

PERMITTEE NAME/ADDRESS
NAME PSE&G

ADDRESS 2.0. BOX 236/N21
HANCOCKS BRIDGE, NJ 08038

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

DMR NUMBER: NJ0005622 484A 101997

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

NJ0005622
PERMIT NUMBER 484A
DISCHARGE NUMBER

MONITORING PERIOD

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

SOUTHERN REGION / SALEM

MAJOR

PARAMETER (32-37)	(3 Carg Gg/Ly) QUANTITY OR LOADING (54-61)		(4 Carg Gg/Ly) QUALITY OR CONCENTRATION (54-61)		NO. OF ANALYSES (64-68)	FREQ. OF ANALYSES (69-70)
	UNITS	UNITS	UNITS	UNITS		
LC50 STATRE 96HR ACU	*****	*****	*****	*****	*****	0 CODE=N CODE=N
CYPRINODON	*****	*****	*****	*****	*****	*****
TAN6A 1 0	*****	*****	*****	*****	*****	*****
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****
PH	*****	*****	*****	*****	*****	*****
00400 1 0	*****	*****	*****	*****	*****	*****
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****
PH	*****	*****	*****	*****	*****	*****
00400 7 0	*****	*****	*****	*****	*****	*****
INTAKE FROM STREAM	*****	*****	*****	*****	*****	*****
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	*****	*****	*****	*****	*****
50050 1 0	*****	*****	*****	*****	*****	*****
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****
CHLORINE, TOTAL RESIDUAL	*****	*****	*****	*****	*****	*****
50060 R 0	*****	*****	*****	*****	*****	*****
SEE COMMENTS BELOW	*****	*****	*****	*****	*****	*****
CHLORINE, TOTAL RESIDUAL	*****	*****	*****	*****	*****	*****
50060 S 0	*****	*****	*****	*****	*****	*****
SEE COMMENTS BELOW	*****	*****	*****	*****	*****	*****

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED THE INFORMATION SUBMITTED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED AND PASSED TO THE INDIVIDUALS NAMED HEREIN. I BELIEVE THE INFORMATION SUBMITTED IS TRUE AND ACCURATE AND CORRECTLY REPRESENTS THE INFORMATION ON WHICH THIS REPORT IS BASED. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION IN CONNECTION WITH THE NPDES PROGRAM. SEE 18 U.S.C. 1001 AND 18 U.S.C. 1349. (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 I AM FAMILIAR WITH THE INFORMATION SUBMITTED AND PASSED TO THE INDIVIDUALS NAMED HEREIN. I BELIEVE THE INFORMATION SUBMITTED IS TRUE AND ACCURATE AND CORRECTLY REPRESENTS THE INFORMATION ON WHICH THIS REPORT IS BASED. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION IN CONNECTION WITH THE NPDES PROGRAM. SEE 18 U.S.C. 1001 AND 18 U.S.C. 1349. (penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

GEN. MGR. SALEM OPERATIONS

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE

609 935-6000 98 04 02

ALCA NUMBER YEAR MO DAY

609 935-6000 98 04 02

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 2-4R PERIODS OF CHLORINATION.

EPA Form 3320-1 (Rev. 9-88) Previous editions may be used. LABS: 17327 06431 82888 77343

PERMIT NUMBER: **NJ0005622**
 DISCHARGE NUMBER: **485A**

MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 FROM 97 10 01 TO 97 10 31

FACILITY: **PSE&G SALEM GENERATING STATION**
 LOCATION: **LOWER ALLOWAYS CREEK, NJ 08038**
 DMR NUMBER: **NJ0005622 485A 101997**

SOUTHERN REGION / SALEM

PARAMETER (32-37)	QUANTITY OR LOADING (38-45)	QUANTITY OR CONCENTRATION (54-61)	MONITORING PERIOD		FREQ. OF ANALYSIS (64-68)	NO. EX. (62-63)	SAMPLE TYPE (69-70)
			UNITS	UNITS			
LC50 STATRE 96HR ACU	*****	*****	*****	> 100	*****	*****	QTRLY
CYPRINODON	*****	*****	*****	50	*****	*****	QTRLY
TAN6A 1 0	*****	*****	*****	DAILY MN	*****	*****	QTRLY
EFFLUENT GROSS VALUE	*****	*****	*****	7.6	*****	*****	WEEKLYGRAB
PH	*****	*****	*****	6.0	*****	*****	WEEKLYGRAB
00400 1 0	*****	*****	*****	7.6	*****	*****	WEEKLYGRAB
EFFLUENT GROSS VALUE	*****	*****	*****	REPORT MINIMUM	*****	*****	WEEKLYGRAB
PH	*****	*****	*****	449.0	*****	*****	WEEKLYGRAB
00400 7 0	*****	*****	*****	REPORT DLY MAX	*****	*****	WEEKLYGRAB
INTAKE FROM STREAM	*****	*****	*****	475.0	*****	*****	WEEKLYGRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	*****	*****	REPORT DLY MAX	*****	*****	WEEKLYGRAB
50050 1 0	*****	*****	*****	*****	*****	*****	WEEKLYGRAB
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	WEEKLYGRAB
CHLORINE, TOTAL	*****	*****	*****	*****	*****	*****	WEEKLYGRAB
RESIDUAL	*****	*****	*****	*****	*****	*****	WEEKLYGRAB
50060 R 0	*****	*****	*****	*****	*****	*****	WEEKLYGRAB
SEE COMMENTS BELOW	*****	*****	*****	*****	*****	*****	WEEKLYGRAB
CHLORINE, TOTAL	*****	*****	*****	*****	*****	*****	WEEKLYGRAB
RESIDUAL	*****	*****	*****	*****	*****	*****	WEEKLYGRAB
50060 S 0	*****	*****	*****	*****	*****	*****	WEEKLYGRAB
SEE COMMENTS BELOW	*****	*****	*****	*****	*****	*****	WEEKLYGRAB

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 SUBMITTAL IS TRUE AND 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.)

DATE: **98 04 02**

TELEPHONE: **609 935-6000**

AREA CODE: **609** NUMBER: **935-6000**

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *[Signature]*

PERMIT NUMBER: **485A**

DISCHARGE NUMBER: **485A**

MONITORING PERIOD: **97 10 01 TO 97 10 31**

FACILITY: **PSE&G SALEM GENERATING STATION**

LOCATION: **LOWER ALLOWAYS CREEK, NJ 08038**

DMR NUMBER: **NJ0005622 485A 101997**

PARAMETER: **LC50 STATRE 96HR ACU**

VALUE: **> 100**

UNITS: *********

FREQ. OF ANALYSIS: **QTRLY**

SAMPLE TYPE: *********

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 82888 77343

PERMIT NUMBER: **NJ0005622**
DISCHARGE NUMBER: **486A**

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
97 10 01 97 10 31

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

SOUTHERN REGION / SALEM

PARAMETER (32-37)	(3 Card 99(y)) QUANTITY OR LOADING (54-61)	UNITS	CODE=N	UNITS	QUALITY OR CONCENTRATION (54-61)	NO. EX. ANALYSIS (62-68)	FREQ. OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	O CODE=N	CODE=N	UNITS	QUALITY OR CONCENTRATION (54-61)	NO. EX. ANALYSIS (62-68)	FREQ. OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LC50 STATRE 96HR ACU CYPRINODON	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
TAN6A 1 0	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
PH	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
00400 1 0	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
PH	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
00400 7 0	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
INTAKE FROM STREAM	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
50050 1 0	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
CHLORINE, TOTAL RESIDUAL	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
50060 R 0	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
SEE COMMENTS BELOW	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
CHLORINE, TOTAL RESIDUAL	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
50060 S 0	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
SEE COMMENTS BELOW	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****

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

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED THE INFORMATION SUBMITTED HEREIN AND BASED ON MY KNOWLEDGE OF THE INDIVIDUALS EMPLOYED AND BASED ON THE INFORMATION SUBMITTED, I BELIEVE THE INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION AND THAT I CAN BE FINED AND IMPRISONED. SEE 18 USC 1001 AND 18 USC 1343. (penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: 

TELEPHONE: **609 935-6000** DATE: **98 04 02**

NUMBER: **935-6000** AREA CODE: **609** YEAR: **98** MO: **04** DAY: **02**

TYPED OR PRINTED

PARAMETER 50060 LOCATIONS: "R" = SWS DSCHG (NO CWS FLOW) "S" = SWS DSCHG (NORMAL COND)
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