

NAME PSE&G
 ADDRESS P.O. BOX 236/N21
HANCOCKS BRIDGE, NJ 08038
 FACILITY PSE&G SALEM GENERATING STATION
 LOCATION LOWER ALLOWAYS CREEK, NJ 08038
 DMR NUMBER: NJ0005622 489C 041996

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

NJ0005622	489C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
FROM	TO
YEAR MO DAY	YEAR MO DAY
96 04 01	96 04 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)	

MAJOR

SOUTHERN REGION / SALEM

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(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)
		*****	*****	UNITS	*****	*****	*****				
PH	SAMPLE MEASUREMENT	*****	*****		7.7	*****	7.7			0 ONCE/MONTH	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		0 ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	< 1	< 1			0 ONCE/MONTH	GRAB
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 Mnth Avg	100 Dly Max	MG/L		0 ONCE/MONTH	GRAB
HYDROCARBONS, IN H2O, IR, CC14 EXT. CHROMAT	SAMPLE MEASUREMENT	*****	*****		*****	< 0.5	< 0.5			0 ONCE/MONTH	GRAB
00551 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	10 Mnth Avg	15 Dly Max	MG/L		0 ONCE/MONTH	GRAB
CARBON, TOT ORGANIC (TOC)	SAMPLE MEASUREMENT	*****	*****		*****	9	9			0 ONCE/MONTH	GRAB
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT Mnth Avg	50 Dly Max	MG/L		0 ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.1175	0.1175		*****	*****	*****			0 ONCE/MONTH	CALCTD
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT Mnth Avg	REPORT Dly Max	MGD	*****	*****	*****	****		0 ONCE/MONTH	CALCTD
	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.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
DAVID F. GARCHOW GEN. MGR. SALEM OPERATIONS		<i>David F. Garchow</i>	609 935-6000	96 08 21
TYPED OR PRINTED			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

9608270045 960821
 PDR ADOCK 05000272
 R PDR

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.

REPORTING PERIOD

MO. YR.

MO. YR.

0 0 0 5 6 2 2

0 4 9 6

THRU

0 4 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. N-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.

HOURS ATTENDED AT PLANT

Month **04** 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	8	0	0	0	8	8	8	8	8	0	0	8	8
Others	4	4	4	4	0	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	8	8		
Others	4	4	4	0	0	4	4	4	4	4	0	0	4	4		