXXXXX	XXXXXX	XXXXXX	UNITS			
THERMAL DISCHARGE MILLION BTUS PER HR.	SAMPLE MEASUREMENT	19987	25106		*****	*****	*****		0	CONTINUAL	CTD
00015 2 0	PERMIT REQUIREMENT	REPORT MONTH AVG	30600.000 DLY MAX	MBTU/HR	*****	*****	*****	****		CONTINUAL	CTD
EFFLUENT NET VALUE	PERMIT REQUIREMENT							***		UOUS	
	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 C. Vondra G.M.- Salem Ops. 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			
			609 935-6000	93	01	25	
			AREA CODE	NUMBER	YEAR	MO	DAY

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

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

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

NON-RADIOLOGICAL WASTE TREAT.
MAJOR SALEM
SOUTHERN REGION

NOTE: Read instructions before completing this form.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME **PSEEG**
ADDRESS **P.O. BOX 236/N21**
HANCOCKS BRIDGE, NJ 08038

NJ0005622
PERMIT NUMBER

48CA
DISCHARGE NUMBER

FACILITY **PSEEG SALEM GENERATING STATION**
LOCATION **LOWER ALLOWAYS CREE, NJ 08038**
DMR NUMBER: **92120268**

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	12	01		92	12	31
	(20-21)		(22-23)	(24-25)	(26-27)		(28-29) (30-31)

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		XXXXXX	XXXXXX	UNITS	XXXXXX	XXXXXX	XXXXXX	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	*****	*****		*****	24	27		0	TWICE/MONTH	COMPOS
00340 1 1	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT Mnth Avg	100.00000 DLY MAX	MG/L		TWICE/MONTH	COMPOS
EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	14	25		0	TWICE/MONTH	COMPOS
00530 1 0	PERMIT REQUIREMENT	*****	*****	***	*****	30.00000 Mnth Avg	100.00000 DLY MAX	MG/L		TWICE/MONTH	COMPOS
EFFLUENT GROSS VALUE HYDROCARBONS, IN H2O, IR, CC14 EXT. CHROMAT	SAMPLE MEASUREMENT	*****	*****		*****	0	0		0	TWICE/MONTH	GRAB
00551 1 0	PERMIT REQUIREMENT	*****	*****	***	*****	10.00000 Mnth Avg	15.00000 DLY MAX	MG/L		TWICE/MONTH	GRAB
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.171	0.400		*****	*****	*****		0	CONTINUOUS	
50050 1 0	PERMIT REQUIREMENT	REPORT Mnth Avg	REPORT DLY MAX	MGD	*****	*****	*****	***		CONTINUOUS	
EFFLUENT GROSS VALUE BIDASSAY (96 HR.)	SAMPLE MEASUREMENT	*****	*****		18	*****	*****		1	QTRLY	
61402 1 1	PERMIT REQUIREMENT	*****	*****	***	50.00000 MINIMUM	*****	*****	PERCENT		QTRLY	
EFFLUENT GROSS VALUE NITROGEN, AMMONIA TOTAL (AS NH4)	SAMPLE MEASUREMENT	*****	*****		*****	34	40		0	TWICE/MONTH	GRAB
71845 1 0	PERMIT REQUIREMENT	*****	*****	***	*****	35.00000 Mnth Avg	70.00000 DLY MAX	MG/L		TWICE/MONTH	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER C. Vondra G.M.- Salem Ops.	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 609 935-6000	DATE			
			93	01	25	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	AREA CODE	NUMBER	YEAR	MO	DAY

SINCE ONLY QUARTERLY REPORTING IS REQUIRED FOR BIOASSAY, ENTER "NODI" FOR MONTHS WHEN BIOASSAY NOT TAKEN.

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)

NJ0005622 **481A**
 PERMIT NUMBER DISCHARGE NUMBER

Form Approved.
 OMB No. 2040-0004.
 Approval expires 6-30-91.

FACILITY **PSE&G SALEM GENERATING STATION**
 LOCATION **LOWER ALLOWAYS CREE, NJ 08038**
 DMR NUMBER: **92120268**

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	12	01		92	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NON-CONTACT COOLING WATER
MAJOR SALEM
SOUTHERN REGION

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		6.5	*****	6.8		0	WEEKLY	GRAB
00400 1 0 EFFLUENT GROSS VALUE		*****	*****	****	6.00000 MINIMUM	*****	9.00000 MAXIMUM	SU		WEEKLY	GRAB
PH		*****	*****		6.4	*****	7.2		0	WEEKLY	GRAB
00400 7 0 INTAKE FROM STREAM		*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		507.8	547.9		*****	*****	*****		0	CONTIN UOUS	
50050 1 0 EFFLUENT GROSS VALUE		REPORT MATH AVG	REPORT DLY MAX	MGD	*****	*****	*****	****		CONTIN UOUS	
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	NODI	NODI		0		
50060 R 1 SEE COMMENTS BELOW		*****	*****	****	*****	30000 MATH AVG	50000 DLY MAX	MG/L		THREE/ WEEK	GRAB
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	<0.1	<0.1		0	THREE/ WEEK	GRAB
50060 S 1 SEE COMMENTS BELOW		*****	*****	****	*****	REPORT MATH AVG	20000 DLY MAX	MG/L		THREE/ WEEK	GRAB
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	NODI	NODI		0		
50060 T 1 SEE COMMENTS BELOW		*****	*****	****	*****	REPORT MATH AVG	20000 DLY MAX	MG/L		THREE/ WEEK	GRAB
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
C. Vondra
G.M.- Salem Ops.
 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.)

C. Vondra
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: **609 935-6000**
 DATE: **93 01 25**
 AREA CODE NUMBER YEAR MO DAY

PARAMETER 50060 LOCATIONS: "R" = SWS DSCHG (NO CWS FLOW) "S" = SWS DSCHG (NORMAL COND) "T" = CWS DSCHG
 ENTER "NODI" FOR LOCATIONS THAT DO NOT APPLY.
 WHEN MAIN CONDENSERS ARE CHLORINATED, MONITOR TRC 3 TIMES PER WEEK DURING 2-HR PERIODS OF CHLORINATION.

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

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME PSE&G
ADDRESS P.O. BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

NJ0005622 (PERMIT NUMBER)
482A (DISCHARGE NUMBER)

FACILITY PSE&G SALEM GENERATING STATION
LOCATION LOWER ALLOWAYS CREE, NJ 08038
DMR NUMBER: 92120268

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	12	01		92	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NON-CONTACT COOLING WATER
MAJOR SALEM
SOUTHERN REGION

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		MINIMUM	MAXIMUM	UNITS	MINIMUM	MAXIMUM	UNITS	UNITS			
PH		*****	*****		6.5	*****	6.7		0	WEEKLY	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.08000 MINIMUM	*****	9.08000 MAXIMUM	SU		WEEKLY	GRAB
PH		*****	*****		6.4	*****	7.2		0	WEEKLY	GRAB
00400 7 0 INTAKE FROM STREAM	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	419.2	536.3		*****	*****	*****		0	CONTIN UOUS	
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT Mnth AVG	REPORT DLY MAX	MGD	*****	*****	*****	****		CONTIN UOUS	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	NODI	NODI		0		
50060 R 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	30000 Mnth AVG	50000 DLY MAX	MG/L		THREE/ WEEK	GRAB
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.1	<0.1		0	THREE/ WEEK	GRAB
50060 S 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT Mnth AVG	20000 DLY MAX	MG/L		THREE/ WEEK	GRAB
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	NODI	NODI		0		
50060 T 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT Mnth AVG	20000 DLY MAX	MG/L		THREE/ WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER C. Vondra G.M.- Salem Ops. 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.)	TELEPHONE 609 935-6000	DATE		
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>C. Vondra</i>	AREA CODE	NUMBER

PARAMETER 50060 LOCATIONS: "R" = SWS DSCHG (NO CWS FLOW) "S" = SWS DSCHG (NORMAL COND) "T" = CWS DSCHG
ENTER "NODI" FOR LOCATIONS THAT DO NOT APPLY.
WHEN MAIN CONDENSERS ARE CHLORINATED, MONITOR TRC 3 TIMES PER WEEK DURING 2-HR PERIODS OF CHLORINATION.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME PSEEG
ADDRESS P.O. BOX 236/N21
 HANCOCKS BRIDGE, NJ 08038

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
NJ0005622 (PERMIT NUMBER)
483A (DISCHARGE NUMBER)

Form Approved,
 OMB No. 2040-0004.
 Approval expires 6-30-91.

FACILITY PSEEG SALEM GENERATING STATION
LOCATION LOWER ALLOWAYS CREE, NJ 08038
DMR NUMBER: 92120268

MONITORING PERIOD
 FROM YEAR 92 MO 12 DAY 01 TO YEAR 92 MO 12 DAY 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NON-CONTACT COOLING WATER
MAJOR SALEM
SOUTHERN REGION

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		XXXXXX	XXXXXX	UNITS	XXXXXX	XXXXXX	XXXXXX	UNITS			
PH		*****	*****		6.6	*****	6.7		0	WEEKLY	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.00000 MINIMUM	*****	9.00000 MAXIMUM	SU		WEEKLY	GRAB
PH		*****	*****		6.4	*****	7.2		0	WEEKLY	GRAB
00400 7 0 INTAKE FROM STREAM	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	418.2	553.5		*****	*****	*****		0	CONTINUOUS	
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MNTN AVG	REPORT DLY MAX	MGD	*****	*****	*****	****		CONTINUOUS	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	NODI	NODI		0		
50060 R 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	30000 MNTN AVG	50000 DLY MAX	MG/L		THREE/ WEEK	GRAB
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.1	<0.1		0	THREE/ WEEK	GRAB
50060 S 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MNTN AVG	20000 DLY MAX	MG/L		THREE/ WEEK	GRAB
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	NODI	NODI		0		
50060 T 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MNTN AVG	20000 DLY MAX	MG/L		THREE/ WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: C. Vondra, G.M.- Salem Ops.
 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: 609 935-6000
 DATE: 93 01 25
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]

PARAMETER 50060 LOCATIONS: "R" = SWS DSCRG (NO CWS FLOW) "S" = SWS DSCRG (NORMAL COND) "T" = CWS DSCRG
 ENTER "NODI" FOR LOCATIONS THAT DO NOT APPLY.
 WHEN MAIN CONDENSERS ARE CHLORINATED, MONITOR TRC 3 TIMES PER WEEK DURING 2-HR PERIODS OF CHLORINATION.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) (17-19)

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME **PSEEG**
ADDRESS **P.O. BOX 236/N21**
HANCOCKS BRIDGE, NJ 08038

NJ0005622
PERMIT NUMBER

484A
DISCHARGE NUMBER

NON-CONTACT COOLING WATER
MAJOR SALEM
SOUTHERN REGION

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	12	01		92	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

FACILITY **PSEEG SALEM GENERATING STATION**
LOCATION **LOWER ALLOWAYS CREE, NJ 08038**
DMR NUMBER: **92120268**

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-56)	UNITS (57-61)	MINIMUM (38-41)	AVERAGE (42-45)	MAXIMUM (46-51)	UNITS (52-56)			
PH		*****	*****		6.6	*****	6.8		0	WEEKLY	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** SU	6.00000 MINIMUM	*****	9.00000 MAXIMUM			WEEKLY	GRAB
PH		*****	*****		6.4	*****	7.2		0	WEEKLY	GRAB
00400 7 0 INTAKE FROM STREAM	PERMIT REQUIREMENT	*****	*****	**** SU	REPORT MINIMUM	*****	REPORT MAXIMUM			WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	509.9	547.9		*****	*****	*****		0	CONTIN UOUS	
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT Mnth Avg	REPORT Dly Max	MGD	*****	*****	*****	**** ***		CONTIN UOUS	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	NODI	NODI		0		
50060 R 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	**** ***	*****	30000 Mnth Avg	50000 Dly Max	MG/L		THREE/ WEEK	GRAB
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.1	<0.1		0	THREE/ WEEK	GRAB
50060 S 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	**** ***	*****	REPORT Mnth Avg	20000 Dly Max	MG/L		THREE/ WEEK	GRAB
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	NODI	NODI		0		
50060 T 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	**** ***	*****	REPORT Mnth Avg	20000 Dly Max	MG/L		THREE/ WEEK	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
C. Vondra
G.M.- Salem Ops.
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]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: **609 935-6000**
DATE: **93 01 25**
AREA CODE NUMBER YEAR MO DAY

PARAMETER 50080 EDUCATIONS: *R* = SWS DSCHG (NO CWS FLOW) *S* = SWS DSCHG (NORMAL COND) *T* = CWS DSCHG
ENTER "NODI" FOR LOCATIONS THAT DO NOT APPLY.
WHEN MAIN CONDENSERS ARE CHLORINATED, MONITOR TRC 3 TIMES PER WEEK DURING 2-HR PERIODS OF CHLORINATION.

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

Form Approved.
 OMB No. 2040-0004.
 Approval expires 6-30-91.

NON-COOLING WATER
 MAJOR SALEM
 SOUTHERN REGION

NOTE: Read instructions before completing this form.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME **PSE&G**
 ADDRESS **P.O. BOX 236/N21**
HANCOCKS BRIDGE, NJ 08038

NJ0005622
 PERMIT NUMBER

485A
 DISCHARGE NUMBER

FACILITY **PSE&G SALEM GENERATING STATION**
 LOCATION **LOWER ALLOWAYS CREEK, NJ 08038**
 DMR NUMBER: **92120268**

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	12	01		92	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		6.4	*****	6.9		0	WEEKLY	GRAB
00400 1 0 EFFLUENT GROSS VALUE		*****	*****	****	6.0000 MINIMUM	*****	9.0000 MAXIMUM	SU		WEEKLY	GRAB
PH		*****	*****		6.4	*****	7.2		0	WEEKLY	GRAB
00400 7 0 INTAKE FROM STREAM		*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		501.2	536.3		*****	*****	*****		0	CONTINUOUS	
50050 1 0 EFFLUENT GROSS VALUE		REPORT Mnth Avg	REPORT Dly Max	MGD	*****	*****	*****	****		CONTINUOUS	
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	NODI	NODI		0		
50060 R 1 SEE COMMENTS BELOW		*****	*****	****	*****	30000 Mnth Avg	50000 Dly Max	MG/L		THREE/WEEK	GRAB
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	<0.1	<0.1		0	THREE/WEEK	GRAB
50060 S 1 SEE COMMENTS BELOW		*****	*****	****	*****	REPORT Mnth Avg	20000 Dly Max	MG/L		THREE/WEEK	GRAB
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	NODI	NODI		0		
50060 T 1 SEE COMMENTS BELOW		*****	*****	****	*****	REPORT Mnth Avg	20000 Dly Max	MG/L		THREE/WEEK	GRAB
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
C. Vondra
G.M.- Salem Ops.
 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]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **609 935-6000**
 DATE **93 01 25**
 AREA CODE NUMBER YEAR MO DAY

PARAMETER 50060 EDUCATIONS: R = SWS DSCHG (NO CWS FLOW) "S" = SWS DSCHG (NORMAL COND) "T" = CWS DSCHG
 ENTER "NODI" FOR LOCATIONS THAT DO NOT APPLY.
 WHEN MAIN CONDENSERS ARE CHLORINATED, MONITOR TRC 3 TIMES PER WEEK DURING 2-HR PERIODS OF CHLORINATION.

NAME PSEGG
 ADDRESS P.O. BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

(2-16) NJ0005622 (17-19) 486A
 PERMIT NUMBER DISCHARGE NUMBER

FACILITY PSEGG SALEM GENERATING STATION
 LOCATION LOWER ALLOWAYS CREE, NJ 08038
 DMR NUMBER: 92120268

MONITORING PERIOD
 FROM YEAR 92 MO 12 DAY 01 TO YEAR 92 MO 12 DAY 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NON-CONTACT COOLING WATER
 MAJOR SALEM
 SOUTHERN REGION

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		XX AVERAGE XX	XX MAXIMUM XX	UNITS	XX MINIMUM XX	XX AVERAGE XX	XX MAXIMUM XX	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		6.6	*****	6.9		0	WEEKLY	GRAB
00400 1 0	PERMIT REQUIREMENT	*****	*****	****	6.00000	*****	9.00000	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM				
PH	SAMPLE MEASUREMENT	*****	*****		6.4	*****	7.2		0	WEEKLY	GRAB
00400 7 0	PERMIT REQUIREMENT	*****	*****	****	REPORT	*****	REPORT	SU		WEEKLY	GRAB
INTAKE FROM STREAM				****	MINIMUM		MAXIMUM				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	450.7	553.5		*****	*****	*****		0	CONTINUOUS	
50050 1 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		CONTINUOUS	
EFFLUENT GROSS VALUE		MNTH AVG	DLY MAX	MGD				***			
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	NODI	NODI		0		
50060 R 1	PERMIT REQUIREMENT	*****	*****	****	*****	30000	50000	MG/L		THREE/GRAB	
SEE COMMENTS BELOW				****		MNTH AVG	DLY MAX			THREE/GRAB	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.1	<0.1		0	WEEK	GRAB
50060 S 1	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	20000	MG/L		THREE/GRAB	
SEE COMMENTS BELOW				****		MNTH AVG	DLY MAX			WEEK	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****			NODI	NODI		0		
50060 T 1	PERMIT REQUIREMENT	*****	*****	****	REPORT	REPORT	20000	MG/L		THREE/GRAB	
SEE COMMENTS BELOW				****	MINIMUM	MNTH AVG	DLY MAX			WEEK	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 C. Vondra
 G.M. - Salem Ops.
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

[Signature]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 609 935-6000
 DATE: 93 01 25
 AREA CODE NUMBER YEAR MO DAY

PARAMETER EXPANSION OF LOCATION: "R" = SWS DSCRG (NO CWS FLOW) "S" = SWS DSCRG (NORMAL COND) "T" = CWS DSCRG
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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

FACILITY PSE&G SALEM GENERATING STATION
 LOCATION LOWER ALLOWAYS CREE, NJ 08038
 DMR NUMBER: 92120268

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

NJ0005622 (2-16) 487A (17-19)
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
 FROM YEAR 92 MO 12 DAY 01 TO YEAR 92 MO 12 DAY 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

Form Approved.
 OMB No. 2040-0004.
 Approval expires 6-30-91.

STORM H20 DSCHG. DSN487
 MAJOR SALEM
 SOUTHERN REGION
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD) 00340 1 1	SAMPLE MEASUREMENT	*****	*****		*****	25	25	0	ANNUAL	COMPOS
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT		ANNUAL	COMPOS
						MNTH AVG	DLY MAX			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD) 00340 2 1	SAMPLE MEASUREMENT	*****	*****		*****	-128	-128	0	ANNUAL	CALCTD
EFFLUENT NET VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	100.00000		ANNUAL	CALCTD
						MNTH AVG	DLY MAX			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD) 00340 7 1	SAMPLE MEASUREMENT	*****	*****		*****	153	153	0	ANNUAL	COMPOS
INTAKE FROM STREAM	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT		ANNUAL	COMPOS
						MNTH AVG	DLY MAX			
PH 00400 1 1	SAMPLE MEASUREMENT	*****	*****		7.4	*****	7.4	0	ANNUAL	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.00000	*****	9.00000		ANNUAL	GRAB
					MINIMUM		MAXIMUM			
SOLIDS, TOTAL SUSPENDED 00530 1 1	SAMPLE MEASUREMENT	*****	*****		*****	67	67	0	ANNUAL	COMPOS
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT		ANNUAL	COMPOS
						MNTH AVG	DLY MAX			
SOLIDS, TOTAL SUSPENDED 00530 2 1	SAMPLE MEASUREMENT	*****	*****		*****	-48	-48	0	ANNUAL	CALCTD
EFFLUENT NET VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30.00000	100.00000		ANNUAL	CALCTD
						MNTH AVG	DLY MAX			
SOLIDS, TOTAL SUSPENDED 00530 7 1	SAMPLE MEASUREMENT	*****	*****		*****	115	115	0	ANNUAL	COMPOS
INTAKE FROM STREAM	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT		ANNUAL	COMPOS
						MNTH AVG	DLY MAX			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
C. Vondra
G.M. - Salem Ops.

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]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 609 935-6000
 DATE: 93 01 25

TYPED OR PRINTED
 AREA CODE NUMBER YEAR MO DAY

COMMENT 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)

NJ0005622
 PERMIT NUMBER

487A
 DISCHARGE NUMBER

Form Approved.
 OMB No. 2040-0004.
 Approval expires 6-30-91.

FACILITY PSE&G SALEM GENERATING STATION
 LOCATION LOWER ALLOWAYS CREE, NJ 08038
 DMR NUMBER: 92120268

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	12	01		92	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

STORM H20 DSCHG. DSN487
 MAJOR SALEM
 SOUTHERN REGION

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		XXXXXX	XXXXXX	UNITS	XXXXXX	XXXXXX	XXXXXX	UNITS			
HYDROCARBONS, IN H2O, IR, CC14 EXT. CHROMAT 00551 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0	0		0	ANNUAL	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT Mnth Avg	REPORT Dly Max	MG/L		ANNUAL	GRAB
HYDROCARBONS, IN H2O, IR, CC14 EXT. CHROMAT 00551 2 1 EFFLUENT NET VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0	0		0	ANNUAL	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	*****	10.00000 Mnth Avg	15.00000 Dly Max	MG/L		ANNUAL	CALCTD
HYDROCARBONS, IN H2O, IR, CC14 EXT. CHROMAT 00551 7 1 INTAKE FROM STREAM	SAMPLE MEASUREMENT	*****	*****		*****	0	0		0	ANNUAL	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT Mnth Avg	REPORT Dly Max	MG/L		ANNUAL	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.0100	0.0100		*****	*****	*****		0	ANNUAL	CALCTD
	PERMIT REQUIREMENT	REPORT Mnth Avg	REPORT Dly Max	MGD	*****	*****	*****	****		ANNUAL	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
C. Vondra
G.M. - Salem Ops.
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

C. Vondra
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 609 935-6000
 DATE 93 01 25
 AREA CODE NUMBER YEAR MO DAY

COMMENT 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) NJ0005622 (17-19) 489A
 PERMIT NUMBER DISCHARGE NUMBER

Form Approved.
 OMB No. 2040-0004.
 Approval expires 6-30-91.

FACILITY PSE&G SALEM GENERATING STATION
 LOCATION LOWER ALLOWAYS CREE, NJ 08038
 DMR NUMBER: 92120268

MONITORING PERIOD
 FROM YEAR 92 MO 12 DAY 01 TO YEAR 92 MO 12 DAY 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

STORMWATER MAJOR SALEM
 SOUTHERN REGION

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		XXXXXX	XXXXXX	UNITS	XXXXXX	XXXXXX	XXXXXX	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD) 00340 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	62	62		0	ANNUAL	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MNTH AVG	REPORT DLY MAX	MG/L		ANNUAL	COMPOS
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD) 00340 2 1 EFFLUENT NET VALUE	SAMPLE MEASUREMENT	*****	*****		*****	-68	-68		0	ANNUAL	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MNTH AVG	100.00000 DLY MAX	MG/L		ANNUAL	CALCTD
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD) 00340 7 1 INTAKE FROM STREAM	SAMPLE MEASUREMENT	*****	*****		*****	140	140		0	ANNUAL	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MNTH AVG	REPORT DLY MAX	MG/L		ANNUAL	COMPOS
PH 00400 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.4	*****	6.4		0	ANNUAL	GRAB
	PERMIT REQUIREMENT	*****	*****	****	6.00000 MINIMUM	*****	9.00000 MAXIMUM	SU		ANNUAL	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	19	19		0	ANNUAL	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MNTH AVG	REPORT DLY MAX	MG/L		ANNUAL	COMPOS
SOLIDS, TOTAL SUSPENDED 00530 2 1 EFFLUENT NET VALUE	SAMPLE MEASUREMENT	*****	*****		*****	-50	-50		0	ANNUAL	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	*****	30.00000 MNTH AVG	100.00000 DLY MAX	MG/L		ANNUAL	CALCTD
SOLIDS, TOTAL SUSPENDED 00530 7 1 INTAKE FROM STREAM	SAMPLE MEASUREMENT	*****	*****		*****	69	69		0	ANNUAL	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MNTH AVG	REPORT DLY MAX	MG/L		ANNUAL	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 C. Vondra
 G.M. - Salem Ops.
 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.)

C. Vondra
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 609 935-6000
 DATE 93 01 25
 AREA CODE NUMBER YEAR MO DAY

COMMENT 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) **NJ0005622** (17-19) **489A**
 PERMIT NUMBER DISCHARGE NUMBER

Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.

FACILITY **PSE&G SALEM GENERATING STATION**
 LOCATION **LOWER ALLOWAYS CREE, NJ 08038**
 DMR NUMBER: **92120268**

STORMWATER MAJOR SALEM SOUTHERN REGION

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	12	01		92	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (46-53)	UNITS	MINIMUM (54-61)	AVERAGE (54-61)	MAXIMUM (54-61)	UNITS			
HYDROCARBONS, IN H2O, IR, CC14 EXT. CHROMAT 00551 1 1	SAMPLE MEASUREMENT	*****	*****		*****	1	1		0	ANNUAL	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MNTH AVG	REPORT DLY MAX	MG/L		ANNUAL	GRAB
HYDROCARBONS, IN H2O, IR, CC14 EXT. CHROMAT 00551 2 1	SAMPLE MEASUREMENT	*****	*****		*****	1	1		0	ANNUAL	CALCTD
EFFLUENT NET VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	10.00000 MNTH AVG	15.00000 DLY MAX	MG/L		ANNUAL	CALCTD
HYDROCARBONS, IN H2O, IR, CC14 EXT. CHROMAT 00551 7 1	SAMPLE MEASUREMENT	*****	*****		*****	0	0		0	ANNUAL	GRAB
INTAKE FROM STREAM	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MNTH AVG	REPORT DLY MAX	MG/L		ANNUAL	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 1	SAMPLE MEASUREMENT	0.0098	0.0098		*****	*****	*****		0	ANNUAL	CALCTD
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MNTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	****		ANNUAL	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
C. Vondra
G.M. - Salem Ops.
 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.)

C. Vondra
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **609 935-6000**
 DATE **93 01 25**
 AREA CODE NUMBER YEAR MO DAY

COMMENT 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) **NJ0005622** (17-19) **87BA**
 PERMIT NUMBER DISCHARGE NUMBER

Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.

#3 SKIM TANK-DSN487B IN PERMIT MAJOR SALEM SOUTHERN REGION

FACILITY **PSE&G SALEM GENERATING STATION**
 LOCATION **LOWER ALLOWAYS CREE, NJ 08038**
 DMR NUMBER: **92120268**

MONITORING PERIOD
 FROM YEAR **92** MO **12** DAY **01** TO YEAR **92** MO **12** DAY **31**
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		XXXXXX	XXXXXX	UNITS	XXXXXX	XXXXXX	XXXXXX	UNITS			
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0	SAMPLE MEASUREMENT	*****	*****		*****	18.5	18.5		0	ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MNTH AVG	43.30000 DLY MAX	DEG-C		ONCE/MONTH	GRAB
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD) 00340 1 0	SAMPLE MEASUREMENT	*****	*****		*****	<10	<10		0	ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MNTH AVG	100.00000 DLY MAX	MG/L		ONCE/MONTH	GRAB
PH 00400 1 0	SAMPLE MEASUREMENT	*****	*****		*****	7.5	7.5		0	ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	5.00000 MINIMUM	9.00000 MAXIMUM	SU		ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0	SAMPLE MEASUREMENT	*****	*****		*****	1	1		0	ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30.00000 MNTH AVG	100.00000 DLY MAX	MG/L		ONCE/MONTH	GRAB
HYDROCARBONS, IN H2O, IR, CC14 EXT. CHROMAT 00551 1 0	SAMPLE MEASUREMENT	*****	*****		*****	1	1		0	ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	10.00000 MNTH AVG	15.00000 DLY MAX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0	SAMPLE MEASUREMENT	0.0018	0.0018		*****	*****	*****		0	ONCE/MONTH	CALCTD
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MNTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	****		ONCE/MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER C. Vondra G.M.- Salem Ops.	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			
		609 935-6000	93	01	25	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT 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)

NJ0005622
 PERMIT NUMBER

89AA
 DISCHARGE NUMBER

Form Approved.
 OMB No. 2040-0004.
 Approval expires 6-30-91.

FACILITY PSE&G SALEM GENERATING STATION
 LOCATION LOWER ALLOWAYS CREE, NJ 08038
 DMR NUMBER: 92120268

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	12	01		92	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

#1 SKIM TANK-DSN489A IN PERMIT
 MAJOR SALEM
 SOUTHERN REGION

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		XX AVERAGE XX (46-53)	XX MAXIMUM XX (54-61)	UNITS	XX MINIMUM XX (38-45)	XX AVERAGE XX (46-53)	XX MAXIMUM XX (54-61)	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD) 00340 1 0		*****	*****		*****	NODI	NODI		0		
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	REPORT	100.00000	MG/L		ONCE/MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	MNTH AVG	DLY MAX				
PH 00400 1 0		*****	*****		NODI	*****	NODI		0		
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	6.00000	*****	9.00000	SU		ONCE/MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM				
SOLIDS, TOTAL SUSPENDED 00530 1 0		*****	*****		*****	NODI	NODI		0		
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	30.00000	100.00000	MG/L		ONCE/MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	MNTH AVG	DLY MAX				
HYDROCARBONS, IN H2O, IR, CC14 EXT. CHROMAT 00551 1 0		*****	*****		*****	NODI	NODI		0		
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	10.00000	15.00000	MG/L		ONCE/MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	MNTH AVG	DLY MAX				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0		NODI	NODI		*****	*****	*****		0		
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		ONCE/MONTH	CALCTD
	PERMIT REQUIREMENT	MNTH AVG	DLY MAX		*****	*****	*****	***			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 C. Vondra
 G.M. - Salem Ops.
 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.)

C. Vondra
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 609 935-6000
 DATE 93 01 25
 AREA CODE NUMBER YEAR MO DAY

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

NAME PSEEG
 ADDRESS P.O. BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

NJ0005622 (2-16) PERMIT NUMBER
89BA (17-19) DISCHARGE NUMBER

#2 SKIM TANK-DSN489B IN PERMIT MAJOR SALEM SOUTHERN REGION

FACILITY PSEEG SALEM GENERATING STATION
 LOCATION LOWER ALLOWAYS CREE, NJ 08038
 DMR NUMBER: 92120268

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	12	31		92	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	*****	*****		*****	CODE=E	CODE=E				
00340 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT Mnth Avg	100.00000 Dly Max	MG/L		ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE PH	SAMPLE MEASUREMENT	*****	*****		6.8	*****	6.8		0	ONCE/MONTH	GRAB
00400 1 0	PERMIT REQUIREMENT	*****	*****	****	6.00000 MINIMUM	*****	9.00000 MAXIMUM	SU		ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	12	12		0	ONCE/MONTH	GRAB
00530 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	30.00000 Mnth Avg	100.00000 Dly Max	MG/L		ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE HYDROCARBONS, IN H2O, IR, CC14 EXT. CHROMAT	SAMPLE MEASUREMENT	*****	*****		*****	3	3		0	ONCE/MONTH	GRAB
00551 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	10.00000 Mnth Avg	15.00000 Dly Max	MG/L		ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.0028	0.0028		*****	*****	*****		0	ONCE/MONTH	CALCTD
50050 1 0	PERMIT REQUIREMENT	REPORT Mnth Avg	REPORT Dly Max	MGD	*****	*****	*****	****		ONCE/MONTH	CALCTD
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER C. Vondra G.M.- Salem Ops. 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.)	TELEPHONE	DATE			
		609 935-6000	93	01	25	
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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