

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.

REPORTING PERIOD

MO. YR.

MO. YR.

0 0 0 5 6 2 2

1 0 9 7 THRU

1 0 9 7

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

9711280126 971118
PDR ADOCK 05000272
PDR

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 11/17/97

OPERATING EXCEPTIONS

YES NO

DYE TESTING ☐ ☒

TEMPORARY BYPASSING ☐ ☒

DISINFECTION INTERRUPTION ☐ ☒

MONITORING MALFUNCTIONS ☐ ☒

UNITS OUT OF OPERATION ☐ ☒

OTHER ☐ ☒

(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.

PRINCIPAL EXECUTIVE OFFICER or
DULY AUTHORIZED REPRESENTATIVE

Name (Printed) A. Christopher Bakken III

Title (Printed) Gen. Mgr. Salem Operations

Signature [Signature]

Date 11/18/97

NONE

Month 10 Year 97

[illegible]

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

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

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
97 10 01 97 10 31
 (20-21)(22-23)(24-25) (26-27)(28-29)(30-31)

THERMAL DSCHG FOR DSN 481-483
SOUTHERN REGION / SALEM

DMR NUMBER: **NJ0005622 FACA 101997**

PARAMETER (32-37)		(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							
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	17.4	20.2				0CONTINCONTIN
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	46.1	DEG.C			CONTINCONTIN
TEMPERATURE, WATER DEG. CENTIGRADE 00010 2 0 EFFLUENT NET VALUE	SAMPLE MEASUREMENT	*****	*****		*****	-0.3	-0.1				0CONTINCALCTD
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	15.3	DEG.C			CONTINCALCTD
TEMPERATURE, WATER DEG. CENTIGRADE 00010 7 0 INTAKE FROM STREAM	SAMPLE MEASUREMENT	*****	*****		*****	17.7	20.6				0CONTINCONTIN
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	DEG.C			CONTINCONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
A. CHRISTOPHER BAKKEN
GEN.MGR.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 SIG-
 NIFICANT 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 97 11 18
 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)
 (2-18) (17-19)

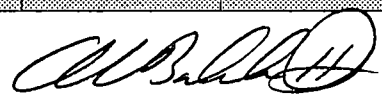
MAJOR

NJ0005622			FACB				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	97	10	01		97	10	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 101997**

THERMAL DSCHG FOR DSN 484-486
SOUTHERN REGION / SALEM

PARAMETER (32-37)	SAMPLE MEASUREMENT (38-41)	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			UNITS	NO. EX. (62-63)	FREQ. OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		*****	*****	UNITS	*****	*****	*****				
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0	SAMPLE MEASUREMENT	*****	*****		*****	23.6	29.6			0	CONTINCONTIN
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MNTH AVG	46.1 DLY MAX	DEG.C		CONTINCONTIN	
TEMPERATURE, WATER DEG. CENTIGRADE 00010 2 0	SAMPLE MEASUREMENT	*****	*****		*****	5.9	8.9			0	CONTINCONTIN
EFFLUENT NET VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MNTH AVG	15.3 DLY MAX	DEG.C		CONTINCONTIN	
TEMPERATURE, WATER DEG. CENTIGRADE 00010 7 0	SAMPLE MEASUREMENT	*****	*****		*****	17.7	20.6			0	CONTINCONTIN
INTAKE FROM STREAM	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MNTH AVG	REPORT DLY MAX	DEG.C		CONTINCONTIN	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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		
A. CHRISTOPHER BAKKEN I GEN.MGR.SALEM OPERATIONS			609, 935-6000	97	11	18
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.

PERMITTEE NAME/ADDRESS

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 048C 101997**

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

MAJOR

NJ0005622			048C				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	97	10	01		97	10	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) 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	*****	*****	*****				
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	5			0 TWICE/MONTH	COMPOS
	PERMIT REQUIREMENT	*****	*****	*****	*****	30	100	MG/L		TWICE/MONTH	COMPOS
HYDROCARBONS, IN H2O, IR, CC14 EXT. CHROMAT 00551 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 0.5	< 0.5			0 TWICE/MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	10	15	MG/L		TWICE/MONTH	GRAB
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	8	14			0 TWICE/MONTH	COMPOS
	PERMIT REQUIREMENT	*****	*****	*****	*****	35	70	MG/L		TWICE/MONTH	COMPOS
CARBON, TOT ORGANIC (TOC) 00680 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	4			0 TWICE/MONTH	COMPOS
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	50	MG/L		TWICE/MONTH	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.113	0.366		*****	*****	*****			0 DAILY	CALCTD
	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	***		DAILY	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
A. CHRISTOPHER BAKKEN
GEN.MGR. 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
97 11 18

AREA CODE
609

NUMBER
935-6000

YEAR
97

MO
11

DAY
18

PERMITTEE NAME/ADDRESS

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 481A 101997**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NJ0005622			481A				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	97	10	01		97	10	31
(20-21)(22-23)(24-25)				(26-27)(28-29)(30-31)			

MAJOR

SOUTHERN REGION / SALEM

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(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)
		QUANTITY OR LOADING	UNITS	UNITS	QUALITY OR CONCENTRATION	UNITS					
LC50 STATRE 96HR ACU CYPRINODON TAN6A 1 0 EFFLUENT GROSS VALUE PH		*****	*****	*****	CODE=N	*****	*****			0	CODE=N
		*****	*****	*****	50	*****	*****	PERCENT		OTRLY	
		*****	*****	*****	DAILY MN						
		*****	*****	*****	7.6	*****	7.8			0	WEEKLY GRAB
00400 1 0 EFFLUENT GROSS VALUE PH		*****	*****	*****	6.0	*****	9.0	SU		WEEKLY GRAB	
		*****	*****	*****	MINIMUM		MAXIMUM				
		*****	*****	*****	7.6	*****	7.9			0	WEEKLY GRAB
00400 7 0 INTAKE FROM STREAM FLOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	*****	*****	REPORT	*****	REPORT	SU		WEEKLY GRAB	
		*****	*****	*****	MINIMUM		MAXIMUM				
50050 1 0 EFFLUENT GROSS VALUE		257.2	302.4		*****	*****	*****			0	DAILY CALCTD
		REPORT	REPORT	MGD	*****	*****	*****	*****		DAILY CALCTD	
		MNTH AVG	DLY MAX								
CHLORINE, TOTAL RESIDUAL 50060 R 0 SEE COMMENTS BELOW		*****	*****	*****	*****	NODI	NODI			0	NODI
		*****	*****	*****	*****	.3	.5	MG/L		THREE/GRAB	
		*****	*****	*****	*****	MNTH AVG	DLY MAX			WEEK	
CHLORINE, TOTAL RESIDUAL 50060 S 0 SEE COMMENTS BELOW		*****	*****	*****	*****	< 0.1	< 0.1			0	THREE/GRAB
		*****	*****	*****	*****	REPORT	.2	MG/L		THREE/GRAB	
		*****	*****	*****	*****	MNTH AVG	DLY MAX			WEEK	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
A. CHRISTOPHER BAKKEN I
GEN.MGR.SALEM OPERATIONS

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
609 935-6000

DATE
97 11 18

TYPED OR PRINTED

AREA CODE
609

NUMBER
935-6000

YEAR
97

MO
11

DAY
18

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 06431 82888 77343 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
	97	10	01		97	10	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**

SOUTHERN REGION / SALEM

DMR NUMBER: **NJ0005622 482A 101997**

PARAMETER (32-37)	QUANTITY OR LOADING (46-53)	UNITS	QUALITY OR CONCENTRATION (54-61)	UNITS	NO. EX. (62-63)	FREQ. OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
LC50 STATRE 96HR ACU CYPRINODON	*****	*****	CODE=N	*****	*****	*****	0CODE=N	
TAN6A 1 0	*****	*****	50	*****	*****	*****	OTRLY	
EFFLUENT GROSS VALUE	*****	*****	DAILY MN	*****	*****	*****	NT	
PH	*****	*****	7.7	*****	*****	*****	OWEELYGRAB	
00400 1 0	*****	*****	6.0	*****	*****	*****	WEEKLYGRAB	
EFFLUENT GROSS VALUE	*****	*****	MINIMUM	*****	*****	*****	WEEKLYGRAB	
PH	*****	*****	7.6	*****	*****	*****	OWEELYGRAB	
00400 7 0	*****	*****	REPORT	*****	*****	*****	WEEKLYGRAB	
INTAKE FROM STREAM	*****	*****	MINIMUM	*****	*****	*****	WEEKLYGRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	226.2	237.3	*****	*****	*****	*****	ODAILY CALCTD	
50050 1 0	REPORT	REPORT	*****	*****	*****	*****	DAILY CALCTD	
EFFLUENT GROSS VALUE	MNTH AVG	DLY MAX	*****	*****	*****	*****	DAILY CALCTD	
CHLORINE, TOTAL	*****	*****	*****	0.1	*****	*****	OTHREE/GRAB	
RESIDUAL	*****	*****	*****	.3	*****	*****	THREE/GRAB	
50060 R 0	*****	*****	MNTH AVG	DLY MAX	*****	*****	THREE/GRAB	
SEE COMMENTS BELOW	*****	*****	< 0.1	< 0.1	*****	*****	OTHREE/GRAB	
CHLORINE, TOTAL	*****	*****	*****	.2	*****	*****	THREE/GRAB	
RESIDUAL	*****	*****	REPORT	DLY MAX	*****	*****	THREE/GRAB	
50060 S 0	*****	*****	MNTH AVG	DLY MAX	*****	*****	THREE/GRAB	
SEE COMMENTS BELOW	*****	*****	*****	*****	*****	*****	*****	
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	
A. CHRISTOPHER BAKKEN I GEN.MGR.SALEM OPERATIONS					609 935-6000		97 11 18	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				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

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 ADDRESS **P.O. BOX 236/N21**
HANCOCKS BRIDGE, NJ 08038

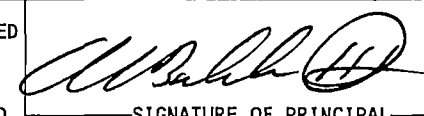
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

MAJOR

NJ0005622			483A				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	97	10	01		97	10	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 101997**

SOUTHERN REGION / SALEM

PARAMETER (32-37)		(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								UNITS
LC50 STATRE 96HR ACU CYPRINODON	SAMPLE MEASUREMENT	*****	*****		CODE=N	*****	*****				0CODE=N	
TAN6A 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	50 DAILY MN	*****	*****	PERCE NT		OTRLY		
PH	SAMPLE MEASUREMENT	*****	*****		7.3	*****	7.5			OWEEKLY	GRAB	
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB	
PH	SAMPLE MEASUREMENT	*****	*****		7.6	*****	7.9			OWEEKLY	GRAB	
00400 7 0 INTAKE FROM STREAM	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		WEEKLY	GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	16.9	18.7		*****	*****	*****			ODAILY	CALCTD	
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MNTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	****		DAILY	CALCTD	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	< 0.1	< 0.1			0THREE/ WEEK	GRAB	
50060 R 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	.3 MNTH AVG	.5 DLY MAX	MG/L		THREE/ WEEK	GRAB	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	NODI	NODI			ONODI	NODI	
50060 S 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MNTH AVG	.2 DLY MAX	MG/L		THREE/ WEEK	GRAB	
	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		
A. CHRISTOPHER BAKKEN I GEN.MGR.SALEM OPERATIONS								609, 935-6000		97	11	18
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR

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 08038NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)

MAJOR

NJ0005622

PERMIT NUMBER

484A

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
97 10 01 97 10 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 484A 101997**

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			QUALITY OR CONCENTRATION (54-61)			NO. EX (62 63)	FREQ. OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		*****	*****	UNITS	*****	*****	*****	*****	*****	*****			
LC50 STATRE 96HR ACU CYPRINODON	SAMPLE MEASUREMENT	*****	*****		CODE=N	*****	*****					0	CODE=N
TAN6A 1 0	PERMIT REQUIREMENT	*****	*****	****	50	*****	*****	PERCE				Q	TRLY
EFFLUENT GROSS VALUE				****	DAILY MN			NT					
PH	SAMPLE MEASUREMENT	*****	*****		7.6	*****	7.8					0	WEEKLYGRAB
00400 1 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SU					WEEKLYGRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM						
PH	SAMPLE MEASUREMENT	*****	*****		7.6	*****	7.9					0	WEEKLYGRAB
00400 7 0	PERMIT REQUIREMENT	*****	*****	****	REPORT	*****	REPORT	SU					WEEKLYGRAB
INTAKE FROM STREAM				****	MINIMUM		MAXIMUM						
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	414.3	479.0		*****	*****	*****					0	DAILY CALCTD
50050 1 0	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****					DAILY CALCTD
EFFLUENT GROSS VALUE		MNTH AVG	DLY MAX					***					
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	NODI	NODI					0	NODI NODI
50060 R 0	PERMIT REQUIREMENT	*****	*****	****	*****	.3	.5	MG/L					THREE/GRAB
SEE COMMENTS BELOW				****		MNTH AVG	DLY MAX						WEEK
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	< 0.1	< 0.1					0	THREE/GRAB
50060 S 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	.2	MG/L					THREE/GRAB
SEE COMMENTS BELOW				****		MNTH AVG	DLY MAX						WEEK
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

A. CHRISTOPHER BAKKEN I
GEN.MGR.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.)

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL
EXECUTIVE OFFICER OR
AUTHORIZED AGENT

TELEPHONE

DATE

609 935-6000

97 11 18

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

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

NJ0005622		485A					
PERMIT NUMBER		DISCHARGE NUMBER					
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	97	10	01		97	10	31
(20-21)(22-23)(24-25)				(26-27)(28-29)(30-31)			

SOUTHERN REGION / SALEM

DMR NUMBER: NJ0005622 485A 101997

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)
LC50 STATRE 96HR ACU CYPRINODON		*****	*****		> 100	*****	*****			QTRLY	
TAN6A 1 0	PERMIT REQUIREMENT	*****	*****	****	50	*****	*****	PERCENT		QTRLY	
EFFLUENT GROSS VALUE				****	DAILY MN						
PH	SAMPLE MEASUREMENT	*****	*****		7.6	*****	7.8			WEEKLY	GRAB
00400 1 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM				
PH	SAMPLE MEASUREMENT	*****	*****		7.6	*****	7.9			WEEKLY	GRAB
00400 7 0	PERMIT REQUIREMENT	*****	*****	****	REPORT	*****	REPORT	SU		WEEKLY	GRAB
INTAKE FROM STREAM				****	MINIMUM		MAXIMUM				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	421.3	445.1		*****	*****	*****			DAILY	CALCTD
50050 1 0	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		DAILY	CALCTD
EFFLUENT GROSS VALUE		MNTH AVG	DLY MAX					***			
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	NODI	NODI			DAILY	CALCTD
50060 R 0	PERMIT REQUIREMENT	*****	*****	****	*****	.3	.5	MG/L		THREE/	GRAB
SEE COMMENTS BELOW				****		MNTH AVG	DLY MAX			WEEK	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	< 0.1	< 0.1			THREE/	GRAB
50060 S 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	.2	MG/L		THREE/	GRAB
SEE COMMENTS BELOW				****		MNTH AVG	DLY MAX			WEEK	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
A. CHRISTOPHER BAKKEN
GEN.MGR.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
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 IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIG-
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 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

97 11 18

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.

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

NJ0005622			486A				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	97	10	01		97	10	31

FACILITY **PSE&G SALEM GENERATING STATION**LOCATION **LOWER ALLOWAYS CREEK, NJ 08038**DMR NUMBER: **NJ0005622 486A 101997**

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

SOUTHERN REGION / SALEM

PARAMETER (32-37)	(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)	(4 Card Only) (58-65)	QUALITY OR CONCENTRATION (66-73)	NO. EX. (62-65)	FREQ. OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LC50 STATRE 96HR ACU CYPRINODON TAN6A 1 0 EFFLUENT GROSS VALUE PH	*****	*****	*****	*****	*****	*****	*****
00400 1 0 EFFLUENT GROSS VALUE PH	*****	*****	*****	*****	*****	*****	*****
00400 7 0 INTAKE FROM STREAM FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****
CHLORINE, TOTAL RESIDUAL 50060 R 0 SEE COMMENTS BELOW CHLORINE, TOTAL RESIDUAL 50060 S 0 SEE COMMENTS BELOW	*****	*****	*****	*****	*****	*****	*****

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
A. CHRISTOPHER BAKKEN
GEN.MGR.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 18 USC § 1379. (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
97 11 18

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.

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				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	97	10	01		97	10	31
(20-21)(22-23)(24-25)				(26-27)(28-29)(30-31)			

MAJOR
SOUTHERN REGION

SALEM

FACILITY **PSE&G SALEM GENERATING STATION**
 LOCATION **LOWER ALLOWAYS CREEK, NJ 08038**
 DMR NUMBER: **NJ0005622 487B 101997**

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			UNITS	NO. EX (62-63)	FREQ. OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		QUANTITY OR LOADING	UNITS	QUALITY OR CONCENTRATION	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	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	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)	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	SAMPLE MEASUREMENT	NODI	NODI		*****	*****	*****			ONODI	NODI
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MNTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	****		ONCE/ DISCHG	CALC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
A. CHRISTOPHER BAKKEN
GEN.MGR.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
97 11 18

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

MONITORING PERIOD

FACILITY **PSE&G SALEM GENERATING STATION**LOCATION **LOWER ALLOWAYS CREEK, NJ 08038**DMR NUMBER: **NJ0005622 489C 101997**

FROM

YEAR MO DAY
97 10 01

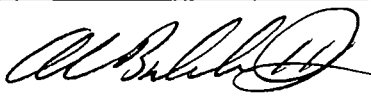
TO

YEAR MO DAY
97 10 31

(20-21)(22-23)(24-25)

(26-27)(28-29)(30-31)

SOUTHERN REGION / SALEM

PARAMETER (32-37)	SAMPLE MEASUREMENT (38-40)	(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)	
PH	SAMPLE MEASUREMENT	*****	*****		7.4	*****	7.4		00	ONCE/MONTH	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU	00	ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****		5		00	ONCE/MONTH	GRAB
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MNTH AVG	100 DLY MAX	MG/L	00	ONCE/MONTH	GRAB
HYDROCARBONS, IN H2O, IR, CC14 EXT. CHROMAT	SAMPLE MEASUREMENT	*****	*****		*****		0		00	ONCE/MONTH	GRAB
00551 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	10 MNTH AVG	15 DLY MAX	MG/L	00	ONCE/MONTH	GRAB
CARBON, TOT ORGANIC (TOC)	SAMPLE MEASUREMENT	*****	*****		*****		7		00	ONCE/MONTH	GRAB
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MNTH AVG	50 DLY MAX	MG/L	00	ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.0544	0.0544		*****	*****	*****		00	ONCE/MONTH	CALCTD
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MNTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	****	00	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.)					TELEPHONE		DATE		
A. CHRISTOPHER BAKKEN GEN.MGR.SALEM OPERATIONS							609 935-6000		97 11 18		
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