

PARAMETER (32-37)	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	UNITS	CODE=N	UNITS	QUALITY OR CONCENTRATION (54-6)	UNITS	MO. EX. ANALYSIS (62-63)	FREQ. OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	DATE	
											YEAR	MO
LC50 STATRE 96HR ACU	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
CYPRINODON	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
TANCA 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 UPON PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED THE INFORMATION SUBMITTED HEREIN AND BASED THEREON I BELIEVE THE INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SEVERAL PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING A FINE OF UP TO \$10,000 AND/OR IMPRISONMENT OF UP TO 5 YEARS. (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
 GEN. MGR. SALEM OPERATIONS

REPORT DLY MAX 521.4
 REPORT Mnth AVG 497.3

REPORT DLY MAX MGD
 REPORT DLY MAX .3
 REPORT DLY MAX < 0.1

REPORT DLY MAX .2
 REPORT DLY MAX .5
 REPORT DLY MAX < 0.1

REPORT DLY MAX .2
 REPORT DLY MAX .5
 REPORT DLY MAX < 0.1

REPORT DLY MAX .2
 REPORT DLY MAX .5
 REPORT DLY MAX < 0.1

REPORT DLY MAX .2
 REPORT DLY MAX .5
 REPORT DLY MAX < 0.1

REPORT DLY MAX .2
 REPORT DLY MAX .5
 REPORT DLY MAX < 0.1

TELEPHONE
 509 935-6000

AREA CODE
 509

NUMBER
 935-6000

YEAR
 98

MO
 04

DAY
 02

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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
 EPA Form 3320-1 (Rev. 6-88) Previous editions may be used.
 PAGE 1 OF 1

NAME **PSE&G**

ADDRESS **P.O. BOX 236/N21**

HANCOCKS BRIDGE, NJ 08038

DISCHARGE MONITORING REPORT (DMR)

(2-10)

MAJOR

NJ0005622

DISCHARGE NUMBER

485A

MONITORING PERIOD

FROM YEAR **97** MO **11** DAY **01** TO YEAR **97** MO **11** DAY **30**

QUANTITY OR LOADING (3 Catg Qty) (46-53)

QUANTITY OR CONCENTRATION (54-61)

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

PERMIT REQUIREMENT

SAMPLE MEASUREMENT

PERMIT REQUIREMENT

UNITS

CODE=N

REPORT MINIMUM

REPORT MAXIMUM

PERCENT



Public Service Electric and Gas Company P.O. Box 236 Hancocks Bridge, New Jersey 08038-0236

Nuclear Business Unit

April 2, 1997

New Jersey Department of
Environmental Protection
Division of Water Quality
Bureau of Permit Management
CN029
Trenton, NJ 08625-0029
Certified Mail Number P 462 770 305

**NEW JERSEY POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORTS
SALEM GENERATING STATION
PERMIT NO. NJ0005622**

Attached, are the corrected pages for discharge number FACC, 484A, 485A & 486A in December, 1997, Discharge Monitoring Reports (DMR). August 22, 1997, the Mechanical Division of Maplewood Testing Services performed Rhodamine WT dye injection testing for Salem Unit 2 to determine the pump capacity of the circulating water pumps.

The test results were obtained and entered into the computer, September 15, 1997. Due to a computer malfunction, the new flow rates did not continually update to the next day. The correct values have been entered and highlighted to facilitate the update to your records.

If you have any comments or questions, please feel free to contact Mike Kubiak at (609)339-2635.

Sincerely,

A. C. Bakken III
General Manager -
Salem Operations

Attachment

The power is in your hands.

9804150311 132

PARAMETER (32-37)	(3 Cat'd Only) QUANTITY OR LOAD:NG (54-61)		(4 Cat'd Only) QUANTITY OR CONCENTRATION (54-61)		UNITS	NO. EX. ANALYSIS (62-63)	FREQ. OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	FROM	TO	FROM	TO				
LC50 STATRE 96HR ACU	*****	*****	*****	*****	*****	0	CODE=N	0
CYPRINODON	*****	*****	*****	*****	*****	0	TRLY	0
TAN6A 1 0	*****	*****	*****	*****	*****	0	WEEKLYGRAB	0
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0	WEEKLYGRAB	0
PH	*****	*****	*****	*****	*****	0	WEEKLYGRAB	0
00400 1 0	*****	*****	*****	*****	*****	0	WEEKLYGRAB	0
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0	WEEKLYGRAB	0
PH	*****	*****	*****	*****	*****	0	WEEKLYGRAB	0
00400 7 0	*****	*****	*****	*****	*****	0	DAILY CALCTD	0
INTAKE FROM STREAM	*****	*****	*****	*****	*****	0	DAILY CALCTD	0
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	*****	*****	*****	*****	0	ONODI NODI	0
50050 1 0	*****	*****	*****	*****	*****	0	THREE/ WEEK	0
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0	THREE/ WEEK	0
CHLORINE, TOTAL	*****	*****	*****	*****	*****	0	THREE/ WEEK	0
RESIDUAL	*****	*****	*****	*****	*****	0	THREE/ WEEK	0
50060 R 0	*****	*****	*****	*****	*****	0	THREE/ WEEK	0
SEE COMMENTS BELOW	*****	*****	*****	*****	*****	0	THREE/ WEEK	0
CHLORINE, TOTAL	*****	*****	*****	*****	*****	0	THREE/ WEEK	0
RESIDUAL	*****	*****	*****	*****	*****	0	THREE/ WEEK	0
50060 S 0	*****	*****	*****	*****	*****	0	THREE/ WEEK	0
SEE COMMENTS BELOW	*****	*****	*****	*****	*****	0	THREE/ WEEK	0

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND I AM AWARE THAT THE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. 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 § 1519. (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
GEN. MGR. SALEM OPERATIONS

DATE: 98 04 02

TELEPHONE: 609 935-6000

AREA CODE: 609

NUMBER: 935-6000

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

TYPED OR PRINTED

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

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**

PERMIT NUMBER **NJ0005622**
 DISCHARGE NUMBER **485A**
 MONITORING PERIOD
 FROM YEAR **97** MO **12** DAY **01** TO YEAR **97** MO **12** DAY **31**

SOUTHERN REGION / SALEM
 (3 Card (6-85)) QUANTITY OR LOADING (54-61) (4 Card (6-85)) CONCENTRATION (54-61)
 (20-21)(22-23)(24-25) (26-27)(28-29)(30-31)

PARAMETER (32-37)	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	UNITS	CODE=N	UNITS	FREQ. OF ANALYSIS (64-68)	O CODE=N	SAMPLE TYPE (69-70)	DATE
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 C	*****	*****	*****	*****	*****	*****	*****	*****	*****
SEE COMMENTS BELOW	*****	*****	*****	*****	*****	*****	*****	*****	*****

NAME/TITLE **PRINCIPAL EXECUTIVE OFFICER**
 A. CHRISTOPHER PAKEN I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR THE SUBMITTED INFORMATION, I BELIEVE THE INFORMATION HEREIN IS TRUE AND CORRECT. I AM AWARE THAT THE PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDE A FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND THE POSIBILITY OF FINE AND IMPRISONMENT. (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
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 TELEPHONE **609 935-6000** DATE **98 04 02**
 NUMBER **609 935-6000** AREA CODE
 TYPED OR PRINTED
 PARAMETER **50060** LOCATIONS: **"R" = SWS DSCYG (NO CWS FLOW) "S" = SWS DSCYG (NORMAL COND)**
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NAME PSE&G
 ADDRESS P.O. BOX 236/N21
 KANCOCKS BRIDGE, NJ 08038

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

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

PERMIT NUMBER NJ0005622
 DISCHARGE NUMBER 486A

MONITORING PERIOD
 FROM YEAR 97 MO 12 DAY 01 TO YEAR 97 MO 12 DAY 31
 (20-21)(22-23)(24-25) (26-27)(28-29)(30-31)

MAJOR

SOUTHERN REGION / SALEM

PARAMETER (32-37)	SAMPLING MEASUREMENT	SAMPLING FREQUENCY	QUANTITY OR LOADING (54-61)	UNITS	CODE=N	CONCENTRATION (46-53)	NO. OF ANALYSES (63)	FREQ. OF ANALYSES (64-68)	SAMPLE TYPE (69-70)	OCCURRENCE	UNITS	PERCENT	CONCENTRATION (46-53)	NO. OF ANALYSES (63)	FREQ. OF ANALYSES (64-68)	SAMPLE TYPE (69-70)	OCCURRENCE
LC50 STATRE 96HR ACU	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
CYPRINODON	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
TAN6A 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
PH	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
00400 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
PH	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
00400 7 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
INTAKE FROM STREAM	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
50050 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
CHLORINE, TOTAL RESIDUAL	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
50060 R 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
SEE COMMENTS BELOW	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
CHLORINE, TOTAL RESIDUAL	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
50060 S 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
SEE COMMENTS BELOW	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED THE INFORMATION SUBMITTED HEREIN AND BASED ON MY KNOWLEDGE AND BELIEF THE INFORMATION IS TRUE AND ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SEVERAL PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING IMPRISONMENT. SEE 18 USC § 1001 AND 18 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)																
A. CHRISTOPHER PAKKEN	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT																
GEN.MGR.SALEM OPERATIONS	TELEPHONE: 609 935-6000 AREA CODE: 98 NUMBER: 04 DATE: 02																

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