Form T-VWX-014
2/92

NEW JERSEY DEPT. OF ENVIRONMENTAL PROTECTION AND ENERGY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.	REPORTING PERIOD MO. YR.		MO. YR.
0 0 0 5 6 2 2	0 3 9 9	THRU	0 3 9 9

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	☐	☒
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.

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)* Michael J. Kubiak

Grade & Registry No. N-2 0016955

Signature Michael J. Kubiak

Date 04/21/99

PRINCIPAL EXECUTIVE OFFICER or DULY AUTHORIZED REPRESENTATIVE

Name *(Printed)* David F. Garchow

Title *(Printed)* Gen. Mgr. Salem Operations

Signature David F. Garchow

Date 04/22/99

OPERATING EXCEPTIONS DETAILED

None

HOURS ATTENDED AT PLANT

Month 0 3 Year 9 9

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

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 FACA 031999

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

MAJOR

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
NJ0005622	FACA

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	03	01	TO	99	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

THERMAL DSCHG FOR DSN 481-483
SOUTHERN REGION / SALEM

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)	(54-61)	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)
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	14.0	18.4		0	CONTINUOUS	CONTIN
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT 01MOAV	46.1 01DAMX	DEG.C		CONTINUOUS	CONTIN
TEMPERATURE, WATER DEG. CENTIGRADE 00010 2 0 EFFLUENT NET VALUE	SAMPLE MEASUREMENT	******	******		******	7.8	9.6		0	CONTINUOUS	CALCTD
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT 01MOAV	15.3 01DAMX	DEG.C		CONTINUOUS	CALCTD
TEMPERATURE, WATER DEG. CENTIGRADE 00010 7 0 INTAKE FROM STREAM	SAMPLE MEASUREMENT	******	******		******	6.2	10.1		0	CONTINUOUS	CONTIN
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		CONTINUOUS	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
DAVID F. GARCHOW
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			DATE		
AREA CODE	NUMBER		YEAR	MO	DAY
609	935-6000		99	04	22

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

FACILITY PSE&G SALEM GENERATING STATION

LOCATION LOWER ALLOWAYS CREEK, NJ 08038

DMR NUMBER: NJ0005622 FACB 031999

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

MAJOR

NJ0005622	FACB
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	03	01	TO	99	03	31

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

THERMAL DSCHG FOR DSN 484-486
SOUTHERN REGION / SALEM

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)	(54-61)	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)
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	15.4	18.0		0	CONTINUOUS	CONTIN
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT 01MOAV	46.1 01DAMX	DEG.C		CONTINUOUS	CONTIN
TEMPERATURE, WATER DEG. CENTIGRADE 00010 2 0 EFFLUENT NET VALUE	SAMPLE MEASUREMENT	******	******		******	9.2	11.2		0	CONTINUOUS	CALCTD
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT 01MOAV	15.3 01DAMX	DEG.C		CONTINUOUS	CALCTD
TEMPERATURE, WATER DEG. CENTIGRADE 00010 7 0 INTAKE FROM STREAM	SAMPLE MEASUREMENT	******	******		******	6.2	10.1		0	CONTINUOUS	CONTIN
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		CONTINUOUS	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

DAVID F. GARCHOW
GEN.MGR.SALEM OPERATIONS

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
609	935-6000	99	04	22
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 06431 46405 77343

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 FACC 031999

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
NJ0005622	FACC

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	99	03	01	TO	99	03	31

THERMAL DSCHG FOR DSN 481-486

MAJOR SALEM

SOUTHERN REGION

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)	(54-61)	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)
THERMAL DISCHARGE MILLION BTUS PER HR. 00015 2 0 EFFLUENT NET VALUE	SAMPLE MEASUREMENT	14880	17316		******	******	******		0	CONTINUOUS	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	30600 01DAMX	MBTU/HR	******	******	******	**** ***		CONTINUOUS	CALCTD
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 7 0 INTAKE FROM STREAM	SAMPLE MEASUREMENT	2740	2927		******	******	******		0	DAILY	CALCTD
	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX	MGD	******	******	******	**** ***		DAILY	CALCTD
	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

DAVID F. GARCHOW
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.)

David F. Garchow

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
609	935-6000	99	04	22

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

LABS: 17327 06431 46405 77343

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 031999

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

(2-16) NJ0005622 PERMIT NUMBER

(17-19) 048C DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	03	01	TO	99	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR

SOUTHERN REGION / SALEM

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)	(54-61)	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)
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	10	11		0	TWICE/MONTH	COMPOS
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	*****	30 01MOAV	100 01DAMX	MG/L		TWICE/MONTH	COMPOS
HYDROCARBONS,IN H20, IR,CC14 EXT. CHROMAT	SAMPLE MEASUREMENT	******	******		******	< 0.5	< 0.5		0	TWICE/MONTH	GRAB
00551 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	10 01MOAV	15 01DAMX	MG/L		TWICE/MONTH	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	******	******		******	20	21		0	TWICE/MONTH	COMPOS
00610 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	35 01MOAV	70 01DAMX	MG/L		TWICE/MONTH	COMPOS
CARBON, TOT ORGANIC (TOC)	SAMPLE MEASUREMENT	******	******		******	15	15		0	TWICE/MONTH	COMPOS
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT 01MOAV	50 01DAMX	MG/L		TWICE/MONTH	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.1393	0.2867		******	******	******		0	DAILY	CALCTD
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	******	******	**** ***		DAILY	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

DAVID F. GARCHOW
GEN.MGR.SALEM OPERATIONS

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 609, NUMBER 935-6000

DATE: YEAR 99, MO 04, DAY 22

LABS: 17327 06431 46405 77343

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 031999

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

(2-16) NJ0005622 PERMIT NUMBER

(17-19) 481A DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	03	01	TO	99	03	31

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

MAJOR

SOUTHERN REGION / SALEM

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)	(54-61)	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)
LC50 STATRE 96HR ACU CYPRINODON	SAMPLE MEASUREMENT	******	******		CODE=N	******	******		0	CODE=N	CODE=N
TAN6A 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	50 01DAMN	******	******	PERCENT		QTRLY	
PH	SAMPLE MEASUREMENT	******	******		7.3	******	7.7		0	WEEKLY	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 01RPMN	******	9.0 01RPMX	SU		WEEKLY	GRAB
PH	SAMPLE MEASUREMENT	******	******		7.4	******	8.0		0	WEEKLY	GRAB
00400 7 0 INTAKE FROM STREAM	PERMIT REQUIREMENT	******	******	**** ****	REPORT 01RPMN	******	REPORT 01RPMX	SU		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	478	516		******	******	******		0	DAILY	CALCTD
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	******	******	**** ***		DAILY	CALCTD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	NODI	NODI		0	NODI	NODI
50060 R 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	******	.3 01MOAV	.5 01DAMX	MG/L		THREE/WEEK	GRAB
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	< 0.1	< 0.1		0	THREE/WEEK	GRAB
50060 S 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT 01MOAV	.2 01DAMX	MG/L		THREE/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

DAVID F. GARCHOW
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: AREA CODE 609 NUMBER 935-6000

DATE: YEAR 99 MO 04 DAY 22

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 46405 77343

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 482A 031999

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
NJ0005622	482A

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	03	01	TO	99	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR

SOUTHERN REGION / SALEM

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)	(54-61)	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)
LC50 STATRE 96HR ACU CYPRINODON	SAMPLE MEASUREMENT	******	******		CODE=N	******	******		0	CODE=N	CODE=N
TAN6A 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**********	50 01DAMN	******	******	PERCENT		QTRLY	
PH	SAMPLE MEASUREMENT	******	******		7.5	******	7.8		0	WEEKLY	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**********	6.0 01RPMN	******	9.0 01RPMX	SU		WEEKLY	GRAB
PH	SAMPLE MEASUREMENT	******	******		7.4	******	8.0		0	WEEKLY	GRAB
00400 7 0 INTAKE FROM STREAM	PERMIT REQUIREMENT	******	******	**********	REPORT 01RPMN	******	REPORT 01RPMX	SU		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	460	490		******	******	******		0	DAILY	CALCTD
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	******	******	********		DAILY	CALCTD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	NODI	NODI		0	NODI	NODI
50060 R 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**********	******	.3 01MOAV	.5 01DAMX	MG/L		THREE/WEEK	GRAB
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	< 0.1	< 0.1		0	THREE/WEEK	GRAB
50060 S 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**********	******	REPORT 01MOAV	.2 01DAMX	MG/L		THREE/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

DAVID F. GARCHOW
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		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
609	935-6000	99	04	22

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.

LABS: 17327 06431 46405 77343

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 483A 031999

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

MAJOR

NJ0005622	483A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	03	01	TO	99	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

SOUTHERN REGION / SALEM

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)	(54-61)	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)
LC50 STATRE 96HR ACU CYPRINODON	SAMPLE MEASUREMENT	******	******		CODE=N	******	******		0	CODE=N	CODE=N
TAN6A 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	50 01DAMN	******	******	PERCENT		QTRLY	
PH	SAMPLE MEASUREMENT	******	******		7.1	******	7.8		0	WEEKLY	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 01RPMN	******	9.0 01RPMX	SU		WEEKLY	GRAB
PH	SAMPLE MEASUREMENT	******	******		7.4	******	8.0		0	WEEKLY	GRAB
00400 7 0 INTAKE FROM STREAM	PERMIT REQUIREMENT	******	******	**** ****	REPORT 01RPMN	******	REPORT 01RPMX	SU		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	480	536		******	******	******		0	DAILY	CALCTD
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	******	******	**** ***		DAILY	CALCTD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	NODI	NODI		0	NODI	NODI
50060 R 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	******	.3 01MOAV	.5 01DAMX	MG/L		THREE/WEEK	GRAB
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	< 0.1	< 0.1		0	THREE/WEEK	GRAB
50060 S 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT 01MOAV	.2 01DAMX	MG/L		THREE/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

DAVID F. GARCHOW
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		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
609	935-6000	99	04	22

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 46405 77343

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 484A 031999

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

MAJOR

NJ0005622	484A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	03	01	TO	99	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

SOUTHERN REGION / SALEM

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)	(54-61)	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)
LC50 STATRE 96HR ACU CYPRINODON	SAMPLE MEASUREMENT	******	******		CODE=N	******	******		0	CODE=N	CODE=N
TAN6A 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	50 01DAMN	******	******	PERCENT		QTRLY	
PH	SAMPLE MEASUREMENT	******	******		7.6	******	7.8		0	WEEKLY	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 01RPMN	******	9.0 01RPMX	SU		WEEKLY	GRAB
PH	SAMPLE MEASUREMENT	******	******		7.4	******	8.0		0	WEEKLY	GRAB
00400 7 0 INTAKE FROM STREAM	PERMIT REQUIREMENT	******	******	**** ****	REPORT 01RPMN	******	REPORT 01RPMX	SU		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	478	491		******	******	******		0	DAILY	CALCTD
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	******	******	**** ***		DAILY	CALCTD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	NODI	NODI		0	NODI	NODI
50060 R 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	******	.3 01MOAV	.5 01DAMX	MG/L		THREE/WEEK	GRAB
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	< 0.1	< 0.1		0	THREE/WEEK	GRAB
50060 S 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT 01MOAV	.2 01DAMX	MG/L		THREE/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

DAVID F. GARCHOW
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		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
609	935-6000	99	04	22

PARAMETER 50060 LOCATIONS: "R" = SWS DSCHG (NO CWS FLOW) "S" = SWS DSCHG (NORMAL COND)
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EPA Form 3320-1 (Rev. 9-88) Previous editions may be used.

LABS: 17327 06431 46405 77343

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 485A 031999

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
NJ0005622	485A

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	03	01	TO	99	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR

SOUTHERN REGION / SALEM

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)	(54-61)	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)
LC50 STATRE 96HR ACU CYPRINODON	SAMPLE MEASUREMENT	******	******		CODE=N	******	******		0	CODE=N	CODE=N
TAN6A 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**********	50 01DAMN	******	******	PERCENT	0	TRLY	
PH	SAMPLE MEASUREMENT	******	******		7.5	******	7.8		0	WEEKLY	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**********	6.0 01RPMN	******	9.0 01RPMX	SU		WEEKLY	GRAB
PH	SAMPLE MEASUREMENT	******	******		7.4	******	8.0		0	WEEKLY	GRAB
00400 7 0 INTAKE FROM STREAM	PERMIT REQUIREMENT	******	******	**********	REPORT 01RPMN	******	REPORT 01RPMX	SU		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	398	440		******	******	******		0	DAILY	CALCTD
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	******	******	**********		DAILY	CALCTD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	NODI	NODI		0	NODI	NODI
50060 R 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**********	******	.3 01MOAV	.5 01DAMX	MG/L		THREE/WEEK	GRAB
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	< 0.1	< 0.1		0	THREE/WEEK	GRAB
50060 S 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**********	******	REPORT 01MOAV	.2 01DAMX	MG/L		THREE/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
DAVID F. GARCHOW
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			DATE		
AREA CODE	NUMBER		YEAR	MO	DAY
609	935-6000		99	04	22

PARAMETER 50060 LOCATIONS: "R" = SWS DSCHG (NO CWS FLOW) "S" = SWS DSCHG (NORMAL COND)
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LABS: 17327 06431 46405 77343

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 486A 031999

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

MAJOR

NJ0005622	486A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	03	01	TO	99	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

SOUTHERN REGION / SALEM

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)	(54-61)	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)
LC50 STATRE 96HR ACU CYPRINODON	SAMPLE MEASUREMENT	******	******		CODE=N	******	******		0	CODE=N	CODE=N
TAN6A 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	50 01DAMN	******	******	PERCENT		QTRLY	
PH	SAMPLE MEASUREMENT	******	******		7.5	******	7.9		0	WEEKLY	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 01RPMN	******	9.0 01RPMX	SU		WEEKLY	GRAB
PH	SAMPLE MEASUREMENT	******	******		7.4	******	8.0		0	WEEKLY	GRAB
00400 7 0 INTAKE FROM STREAM	PERMIT REQUIREMENT	******	******	**** ****	REPORT 01RPMN	******	REPORT 01RPMX	SU		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	511	522		******	******	******		0	DAILY	CALCTD
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	******	******	******		DAILY	CALCTD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	NODI	NODI		0	NODI	NODI
50060 R 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	******	.3 01MOAV	.5 01DAMX	MG/L		THREE/WEEK	GRAB
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	< 0.1	< 0.1		0	THREE/WEEK	GRAB
50060 S 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT 01MOAV	.2 01DAMX	MG/L		THREE/WEEK	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

DAVID F. GARCHOW
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.)

David F. Garchow

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
609	935-6000	99	04	22

PARAMETER 50060 LOCATIONS: "R" = SWS DSCHG (NO CWS FLOW) "S" = SWS DSCHG (NORMAL COND)
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LABS: 17327 06431 46405 77343

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 487B 031999

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

(2-16)	(17-19)
NJ0005622	487B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	03	01	TO	99	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

#3 OIL SKIM TANK DSN-487B

MAJOR SALEM
SOUTHERN REGION

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)	(54-61)	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)
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	******	******		******	NODI	NODI		0	NODI	NODI
00010 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT 01MOAV	43.3 01DAMX	DEG.C	ONCE/ DISCHG		GRAB
PH	SAMPLE MEASUREMENT	******	******		NODI	******	NODI		0	NODI	NOD
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 01RPMN	******	9.0 01RPMX	SU	ONCE/ DISCHG		GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	NODI	NODI		0	NODI	NODI
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT 01MOAV	100 01DAMX	MG/L	ONCE/ DISCHG		GRAB
HYDROCARBONS,IN H20, IR,CC14 EXT. CHROMAT	SAMPLE MEASUREMENT	******	******		******	NODI	NODI		0	NODI	NODI
00551 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT 01MOAV	15 01DAMX	MG/L	ONCE/ DISCHG		GRAB
CARBON, TOT ORGANIC (TOC)	SAMPLE MEASUREMENT	******	******		******	NODI	NODI		0	NODI	NODI
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT 01MOAV	50 01DAMX	MG/L	ONCE/ DISCHG		GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NODI	NODI		******	******	******		0	NODI	NOD
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	******	******	**** *****	ONCE/ DISCHG		CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

DAVID F. GARCHOW
GEN.MGR.SALEM OPERATIONS

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
609	935-6000	99	04	22

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LABS: 17327 06431 46405 77343

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 489C 031999

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

NJ0005622	489C
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	03	01	TO	99	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR

SOUTHERN REGION / SALEM

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)	(54-61)	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)
PH	SAMPLE MEASUREMENT	******	******		8.3	******	8.3		0	ONCE/ MONTH	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 01RPMN	******	9.0 01RPMX	SU		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	5	5		0	ONCE/ MONTH	GRAB
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	30 01MOAV	100 01DAMX	MG/L		ONCE/ MONTH	GRAB
HYDROCARBONS,IN H20, IR,CC14 EXT. CHROMAT	SAMPLE MEASUREMENT	******	******		******	0	0		0	ONCE/ MONTH	GRAB
00551 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	10 01MOAV	15 01DAMX	MG/L		ONCE/ MONTH	GRAB
CARBON, TOT ORGANIC (TOC)	SAMPLE MEASUREMENT	******	******		******	3	3		0	ONCE/ MONTH	GRAB
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT 01MOAV	50 01DAMX	MG/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.0751	0.0751		******	******	******		0	ONCE/ MONTH	CALCTD
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	******	******	**** *****		ONCE/ MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE			DATE		
DAVID F. GARCHOW 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.)	David F. Garchow	609	935-6000	99	04	22
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