

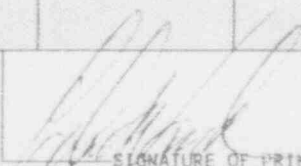
NAME **PSE&G**
ADDRESS **P.O. BOX 236/N21**
HANCOCKS BRIDGE, NJ 08038

NJ0005622 **89BA**
PERMIT NUMBER DISCHARGE NUMBER
MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
93 09 01 93 09 30
(20-21)(22-23)(24-25) (26-27)(28-29)(30-31)

#2 SKIM TANK-DSN489B IN PERMIT MAJOR SALEM SOUTHERN REGION

FACILITY **PSE&G SALEM GENERATING STATION**
LOCATION **LOWER ALLOWAYS CREEK, NJ 08038**
DMR NUMBER: **93090227**

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 (62-63)	FREQ. OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		*****	*****	UNITS	*****	*****	UNITS				
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD) 00340 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	47	47			ONCE/MONTH	GRAB
PH	SAMPLE MEASUREMENT	*****	*****		7.2	*****	7.2			ONCE/MONTH	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SU		ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	15	18			ONCE/MONTH	GRAB
HYDROCARBONS, IN H2O, IR, CC14 EXT. CHROMAT 00551 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30	100	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1	1			ONCE/MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	10	15	MG/L		ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT	0.0055	0.0055		*****	*****	*****			ONCE/MONTH	CALCTD
	PERMIT REQUIREMENT	REPORT Mnth Avg	REPORT Dly Max	MGD	*****	*****	*****	****		ONCE/MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER C. Vondra 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 37 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	DATE
TYPED OR PRINTED			609 935-6000	93 11 17

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

DISCHARGE MONITORING REPORT (DMR)
 (2-17-19)

NJ0005 2
 PERMIT NUMBER

89BA
 DISCHARGE NUMBER

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

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
93 09 01 TO 93 09 30
 (20-21)(22-23)(24-25) (26-27)(28-29)(30-31)

#2 SKIM TANK-DSN489B IN PERMIT
 MAJOR SALEM
 SOUTHERN REGION

DMR NUMBER: 93090227

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Op(y) (46-53) QUANTITY OR LOADING (54-61)		UNITS	(4 Card Op(y) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)		UNITS	NO. EX. (62-63)	FREQ. OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		QUANTITY OR LOADING	UNITS		QUALITY OR CONCENTRATION	UNITS				
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD) 00340 1 0	SAMPLE MEASUREMENT	*****	*****			47	47			ONCE/MONTH GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	****	REPORT Mnth Avg	100 Dly Max	MG/L		ONCE/MONTH GRAB
PH	SAMPLE MEASUREMENT	*****	*****			7.2	7.2			ONCE/MONTH GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	****	6.0 MINIMUM	9.0 MAXIMUM	SU		ONCE/MONTH GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0	SAMPLE MEASUREMENT	*****	*****			15	18			ONCE/MONTH GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	****	30 Mnth Avg	100 Dly Max	MG/L		ONCE/MONTH GRAB
HYDROCARBONS, IN H2O, IR, CC14 EXT. CHROMAT 00551 1 0	SAMPLE MEASUREMENT	*****	*****			1	1			ONCE/MONTH GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	****	10 Mnth Avg	15 Dly Max	MG/L		ONCE/MONTH 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/MONTH CALCTD
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
C. Vondra
G.M. - Salem Operations
 TYPED OR PRINTED

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[Signature]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 609 935-6000
 DATE: 93 10 14
 AREA CODE: 609 NUMBER: 935-6000 YEAR: 93 MO: 10 DAY: 14