

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.  
0 0 2 5 4 1 1

REPORTING PERIOD  
Mo. Yr. Mo. Yr.  
0 8 9 8 0 8 9 8

PERMITTEE: Name: Public Service Electric & Gas  
Address: P.O. Box 236  
Hancocks Bridge, N.J. 08038

FACILITY: Name: Hope Creek Generating Station  
Address: P.O. Box 236  
Hancocks Bridge, N.J. 08038  
Telephone: (609) 339-3463

FORMS ATTACHED (Indicate Quantity of Each)

Operating Exceptions

SLUDGE REPORT - SANITARY  
\_\_\_ T-VWX-007 \_\_\_ T-VWX-008 \_\_\_ T-VWX-009  
\_\_\_ EPA Form 3320-

DYE TESTING

YES NO  
\_\_\_ X

SLUDGE REPORT - INDUSTRIAL  
\_\_\_ T-VWX-010A \_\_\_ T-VWX-010B

TEMPORARY BYPASSING

\_\_\_ X

WASTEWATER REPORTS  
\_\_\_ T-VWX-011 \_\_\_ T-VWX-012 \_\_\_ T-VWX-013

DISINFECTION INTERRUPTION

\_\_\_ X

GROUNDWATER REPORTS  
\_\_\_ VWX-015(A,B) \_\_\_ VWX-016 \_\_\_ VWX-017  
\_\_\_ ELECTRONIC SUBMISSION

MONITORING MALFUNCTIONS

\_\_\_ X

UNITS OUT OF OPERATION

\_\_\_ X

OTHER

\_\_\_ X

(Detail any "Yes" on reverse side in appropriate space)

NJPDES DISCHARGE MONITORING  
5 EPA FORM 3320-1

NOTE: The "Hours Attended at Plant" on the reverse of this sheet must also be

completed.

AUTHENTICATION I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

LICENSED OPERATOR

PRINCIPAL EXECUTIVE OFFICER OR  
DULY AUTHORIZED REPRESENTATIVE

Name (Printed) Peter R. La Sala  
Grade & Registry No. N-2 (0005928)  
Signature *Peter R. La Sala*  
Date September 17, 1998

Name (Printed) Lawrence M. Wagner  
Title (Printed) Acting G.M., Hope Creek Ops.  
Signature *Lawrence M. Wagner*  
Date September 21, 1998



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.  
0025411

REPORTING PERIOD  
Mo. Yr. Mo. Yr.  
0896 0898

PERMITTEE: Name: Public Service Electric & Gas

Address: P.O. Box 236

Hancocks Bridge, N.J. 08038

FACILITY: Name: Hope Creek Generating Station

Address: P.O. Box 236

Hancocks Bridge, N.J. 08038

Telephone: (609) 939-3463

FORMS ATTACHED (Indicate Quantity of Each)

Operating Exceptions

SLUDGE REPORT - SANITARY  
\_\_\_ T-VWX-007 \_\_\_ T-VWX-008 \_\_\_ T-VWX-009  
\_\_\_ EPA Form 3320-1

SLUDGE REPORT - INDUSTRIAL  
\_\_\_ T-VWX-010A \_\_\_ T-VWX-010B

WASTEWATER REPORTS  
\_\_\_ T-VWX-011 \_\_\_ T-VWX-012 \_\_\_ T-VWX-013

GROUNDWATER REPORTS  
\_\_\_ VWX-015(A,B) \_\_\_ VWX-016 \_\_\_ VWX-017  
\_\_\_ ELECTRONIC SUBMISSION

NJPDES DISCHARGE MONITORING  
5 EPA FORM 3320-1

	YES	NO
DYE TESTING	-	<u>X</u>
TEMPORARY BYPASSING	-	<u>X</u>
DISINFECTION INTERRUPTION	-	<u>X</u>
MONITORING MALFUNCTIONS	-	<u>X</u>
UNITS OUT OF OPERATION	<u>X</u>	-
OTHER	<u>X</u>	-

(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 this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

LICENSED OPERATOR

PRINCIPAL EXECUTIVE OFFICER OR  
DULY AUTHORIZED REPRESENTATIVE

Name (Printed) Andres Nurk

Name (Printed) Lawrence M. Wagner

Grade & Registry No. S-4 (0006979)

Title (Printed) Acting S.M. Hope Creek Ops.

Signature Andres Nurk

Signature [Signature]

Date September 8, 1998

Date September 24, 1998



OPERATING EXCEPTIONS DETAILED

# 2 Filter off line, needs influent valve replaced.

"A" Clarifier off line due to good sludge settling rate.

HOURS ATTENDED AT PLANT

Month 08 Year 98

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Licensed Operator		4							4	8	8	8	8	8		4
Others	4		8	8	8	8	8	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	8	8	4		8	8	8	8	8		4	8	
Others							4						4			

LABS:

17451 77343 06431 46405

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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

Form Approved. BOMB No. 820004

Approval expires 05-31-98

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

NJ0025411 461A PERMIT NUMBER DISCHARGE NUMBER

FACILITY PSE&S HOPE CREEK GENERATING ST LOCATION LOWER ALLOWAYS CREE, NJ 08038 DMR NUMBER: NJ0025411 461A 081993

MONITORING PERIOD table with columns YEAR, MO, DAY FROM 98 08 02 TO 98 08 31

SOUTHERN REGION / SALEM

NOTE: Read instructions before completing this form.

Main data table with columns PARAMETER, QUANTITY OR LOADING, QUANTITY OR CONCENTRATION, NO. EX, FREQUENCY OF ANALYSIS, SAMPLE TYPE. Rows include PH, EFFLUENT GROSS VALUE, FLOW, CHLORINE PRODUCED, etc.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Lawrence M. Wagner Acting General Manager Hope Creek Operations

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN...

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 609 339-3671 98 09 21

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



LABS

17451 77343 06431 46405

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME PSE&G
ADDRESS P.O. BOX 235/R21
HAWCOCKS BRIDGE, NJ 08034

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

1J0025411
PERMIT NUMBER

461A
DISCHARGE NUMBER

CREATED: 07/06/98
Form Approved.
OMB No. 4040-004
Approval expires 05-31-98

FACILITY PSE&G HOPE CREEK GENERATING ST
LOCATION LOWER ALLOWAYS CREE, NJ 08038
DMR NUMBERS: 1J0025411 461A 081995

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
FROM 98 08 01 TO 98 09 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

SOUTHERN REGION / SALES
NOTE: Read instructions before completing this form.

Table with columns: PARAMETER (32-37), QUANTITY OR LOADING (46-53), QUANTITY OR CONCENTRATION (54-61), NO. EX (62-63), FREQUENCY OF ANALYSIS (64-68), SAMPLE TYPE (69-70). Rows include Temperature, Water Deg. Centigrade, Intake from Stream, Temperature, Water Deg. Fahrenheit, Effluent Gross Value, Phosphorus, Total (AS P), Carbon, Tot Organic (TOC), Effluent Gross Value, Carbon, Tot Organic (TOC), Effluent Net Value, Carbon, Tot Organic (TOC), Intake from Stream.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Lawrence M. Wagner
Acting General Manager
Hope Creek 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 U.S.C. § 1001 AND 33 U.S.C. § 1318. (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
609 339-3671 98 09 21
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
\*\* Please refer to the attached Transmittal Sheet Addenda.

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location if Different)

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

17451 77343 06431 46405

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

CREATED: 07/06/98

Form Approved.  
 OMB No. 4010-0004  
 Approval expires 05-31-98

NJ0025411  
 PERMIT NUMBER

461A  
 DISCHARGE NUMBER

FACILITY PSEEG HOPE CREEK GENERATING ST  
 LOCATION LOWER ALLOWAYS CREE, NJ 08038  
 DMR NUMBER: NJ0025411 461A 081998

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

SOUTHERN REGION / SALEM

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
HEAT (SUMMER) (PER HOUR) 91386 L D EFFLUENT GROSS VALUE		174	233		*****	*****	*****		0	DAILY	CALCTD
		PERMIT REQUIREMENT	REPORT 012094W	534-02000 012094W	MBTU/H R	*****	*****	*****	*** ***	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  
 Lawrence M. Wagner  
 Acting General Manager  
 Hope Creek 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 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

*Lawrence M. Wagner*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 609 339-3671  
 DATE 98 09 21  
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



LABS:

17451 77343 06431 46405

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME PSEEG  
ADDRESS P.O. BOX 236/E21  
LANCOCKS BRIDGE, NJ 08033

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

NJ0025411  
PERMIT NUMBER

461C  
DISCHARGE NUMBER

CREATED: 07/06/98

Form Approved  
OMB No. 4040-004  
Approval expires 05-31-98

FACILITY PSEEG HOPE CREEK GENERATING ST  
LOCATION LOWER ALLOWAYS CREEK, NJ 08033  
DMR NUMBER: NJ0025411 461C 081999

MONITORING PERIOD						
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)

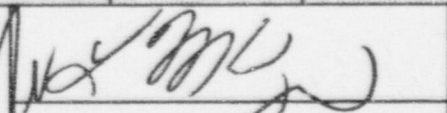
SOUTHERN REGION / SALES

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL- SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	18	18		0	ONCE/ MONTH	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	30-00000 01DAY	100-00000 01DAY	MG/L		ONCE/ MONTH	COMPOS
PETROL HYDROCARBONS, TOTAL RECOVERABLE 45501 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0	1		0	TWICE/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	10-00000 01DAY	15-00000 01DAY	MG/L		TWICE/ MONTH	GRAB
FLOW IN CONDUIT OR THRU TREATMENT PLANT 50250 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.035	0.110		*****	*****	*****		0	CONTIN UOUS	METER
	PERMIT REQUIREMENT	REPORT 01DAY	REPORT 01DAY	MGD	*****	*****	*****	****		CONTIN UOUS	METER
CARBON, TOT ORGANIC (TOC) 00580 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	14	14		0	ONCE/ MONTH	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 01DAY	50-00000 01DAY	MG/L		ONCE/ MONTH	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Lawrence M. Wagner  
Acting General Manager  
Hope Creek 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 U.S.C. § 1001 AND 33 U.S.C. § 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  
609 339-3671 98 09 21  
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



NAME PSEEG  
 ADDRESS P.O. BOX 236/821  
 HANCOCKS BRIDGE, NJ 08038

NJ0025411  
 PERMIT NUMBER

4628  
 DISCHARGE NUMBER

FACILITY PSEEG HOPE CREEK GENERATING ST  
 LOCATION LOWER ALLOWAYS CREE, NJ 08038  
 DMR NUMBER: NJ0025411 4628 031993

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	98	08	01		98	03	31
	(20-21)		(22-23)		(24-25)		(26-27) (28-29) (30-31)

SOUTHERN REGION / SALEM

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	QUANTITY OR LOADING (3 Card Only (46-53) (54-61))			QUANTITY OR CONCENTRATION (4 Card Only (38-45) (46-53) (54-61))				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD <sub>5</sub> , 5-DAY (2) DEG. C	SAMPLE MEASUREMENT	0.5	0.5		*****	*****	*****		0	ONCE/MONTH	COMPOS
00310 I 0	PERMIT REQUIREMENT	3.00000	REPORT	KG/DAY	*****	*****	*****	****		ONCE/MONTH	COMPOS
EFFLUENT GROSS VALUE		0.10000	0.10000					***			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	17	17		0	ONCE/MONTH	COMPOS
00530 I 0	PERMIT REQUIREMENT	*****	*****	****	*****	30.00000	REPORT	MG/L		ONCE/MONTH	COMPOS
EFFLUENT GROSS VALUE		*****	*****	****	*****	0.10000	0.10000				
OIL AND GREASE FROM EXTR-GRAV METH	SAMPLE MEASUREMENT	*****	*****		*****	<1	<1		0	ONCE/MONTH	GRAB
00556 I 0	PERMIT REQUIREMENT	*****	*****	****	*****	10.00000	15.00000	MG/L		ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE		*****	*****	****	*****	0.10000	0.10000				
FLTN, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.018	0.039		*****	*****	*****		0	DAILY	METER
50250 I 0	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		DAILY	METER
EFFLUENT GROSS VALUE		0.10000	0.10000					***			
COLORIM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	3	3		0	ONCE/MONTH	GRAB
70255 I 0	PERMIT REQUIREMENT	*****	*****	****	*****	200.00000	400.00000	#/100 ML		ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE		*****	*****	****	*****	0.10000	0.10000				
BOD <sub>5</sub> , 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		98.5	*****	*****		0	ONCE/MONTH	CALCTD
81010 C 0	PERMIT REQUIREMENT	*****	*****	****	87.50000	*****	*****	PERCENT		ONCE/MONTH	CALCTD
PERCENTREMOVAL		*****	*****	****	0.10000	*****	*****				
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		96	*****	*****		0	ONCE/MONTH	CALCTD
81011 C 0	PERMIT REQUIREMENT	*****	*****	****	85.00000	*****	*****	PERCENT		ONCE/MONTH	CALCTD
PERCENTREMOVAL		*****	*****	****	0.10000	*****	*****				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Lawrence M. Wagner  
 Acting General Manager  
 Hope Creek Operations  
 TYPED OR PRINTED

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*Lawrence M. Wagner*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 609 339-3671  
 DATE 98 09 21  
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)