


NAME PSE&G
 ADDRESS P.O. BOX 236/N21
 HANCOCKS BRIDGE, NJ 08038

NJ0005622			489C				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	05	01		96	05	31
	(20-21)		(22-23)	(24-25)	(26-27)		(28-29) (30-31)

SOUTHERN REGION / SALEM

FACILITY PSE&G SALEM GENERATING STATION
 LOCATION LOWER ALLOWAYS CREEK, NJ 08038
 DMR NUMBER: NJ0005622 489C 051996

PARAMETER (32-37)	SAMPLE MEASUREMENT	(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)	
PH	SAMPLE MEASUREMENT	*****	*****		7.7	*****	7.7			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	*****	*****		*****		8			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	*****	*****		*****		< 0.5			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	*****	*****		*****		3			0 ONCE/MONTH	GRAB	
00680 1 0	PERMIT REQUIREMENT	*****	*****	****	*****		50	MG/L		0 ONCE/MONTH	GRAB	
EFFLUENT GROSS VALUE				****			REPORT					
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.0979	0.0979		*****		*****			0 ONCE/MONTH	CALCTD	
50050 1 0	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****		*****			0 ONCE/MONTH	CALCTD	
EFFLUENT GROSS VALUE		MNTH AVG	DLY MAX				*****					
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 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			
DAVID F. GARCHOW GEN.MGR.SALEM OPERATIONS								609 935-6000	96	08	21	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							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

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.

REPORTING PERIOD

0 0 0 5 6 2 2

MO. YR.

MO. YR.

0 5 9 6

THRU

0 5 9 6

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

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 checked="" type="checkbox"/>	<input 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) JOHN F. LEOPARDI

Grade & Registry No. M-2 0013703

Signature [Signature]

Date 08/21/96

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name (Printed) DAVID F. GARCHOW

Title (Printed) Gen. Mgr. Salem Operations

Signature [Signature]

Date 08/21/96

Reports for Facility 489C, the Oily Water Separator, are being corrected due to a flow totalization mismatch between the local totalizer and the Scada computer.

Multiple horizontal lines for data entry.

HOURS ATTENDED AT PLANT

Month 05 Year 96

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator	8	8	8	0	0	8	8	8	8	8	0	0	8	8	8	8
Others	4	4	4	0	0	4	4	4	4	4	0	0	4	4	4	4
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator	8	0	0	8	8	8	8	8	0	0	0	8	8	8	8	
Others	4	0	0	4	4	4	4	4	0	0	0	4	4	4	4	