

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). 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,

A. Vondra

General Manager -Salem Operations

RFQ:pc Attachments

The power is in your hands.

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RETURN RECEIPT REQUESTED
ARTICLE NUMBER: P 708 711 341

JAN 0 5 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.

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,

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 Mr. S. Mathis NLR-E92384

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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

NJPDES Report December 1992

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.
- 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 famillar 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 <u>45</u> day of <u>Amuary</u>1992.

warona y Hyzuw

My commission expires August 1995

NJPDES Report
Explanation of Deviations
December 1992

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.

DMR NO.
EXPLANATION

DSN-488 See Attached Report Case No.

92-12-30-0853-00

192

MONITORING REPORT - TRANSMITTAL SHEET

NUPDES NO.

REPORTING PERIOD

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40. YE.

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FACILITY:	Name .	Salem Generating Stat	ion			
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	Address	Alloway Creek Neck Ro	<u>au</u>			
		Hancock's Bridge	((County) Salem		
	Telepho	ne <u>1609 1935-6000</u>		_		
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FORMS ATTACK	HED (Ind.	icate Quantity of Each)	1	OPERATING EXCEPTIONS		
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	ب			TEMPORARY SYPASSING		X
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WASTEWATER RE				UNITS OUT OF OPERATION		X
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GROUNDWATER I	REPORTS			(Detail any "Yes" on reverse side		
	A,B)	VWX-016VWX-017		in appropriate space.)		
NPDES DISCHARG	e monito	PRING REPORT		NOTE: The "Hours Attended at Pla	nt" on t	the
17 EPA FOR	M 3320-1			reverse of this sheet must also be con		
AUTHENTICAT	inf of sul	ormation submitted in this do those individuals immediately omitted information is true, a	respon	re personally examined and am fa t and all attachments and that, b isible for obtaining the informati and complete. I am aware that t on including the possibility of fin	ased on on, I be there ar	n my inquiry elieve the re significant
LICENSED OPE	RATOR			CIPAL EXECUTIVE OFFICER or Y AUTHORIZED REPRESENTATIVE	E	
Name (Printed)	David	K. Hurka	Name	(Printed) C. A. Vondra		
Grade & Registry	NoN	-2 N-684	Title	(Printed) General Manager: -	Salem	Operation
Signature	und	() ()	Signa	ture balle / Car	10	
Date		75, 1993	Date	- Henry 75/	995	·
	(24			

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.
DAN 489A - Was out of service for weir repair, there were no discharges during the
reporting period.
DSN 489R - 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 12 Year 912

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Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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Others	4	4	4	4			4	4	4	4	4			4	4	4
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Licensed Operator	8	8			8	8	8	8	н			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) AMME PSEEG ADDRESS P.O. BOX 236 HANCOCKS BRI	NATIONAL POLL DISCH/			oved. 040-0004 xpires 6-3	0-91.									
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COMMENT AND EXPLANATION OF ANY	VIOLATIONS (Re	eference all attachments	here)					- 宋 昭 双 田 · I			

national pollutant discharge elimination system (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)

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

NAME PSEEG

Form Approved.

PERMITTEE NAME/ADDRESS /Include NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) Facility Name/Location if different) DISCHARGE MONITORING REPORT (DMR) PSEEG NAME (2-16)(17-19) Form Approved. ADDRESS P-O- BOX 236/N21 NJ0005622 48CA OMB No. 2040-0004. Approval expires 6-30-91. HANCOCKS BRIDGE-NJ 08038 PERMIT NUMBER DISCHARGE NUMBER NON-RADIOLOGICAL WASTE TREAT. MONITORING PERIOD PSEEG SALEM GENERATING STATION MAJOR SALEM FACILITY YEAR YEAR LOWER ALLOWAYS CREE, NJ: 08038 SOUTHERN REGION 92 ΤŐ 31 12 01 92 NOTE: Read instructions before completing this form. DMR NUMBER: 92120268 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31) (3 Card Only) (4 Card Only) QUALITY OR CONCENTRATION QUANTITY OR LOADING FREQUENCY NO. SAMPLE PARAMETER (46-53)(54-61)(38-45)(46-53)(54-61)OF ANALYSIS EX TYPE (32-37)XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXX UNITS UNITE (62-63) (64-68)(69-70) DXYGEN DEMAND, CHEM-*** *** *** 24 . 27 TWICE/COMPOS SAMPLE MEASUREMENT (HIGH LEVEL) (CDD) MONTH ***** ***** 20555 100-00000 MG/L TRICE/COMPOS 00340 1 1 *** REPORT PERMIT REQUIREMENT *** MNTH AVG DLY MAX HONTH EFFLUENT GROSS VALUE **** **** SOLIDS, TOTAL **** SAMPLE 25 TWICE/COMPOS 14 MEASUREMENT SUSPENDED *** 100-8288 HG/L TRICE/COMPO **** 30-86668 00530 1 0 PERMIT REQUIREMENT EFFLUENT GROSS VALUE *** MNTH AVG DLY MAX MONTH *** **** TWICE HYDROCARBONS.IN: H20. ã SAMPLE O. MEASUREMENT 0 = MONTH GRAB IR.CC14 EXT. CHROMAT MG/L THICE/GRAB **** 10.00000 15.00000 00551 1 0 22222 222222 *** PERMIT REQUIREMENT MONTH *** DLY HAX EFFLUENT GROSS VALUE HNTH AVG FLOW. IN CONDUIT OR *** **** **** SAMPLE CONTIN 0.171 **b.**400 MEASUREMENT 8. ~ THRU TREATMENT PLANT UOUS -----***** *** 50050 1 0 CONTIN REPORT REPORT PERMIT REQUIREMENT MNTH AVG EFFLUENT GROSS VALUE DLY MAX *** UDUS MGD BIDASSAY **** **** **** ***** SAMPLE 18 QTRLY MEASUREMENT (95 HR.) \$\$\$\$ 50.00000 61402 1 1 **** ***** ***** 200222 PERCE OTRLY PERMIT EFFLUENT GROSS VALUE REQUIREMENT *** NT. MINIHUM NITROSEN. AMMONIA **** **シシシキキキ** **** TWICE SAMPLE MEASUREMENT TOTAL (AS NH4) 34 40 MONTH GRAB 71845 1 0 **** **** *** ***** 70.00088 TWICE/GRAB 35.00000 MG/L PERMIT REQUIREMENT EFFLUENT GROSS VALUE 2222 MNTH AVG DLY HAX HONTH SAMPLE MEASUREMENT PERMIT REQUIREMENT I' CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE DATE AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY, OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR

C. Vondra

G.M. - Salem Ops.

ON MY INCULITY OF FINE AND INVOLUTE 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

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

609 935-6000 93 01 25

STREE MREY WHATERLY WEPORTING TO REQUIRED FOR BIOASSAY, ENTER "NODI" FOR HONTHS WHEN BIOASSAY NOT TAKEN

TYPED OR PRINTED

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different) NAME PSEEG			DISCHARGE MONITORING REPORT (DMR) (2-16) (17-19) Form Approved.										
ADDRESS P.O. BOX 236	/N21		NJC	00562				Horm .	Appro	ovea. 040-0004.			
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DMR NUMBER: 92120268	<u> </u>		(20-21)	(22-23) (24	(26-27) (26-27) (26-27)	28-29) (30-31)	NOTE: Read in:	structions befo	re con	rpleting thi	s form.		
PARAMETER		(3 Card Only) QUA (46-53)	NTITY OR LOADIN (54-61)	1G	(4 Card Only) (38-45)	QUALITY OR ((46-53)	CONCENTRATION (54-61)	:	NO.	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
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C. Vondra	NIFICAN	E ACCURATE AND COM IT PENALTIES FOR SU	JBMITTING FALSE INF	ORMATION, I	NCLUDING LOCAL	Un // 1/0	6	09 ₉ 35–6	000	93 0	1 25		
G.M Salem Ops.	33 U S C	OSSIBILITY OF FINE AND C § 1319. (Penalties und	er these statutes may in	clude fines up	to \$10,000 SIGNATU		PAL EXECUTIVE						
TYPED OR PRINTED		maximum imprisonment of.				ER OR AUTHO	KIZZE AGENT	NUMB		YEAR MO			
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WHEN MAIN CONDENSERS	ARE CHLD	RINATED, M	UNITOR TRC	3 TIM	IES PER WEE	K DURING	2-HR PERI	UDS OF C	HLO	RINATI	UN•		

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different) NAME PSEEG			DISCHA		NITORING REPO	•	Form Appr	oved		
ADDRESS P.O. BOX 236			•	005622		(17-19) 2A		Form Appro	040-0004.	<u>.</u>
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DMR NUMBER: 92120268		7 00030	- <u> </u>	(22-23) (24-			OTE: Read instruc	•	noleting this	form.
PARAMETER		(3 Card Only) QUA (46-53)	NTITY OR LOADIN			QUALITY OR CON:		NO. EX	FREQUENCY	SAMPLE TYPE
(32-37)		XXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	UNITS	XXMMMMXXX	XXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	UNITS (62-63	ANALISIS	(69-70)
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	PERMIT REQUIREMENT					A	•			
NAME/TITLE PRINCIPAL EXECUTIVE	OFFICER CERTI	FY UNDER PENALTY O	F LAW THAT"I HAVE P NFORMATION SUBMITTE	ERSONALLY I	EXAMINED:			TELEPHONE	DAT	E
C. Vondra G.M Salem Ops.	ON MY OBTAINI IS TRUI NIFICAN THE PO	INQUIRY OF THOSE IN ING THE INFORMATION E, ACCURATE AND CON IT PENALTIES FOR SI DESIBILITY OF FINE AND	INDIVIDUALS IMMEDIATE , I BELIEVE THE SUB- MPLETE I AM AWARE UBMITTING FALSE INFO IMPRISONMENT SEE	LY RESPONSI BMITTED INFO THAT THERE DRMATION, IN 18 U.S.C § 1	BLE FOR DRINATION ARE SIGNICLUDING COLUMNS	DE PRINCIPAL		935-6000	93 01	25
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PAMAMETER*PSOUGO LOCK ENTER "NODI" FOR LOC WHEN MAIN CONDENSERS	ATIONS TH	AT DO NOT	APPLY.			WS DSCHG (NORMAL CON	D) ala =		CHG
FPA-Form 3320-1 (Rev. 9-88) Previous			DEEL ACES EDA FOI			E DUNTING E	AGIC 2			

PERMITTEE NAME/ADDRESS (Include NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) Facility Name/Location if different) DISCHARGE MONITORING REPORT (DMR) PSEEG NAME Form Approved. P.O. BOX 236/N21 ADDRESS NJ0005622 483A OMB No. 2040-0004. HANCOCKS BRIDGE-NJ 08038 PERMIT NUMBER Approval expires 6-30-91. DISCHARGE NUMBER NON-CONTACT COOLING WATER MONITORING PERIOD PSEEG SALEM GENERATING STATION SALEN MAJOR FACILITY YEAR YEAR DAY 31 LOCATION LOWER ALLOWAYS CREE-NJ 08038 SOUTHERN REGION FROM 92 DMR NUMBER: 92120268 (30-31) NOTE: Read instructions before completing this form. (20.21) (22.23) (24.25) 126-271 128-291 (3 Card Only) QUANTITY OR LOADING (4 Card Only) QUALITY OR CONCENTRATION FREQUENCY SAMPLE **PARAMETER** (46-53)··· (54-61) (38-45) (46-53) (54-61)OF ANALYSIS (32-37)*XXXXXXXXXXXX*XXX XXXXXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXXXXXXXXXXX UNITS UNITS (62-63) (64-68) (69-70) РΗ なかなかな *** **** SAMPLE **GRAB** 6.7 WEEKLY 6.6 MEASUREMENT 5.08898 ****** 9.00000 SU WEFKLYGRAD 00400 1 0 22222 ceeses *** PERMIT REQUIREMENT EFFLUENT GROSS VALUE *** HINIMUM MAXIMUM *** РΗ *** **** SAMPLE GRA WEEKLY 7.2 6.4 MEASUREMENT 00400 7 0 ***** 122121 REPORT 20000 REPURT SU WEEKLYGRAS PERMIT REQUIREMENT *** INTAKE FROM STREAM MINIMUM MAXIMUM *** **** FLOW. IN CONDUIT OR *** CONTIN 418.2 553.5 SAMPLE MEASUREMENT UOUS THRU TREATMENT PLANT *** 50050 1 0 REPORT REPORT ***** coccts CONTIN PERMIT REQUIREMENT *** UDUS EFFLUENT GROSS VALUE MNTH AVG DLY MAX MGD **** *** *** CHLORINE* TOTAL SAMPLE NODI NODI MEASUREMENT RESIDUAL ***** ***** -30000 -50000 MG/L THREEAGRAB 50060 R 1 *** PERMIT REQUIREMENT WEEK おかかか MNTH AVG DLY MAX SEE COMMENTS BELOW THREE **** *** *** CHLORINE. TOTAL SAMPLE GRAB MEASUREMENT <0.1 <0.1 WEEK RESIDUAL 50060 S 1 **** 22222 *** **** REPORT . 20000 HG/L THREE/GRAB PERMIT REQUIREMENT **** DLY HAX WEEK SEE COMMENTS BELOW MNTH AVG **** CHLORINE, TOTAL **** **** NÓDI NODI SAMPLE MEASUREMENT RESIDUAL 50060 T 1 ***** ****** *** 22222 REPORT -20000 MG/L THREE/GRAB PERMIT REQUIREMENT *** WEEK SEE COMMENTS BELOW MNTH AVG DLY MAX

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. § 13). (Penaltics 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 0 / 25

AREA NUMBER YEAR MO DAY

PARAMETER "NODI" FOR LOCATIONS THAT DO NOT APPLY.

WHEN MAIN CONDENSERS ARE CHLORINATED, MONITOR TRC 3 TIMES PER WEEK DURING 2-HR PERIODS OF CHLORINATION.

SAMPLE MEASUREMENT

PERMIT REQUIREMENT Facility Name/Location if different) DISCHARGE MONITORING REPORT (DMR) PSÉEG (17-19) (2-16) NAME Form Approved. P.O. BOX 236/N21 NJ0005622 484A OMB No. 2040-0004. ADDRESS Approval expires 6-30-91. HANCOCKS BRIDGE-NJ 08038 PERMIT NUMBER DISCHARGE NUMBER NON-CONTACT COOLING WATER MONITORING PERIOD SALEM MAJIOR PSEEG SALEM GENERATING STATION FACILITY PAY SOUTHERN REGION LOCATION LOWER ALLOWAYS CREE-NJ 08038 FROM TO. NOTE: Read instructions before completing this form. DMR NUMBER: 92120268 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31) QUALITY OR CONCENTRATION (3 Card Only) QUANTITY OR LOADING (4 Card Only) FREQUENCY SAMPLE (46-53) (54-61) PARAMETER (46-53)(54-61) (38-45) OF ANALYSIS TYPE EX (32-37)XXXXXXXXXXX XXXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXX XXXXXXXXXXXXXX UNITS (64-68) (69-70) (62-63) GRAB **** 6.8 WEEKLY PH *** *** 6.6 SAMPLE MEASUREMENT *** 9-110005 WEEKL YGRAB 222222 5.00000 00400 1 0 PERMIT REQUIREMENT ----MINIMUM MAXIMUM EFFLUENT GROSS VALUE 222222 *** ವಿಭಾವಧವರ್ಥನ್ನು PH WEEKLY! GRAB 7.2 6.4 SAMPLE MEASUREMENT ____ SU WEEKLYGRAB *** REPORT REPORT **** 00400 7 0 PERMIT REQUIREMENT *** HIRIMUR MAXIMUM INTAKE FROM STREAM CONTIN **** 509.9 547.9 *** ***** FLOW. IN CONDUIT OR SAMPLE UOUS MEASUREMENT THRU TREATMENT PLANT ---and the second *** CONTIN REPORT 50050 1 0 REPORT PERMIT REQUIREMENT 金金金 uous EFFLUENT GROSS VALUE DLY MAX MGD HNTH AVG *** CHLORINE, TOTAL **** NODI 0.. NODI. SAMPLE MEASUREMENT RESIDUAL MG/L THREE/GRAB 50060 R 1 **** ***** *** -----30000 -50000 PERMIT REQUIREMENT HEEK PHREE *** MNTH AVG DLY MAX SEE COMMENTS BELOW CHLORINE. TOTAL **** ********* *** SAMPLE <0.1 WEEK GRAB < 0.1 MEASUREMENT RESIDUAL - 20 COM *** 200022 REPORT MG/L THREE GRAB 50060 S 1 ***** **** PERMIT REQUIREMENT MNTH AVG DLY MAX WEEK SEE COMMENTS BELOW *** **** NODI CHLORINE. TOTAL **** *** NODI SAMPLE MEASUREMENT RESIDUAL 222222 *** 22222 REPORT -20000 MG/L THREE/GRAB 50060 T 1 222222 PERMIT REQUIREMENT SEE COMMENTS BELOW *** MNTH AVG DLY MAX WEEK SAMPLE MEASUREMENT PERMIT REQUIREMENT CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED. NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE DATE 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 609 935-6000 C. Vondra IS TRUE, ACCURATE AND COMPLETE, I AM AWARE THAT THERE ARE SIG-NIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING 25 G.M.- Salem Ops. 01 THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C \$ 1001 AND SIGNATURE OF PRINCIPAL EXECUTIVE 33 USC \$ 1319. (Penalties under these statutes may include fines up to \$10,000 AREA and or maximum imprisonment of between 6 months and 5 years.) OFFICER OR AUTHORIZED AGENT TYPED OR PRINTED NUMBER YEAR DAY PARRHETER PROBLEM EDENTIONS IN THE "SWISH DICHE (NO CHS FLOW) = SWS DSCHG (NORMAL COND) ENTER "NODI" FOR LOCATIONS THAT DO NOT APPLY. WHEN MAIN CONDENSERS ARE CHLORINATED, MONITOR TRC 3 TIMES PER WEEK DURING 2-HR PERIODS OF CHLORINATION.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

PERMITTEE NAME/ADDRESS (Include

Facility Name/L	ocation if different)			DISCHA	ARGE MO	HARGE ELIMINAT NITORING RE		(5)				
ADDRESS	PSEEG 270	MOT			(2-16) 1 00562 2	· .	(17·19) 85A		Form	Appro	ved.	مريد
VDDKESS	POO BOX 236 HANCOCKS BRI		038		T NUMBER		ISCHARGE NUMBER	e _s)40-0004. :pires 6-30)-91 ·
	THAIRCOCKS DIVI	THOU DO						NON-CONTA			•	
FACILITY	PSEEG SALEM	GENERATTN	S STATTON	_		TORING PER		MAJOR	C. COULI		ALEM	
LOCATION	LOWER ALLOWA			FROM 92		70 YEAR		SOUTHERN	REGION	. 67		. `
	BER: 92120268				(22-23) (24		1 1	NOTE: Read in		ore com	pleting this	form.
			(3 Card Only) QU	ANTITY OR LOADIN		(4 Card Only)	QUALITY OR	CONCENTRATION		٦	FREQUENCY	
	PARAMETER		(46-53)	(54-61)		(38-45)	(46-53)	(54-61)		NO.	OF ANALYSIS	SAMPLE TYPE
	(32-37)		XXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	UNITS	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX XXXXXXXX	KXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX UNITS	(62-63)	(64-68)	(69-70)
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NAME/TITLE	PRINCIPAL EXECUTIVE	AND A	M FAMILIAR WITH THE	OF LAW THAT I HAVE F INFORMATION SUBMITTE	D HEREIN: AN	ND BASED	////	/://:	TELEPHON	E	DA	TE
C. Vá	ndra	OBTAIN	ING THE INFORMATION	INDIVIDUALS IMMEDIATE N. I BELIEVE THE SUI	BMITTED INFO	ORMATION //	1/1. 2/1/6		609 935-0	5000		
	- Salem Ops.	NIFICAN	IT PENALTIES; FOR S	MPLETE I AM AWARE UBMITTING FALSE: INF	ORMATION, II	NCLUDING ////	energenes.	Me	1	3009	93 01	25
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different) NAME PSEE6		1	DISCHA	UTANT DISC ARGE MO (2-16)	HARGE ELIMINATION NITORING RÉPO	N SYSTEM (NPDES) ORT (DMR) (17-19)	٠ .			al	ż		
ADDRESS P.O. BOX 236	/N21			005622				Form A	Appro	ovea. 040-0004.	3		
HANCOCKS BRI		8038		IT NUMBE		ARGE NUMBER				xpires 6-30			
						N	NON-CONTACT COOLING WATER .						
PACILITY PSEEG SALEM	GENERATTA	G STATTON	-	MONI	TORING PERIC	DD N	AJOR	5 8		SALEM			
LOCATION LOWER ALLOWA			FROM 92		AY TO YEAR		OÛTHERN REI	SION		₹. .			
DMR NUMBER: 92120268			<u></u>	(22-23) (24		1 1	NOTE: Read instru		re con	npleting thi	s form.		
PARAMETER		(3 Card Only) QUA	NTITY OR LOADIN		(4 Card: Only) (38-45)	QUALITY OR CON		23 E	NO.	FREQUENCY	SAMPLE		
(32-37)		XXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	UNITS	XXMMMMXXX	XXXXXXXXXXX		,	EX (62-63)	ANALYSIS	(69-70)		
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)			NATIONAL	L POLLUTANT DIS	CHARGE EL	LIMINATION	N SYSTEM (NPD	(ES)					2
				(2-16)			(17-19)	•		Form A	Appro	oved.	سعهن
ADDRESS P.O. BOX 236				NJ000562		487	<u> </u>			OMB	No. 20	040-0004.	
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

AREA ... NUMBER

PERMITTEE NAME; ADDRESS (Include Facility Name/Location if different) NAME PSEEG			DISCH	ARGE ELIMINATION ITORING REPO	ORT (DMR) (17-19)	S)	Form Approved.					
ADDRESS P.O. BOX 236/N21				005622	487					040-0004		
HANCOCKS BRIDGE, NJ 08038			PERM	IT NUMBER	Disci	HARGE NUMBER	CTCC# NO	• •		cpires 6-3	J-91.	
FACILITY PSEEG SALEM			FROM 92	MONIT		MO DAY 12 31	STORM H20 MAJOR SOUTHERN	REGION		SALEM	•	
DMR NUMBER: 92120268		·	(20-21)	(22-23) (24-2	, , , ,	28-29) (30-31)		nstructions befo	re con	pleting thi	s form.	
PARAMETER		(46-53)	ANTITY OR LOADIN (54-61)		(4 Card Only) (38-45)	(46-53)	CONCENTRATION (54-61)		NO.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
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NAME/TITLE PRINCIPAL EXECUTIVE	OFFICER CERT	IFY UNDER PENALTY O	F LAW THAT I HAVE I	PERSONALLY EX	AMINED: AMINED	// /	/ /	TELEPHONE		DA	TE	
C. Vondra G.M Salem Ops.	ON MY OBTAIN IS TRU NIFICAN	' INQUIRY OF THOSE ING THE INFORMATION IE, ACCURATE AND CO IT PENALTIES FOR S	INDIVIDUALS IMMEDIATE N. I BELIEVE THE SU MPLETE I AM AWARE UBMITTING FALSE INF	ELY RESPONSIBI BMITTED INFOR THAT THERE A ORMATION INC	LE FOR MATION RE SIG	Ma	h_	609 935-6	5000			
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TYPED OR PRINTED	and or	maximum imprisonment of	between 6 months and 5 y	евгн.)		ER OR AUTHO	RIZED AGENT	AREA NUMB	ER	YEAR M	O DAY	

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

EPA-Form 3320-1 (Rev. 9-88) Previous editions may be used.

ADDRESS

P.O. BOX 236/N21

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

(2-16) NJ0005622 PERMIT NUMBER

489A
DISCHARGE NUMBER

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

PACILITY PSEEG SALEM GENERATING STATION
LOCATION LOWER ALLOWAYS CREE, NJ 08038

HANCOCKS BRIDGE, NJ 08038

MONITORING PERIOD

YEAR MO DAY 12 01 TO 92 12 31 (26.21) (28.20) (36.31)

MAJOR SALEM SOUTHERN REGION

(24-25) (26-27) (28-29) (30-31) NOTE: Read instructions before completing this form

STORMWATER

BMR NUMBER: 92120268 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31); NOTE: Read instructions before completing this form.												
PARAMETER		(3 Card Only) QUA (46-53)	NTITY OR LOADIN (54-61)		(4 Card Only) (38-45)	QUALITY OR CONC (46-53)	(54-61)		NO.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
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C. Vondra	IS TR	UE, ACCURATE AND CO	MPLETE, I AM AWARE	THAT THERE	ARE SIG	troi//IADAI	— 609	935-6	ooq			
G.M Salem Ops.	THE F	FICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING the POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. \$ 1001 AND USC \$ 1319. (Penalties under these statutes may include lines up to \$10,000) SIGNATURE OF PRINCIPAL EXECUTIVE								93 0	1 25	
TYPED OR PRINTED	and or	and or maximum imprisonment of between 6 months and 5 years.) OFFICER OR AUTHORIZED AGENT AREA CODE NUMBER YEAR MO DAY									DAY	
COMMENT AND EXPLANATION OF ANY	VIOLATIONS (A	elerence all attachment	c here)									

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different) NAME PSEEG	NATIONAL POLI DISCH	ARGE MOI	5)	Form Approved.							
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PACILITY PSEEG SALEM			FROM 92	M2 7	YEAR TO 92	M9 PAY	SOUTHERN RE	S CTON	3 . 3	SALEM	
DHR NUMBER: 92120268		13 00036	- 1	(22-23) (24-	1 1 1 1 1	28-29) (30-31)	NOTE: Read inst		re con	noletina th	is form.
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C. Vondra	ON MY	M FAMILIAR WITH THE I V INQUIRY OF THOSE ING THE "INFORMATION	INDIVIDUALS IMMEDIAT	ELY RESPONSI	BLE FOR	1 11/			-		
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	THE PO	OSSIBILITY OF FINE ANI C § 1319. (Penalties und	D-IMPRISONMENT, SEE er these statutes may ii	18 U.S.C § 19 nclude fines up	OOL AND SIGNATI	JRE OF PRINCI	PAL EXECUTIVE			93 0	1 25
TYPED OR PRINTED		maximum imprisonment of		vears.)	OFFIC	OFFICER OR AUTHORIZED AGENT CO			ER	YEAR M	O DAY
COMMENT AND EXPLANATION OF ANY	VIOLATIONS (R	ejerence all attachment:	s nere) ,								
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PSEEG (17-19) NAME 12-161 Form Approved. OMB No. 2040-0004. NJ0005622 87BA P.O. BOX 236/N21 ADDRESS Approval expires 6-30-91. DISCHARGE NUMBER PERMIT NUMBER HANCOCKS BRIDGE-NJ 08038 #38SKIM TANK-DSN487B IN PERMITS MONITORING PERIOD MAJOR SALEM PSEEG SALEM GENERATING STATION FACILITY YEAR YEAR DAY MO SOUTHERN REGION FROM LOCATION LOWER ALLOWAYS CREE NJ 08038 ΤŐ 92 31 \mathbf{u} 12 NOTE: Read instructions before completing this form. (28-29) (30-31) DMR NUMBER: 92120268 (20-21): (22-23) (24-25) 126-271 (4 Card Only) QUALITY OF CONCENTRATION (3 Card Only) QUANTITY OR LOADING FREQUENC NO. SAMPLE (46-53) (38-45) (46-53) (54-61)(54-61)PARAMETER OF ANALYSIS TYPE EX (32-37) **AXXXXXXXXXX** XXXXXXXXXXX XXXXXXXXXXXXX -XXMXXXXXXXXXX UNITS UNITS (62-63) . (64-68) (69-70)*** **** *** GRAB TEMPERATURE, WATER · O ONCE 18.5 18.5 SAMPLE MEASUREMENT MONTH DEG. CENTIGRADE ONCE/ GRAB REPURT 43.30000 DEG+C *** **** 222222 ****** 00010 1 0 PERMIT REQUIREMENT DLY MAX MONTH *** EFFLUENT GROSS VALUE MNTH AVG DXYGEN DEMAND. CHEM. *** **** **** SAMPLE O ONCE GRA <10 <10 MEASUREMENT (HIGH LEVEL) (COD) MG/L 100-08000 ONCE/ GRAB *** REPORT 44444 00340 1 0 -----PERMIT REQUIREMENT DLY HAX MONTH *** MNTH AVG EFFLUENT GROSS VALUE \$ 20 *** *** **** PH 7.5 SAMPLE O. ONCE GRAB MEASUREMENT 7:5 CHEETH GRAB 222222 ***** 2222 5.00000 9.00000 SU 00400 1 0 PERMIT REQUIREMENT *** MAXIMUM HTNOR EFFLUENT GROSS VALUE MINIMUM *** *** *** SULIDS. TOTAL SAMPLE O ONCE GRAB MEASUREMENT 57 Str. with SUSPENDED MONTH ONCE/ GRAS *** **** 100-00988 MG/L **** **** 30-80000 00530 1 0 PERMIT REQUIREMENT *** MNTH AVG DLY MAX MONTH EFFLUENT GROSS VALUE HYDROCARBONS. IN H2D. *** **** *** SAMPLE 0 ONCE GRAB 1 50 MEASUREMENT IR. CC14 EXT. CHROMAT 15. 2822 ***** ONCET GRAB ***** 222222 *** 10-44220 MG/L 00551 1 0 PERMIT REQUIREMENT *** MNTH AVG DLY MAX MONTH EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR **** **** **** ONCE/CALCTD 0 0.0018 0.0018 SAMPLE MEASUREMENT MONTH THRU TREATMENT PLANT ONCE/ CALCIT 50050 1 0 REPORT REPORT ***** occes **######** *** PERMIT REQUIREMENT *** MONTH EFFLUENT GROSS VALUE MNTH AVG OLY MAX MGD SAMPLE MEASUREMENT PERMIT REQUIREMENT CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED. NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE DATE 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 609 935-6000 C. Vondra IS TRUE, ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIG-25 NIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING 93 01 G.M.- Salem Ops. THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C \$ 1001 AND SIGNATURE OF PRINCIPAL EXECUTIVE 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.) DAY TYPED OR PRINTED OFFICER OR AUTHORIZED AGENT NUMBER YEAR МО COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include

Facility Name/Location if different)

ERMITTEE NAME/ADDRESS (Include acility Name/Location if different) AMEPSE&G	NATION. I	DISCHA	UTANT DISC ARGE MO (2-16)	Form Approved.						£.						
ODRESS P.O. BOX 236/N21				NJ0005622			<u>(17-19)</u> 9 AA]	OMB No. 2040-0004.							
HANCOCKS BRIDGE, NJ 08038				PERMI	IT NUMBER	1						proval expires 6-30-91.				
					MONI	TORING PER	2100	#1 SKIM	TANK	C-DSN4	39A	IN PE	RMIT			
ACILITY PSEES SALEM GENERATING STATION			}	YEAR		AY YEAR		MAJOR		SALEM						
OCATION LOWER ALLOWAYS CREE, NJ 08038				92		11 TO 72		SOUTHERN								
MR NUMBER: 92120268					(22-23) (24			NOTE: Rea		ctions befo	re com	pleting th	nis form	l <u>.</u>		
PARAMETER		(3 Card Only) QU. (46-53)	ANTITY OR LOADING		IG	(4 Card Only) (38-45)	QUALITY OR (46-53)	CONCENTRATIO (54-6.	(54-61)		NO.	FREQUENC OF ANALYSIS				
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NAME/TITLE PRINCIPAL EXECUTIVE		CERTIFY UNDER PENALTY C					11/1 1	70	:	TELEPHONE		D /	A T E			
C Vondra	ON OE	MY INQUIRY OF THOSE	INDIVIDUALS II	MMEDIATE THE SU	LY RESPONS	BLE FOR	11 All	/ //	600	935-6	annd					
<pre>C. Vondra G.M Salem Ops.</pre>	NIF	TRUE ACCURATE AND CO	UBMITTING FA	LSE INF	ORMATION, I	NCLUDING .	10m/1100	rom-		- JJJ-C		93 C	11/2	25		
··· ·	33	E POSSIBILITY OF FINE AN USC \$ 1319. (Penalties und	ier these statute	s may inc	clude fines up	to \$10,000 SIGN	ATURE OF PRINC									
TYPED OR PRINTED	an	d or maximum imprisonment of	verween 6 mont	пкапа ә у	rarx.)	OF	FICER OR AUTH	ORIZED AGENT	CODI	NUMB	ER	YEAR !	мо р	DAY]		

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different) NAME PSEE6			NATIONAL PO DISC	OLLUTANT DISC CHARGE MO	HARGE ELIMINATIO NITORING REP	ON SYSTEM (NPDE ORT (DMR) (17-19)	<i>:S)</i>	Form	Appr	oved	ج.
ADDRESS P.O. BUX 236	/N21		N	J0005622	89		•			040-0004.	À
HANCOCKS BRIDGE, NJ 08038			PE	RMIT NUMBE	R	HARGE NUMBER	1		val expires 6-30-91.		
							#2 SKIM TAN			IN PE	
FACILITY PSEEG SALEM	-		TORING PERI		MAJOR	SALEM					
LOCATION LOWER ALLOWA	YS CREE, N	J 08038	· FROM S	2 12 P	АУ то <u>УБАР</u>	12 31	SOUTHERN RE	GION			
DMR NUMBER: 92120268			- (20-2	21) (22-23) (24	(26-27)	(28-29) (30-31)	NOTE: Read instru	ctions befo	re con	npleting thi	is form.
PARAMETER		(3 Card Only) QUA (46-53)	ANTITY OR LOA (54-61)	DING	(4 Card Only) (38-45)	QUALITY OR (46-53)	CONCENTRATION (54-61)		NO.	FREQUENCY	SAMPL TYPE
(32-37)		XXXXXXXXXXX	X MAXIMIZIAN X	хх имітя	XXWWWWXXX	XXXXXXX	(XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	STINU	(62-63)	(64-68)	(69-70)
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	****	****		****	CODE=E	CODE=E	. "			
00340 1 0	PERMIT	*****	****	***	*****	REPORT	100-88888	MG/L		ONCE/	GRAB
EFFLUENT GROSS VALUE	REQUIREMENT			***		MNTH AVI	DLY MAX	::		MONTH	
РН	SAMPLE MEASUREMENT	*****	****		6.8	****	6.8	**		ONCE/ MONTH	GRAF
00400 1 0	PERMIT	*****	******	****	6-0X6XX	*****	9-00000	SU		ONCE/	GRAB
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SOLIDS, TOTAL	SAMPLE	****	***		***		g assure in long	1 2 3 4 5		ONCE/	
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IR, CC14 EXT. CHROMAT	MEASUREMENT		7, 40 20 20 20			the state of the s	्राज्य जिल्लाकर्ष			MONTH	
00551 1 0	PERMIT	****	****	****	*****	10-0300	15.00000	MG/L		ONCE/	GRAB

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3.7.000.00

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

C. Vondra G.M.- Salem Ops.

EFFLUENT GROSS VALUE

FLOW, IN CONDUIT OR

THRU TREATMENT PLANT

50050 1 0

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

0.0028

REPORT

DLY MAX

TELEPHONE DATE 609 935-6000 25 01 SIGNATURE OF PRINCIPAL EXECUTIVE AREA OFFICER OR AUTHORIZED AGENT NUMBER

DLY MAX

MNTH AVG

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

PERMIT REQUIREMENT

SAMPLE MEASUREMENT

SAMPLE MEASUREMENT PERMIT REQUIREMENT

SAMPLE MEASUREMENT

PERMIT REQUIREMENT

EFFLUENT GROSS VALUE REQUIREMENT KNTH AVG

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REPORT

MONTH

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