

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.

REPORTING PERIOD

0 | 0 | 0 | 5 | 6 | 2 | 2

MO. YR.

MO. YR.

0 | 5 | 9 | 5 THRU

0 | 5 | 9 | 5

PERMITTEE: Name Public Service Electric and Gas Company

Address P.O. Box 236

Hancock's Bridge, NJ 08038

FACILITY: Name Salem Nuclear 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) VMX-016 VMX-017

NPDES DISCHARGE MONITORING REPORT

12 EPA FORM 3320-1

OPERATING EXCEPTIONS

YES NO

DYE TESTING	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TEMPORARY BYPASSING	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DISINFECTION INTERRUPTION	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MONITORING MALFUNCTIONS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
UNITS OUT OF OPERATION	<input type="checkbox"/>	<input checked="" type="checkbox"/>
OTHER	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(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)* Robert M. Allen

Grade & Registry No. N-2 N-0965

Signature *Robert M. Allen*

Date 06/16/95

PRINCIPAL EXECUTIVE OFFICER or
DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* John C. Summers

Title *(Printed)* G.M. Salem Operations

Signature *John C. Summers*

Date ~~06/18/95~~ 06/20/95

9506280235 950620
 PDR ADDCK 05000272
 PDR

DSN-487B - There were no discharges from this monitoring point during
the reporting period.

HOURS ATTENDED AT PLANT

Month 05 Year 95

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	0	0	8	8	8	8	8	0	0	8	8
Others	4	4	4	4	4	0	0	4	4	4	4	4	0	0	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	0	0	8	8	8	8	8	0	0	0	8	8	
Others	4	4	4	0	0	4	4	4	4	4	0	0	0	4	4	

PERMITTEE NAME/ADDRESS

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)

MAJOR

NJ0005622			FACA				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	95	05	01		95	05	31
	(20-21)(22-23)(24-25)				(26-27)(28-29)(30-31)		

FACILITY **PSE&G SALEM GENERATING STATION**
 LOCATION **LOWER ALLOWAYS CREEK, NJ 08038**
 DMR NUMBER: **NJ0005622 FACA 051995**

THERMAL DSCHG FOR DSN 481-483
SOUTHERN REGION / SALEM

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			UNITS	NO. EX. (62-65)	FREQ. OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		*****	*****	UNITS	*****	*****	*****				
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	19.7	24.8	DEG. C	0	CONTINUOUS	CONTINUOUS
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT Mnth Avg	46.1 Dly Max	DEG. C		CONTINUOUS	CONTINUOUS
TEMPERATURE, WATER DEG. CENTIGRADE 00010 2 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.8	8.7	DEG. C	0	CONTINUOUS	CALCULATED
EFFLUENT NET VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT Mnth Avg	15.3 Dly Max	DEG. C		CONTINUOUS	CALCULATED
TEMPERATURE, WATER DEG. CENTIGRADE 00010 7 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	17.9	21.3	DEG. C	0	CONTINUOUS	CONTINUOUS
INTAKE FROM STREAM	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT Mnth Avg	REPORT Dly Max	DEG. C		CONTINUOUS	CONTINUOUS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOHN C. SUMMERS
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 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.)

John C. Summers
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE
609, 935-6000	95 06 20
AREA CODE	NUMBER
	YEAR MO DAY

EFFLUENT TEMP IS 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.

PERMITTEE NAME/ADDRESS

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)


MAJOR

NJ0005622		FACB					
PERMIT NUMBER		DISCHARGE NUMBER					
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	95	05	01		95	05	31
(20-21)(22-23)(24-25)				(26-27)(28-29)(30-31)			

FACILITY **PSE&G SALEM GENERATING STATION**
 LOCATION **LOWER ALLOWAYS CREEK, NJ 08038**
 DMR NUMBER: **NJ0005622 FACB 051995**

THERMAL DSCHG FOR DSN 484-486
SOUTHERN REGION / SALEM

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)	FREQ. OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		*****	*****	UNITS	*****	*****	UNITS	*****	*****	*****			
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	25.9	30.3	DEG. C	0	CONTIN	CONTIN	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT Mnth Avg	46.1 Dly Max	DEG. C	0	CONTIN	CONTIN	
TEMPERATURE, WATER DEG. CENTIGRADE 00010 2 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.0	10.2	DEG. C	0	CONTIN	CONTIN	
EFFLUENT NET VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT Mnth Avg	15.3 Dly Max	DEG. C	0	CONTIN	CONTIN	
TEMPERATURE, WATER DEG. CENTIGRADE 00010 7 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	17.9	21.3	DEG. C	0	CONTIN	CONTIN	
INTAKE FROM STREAM	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT Mnth Avg	REPORT Dly Max	DEG. C	0	CONTIN	CONTIN	
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER JOHN C. SUMMERS G.M. - SALEM OPERATIONS	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.)		TELEPHONE		DATE		
			609 935-6000	95	06	20	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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.
 EPA Form 3320-1 (Rev. 9-88) Previous editions may be used. LABS: 17327 08153 82888 PAGE 1 OF 1

PERMITTEE NAME/ADDRESS

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)

THERMAL DSCHG FOR DSN 481-486

NJ0005622			FACC				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	95	05	01		95	05	31
	(20-21)(22-23)(24-25)				(26-27)(28-29)(30-31)		

MAJOR **SALEM**
 SOUTHERN REGION

FACILITY **PSE&G SALEM GENERATING STATION**
 LOCATION **LOWER ALLOWAYS CREEK, NJ 08038**
 DMR NUMBER: **NJ0005622 FACC 051995**

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)		UNITS	(4 Card Only) QUALITY OR CONCENTRATION (46-53)			UNITS	NO. EX. (62-65)	FREQ. OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		REPORT Mnth Avg	30600 Dly Max		*****	*****	*****				
THERMAL DISCHARGE MILLION BTUS PER HR. 00015 2 0	SAMPLE MEASUREMENT	7660	12736	MBTU/HR	*****	*****	*****	****	0	CONTINUAL	CALCTD
	PERMIT REQUIREMENT	REPORT Mnth Avg	30600 Dly Max		*****	*****	*****				
EFFLUENT NET VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 7 0	SAMPLE MEASUREMENT	2460	2749	MGD	*****	*****	*****	****	0	DAILY	CALCTD
	PERMIT REQUIREMENT	REPORT Mnth Avg	3024 Dly Max		*****	*****	*****				
INTAKE FROM STREAM	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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
JOHN C. SUMMERS
G.M. - SALEM OPERATIONS
 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
609 935-6000		95	06	20
AREA CODE	NUMBER	YEAR	MO	DAY

PERMITTEE NAME/ADDRESS

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)

MAJOR

NJ0005622 **048C**
 PERMIT NUMBER DISCHARGE NUMBER

FACILITY **PSE&G SALEM GENERATING STATION**
 LOCATION **LOWER ALLOWAYS CREEK, NJ 08038**
 DMR NUMBER: **NJ0005622 048C 051995**

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
95 05 01 TO **95 05 31**
 (20-21)(22-23)(24-25) (26-27)(28-29)(30-31)

SOUTHERN REGION / SALEM

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)		UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53)		UNITS	NO. EX. (62-63)	FREQ. OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		QUANTITY OR LOADING	UNITS		QUALITY OR CONCENTRATION	UNITS				
SOLIDS, TOTAL SUSPENDED 00530 1 0	SAMPLE MEASUREMENT	*****	*****		*****	7	10		TWICE/MONTH	COMPOS
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30	100	MG/L	TWICE/MONTH	COMPOS
HYDROCARBONS, IN H2O, IR, CC14 EXT. CHROMAT 00551 1 0	SAMPLE MEASUREMENT	*****	*****	****	*****	< 0.5	< 0.5		TWICE/MONTH	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	10	15	MG/L	TWICE/MONTH	GRAB
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0	SAMPLE MEASUREMENT	*****	*****	****	*****	29	32		TWICE/MONTH	COMPOS
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	35	70	MG/L	TWICE/MONTH	COMPOS
CARBON, TOT ORGANIC (TOC) 00680 1 0	SAMPLE MEASUREMENT	*****	*****	****	*****	3	4		TWICE/MONTH	COMPOS
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MNTH AVG	50	MG/L	TWICE/MONTH	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0	SAMPLE MEASUREMENT	0.180	0.346		*****	*****	*****		DAILY	CALCTD
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MNTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	****	DAILY	CALCTD
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOHN C. SUMMERS
G.M. - SALEM OPERATIONS

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John C. Summers
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
609 935-6000 **95 06 20**
 AREA CODE NUMBER YEAR MO DAY

TYPED OR PRINTED

PERMITTEE NAME/ADDRESS

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)

MAJOR

NJ0005622			481A				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	95	05	01		95	05	31
	(20-21)(22-23)(24-25)				(26-27)(28-29)(30-31)		


FACILITY **PSE&G SALEM GENERATING STATION**
 LOCATION **LOWER ALLOWAYS CREEK, NJ 08038**
 DMR NUMBER: **NJ0005622 481A 051995**

SOUTHERN REGION / SALEM

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)	FREQ. OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		UNITS	UNITS	UNITS	UNITS	UNITS	UNITS			
LC50 STATRE 96HR ACU CYPRINODON TAN6A 1 0 EFFLUENT GROSS VALUE	***** *****	***** *****	***** *****	***** *****	CODE=N 50 DAILY MN	***** *****	***** *****	PERCE NT	Q TRLY	CODE=N CODE=N
PH 00400 1 0 EFFLUENT GROSS VALUE	***** *****	***** *****	***** *****	***** *****	7.1 6.0 MINIMUM	***** *****	7.6 9.0 MAXIMUM	W E E K L Y G R A B	W E E K L Y G R A B	W E E K L Y G R A B
PH 00400 7 0 INTAKE FROM STREAM	***** *****	***** *****	***** *****	***** *****	7.7 REPORT MINIMUM	***** *****	7.9 REPORT MAXIMUM	W E E K L Y G R A B	W E E K L Y G R A B	W E E K L Y G R A B
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	***** *****	***** *****	***** *****	***** *****	486.3 REPORT Mnth Avg	518.0 REPORT DLY MAX	***** *****	MGD ***** *****	D A I L Y C A L C T D	D A I L Y C A L C T D
CHLORINE, TOTAL RESIDUAL 50060 R 0 SEE COMMENTS BELOW	***** *****	***** *****	***** *****	***** *****	***** *****	NODI .3 Mnth Avg	NODI .5 DLY MAX	MG/L THREE/ WEEK	W E E K L Y G R A B	W E E K L Y G R A B
CHLORINE, TOTAL RESIDUAL 50060 S 0 SEE COMMENTS BELOW	***** *****	***** *****	***** *****	***** *****	***** *****	< 0.1 REPORT Mnth Avg	< 0.1 .2 DLY MAX	MG/L THREE/ WEEK	W E E K L Y G R A B	W E E K L Y G R A B

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOHN C. SUMMERS
G.M. - SALEM OPERATIONS
 TYPED OR PRINTED

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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE			
609 935-6000	95 06 20			
AREA CODE	NUMBER	YEAR	MO	DAY

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. LABS: 17327 08153 82888 PAGE 1 OF 1

PERMITTEE NAME/ADDRESS

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)

MAJOR

NJ0005622			482A				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	95	05	01		95	05	31
(20-21)(22-23)(24-25)			(26-27)(28-29)(30-31)				

FACILITY **PSE&G SALEM GENERATING STATION**
 LOCATION **LOWER ALLOWAYS CREEK, NJ 08038**
 DMR NUMBER: **NJ0005622 482A 051995**

SOUTHERN REGION / SALEM

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)		UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)			UNITS	NO. EX. (62-63)	FREQ. OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		QUANTITY	LOADING		MINIMUM	MAXIMUM	REPORT				
LC50 STATRE 96HR ACU CYPRINODON TAN6A 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	CODE=N	*****	*****	PERCENT		QTRLY	CODE=N
PH	SAMPLE MEASUREMENT	*****	*****		7.4	*****	7.7			WEEKLYGRAB	
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SU		WEEKLYGRAB	
PH	SAMPLE MEASUREMENT	*****	*****		7.7	*****	7.9			WEEKLYGRAB	
00400 7 0 INTAKE FROM STREAM	PERMIT REQUIREMENT	*****	*****	****	REPORT	*****	REPORT	SU		WEEKLYGRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	474.3	491.1		*****	*****	*****			DAILY CALCTD	
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		DAILY CALCTD	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	NODI	NODI			NODI NODI	
50060 R 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	.3	.5	MG/L		THREE/GRAB	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	< 0.1	< 0.1			THREE/GRAB	
50060 S 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	.2	MG/L		THREE/GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOHN C. SUMMERS
G.M. - SALEM OPERATIONS

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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
609 935-6000		95	06	20
AREA CODE	NUMBER	YEAR	MO	DAY

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.

PERMITTEE NAME/ADDRESS

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)


MAJOR

NJ0005622		483A					
PERMIT NUMBER		DISCHARGE NUMBER					
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	95	05	01		95	05	31
	(20-21)(22-23)(24-25)				(26-27)(28-29)(30-31)		

FACILITY **PSE&G SALEM GENERATING STATION**
 LOCATION **LOWER ALLOWAYS CREEK, NJ 08038**
 DMR NUMBER: **NJ0005622 483A 051995**

SOUTHERN REGION / SALEM

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)		UNITS	(4 Card Only) QUALITY OR CONCENTRATION (54-61)		UNITS	NO. EX (62-63)	FREQ. OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LC50 STATRE 96HR ACU CYPRINODON	SAMPLE MEASUREMENT	*****	*****		CODE=N	*****	*****		0	CODE=N
TAN6A 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	50 DAILY MN	*****	*****	PERCE NT	Q	TRLY
PH	SAMPLE MEASUREMENT	*****	*****		7.0	*****	7.6		0	WEEKLYGRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLYGRAB
PH	SAMPLE MEASUREMENT	*****	*****		7.7	*****	7.9		0	WEEKLYGRAB
00400 7 0 INTAKE FROM STREAM	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		WEEKLYGRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	333.4	495.4		*****	*****	*****		0	DAILY CALCTD
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT Mnth AVG	REPORT DLY MAX	MGD	*****	*****	*****	****		DAILY CALCTD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	NODI	NODI		0	NODI NODI
50060 R 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	.3 Mnth AVG	.5 DLY MAX	MG/L		THREE/GRAB WEEK
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	< 0.1	0.1		0	THREE/GRAB WEEK
50060 S 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT Mnth AVG	.2 DLY MAX	MG/L		THREE/GRAB WEEK
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER JOHN C. SUMMERS G.M. - SALEM OPERATIONS	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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			609, 935-6000	95	06	20	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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.

PERMITTEE NAME/ADDRESS

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)

MAJOR

NJ0005622			484A				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	95	05	01		95	05	31
	(20-21)(22-23)(24-25)				(26-27)(28-29)(30-31)		

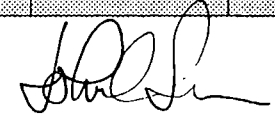
FACILITY **PSE&G SALEM GENERATING STATION**
 LOCATION **LOWER ALLOWAYS CREEK, NJ 08038**
 DMR NUMBER: **NJ0005622 484A 051995**

SOUTHERN REGION / SALEM

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)		UNITS	(4 Card Only) QUALITY OR CONCENTRATION (58-61)			UNITS	NO. EX. (62-65)	FREQ. OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		*****	*****		*****	*****	*****				
LC50 STATRE 96HR ACU CYPRINODON TAN6A 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	CODE=N	*****	*****			0	CODE=N
PH	PERMIT REQUIREMENT	*****	*****	****	50 DAILY MN	*****	*****	PERCE NT		Q	TRLY
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	7.2	*****	7.6			0	WEEKLY GRAB
PH	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU			WEEKLY GRAB
00400 7 0 INTAKE FROM STREAM	PERMIT REQUIREMENT	*****	*****	****	7.7	*****	7.9			0	WEEKLY GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	451.0	497.1		*****	*****	*****			0	DAILY CALCTD
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT Mnth AVG	REPORT DLY MAX	MGD	*****	*****	*****	****		DAILY	CALCTD
CHLORINE, TOTAL RESIDUAL	PERMIT REQUIREMENT	*****	*****	****	*****	NODI	NODI			0	NODI NODI
50060 R 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	.3 Mnth AVG	.5 DLY MAX	MG/L		0	THREE/ WEEK GRAB
CHLORINE, TOTAL RESIDUAL	PERMIT REQUIREMENT	*****	*****	****	*****	< 0.1	< 0.1			0	THREE/ WEEK GRAB
50060 S 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT Mnth AVG	.2 DLY MAX	MG/L		0	THREE/ WEEK GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOHN C. SUMMERS
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 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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
609 935-6000		95	06	20
AREA CODE	NUMBER	YEAR	MO	DAY

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. LABS: 17327 08153 82888 PAGE 1 OF 1

PERMITTEE NAME/ADDRESS

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)

MAJOR

NJ0005622 **485A**
 PERMIT NUMBER DISCHARGE NUMBER

FACILITY **PSE&G SALEM GENERATING STATION**
 LOCATION **LOWER ALLOWAYS CREEK, NJ 08038**
 DMR NUMBER: **NJ0005622 485A 051995**

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
95 05 01 TO **95 05 31**
 (20-21)(22-23)(24-25) (26-27)(28-29)(30-31)

SOUTHERN REGION / SALEM

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)	FREQ. OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		UNITS	UNITS	UNITS	UNITS	UNITS	UNITS			
LC50 STATRE 96HR ACU CYPRINODON TAN6A 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	CODE=N	*****	*****		0	CODE=N
PH	SAMPLE MEASUREMENT	*****	*****		6.6	*****	7.6		0	WEEKLY GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SU		WEEKLY GRAB
PH	SAMPLE MEASUREMENT	*****	*****		7.7	*****	7.9		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 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	411.5	448.4		*****	*****	*****		0	DAILY CALCTD
CHLORINE, TOTAL RESIDUAL 50060 R 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT Mnth Avg	REPORT Dly Max	MGD	*****	*****	*****	****		DAILY CALCTD
CHLORINE, TOTAL RESIDUAL 50060 S 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	NODI	NODI		0	NODI NODI
	PERMIT REQUIREMENT	*****	*****	****	*****	.3	.5	MG/L		THREE/GRAB WEEK
	SAMPLE MEASUREMENT	*****	*****		*****	< 0.1	< 0.1		0	THREE/GRAB WEEK
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT Mnth Avg	.2	MG/L		THREE/GRAB WEEK
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOHN C. SUMMERS
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 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 DATE
609 935-6000 **95 06 20**
 AREA CODE NUMBER YEAR MO DAY

PARAMETER 50060 LOCATIONS: "R" = SWS DSCHG (NO CWS FLOW) "S" = SWS DSCHG (NORMAL COND)
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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. LABS: 17327 08153 82888 PAGE 1 OF 1

PERMITTEE NAME/ADDRESS

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)

MAJOR

NJ0005622 **486A**
 PERMIT NUMBER DISCHARGE NUMBER

FACILITY **PSE&G SALEM GENERATING STATION**
 LOCATION **LOWER ALLOWAYS CREEK, NJ 08038**
 DMR NUMBER: **NJ0005622 486A 051995**

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	95	05	01		95	05	31

(20-21)(22-23)(24-25) (26-27)(28-29)(30-31)

SOUTHERN REGION / SALEM

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX. (62-65)	FREQ. OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		UNITS	UNITS	UNITS	UNITS	UNITS	UNITS			
LC50 STATRE 96HR ACU CYPRINODON		*****	*****		CODE=N	*****	*****		0	CODE=N
TAN6A 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	50 DAILY MN	*****	*****		Q	TRLY
PH	SAMPLE MEASUREMENT	*****	*****		7.0	*****	7.6		0	WEEKLYGRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM		SU	WEEKLYGRAB
PH	SAMPLE MEASUREMENT	*****	*****		7.7	*****	7.9		0	WEEKLYGRAB
00400 7 0 INTAKE FROM STREAM	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM		SU	WEEKLYGRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	386.1	470.8		*****	*****	*****		0	DAILY CALCTD
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT Mnth Avg	REPORT DLY MAX	MGD	*****	*****	*****	****		DAILY CALCTD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	NODI	NODI		0	NODI NODI
50060 R 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	.3 Mnth Avg	.5 DLY MAX		MG/L	THREE/GRAB WEEK
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	< 0.1	< 0.1		0	THREE/GRAB WEEK
50060 S 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT Mnth Avg	.2 DLY MAX		MG/L	THREE/GRAB WEEK
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOHN C. SUMMERS
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 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.)

John C. Summers
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **609 935-6000** DATE **95 06 20**
 AREA CODE NUMBER YEAR MO DAY

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.

PERMITTEE NAME/ADDRESS

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)

#3 OIL SKIM TANK DSN-487B

NJ0005622 **487B**
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR SALEM
 SOUTHERN REGION

FACILITY **PSE&G SALEM GENERATING STATION**
 LOCATION **LOWER ALLOWAYS CREEK, NJ 08038**

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	95	05	01		95	05	31
	(20-21)(22-23)(24-25)				(26-27)(28-29)(30-31)		

DMR NUMBER: **NJ0005622 487B 051995**

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53)			UNITS	NO. EX. (62-65)	FREQ. OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		*****	*****	UNITS	*****	*****	*****				
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0	SAMPLE MEASUREMENT	*****	*****		*****	NODI	NODI			ONODI	NODI
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT Mnth Avg	43.3 Dly Max	DEG. C		ONCE/ DISCHG	GRAB
PH	SAMPLE MEASUREMENT	*****	*****		NODI	*****	NODI			ONODI	NODI
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ DISCHG	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0	SAMPLE MEASUREMENT	*****	*****		*****	NODI	NODI			ONODI	NODI
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT Mnth Avg	100 Dly Max	MG/L		ONCE/ DISCHG	GRAB
HYDROCARBONS, IN H2O, IR, CC14 EXT. CHROMAT 00551 1 0	SAMPLE MEASUREMENT	*****	*****		*****	NODI	NODI			ONODI	NODI
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT Mnth Avg	15 Dly Max	MG/L		ONCE/ DISCHG	GRAB
CARBON, TOT ORGANIC (TOC) 00680 1 0	SAMPLE MEASUREMENT	*****	*****		*****	NODI	NODI			ONODI	NODI
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT Mnth Avg	50 Dly Max	MG/L		ONCE/ DISCHG	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0	SAMPLE MEASUREMENT	NODI	NODI		*****	*****	*****			ONODI	NODI
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT Mnth Avg	REPORT Dly Max	MGD	*****	*****	*****	****		ONCE/ DISCHG	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOHN C. SUMMERS
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 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.)

John C. Summers
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE	
609	935-6000	95	06 20
AREA CODE	NUMBER	YEAR	MO DAY

PERMITTEE NAME/ADDRESS

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)

MAJOR

NJ0005622 **489C**
 PERMIT NUMBER DISCHARGE NUMBER

FACILITY **PSE&G SALEM GENERATING STATION**
 LOCATION **LOWER ALLOWAYS CREEK, NJ 08038**
 DMR NUMBER: **NJ0005622 489C 051995**

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
95	05	01		95	05	31
(20-21)(22-23)(24-25)				(26-27)(28-29)(30-31)		

SOUTHERN REGION / SALEM

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only)	QUANTITY OR LOADING	(4 Card Only)	QUALITY OR CONCENTRATION		UNITS	NO. EX. (62-63)	FREQ. OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		(46-53)	(54-61)	(38-45)	(46-53)	(54-61)					
PH	SAMPLE MEASUREMENT	*****	*****		7.4	*****	7.4		0	ONCE/MONTH	GRAB
00400 1 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SU	0	ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****		15		0	ONCE/MONTH	GRAB
00530 1 0	PERMIT REQUIREMENT	*****	*****	****	*****		30	MG/L	0	ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE				****			MNTH AVG				
HYDROCARBONS, IN H2O, IR, CC14 EXT. CHROMAT	SAMPLE MEASUREMENT	*****	*****		*****		1		0	ONCE/MONTH	GRAB
00551 1 0	PERMIT REQUIREMENT	*****	*****	****	*****		10	MG/L	0	ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE				****			MNTH AVG				
CARBON, TOT ORGANIC (TOC)	SAMPLE MEASUREMENT	*****	*****		*****		6		0	ONCE/MONTH	GRAB
00680 1 0	PERMIT REQUIREMENT	*****	*****	****	*****		REPORT	MG/L	0	ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE				****			MNTH AVG				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.0874	0.0874		*****	*****	*****		0	ONCE/MONTH	CALCTD
50050 1 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****	0	ONCE/MONTH	CALCTD
EFFLUENT GROSS VALUE		MNTH AVG	DLY MAX	MGD				*****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOHN C. SUMMERS
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 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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **609 935-6000** DATE **95 06 20**
 AREA CODE NUMBER YEAR MO DAY

TOTAL SUSPENDED SOLIDS SHALL NOT EXCEED A 7-DAY AVERAGE OF 45 MG/L. THIS DISCHARGE IS DESIGNATED AS DSN 489 IN PERMIT