

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

Salem Generating Station

May 19, 1994

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 April 1994.

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,

Joseph J. Hagan Vice President -Nuclear Operations/ General Manager -Salem Operations

RFQ:pc Attachments

The Energy People

9405310163 940430 PDR ADDCK 05000272 R 1825

NJPDES Report April 1994

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
M. Vaskis
D. Hurka
Central Record Facility
File
RPC94-104

NJPDES Report Explanation of Deviations April 1994

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. (NJDEPE certification 08153). Bioassay results are provided by AnalytiKEM Inc. (NJDEPE certification 82888).

Net negative discharge values are reported as negative.

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

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 effect upon the circulating water outfall.

NJPDES Report
Explanation of Deviations
April 1994

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. 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.

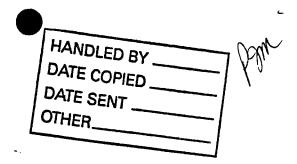
The following excursions are included in the attached report and are explained below. Excursions have not endangered nor significantly impacted public health or the environment.

DMR NO.

**EXPLANATION** 

DSN-48CA

See attached report. Case No. 94-4-14-1052-17



CERTIFIED MAIL
RETURN RECEIPT REQUESTED
ARTICLE NUMBER: Z 691 525 088

APR 1 8 1994

NLR-E94074

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 DISCHARGE OF HYDRAZINE CASE NO. 94-4-14-1052-17

On April 14, 1994 Public Service Electric and Gas (PSE&G) Company reported a discharge of hydrazine from the Non-Radiological Liquid Waste Disposal System (NRLWDS) at the Salem Generating Station. The NRLWDS is an internal monitoring point, DSN 48C, which ultimately discharges to the Delaware River through the circulating water system outfalls under NJPDES Permit No. NJ0005622. The discharge was reported to the NJDEPE Hotline and was assigned Case No. 94-4-14-1052-17 by Operator 24.

The NRLWDS provides treatment through clarification, metals precipitation and utilizes break-point chlorination for ammonia and hydrazine removal. The system is currently operated in a batch mode with influent samples analyzed for ammonia and hydrazine to determine treatment requirements. In order to discharge, there may be no detectable hydrazine in the effluent.

The NRLWDS receives waste from various sources including the steam generator blowdown tanks. During normal plant operations, the waste from the blowdown tanks normally contains a small amount of hydrazine which is easily removed by maintaining a chlorine residual in the equalization basin. However, during plant outages chemistry specifications require additional hydrazine to be added to the steam generators.

Steve Mathis NLR-E94074

2

On April 13, while in an outage condition, a steam generator from Salem Unit 1 was drained to the NRLWDS. The concentration of hydrazine in this generator was approximately 7500 ppb. This waste was treated with sodium hypochlorite to remove the hydrazine. The equalization basin was satisfactorily sampled and the NRLWDS was placed into discharge at 2215 hours.

On April 14, at approximately 0100 hours, Chemistry personnel noticed that a hydrazine monitor in the influent equalization basin indicated the presence of hydrazine. The discharge from the NRLWDS was immediately secured. Confirmatory samples indicated that approximately 150,000 gallons of water containing a concentration of approximately 50 ppb hydrazine had been discharged. The total wolume of hydrazine discharged was approximately one ounce. The total weight of hydrazine discharged was less than one (1) pound and as such was not reportable under the CERCLA Regulations.

The hydrazine that was discharged resulted from a residual amount of the steam generator waste that remained in the waste line being added to the equalization basin. The residual chlorine in the equalization basin was not enough to completely react with the concentration of hydrazine present resulting in a small amount of hydrazine being carried through the system and eventually discharged.

In order to prevent reoccurrence of this incident, Chemistry is expanding system operator oversight to include additional monitoring of plant evolutions that contain high concentrations of hydrazine. This discharge has not endangered nor significantly impacted public health or the environment.

If you have any additional comments or questions regarding this matter, please contact Mr. David Hurka at (609) 339-1275.

Sincerely,

F. X. Thomson, Jr.

ART Lower

Manager -

Licensing and Regulation

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

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

#### COUNTY OF SALEM STATE OF NEW JERSEY

I, Joseph J. Hagan, of full age, being duly sworn according to law, upon my oath depose and say:

- 1. I am Vice President of Nuclear Operations and General Manager of 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 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.

Joseph J. Hagan Vice President -Nuclear Operations/ General Manager -Salem Operations

Sworn and subscribed before me this  $20^{74}$  day of May 1994.

My commission expires 6-23-98

Figure 3

## MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.

REPORTING PERIOD

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PERMITTEE:	Name _	Public Service Electri	c and Gas Company		
	Addrass	P.O. Box 236			
	7001633	Hancock's Bridge, New	Jersey 08038		
FACILITY:	Name	Salem Nuclear Generati	ng Station		
FAGILITY.					
	Address	Allow Creek Neck Road			
		Hancock's Bridge	(County) Salem		
	Telephor	ne (609 ) 935-6000			
FORMS ATTACH	IED <i>(Îndia</i>	cate Quantity of Each)	OPERATING EXCEPTIONS		
SLUDGE REPORTS		<u> </u>		YES	NO
T-VWX-007	<b>,</b> $\square$	T-VWX-009	DYE TESTING		$\square$
SLUDGE REPORTS	· INDUST	RIAL	TEMPORARY BYPASSING		⊠
T-VWX-010		T-VWX-010B	DISINFECTION INTERRUPTION		X
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NPDES DISCHARG		RING REPORT	NOTE: The "Hours Attended at Pla reverse of this sheet must also be con		•
AUTHENTICATI	info of t sub	ormation submitted in this doc those individuals immediately a mitted information is true, acc	t I have personally examined and am facument and all attachments and that, be responsible for obtaining the informationate and complete. I am aware that the rmation including the possibility of fine	ased or on, I b there a	n my inquiry elieve the re significant
LICENSED OPER	ATOR		PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE	Ē	
Name (Printed) _	Richai	rd F. Quinn	Name (Printed) Joseph J. Hagan Vice P. resident	Nuc	ear Operations
Grade & Registry	MD	v-2 N-944	Title (Printed) General, Manager		
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Signature		10 1001	. (/5/2/0/9/4		
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#### OPERATING EXCEPTIONS DETAILED

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## OPERATING EXCEPTIONS DETAILED

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SIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC \$ 1001 AND \$ 1319. (Penalties under these statutes may include fines up and/or maximum imprisonment of between 6 months and 5 years.

TYPED OR PRINTED

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PERMITTEE NAME/ADDRESS

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

48CA DISCHARGE NUMBER DAY 04 30

NON-RADIOLOGICAL WASTE TREAT: MAJOR SALEM

SOUTHERN REGION

DMR NUMBER:NJ0005622				22-23)(24		3-29)(30-31)	JOINERN REC			
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SINCE ONLY QUARTERLY REPORTING IS REQUIRED FOR BIOASSAY, ENTER "NODI" FOR MONTHS WHEN BIOASSAY NOT TAKE. \* PARAMETER NITROGEN, AMMONIA TOTAL (AS NH4), THREE SAMPLES WERE OBTAINED DURING THE REPORTING PERIOD

PSESG

ADDRESS P.O. BOX 236/N21

NAME

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

94

04

NJ0005622 481A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YFAR MO DAY YEAR DAY FROM

94

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NON-CONTACT COOLING WATER MAJOR SALEM SOUTHERN REGION

FACILITY PRESS SALEM GENERATING STATION LOCATION LOWER ALLOWAYS CREEK, NJ 08038 DMR NUMBER: NJ0005622

HANCOCKS BRIDGE, NJ 08038

(20-21)(22-23)(24-25) (26-27)(28-29)(30-31) (3 Card Only) QUANTITY OR LOADING (4 Card Oply) QUALITY OR CONCENTRATION NO. FREQ. 62 ANALYSIS 63) (64-68) SAMPLE TYPE (69-70) PARAMETER UNITS UNITS рн \*\*\*\* OWEEKLYGRAB 6.5 7 9 SAMPLE MEASUREMENT 00400 1 0 ጞ፠፠፠፠፠፠ 6...0 ፟፠፞፠*ፙፙፙፙ* 9 0 SII MENTAL AND THE REAL PROPERTY. PERMIT REQUIREMENT EFFLUENT GROSS VALUE \*\*\* MINIMIM MAXIMUM \*\*\*\* \*\*\*\*\* \*\*\*\*\* OWEEKLYGRAB 7.0 8.1 SAMPLE MEASUREMENT 00400 7 0 *ጞቑጞቑቔፙፙ* \*\*\*\* REPORT REPORT SU WEEKLYGRAB PERMIT REDUIREMENT INTAKE FROM STREAM \*\*\*\* MAXIMUM MINIMUM FLOW, IN CONDUIT OR \*\*\*\* OCONTIN 452.4 547.9 \*\*\*\* SAMPLE MEASUREMENT THRU TREATMENT PLANT tious 50050 1 0 REPORT (8/6) NUTSTRN REPORT PERMIT RECLIEREMENT EFFLUENT GROSS VALUE tious MNTH AVG DLY MAX MGD \*\*\* \*\*\*\*\* CHLORINE, TOTAL \*\*\*\*\* \*\*\*\* < 0.1 OTHREE GRAB < 0.1 SAMPLE MEASUREMENT RESTDUAL. WEEK 50060 R 1 5 MG/L THREE / GRAB . 3 PERMIT REQUIREMENT SEE COMMENTS BELOW \*\*\*\* MNTH AVG DLY MAX WEEK CHLORINE, TOTAL \*\*\*\* OTHREE/GRAB -----\*\*\*\*\* < 0.1 < 0.1 SAMPLE MEASUREMENT RESIDUAL WEEK 50060 B 1 REPORT TEREF/GRAH \_2 MG/L PERMIT REQUIREMENT SEE COMMENTS BELOW \*\*\* UPPK MNTH AVG DLY MAX CHLORINE, TOTAL \*\*\*\* \*\*\*\*\* \*\*\*\*\* NODI NODI ONODI NODI SAMPLE MEASUREMENT RESIDUAL 50060 T 1 \*\*\*\* REPORT .2 MG/L THREE/GRAB PERMIT REQUIREMENT SEE COMMENTS BELOW \*\*\*\* MNTH AVG DLY MAX WEEK SAMPLE MEASUREMENT PERMIT REQUIREMENT NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JOSEPH J. HAGAN

G.M. - Salem Operations

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN: AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING INFORMATION INFORMATION INCLUDING INFORMATION INCLUDING INFORMATION INCLUDING INFORMATION INCLUDING INFORMATION INCLUDING INFORMATION INFORMATION INCLUDING INFORMATION INFORMATION INCLUDING INFORMATION INFORMATION INFORMATION INCLUDING INFORMATION INFORMATION INFORMATION INCLUDING INFORMATION INF TELEPHONE DATE 609. 935-6000 94 05 18 NUMBER YEAR MO DAY

"T" = CWB PARAMETER 50060 LOCATIONS: "R" = SWS DSCHG (NO CWS FLOW) "S" = SWS DSCHG (NORMAL COND) 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. EPA Form 3320-1 (Rev. 9-88) Previous editions may be used. PAGE 5 OF 17 LABS: 17327 08153 82888

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

DAY

30

04

NAME PSE&G ADDRESS P.O. BOX 236/N21 482A NJ0005622 HANCOCKS BRIDGE, NJ 08038 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD YEAR MO

FACILITY PSE&G SALEM GENERATING STATION YEAR MO DAY FROM LOCATION LOWER ALLOWAYS CREEK, NJ 08038 94 04 01 NON-CONTACT COOLING WATER MAJOR SALEM SOUTHERN REGION

DMR NUMBER:NJ0005622				22-23)(24		3-29)(30-31)				
DADAMETED	• • •	(3 Card Only) Q (46-53)	UANTITY OR LOADIN	NG	(4 Card Oply) (38-45)	QUALITY OR CONCEN	ITRATION (54-61)		NO. FREG	. CAMPLE
PARAMETER (32-37)				UNITS				UNITS	NO. FREG 62 ANALYS 63) (64-68	SAMPLE TYPE (69-70)
РН	SAMPLE MEASUREMENT	*****	****		6.8	*****	7.8		OWEEK	LYGRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM		0.0 MUMIKAM	ខប	WEEK	LYGRAB
РН	SAMPLE MEASUREMENT	****	****		7.0		8.1		OWEEK	LYGRAB
00400 7 0 INTAKE FROM STREAM	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM		REPORT MAXIMUM	នប	WEEK	LYGRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE	284.0	536.3		*****	*****	****		0 CONT UOUS	1
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MNTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	***	CONT	<b></b>
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	****		****	NODI	NODI	_	ONODI	
50060 R 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	****	*****	****	*****	.3 MNTH AVG	DLY MAX	MG/L	WEEK	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.1	0.2		WEEK	
50060 S 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	****	REPORT MNTH AVG	DLY MAX	MG/L	WEEK	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		****	NODI	NODI		ONODI	
50060 T 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	****	*****	****	*****	REPORT MNTH AVG	DLY MAX	MG/L	THRE WEEK	E/GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
NAME/TITLE PRINCIPAL EXECUTIVE OF	FICER I CERTIF	Y UNDER PENALTY O	F LAW THAT I HAVE	E PERSONA IIIED HER	LLY EXAMINED		Ļ	TELEP	HONE	DATE
NAME/TITLE PRINCIPAL EXECUTIVE OF JOSEPH J. HAGAN G.M Salem Operation (Typed or Printed)	ons on MY INC OBTAINING IS TRUE NIFICANT	QUIRY OF THOSE IN G THE INFORMATION ACCURATE AND COM PENALTIES FOR SU PENALTIES FOR SU	DIVIDUALS IMMEDIA LI BELIEVE THE S PLETE I AM AWARI BMITTING FALSE IN	AIELY RES SUBMITTED E THAT TH NFORMATIO	PUNSIBLE FOR INFORMATION ERE ARE SIG- NA INCLUDING	SICHATINE	ž.	09 <sub> </sub> 93!	5-6000	94 05 1
TYPED OR PRINTED	33 uśćs \$10,000 s	1319. (Penalties and/or maximum im	under these state aprisonment of be	tutes may	include fines up onths and 5 years.	to EXECUTIVE AUTHORIZED	OF PRINCIPAL————————————————————————————————————	REA ODE N	IUMBER Y	EAR MO DA
DADAMENTED FOOGO TOCAL	MTONO. UI	NI - CTAC DO	TO OIL	TO THE	WI HOH -	OMG DOOMG	(NODMAT. CO	MD 1	<u> </u>	WE DECK

"T" = CWS DSCHG PARAMETER 50060 LOCATIONS: "R" = SWS DSCHG (NO CWS FLOW) "S" = 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. EPA Form 3320-1 (Rev. 9-88) Previous editions may be used. PAGE 6 OF 17 LABS: 17327 08153 82888

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JOSEPH J. HAGAN

G.M. - Salem Operations

TYPED OR PRINTED

ON PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED 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 IN TRUE. ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBLITY 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.)

PERMIT REQUIREMENT

SAMPLE MEASUREMENT

PERMIT REQUIREMENT

RESIDUAL 50060 T 1

SEE COMMENTS BELOW

TELEPHONE DATE 94 609. 935-6000 05 18 AREA NUMBER YEAR MO DAY

.2 MG/L

DLY MAX

REPORT

MNTH AVG

(69-70)

NODI

THREE/GRAB

WEEK

TITI = CWS DSCHG PARAMETER 50060 LOCATIONS: "R" = SWS DSCHG (NO CWS FLOW) "S" = SWS DSCHG (NORMAL COND) ENTER "NODI" FOR LOCATIONS THAT DO NOT APPLY.

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WHEN MAIN CONDENSERS ARE CHLORINATED, MONITOR TRC 3 TIMES PER WEEK DURING 2-HR PERIODS OF CHLORINATION. EPA Form 3320-1 (Rev. 9-88) Previous editions may be used. PAGE 7 OF 17 LABS: 17327 08153 82888

PERMITTEE NAME/ADDRESS NAME PSE&G			NATIONA	AL POLLUT DISC	ANT DISC	HARGE ELIMINATI NITORING REPORT	ION SYST	EM (NPDES)					
ADDRESS P.O. BOX 236/N2 HANCOCKS BRIDGE		38		NJOOC	5622 NUMBER		4847 SCHARGE	NUMBER	ON-CONTACT	COOL	. NG	WATED	
FACILITY PSE&G SALEM GEN LOCATION LOWER ALLOWAYS DMR NUMBER: NJ0005622			- - FROM -	YEAR 94 (20-21)(2	MO D	TO YEAR	MO 0 4 (28-29)	DAY M	AJOR OUTHERN RE			SALEM	
PARAMETER (32-37)	• • • •	(3 Card Only) (46-53)	QUANTITY (54-6		IG	(4 Card Only) (38-45)		ITY OR CONCER	ITRATION (54-61)	T	NO.	FREQ. OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
рн	SAMPLE MEASUREMENT	*****	**	****	UNITS	6	. 4	****	7.7	UNITS		WEEKLY	
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*4	****	****	MINIM	******	*****	9.0 MUMIKAM			VEEKLY	
PH 00400 7 0	SAMPLE MEASUREMENT	*****	**	****	****	7 REPO	. 0 Dm	*****	8.1 REPORT	]		WEEKLY WEEKLY	
INTAKE FROM STREAM FLOW, IN CONDUIT OR	PERMIT REQUIREMENT SAMPLE MEASUREMENT	477.2	5	47.9	***	MINIM	JM	****	MAXIMUM *****	31	0	CONTIN	
THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	PERMIT	REPORT MNTH AVG		PORT	MGD	****	**	*****	*****	***		DOUS CONTIN COUS	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	****	***************************************	****		***	**	NODI	NODI		01	NODI	NODI
50060 R 1 SEE COMMENTS BELOW CHLORINE, TOTAL	PERMIT REQUIREMENT	*****	**	****	****	****	M	.3 NTH AVG < 0.1	DLY MAX < 0.1	4		CHREE/ WEEK THREE/	
RESIDUAL 50060 8 1	SAMPLE MEASUREMENT PERMIT	*****	* 1	4444	***	****		REPORT		MG/L	1	WEEK CHREE	
SEE COMMENTS BELOW CHLORINE, TOTAL RESIDUAL	PERMIT REQUIREMENT SAMPLE MEASUREMENT	*****	* *	****	***	***	******	NTH AVG NODI	DLY MAX NODI	-	*******	NODI	NODI
50060 T 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	**	****	****	****		REPORT	.2 DLY MAX	MG/L		THREE/ WEEK	GRAB
	SAMPLE MEASUREMENT												
NAME/TITLE PRINCIPAL EXECUTIVE OF	PERMIT REQUIREMENT FICER I CERTIF	YNYDER PENALIY.	OF LAW THA	T I HAVE	PERSONA	LLY EXAMINED		<del>~</del> /		TELEP	HONE		DATE
JOSEPH J. HAGAN G.M Salem Operati	ons Ni Ficant	Y UNDER PENALTY ( AMILIAR WITH THE QUIRY OF THOSE II G THE INFORMATIO ACCURATE AND CO PENALTIES FOR SI IBILITY OF FINE / 1319. (Penalties and/or maximum ii	NDTVIDUALS N I BELIE MPLETE I JBMITTING	IMMEDIA VE THE S AM AWARE FALSE IN	THEY RESI	PONSIBLE FOR INFORMATION ERE ARE SIG- INCLUDING		M		09 935	5-60	000 94	05 18
TYPED OR PRINTED	335 uSC §	1319. (Penalties and/or maximum i	s under the	nese stat	utes may	include fines onths and 5 year	up to	AUTHORIZED	F PRINCIPAL AGENT C	REA ODE N	UMBER	YEAR	MO DAY

PARAMETER 50060 LOCATIONS: "R" = SWS DSCHG (NO CWS FLOW) 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. 8 OF 17 EPA Form 3320-1 (Rev. 9-88) Previous editions may be used. LABS: 17327 08153 82888

"T" = CWS DSCHG

"S" = SWS DSCHG (NORMAL COND)

DEDMI	TTEE	NAME	/ADDRESS	

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

485A

DAY

30

NAME PSE&G	DISCHARG (2-16)
ADDRESS P.O. BOX 236/N21	NJ00056
HANCOCKS BRIDGE, NJ 08038	PERMIT NUM

BER DISCHARGE NUMBER MONITORING PERIOD YEAR MO DAY YEAR MO FROM 01 94 94 04 04 (20-21)(22-23)(24-25) (24-27)/20-20)/70-71)

NON-CONTACT COOLING WATER MAJOR SALEM SOUTHERN REGION

LOCATION LOWER ALLOWAYS CREEK, NJ 08038

FACILITY PSE&G SALEM GENERATING STATION

DMR NUMBER: NJ0005622			(20-21)(2	22-23)(24	-25) (26-27)(28	8-29)(30-31)						
PARAMETED	• • • •	(3 Card Only) Q (46-53)	UANTITY OR LOADIN	IG	(4 Card Oply) (38-45)	QUALITY OR CONCER	ITRATION (54-61)		Ñô.	FREQ.	CAMI	DI F
PARAMETER (32-37)	• •	UNITS		UNITS				UNITS	ξ <u>β</u> 2	FREQ. OF ANALYSIS (64-68)	SAME TYE	γĒ΄ 70)
PH	SAMPLE MEASUREMENT	*****	*****		6.5	****	7.7		O	VEEKLY	GRAI	В
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PH	SAMPLE MEASUREMENT	****	****		7.0	***************************************	8.1		OV	VEEKLY	GRAI	B
00400 7 0 Intake from Stream	PERMIT REQUIREMENT	****	*****	****	REPORT MINIMUM		REPORT MAXIMUM	នប		VEEKLY	GRAI	3
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	476.0	536.3		****	****	****			CONTIN JOUS		
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MNTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	****	100000000000000000000000000000000000000	CONTIN JOUS		
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	****	****		****	NODI	NODI		10	MODI	NOD	[
50060 R 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	C. BVA HTMM	.5 DLY MAX	MG/L		Three/ Veek		
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	****	* *****		****	< 0.1	< 0.1			THREE/ VEEK		
50060 S 1 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MNTH AVG	DLY MAX	MG/L		CHREE/ Veek	GRAI	8
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	****	*****		****	NODI	NODI		01	IDON	NOD	1
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	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED  JOSEPH J. HAGAN  G.M Salem Operations  INTERIOR OF PRINTED  ON MY INCUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR CONTRACTION IS BELIEVE THE SUBMITTED INFORMATION IS TRUE. ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. INCLUDING INFORMATION INCLUDING INFORMATION INCLUDING INFORMATION INCLUDING INCLUDING INFORMATION INCLUDING INFORMATION INCLUDING INCL								TELE	PHONE		DATE	
JOSEPH J. HAGAN G.M Salem Operatio	ON MY INC OBTAINING IS TRUE NIFICANT	QUIRY OF THOSE IN G THE INFORMATION ACCURATE AND COM PENALTIES FOR SU	DIVIDUALS IMMEDIA I BELIEVE THE S PLETE I AM AWARE BMITTING FALSE IN	TELY RES SUBMITTED THAT TH NEORMATIO	PONSIBLE FOR INFORMATION ERE ARE SIG-	THE STATE OF THE S	1	93	5-60	94	05	1
TYPED OR PRINTED \$10,0		1319. (Penalties and/or maximum im	under these states of between the control of the co	SEE 18 U tutes may tween 6 m	include fines up onths and 5 years	to EKECUTIVE C AUTHORIZED	OF PRINCIPAL A	REA ODE I	NUMBER	YEAR	МО	DAY

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

NJ0005622 486A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD YEAR MO DAY YEAR MO DAY 94 01 04 30 04 94

NON-CONTACT COOLING WATER MAJOR SALEM SOUTHERN REGION

FROM LOCATION LOWER ALLOWAYS CREEK, NJ 08038 SOUTHERN REGION (20-21)(22-23)(24-25) (26-27)(28-29)(30-31) DMR NUMBER: NJ0005622 QUALITY OR CONCENTRATION (54-61) (3 Card Only) QUANTITY OR LOADING (4 Card Oply) NO. FREQ. OF (62 ANALYSIS (64-68) SAMPLE PARAMETER (32-37) (69-70) UNITS UNITS PH 7.7 OWEEKLYGRAB \*\*\*\* \*\*\*\* 6.9 \*\*\*\* SAMPLE MEASUREMENT 00400 1 0 9.0 SU WEEKLYGRAB 6...6 PERMIT REQUIREMENT EFFLUENT GROSS VALUE MEDINEMUM MAXIMUM PH \*\*\*\*\* \*\*\*\*\* 8.1 OWEEKLYGRAB 7.0 \*\*\*\* SAMPLE MEASUREMENT 00400 7 0 REPORT REPORT WEEKLYGRAB PERMIT REQUIREMENT INTAKE FROM STREAM MINIMUM MAXIMUM \*\*\*\*\* FLOW, IN CONDUIT OR 513.2 553.5 OCONTIN SAMPLE MEASUREMENT THRU TREATMENT PLANT tous 50050 1 0 REPORT REPORT CONTIN PERMIT REQUIREMENT EFFLUENT GROSS VALUE MNTH AVG \*\*\* uous DLY MAX MGD \*\*\*\*\* \*\*\*\*\* CHLORINE, TOTAL \*\*\*\* NODI NODI ONODI NODI SAMPLE MEASUREMENT RESIDUAL 50060 R 1 \*\*\*\*\* \*\*\*\*\* THREE/GRAB \*\*\*\*\* . 3 .5 MG/L PERMIT REQUIREMENT SEE COMMENTS BELOW WEEK \*\*\* MNTH AVG DLY MAX CHLORINE, TOTAL \*\*\*\*\* OTHREE/GRAB \*\*\*\* \*\*\*\* < 0.1< 0.1 SAMPLE MEASUREMENT RESIDUAL WEEK 50060 8 1 \*\*\*\*\* THREE/GRAB \*\*\*\*\* REPORT .2 MG/L PERMIT REQUIREMENT SEE COMMENTS BELOW WEEK MNTH AVG DLY MAX CHLORINE, TOTAL ONODI NODI NODI NODI NODI SAMPLE MEASUREMENT RESIDUAL 50060 T 1 \*\*\*\*\* \*\*\* REPORT REPORT .2 MG/L THREE/GRAB PERMIT REQUIREMENT WEEK SEE COMMENTS BELOW \*\*\* MINIMUM MNTH AVG DLY MAX SAMPLE PERMIT REQUIREMENT 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 INFORMATION IN NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I TELEPHONE DATE JOSEPH J. HAGAN G.M. - Salem Operations 05 18 609.935-6000 94 TYPED OR PRINTED NUMBER YEAR MO DAY

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

PAGE 10 OF 17'

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 OBTAINING THE INFORMATION IS ELIZED INFORMATION INFORMATION OF THE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING INFORMATION INFORMATION INFORMATION OF THE AND IMPRISONMENT. SEE 18 USC \$ 1001 AND 140 AND 1

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

SUSPENDED

00530 7 1

INTAKE FROM STREAM

JOSEPH J. HAGAN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I

G.M. - Salem Operations

TYPED OR PRINTED

SAMPLE MEASUREMENT

PERMIT REQUIREMENT

LABS: 17327 08153 82888

REPORT

MNTH AVG

REPORT MG/L

TELEPHONE

609, 935-6000| 94|

NUMBER

DLY MAX

PAGE 11 OF 17

annualcompob

YEAR

DATE

MO

05 18

PERMITTEE NAME/ADDRESS			NATION	NAL POLLU	TANT DISC	HARGE EL	MINATION	N SYSTEM (NPDE (DMR) (17-19)	S)						
IAME PSE&G		<del></del>													+
DRESS P.O. BOX 236/N21			_	NJ0005622				187A						-	
HANCOCKS BRIDGE, NJ 08038			_ L	PERMI	T NUMBER			CHARGE NUMBER							•
<del> </del>			_	<u> </u>		ONITORING				DRM H20 D	SCHG.	DSI			^
FACILITY PSE&G SALEM GENERATING STATION			– FRO	YEAR		AY TO	YEAR	MO DAY	MAJ				SALE	M,	
OCATION LOWER ALLOWAYS	CREEK, N	<u> </u>	_	94		1   1	94	04 30	SOU	JTHERN RE	GION				
DMR NUMBER:NJ0005622					22-23)(24			28-29)(30-31)						<del>,</del>	
	• •	(3 Card Only)	QUANTITY (54.	OR LOADI	NG	(4 Card	-նելոյ	QUALITY OR C	ONCENTR	RATION (54-61)		NO.	FREQ.		
PARAMETER (32-37)			, <u>, , , , , , , , , , , , , , , , , , </u>		Τ ,	<del> </del>		T			T	<b>₩</b>	FREQ. OF ANALYSIS (64-68)	SAN	MPLE YPE -70)
					UNITS	ļ					UNITS				
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EFFLUENT GROSS VALUE	REGUTRÉMENT				****			MNTH I	NVG	DLY MAX					
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IR,CC14 EXT. CHROMAT	SAMPLE MEASUREMENT										]				
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INTAKE FROM STREAM	PERMIT REQUIREMENT				****			MNTH 2		DLY MAX	*				
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THRU TREATMENT PLANT	SAMPLE MEASUREMENT														************
50050 1 1	PERMIT	REPORT		EPORT		*		* ***		****	****		AUNUA	icai	.CTE
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EPA Form 3320-1 (Rev. 9-88) Previous editions may be used.

PERMIT REQUIREMENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JOSEPH J. HAGAN

G.M. - Salem Operations

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN: AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION IS BELIEVE THE SUBMITTED INFORMATION IN THE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. INCLUDING INFORMATION IN THE ACCURATE AND IMPRISONMENT. SEE 18 USC \$ 1001 AND IMPRISONMENT.

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INTAKE FROM STREAM

REPORT

MNTH AVG

annualcompos

94

YEAR! MO DAY

DATE

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Report Mg/L

TELEPHONE

609, 935-6000

NUMBER

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JOSEPH J. HAGAN

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TELEPHONE DATE 94 05 609. 935-6000l 18 NUMBER MO DAY YEAR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I JOSEPH J. HAGAN

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SAMPLE MEASUREMENT

PERMIT REQUIREMENT