

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					
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	98	08	01		98	08	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 FACA 081998**

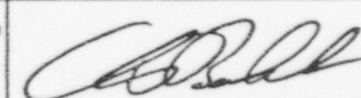
THERMAL DSCHG FOR DSN 481-483
SOUTHERN REGION / SALEM

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX. (62-63)	FREQ. OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		UNITS	UNITS	UNITS	UNITS	UNITS	UNITS			
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0	SAMPLE MEASUREMENT	*****	*****		*****	35.3	37.1		0	CONTINCONTIN
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 01MOAV	46.1 01DAMX	DEG.C	0	CONTINCONTIN
TEMPERATURE, WATER DEG. CENTIGRADE 00010 2 0	SAMPLE MEASUREMENT	*****	*****		*****	7.9	9.4		0	CONTINCALCTD
EFFLUENT NET VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C	0	CONTINCALCTD
TEMPERATURE, WATER DEG. CENTIGRADE 00010 7 0	SAMPLE MEASUREMENT	*****	*****		*****	27.5	28.4		0	CONTINCONTIN
INTAKE FROM STREAM	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 01MOAV	REPORT 01DAMX	DEG.C	0	CONTINCONTIN
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

9810050134 980922
 PDR ADOCK 05000272
 R PDR

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 5 1001 AND 18 USC 5 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 98 09 22

TYPED OR PRINTED

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)
 (2-16) (17-19)

MAJOR

NJ0005622			FACB				
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	(20-21)(22-23)(24-25)				(26-27)(28-29)(30-31)		

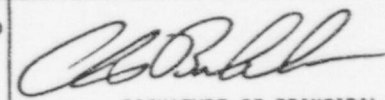
Thermal Dschg for DSN 484-486
 Southern Region / Salem

FACILITY **PSE&G SALEM GENERATING STATION**
 LOCATION **LOWER ALLOWAYS CREEK, NJ 08038**
 DMR NUMBER: **NJ0005622 FACB 081998**

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX. (62-65)	FREQ. OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		UNITS	UNITS	UNITS	UNITS	UNITS	UNITS			
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0	*****	*****	*****	*****	32.9	36.4	DEG.C	0	CONTINUOUS	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01MOAV	46.1 01DAMK	DEG.C	0	CONTINUOUS	
TEMPERATURE, WATER DEG. CENTIGRADE 00010 2 0	*****	*****	*****	*****	5.4	8.8	DEG.C	0	CALCTD	
EFFLUENT NET VALUE	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01MOAV	15.3 01DAMK	DEG.C	0	CALCTD	
TEMPERATURE, WATER DEG. CENTIGRADE 00010 7 0	*****	*****	*****	*****	27.5	28.4	DEG.C	0	CONTINUOUS	
INTAKE FROM STREAM	PERMIT REQUIREMENT	*****	*****	*****	REPORT 01MOAV	REPORT 01DAMK	DEG.C	0	CONTINUOUS	
	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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
609	935-6000	98	09	22
AREA CODE	NUMBER	YEAR	MO	DAY

TYPED OR PRINTED

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

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 081998**

NJ0005622			FACC				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	98	08	01		98	08	31
	(20-21)(22-23)(24-25)				(26-27)(28-29)(30-31)		

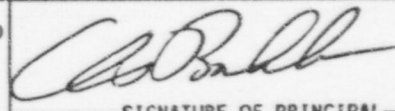
THERMAL DSCHG FOR DSN 481-486

MAJOR SALEM
SOUTHERN REGION

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)		UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45)			UNITS	NO. OF ANALYSIS (62-63)	FREQ. OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
THERMAL DISCHARGE MILLION BTUS PER HR. 00015 2 0	SAMPLE MEASUREMENT	12961	15762		*****	*****	*****			0	CONTINUALCTD
EFFLUENT NET VALUE	PERMIT REQUIREMENT	REPORT 01MOAV	30600 01DAMK	MBTU/ HR	*****	*****	*****	****	***	0	CONTINUALCTD
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 7 0	SAMPLE MEASUREMENT	2922	3018		*****	*****	*****			0	DAILY CALCTD
INTAKE FROM STREAM	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMK	MGD	*****	*****	*****	****	***	0	DAILY CALCTD
	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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE
609 935-6000	98 09 22
AREA CODE NUMBER	YEAR MO DAY

TYPED OR PRINTED

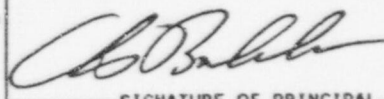
NAME **PSE&G**
 ADDRESS **P.O. BOX 236/N21**
HANCOCKS BRIDGE, NJ 08038

NJ0005622			048C				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	98	08	01		98	08	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 048C 081998**

SOUTHERN REGION / SALEM

PARAMETER (32-37)		(3 Ccd Only) (46-53) QUANTITY OR LOADING (54-61)		UNITS	(4 Ccd Only) (38-45) QUALITY OR CONCENTRATION (54-61)		UNITS	NO. EX (62-63)	FREQ. OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	8	10		TWICE/MONTH	COMPOS
00530 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	30	100		TWICE/MONTH	COMPOS
EFFLUENT GROSS VALUE						01MOAV	01DAMX	MG/L		
HYDROCARBONS, IN H2O, IR, CC14 EXT. CHROMAT	SAMPLE MEASUREMENT	*****	*****		*****	< 0.5	< 0.5		TWICE/MONTH	GRAB
00551 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	10	15		TWICE/MONTH	GRAB
EFFLUENT GROSS VALUE						01MOAV	01DAMX	MG/L		
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	27	42		TWICE/MONTH	COMPOS
00610 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	35	70		TWICE/MONTH	COMPOS
EFFLUENT GROSS VALUE						01MOAV	01DAMX	MG/L		
CARBON, TOT ORGANIC (TOC)	SAMPLE MEASUREMENT	*****	*****		*****	16	22		TWICE/MONTH	COMPOS
00680 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	50		TWICE/MONTH	COMPOS
EFFLUENT GROSS VALUE						01MOAV	01DAMX	MG/L		
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.1756	0.4492		*****	*****	*****		DAILY	CALCTD
50050 1 0	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****	DAILY	CALCTD
EFFLUENT GROSS VALUE		01MOAV	01DAMX					***		
	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 SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 23 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	98	09	22	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

NAME **FSE&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 081998**

NJ0005622			481A				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	98	08	01		98	08	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)		UNITS	(4 Card Only) QUALITY OR CONCENTRATION (54-61)			UNITS	NO. OF ANALYSES (62-65)	FREQ. OF ANALYSES (64-68)	SAMPLE TYPE (69-70)
		QUANTITY	LOADING		QUALITY	CONCENTRATION	UNITS				
LC50 STATRE 96HR ACU CYPRINODON TAN6A 1 0 EFFLUENT GROSS VALUE		*****	*****	****	CODE=N	*****	*****		0	CODE=N	CODE=N
PH		*****	*****	****	5.0	*****	*****	PERCENT		QTRLY	
00400 1 0 EFFLUENT GROSS VALUE		*****	*****	****	7.0	*****	7.6			WEEKLY	GRAB
PH		*****	*****	****	6.0	*****	9.0	SU		WEEKLY	GRAB
00400 7 0 INTAKE FROM STREAM		*****	*****	****	7.8	*****	7.9			WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	*****	****	REPORT	*****	REPORT	SU		WEEKLY	GRAB
50050 1 0 EFFLUENT GROSS VALUE		*****	*****	****	540	*****	542			DAILY	CALCTD
CHLORINE, TOTAL RESIDUAL		*****	*****	****	REPORT	*****	REPORT	SU		WEEKLY	GRAB
50060 R 0 SEE COMMENTS BELOW		*****	*****	****	01MOAV	*****	01DAMX	MGD		DAILY	CALCTD
CHLORINE, TOTAL RESIDUAL		*****	*****	****	*****	NODI	NODI			DAILY	CALCTD
50060 S 0 SEE COMMENTS BELOW		*****	*****	****	*****	.3	.5	MG/L		THREE/	GRAB
CHLORINE, TOTAL RESIDUAL		*****	*****	****	*****	< 0.1	< 0.1			WEEK	GRAB
50060 S 0 SEE COMMENTS BELOW		*****	*****	****	*****	REPORT	.2	MG/L		THREE/	GRAB
		*****	*****	****	01MOAV	01DAMX				WEEK	GRAB

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

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A. Christopher Bakken
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE			
609 935-6000	98 09 22			
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.
 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 081998**

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

NJ0005622 **482A**
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
98 08 01 98 08 31
 (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)		UNITS	(4 Card Only) QUALITY OR CONCENTRATION (54-61)			UNITS	NO. EX. (62-65)	FREQ. OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		MEASUREMENT	LOADING		MEASUREMENT	CONCENTRATION	CONCENTRATION				
LC50 STATRE 96HR ACU CYPRINODON	SAMPLE MEASUREMENT	*****	*****		CODE=N	*****	*****			0	CODE=N
TAN6A 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	50 01DAMN	*****	*****	PERCENT		Q	TRLY
PH	SAMPLE MEASUREMENT	*****	*****		6.9	*****	7.7			0	WEEKLYGRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 01RPMN	*****	9.0 01RPMX	SU			WEEKLYGRAB
PH	SAMPLE MEASUREMENT	*****	*****		7.8	*****	7.9			0	WEEKLYGRAB
00400 7 0 INTAKE FROM STREAM	PERMIT REQUIREMENT	*****	*****	****	REPORT 01RPMN	*****	REPORT 01RPMX	SU			WEEKLYGRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	486	489		*****	*****	*****			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		3	THREE/GRAB WEEK
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	< 0.1	< 0.1			0	THREE/GRAB WEEK
50060 S 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 01MOAV	.2 01DAMX	MG/L		3	THREE/GRAB WEEK
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

TYPED OR PRINTED

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(Signature)
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
609 935-6000

DATE
98 09 22

AREA CODE NUMBER YEAR MO DAY

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 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 96431 46405 77343 PAGE 1 OF

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

NJ0005622			483A				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
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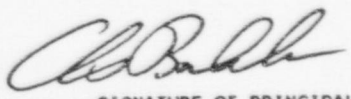
FACILITY **PSE&G SALEM GENERATING STATION**
LOCATION **LOWER ALLOWAYS CREEK, NJ 08038**
DMR NUMBER: **NJ0005622 483A 081998**

SOUTHERN REGION / SALEM

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)		UNITS	(4 Card Only) QUALITY OR CONCENTRATION (54-61)			UNITS	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	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	CODE=N	*****	*****			OCODE=N	CODE=N
		*****	*****	****	50 01DAMN	*****	*****	PERCENT		QTRLY	
00400 1 0 EFFLUENT GROSS VALUE PH	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	****	6.7	*****	7.6			OWEEKLY	GRAB
		*****	*****	****	6.0 01RPMN	*****	9.0 01RPMK	SU		WEEKLY	GRAB
00400 7 0 INTAKE FROM STREAM FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	****	542 560	*****	*****			ODAILY	CALCTD
		*****	*****	****	REPORT 01MOAV	*****	REPORT 01DAMX	MGD	****	DAILY	CALCTD
CHLORINE, TOTAL RESIDUAL 50060 R 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	****	*****	NODI	NODI			ONODI	NODI
		*****	*****	****	*****	.3 01MOAV	.5 01DAMX	MG/L		THREE/ WEEK	GRAB
CHLORINE, TOTAL RESIDUAL 50060 S 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	****	*****	< 0.1	< 0.1			OTHREE/ WEEK	GRAB
		*****	*****	****	*****	REPORT 01MOAV	.2 01DAMX	MG/L		THREE/ WEEK	GRAB
	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 SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 18 USC § 1310. (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	
509	935-6000	98	09 22
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.
EPA Form 3320-1 (Rev. 9-88) Previous editions may be used. LABS: 17327 06431 46405 77343 PAGE 1 OF

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

NJ0005622		484A					
PERMIT NUMBER		DISCHARGE NUMBER					
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	98	08	01		98	08	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 484A 081998**

SOUTHERN REGION / SALEM

PARAMETER (32-37)	SAMPLE MEASUREMENT	(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)
		*****	*****		*****	*****	*****				
LC50 STATRE 96HR ACU CYPRINODON TAN6A 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	CODE=N	*****	*****	PERCENT		QTRLY	
PH	SAMPLE MEASUREMENT	*****	*****		7.3	*****	7.6			WEEKLY GRAB	
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SU		WEEKLY GRAB	
PH	SAMPLE MEASUREMENT	*****	*****		7.8	*****	7.9			WEEKLY GRAB	
00400 7 0 INTAKE FROM STREAM	PERMIT REQUIREMENT	*****	*****	****	REPORT	*****	REPORT	SU		WEEKLY GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	528	542		*****	*****	*****			DAILY CALCTD	
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		DAILY CALCTD	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	NODI	NODI			ONODI NODI	
50060 R 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	.3	.5	MG/L		THREE/GRAB WEEK	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	< 0.1	< 0.1			THREE/GRAB WEEK	
50060 S 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	.2	MG/L		THREE/GRAB WEEK	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
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GEN.MGR.SALEM OPERATIONS

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(Signature)
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE	
609	935-6000	98	09 22
AREA CODE	NUMBER	YEAR	MO DAY

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EPA Form 3320-1 (Rev. 9-88) Previous editions may be used. LABS: 17327 06431 46405 77343 PAGE 1 OF

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

NJ0005622			485A				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	98	08	01		98	08	31
	(20-21)(22-23)(24-25)				(26-27)(28-29)(30-31)		

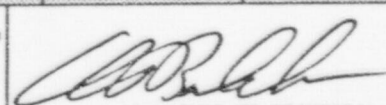
FACILITY **PSE&G SALEM GENERATING STATION**
 LOCATION **LOWER ALLOWAYS CREEK, NJ 08038**
 DMR NUMBER: **NJ0005622 485A 081998**

SOUTHERN REGION / SALEM

PARAMETER (32-37)	SAMPLE MEASUREMENT	(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)
LC50 STATRE 96HR ACU CYPRINODON		*****	*****		> 100	*****	*****			QOTrly	
TAN6A 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	50	*****	*****	PERCENT		QTrly	
PH	SAMPLE MEASUREMENT	*****	*****		7.1	*****	7.7			OWeeklyGrab	
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SU		WeeklyGrab	
PH	SAMPLE MEASUREMENT	*****	*****		7.8	*****	7.9			OWeeklyGrab	
00400 7 0 INTAKE FROM STREAM	PERMIT REQUIREMENT	*****	*****	****	REPORT	*****	REPORT	SU		WeeklyGrab	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	430	479		*****	*****	*****			ODailyCalctd	
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		DailyCalctd	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	NODI	NODI			ONODI	NODI
50060 R 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	.3	.5	MG/L		THREE/Week	Grab
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	< 0.1	< 0.1			OTHREE/Week	Grab
50060 S 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	.2	MG/L		THREE/Week	Grab
	SAMPLE MEASUREMENT					01MOAV	01DAMX				
	PERMIT REQUIREMENT										

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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 509 935-6000
 DATE
 98 09 22

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**
FANCOCKS BRIDGE, NJ 08038

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

MAJOR

NJ0005622			486A				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	98	08	01		98	08	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 486A 091998**

SOUTHERN REGION / SALEM

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(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)
		QUANTITY	LOADING		QUALITY	CONCENTRATION				
LC50 SLATRE 96HR ACU CYPRINODON TAN6A 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		CODE=N	*****	*****		OCODE=N	CODE=N
PH	PERMIT REQUIREMENT	*****	*****	****	50 01DAMN	*****	*****		PERCENT	QTRLY
00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	7.2	*****	7.7			WEEKLY GRAB
PH	PERMIT REQUIREMENT	*****	*****	****	6.0 01RPMN	*****	9.0 01RPMX	SU		WEEKLY GRAB
00400 7 0 INTAKE FROM STREAM	SAMPLE MEASUREMENT	*****	*****	****	7.8	*****	7.9			WEEKLY GRAB
PH	PERMIT REQUIREMENT	*****	*****	****	REPORT 01RPMN	*****	REPORT 01RPMX	SU		WEEKLY GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	518	534		*****	*****	*****			DAILY CALCTD
CHLORINE, TOTAL RESIDUAL 50060 R 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	****		DAILY CALCTD
CHLORINE, TOTAL RESIDUAL 50060 R 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****	****	*****	NODI	NODI			DAILY
CHLORINE, TOTAL RESIDUAL 50060 S 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	.3 01MOAV	.5 01DAMX	MG/L		THREE/GRAB WEEK
	SAMPLE MEASUREMENT	*****	*****	****	*****	< 0.1	< 0.1			THREE/GRAB WEEK
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 01MOAV	.2 01DAMX	MG/L		THREE/GRAB WEEK

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

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A. Christopher Bakken
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE	
609, 935-6000	98 09 22		
AREA CODE	NUMBER	YEAR	MO DAY

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 EPA Form 3320-1 (Rev. 9-88) Previous editions may be used. LABS: 17327 06431 46405 77343 PAGE 1 OF

PERMITTEE NAME/ADDRESS
PBE&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 081998**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
NJ0005622
 PERMIT NUMBER
487B
 DISCHARGE NUMBER
 MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
98 08 01 98 08 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)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)	(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (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	SAMPLE MEASUREMENT	*****	*****	*****	NODI	NODI			ONODI	NODI
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT 01MOAV	43.3 01DAMX	DEG.C		ONCE/DISCHG	GRAB
PH	SAMPLE MEASUREMENT	*****	*****	*****	NODI	NODI			ONODI	NODI
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 01RPMN	9.0 01RPMX	SU		ONCE/DISCHG	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0	SAMPLE MEASUREMENT	*****	*****	*****	NODI	NODI			ONODI	NODI
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT 01MOAV	100 01DAMX	MG/L		ONCE/DISCHG	GRAB
HYDROCARBONS, IN H2O, IR, CC14 EXT. CHROMAT 00551 1 0	SAMPLE MEASUREMENT	*****	*****	*****	NODI	NODI			ONODI	NODI
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT 01MOAV	15 01DAMX	MG/L		ONCE/DISCHG	GRAB
CARBON, TOT ORGANIC (TOC) 00690 1 0	SAMPLE MEASUREMENT	*****	*****	*****	NODI	NODI			ONODI	NODI
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT 01MOAV	50 01DAMX	MG/L		ONCE/DISCHG	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0	SAMPLE MEASUREMENT	NODI	NODI	*****	*****	*****			ONODI	NODI
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	****	*****	*****	MGD	*****	ONCE/DISCHG	CALCTD
	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 § 1370. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

A. Christopher Bakken
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
609 935-6000
 DATE
98 09 22
 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							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	98	08	01		98	08	31
	(20-21)(22-23)(24-25)				(26-27)(28-29)(30-31)		

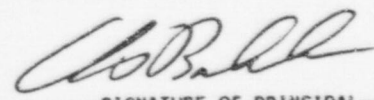
FACILITY **PSE&G SALEM GENERATING STATION**
 LOCATION **LOWER ALLOWAYS CREEK, NJ 08038**
 DMR NUMBER: **NJ0005622 489C 081998**

SOUTHERN REGION / SALEM

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(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	*****	*****		7.8	*****	7.8		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		ONCE/MONTH	GRAB
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	30 01MOAV	100 01DAMX	MG/L	ONCE/MONTH
HYDROCARBONS, IN H2O, IR, CC14 EXT. CHROMAT	SAMPLE MEASUREMENT	*****	*****		*****	*****	1	1	ONCE/MONTH	GRAB
00551 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	10 01MOAV	15 01DAMX	MG/L	ONCE/MONTH
CARBON, TOT ORGANIC (TOC)	SAMPLE MEASUREMENT	*****	*****		*****	*****	4	4	ONCE/MONTH	GRAB
00680 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT 01MOAV	50 01DAMX	MG/L	ONCE/MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.0950	0.0950		*****	*****	*****	*****	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
A. CHRISTOPHER BAKKEN
GEN.MGR.SALEM OPERATIONS

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE	
509	935-6000	98	09 22
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



MAPLEWOOD TESTING SERVICES REPORT

TO: Dave Hurka
Sr. Staff Engineer - Nuclear
PSE&G

August 25, 1998
Report No. TP98008

SUBJECT: DETERMINATION OF CIRCULATING WATER FLOW AT SALEM
GENERATING STATION - UNIT NO.2

CONDUCTED BY: Joseph Fiumara
Sr. Test Engineer, Maplewood Testing Services

PURPOSE

To determine the flow capacities of the Unit No.2 circulating water pumps.

SUMMARY

On August 18 and 19, 1998 the Mechanical Division of Maplewood Testing Services conducted a series of test runs at Salem Unit No.2 to determine the capacities of the 21A, 21B, 22A, 22B, 23A and 23B (CMS designations I, D, R, C, G and F respectively) circulating water pumps.

Final test results are shown in Table 1 and Figure 1.

DISCUSSION

Discharge pressures could not be measured at the pump due to plugged feeler lines. The total dynamic heads reported were calculated using the pressures measured at the inlet water boxes which were lower than the pump discharge pressures. The difference in pressure is a result of losses in the piping between the pumps and the waterboxes

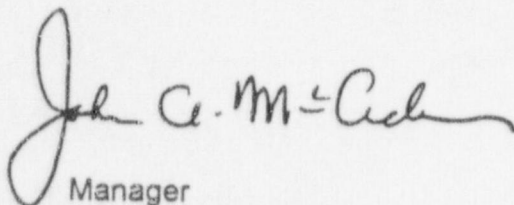
Dave Hurka
Sr. Staff Engineer - Nuclear
PSE&G

August 25, 1998
Report No. TP98008

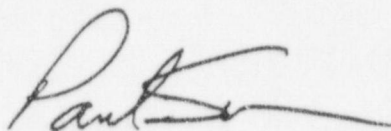
TEST METHOD

The circulating water flow rate was determined by fluorometry using MTS Mechanical Division Procedure Mech-40 "Determination of Water Flow Using The Turner Fluorometer". Rhodamine WT dye was injected into the bell mouth of each pump using ½ inch PVC pipe with a carrier flow of screen wash water at 3 gallons per minute. The dye was injected at a known rate using a peristaltic pump and a class A burette to measure rate. The diluted sample was retrieved and monitored by taking a sample from the inlet water box piping. The ratio of the injected concentration to the sampled concentration multiplied by the injection flow rate yielded the circulator flow rate.

The total dynamic head was obtained by measuring the pump suction head in feet from elevation 100 and the pump discharge head in feet of water at the water box inlet. After correcting for elevation the total dynamic head was calculated as the pump discharge head minus the pump suction head.



Manager
Mechanical Division



Senior Supervising Test Engineer
Mechanical Division

cc F. Todd
M. Welker
S. Davies

F:\MAG\TP98008\TP98008.DOC

Table 1
Salem Generating Station
Circulating Water Pump Flow Test

Maplewood Testing Services
Mechanical Division

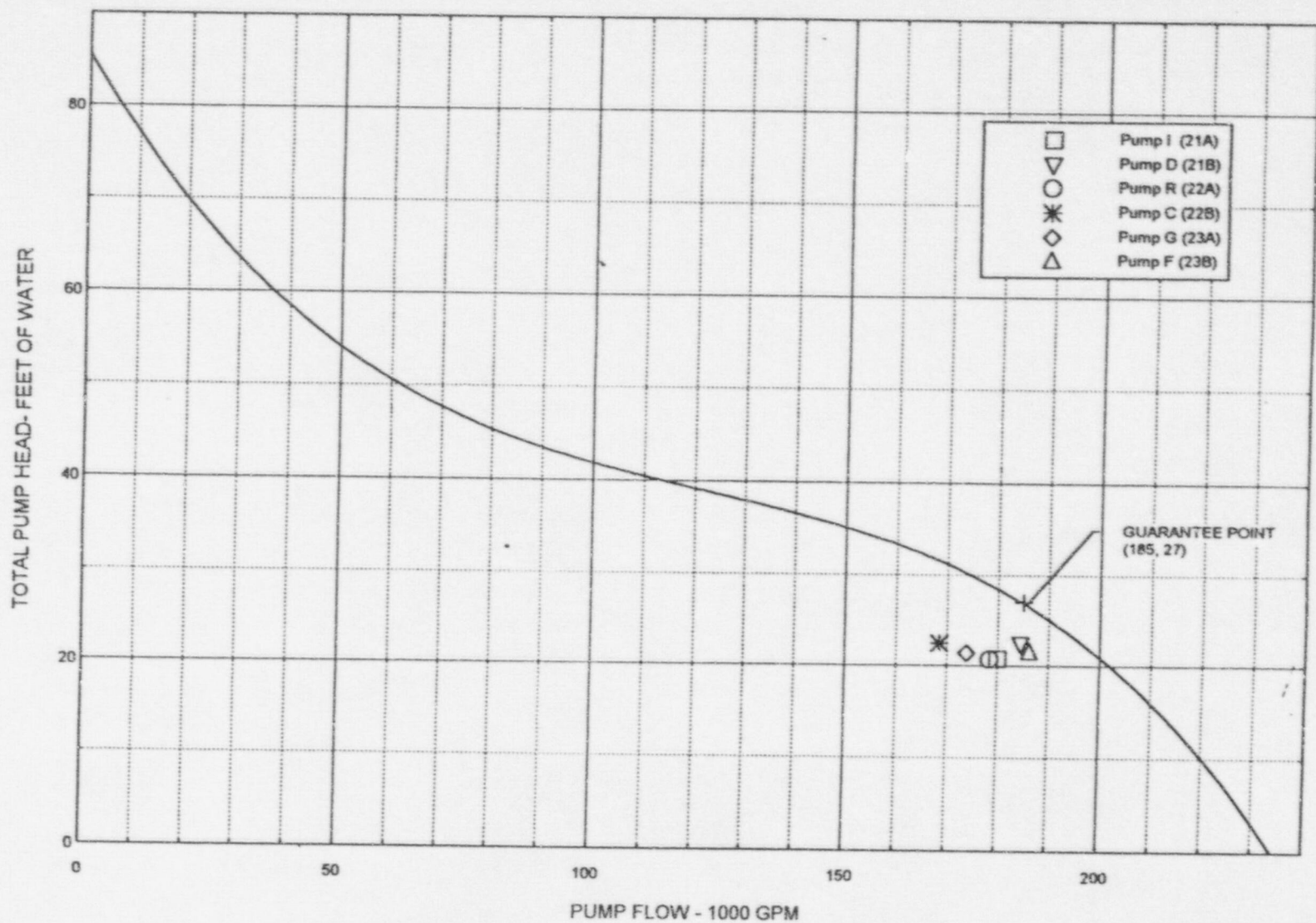
Report Number TP98008

SUMMARY OF TEST RESULTS

Pump No.	CMS Pump Desig.	Test Date	Measured Pump Capacity (gpm)	Pump Suction Head (ft h2o)	Pump Discharge Head (ft h2o)	Total Dynamic Head (ft h2o)
21A	I	08/18/98	179,960	-11.1	9.7	20.8
21B	D	08/18/98	184,402	-10.2	12.3	22.5
22A	R	08/18/98	178,396	-9.4	11.3	20.7
22B	C	08/19/98	168,428	-8.1	14.4	22.5
23A	G	08/19/98	173,808	-11.9	9.5	21.4
23B	F	08/19/98	186,146	-12.2	9.3	21.5

Note: Pump suction heads and discharge heads corrected to elevation 100'

SALEM GENERATING STATION - UNIT NO.2 TOTAL PUMP HEAD VS. CIRCULATING WATER PUMP FLOW





MAPLEWOOD TESTING SERVICES REPORT

TO: Dave Hurka
Sr. Staff Engineer - Nuclear
PSE&G

August 25, 1998
Report No. TP98008-A

SUBJECT: RECORD OF RHODAMINE WT DYE INJECTION FOR
CIRCULATING WATER FLOW TEST AT SALEM GENERATING
STATION - UNIT NO.2

CONDUCTED BY: Joseph Fiumara
Sr. Test Engineer, Maplewood Testing Services

PURPOSE

To report the date, time, amount and concentration of Rhodamine WT dye released to the river while testing at Salem Generating Station - Unit No.2.

SUMMARY

Listed in Table 1 are the data pertinent to the injection of Rhodamine WT dye at Salem Generating Station - Unit No.2.

Testing is complete at this station.

Manager
Mechanical Division

Senior Supervising Test Engineer
Mechanical Division

c F Todd
M. Welker
S. Davies

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Table 1

Salem Generating Station
Circulating Water Pump Flow Test

Maplewood Testing Services
Mechanical Division

Report No. TP98008-A

RECORD OF RHODAMINE WT INJECTION

Test Date	Pump No.	Injection Time		Pure Dye Injected (ml)	Number of Pumps in Service	Total System Flow (1000 gpm)	Effluent Concentration (ppb)
		(start)	(stop)				
08/18/98	21A	1340	1421	60.83	12	2220.0	0.18
08/18/98	21A	1623	1636	19.48	12	2220.0	0.18
08/18/98	21B	1654	1707	19.51	12	2220.0	0.18
08/18/98	22A	1725	1738	19.40	12	2220.0	0.18
08/19/98	22B	0951	0959	11.26	12	2220.0	0.15
08/19/98	22B	1025	1034	12.85	12	2220.0	0.17
08/19/98	22B	1045	1058	18.56	12	2220.0	0.17
08/19/98	23A	1323	1330	10.09	12	2220.0	0.17
08/19/98	23A	1347	1401	20.2	12	2220.0	0.17
08/19/98	23A	1540	1554	20.26	12	2220.0	0.17
08/19/98	23B	1446	1519	20.32	12	2220.0	0.17
08/18/98	13B	1421	1440	25.46	12	2220.0	0.16