

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

NAME

PSE&G

ADDRESS

P.O. BOX 236/N21

HANCOCKS BRIDGE, NJ 08038

FACILITY

PSE&G HOPE CREEK GENERATING ST

LOCATION

LOWER ALLOWAYS CREE, NJ 08038

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

NJ0025411

PERMIT NUMBER

462B

DISCHARGE NUMBER

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

MAJOR

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
99	08	01	99	08	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

FROM

TO

SOUTHERN REGION / SALEM

NOTE: Read instructions before completing this form.

DMR NUMBER : NJ0025411 462B 081999

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)												
		(54-61)		UNITS	(54-61)		UNITS															
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM															
BOD, 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1	1	KG/DAY	*****	*****	*****	0	ONCE/ MONTH	COMPOS												
	PERMIT REQUIREMENT	8.0000X 01MOAV	REPORT 01DAMX		*****	*****	*****	****	ONCE/ MONTH	COMPOS												
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	12	12	0	ONCE/ MONTH	COMPOS												
	PERMIT REQUIREMENT	*****	*****		*****	30.0000X 01MOAV	REPORT 01DAMX	MG/L	ONCE/ MONTH	COMPOS												
OIL AND GREASE FREON EXTR-GRAV METH 00556 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	1	1	0	ONCE/ MONTH	GRAB												
	PERMIT REQUIREMENT	*****	*****		*****	10.0000X 01MOAV	15.0000X 01DAMX	MG/L	ONCE/ MONTH	GRAB												
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.024	0.047	MGD	*****	*****	*****	0	DAILY	METER												
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX		*****	*****	*****	****	DAILY	METER												
COLIFORM, FECAL GENERAL 74055 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	<1	<1	0	ONCE/ MONTH	GRAB												
	PERMIT REQUIREMENT	*****	*****		*****	200.0000X 01MOGE	400.0000X 01DAGE	#/100	ONCE/ MONTH	GRAB												
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 PERCENTREMOVAL	SAMPLE MEASUREMENT	*****	*****	****	98.4	*****	*****	0	ONCE/ MONTH	CALCTD												
	PERMIT REQUIREMENT	*****	*****		87.5000X 01MOAVMN	*****	*****	PERCENT	ONCE/ MONTH	CALCTD												
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 1 0 PERCENTREMOVAL	SAMPLE MEASUREMENT	*****	*****	****	96	*****	*****	0	ONCE/ MONTH	CALCTD												
	PERMIT REQUIREMENT	*****	*****		85.0000X 01MOAVMN	*****	*****	PERCENT	ONCE/ MONTH	CALCTD												
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 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.)						TELEPHONE		DATE												
Mark B. Bezilla Vice President Operations																						
TYPED OR PRINTED																						
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						856 AREA CODE	339-3463 NUMBER	99 YEAR	09 16 MO DAY											

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

9910260244 990916
PDR ADCCK 05000354
R PDR

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

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

FACILITY LOCATION PSE&G HOPE CREEK GENERATING ST
LOWER ALLOWAYS CREE,NJ 08038

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)
NJ0025411
PERMIT NUMBER

(17-19)
461C
DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MAJOR

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
99	08	01		99	08	31

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

SOUTHERN REGION / SALEM

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TCTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	12	12		0	ONCE/ MONTH	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	30.888888 01MOAV	100.888888 01DAMX	MG/L		ONCE/ MONTH	COMPOS
PETROL HYDROCARBONS, TOTAL RECOVERABLE 45501 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<1	<1		0	TWICE/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	10.888888 01MOAV	15.888888 01DAMX	MG/L		TWICE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.034	0.101		*****	*****	*****		0	CONTIN UOUS	METER
	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	****		CONTIN UOUS	METER
CARBON, TOT ORGANIC (TOC) 00680 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	7	7		0	ONCE/ MONTH	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 01MOAV	50.888888 01DAMX	MG/L		ONCE/ MONTH	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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 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.	TELEPHONE		DATE		
Mark B. Bezila VicePresident Operations		856 AREA CODE	339-3463 NUMBER	99 YEAR	09 MO	16 DAY

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

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ADDRESS P.O. BOX 236/N21
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LOWER ALLOWAYS CREE, NJ 08038

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

NJ0025411
PERMIT NUMBER

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DISCHARGE NUMBER

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OMB No. 2040-0004
Approval expires 05-31-98

MAJOR

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
99	08	01	99	08	31

FROM

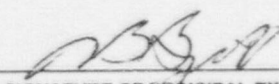
TO

SOUTHERN REGION / SALEM

NOTE: Read instructions before completing this form.

DMR NUMBER : NJ0025411 461A 081899

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
HEAT (SUMMER) (PER HOUR) 81386 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	127	229	MBTU/HR	*****	*****	*****		0	DAILY	CALCTD
	PERMIT REQUIREMENT	REPORT 01MOAV	534.0000X 01DAMX		*****	*****	*****	****		DAILY	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Mark B. Bezilla Vice President 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 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.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE		DATE		
			856 AREA CODE	339-3463 NUMBER	99 YEAR	09 MO	16 DAY

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

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LOWER ALLOWAYS CREE, NJ 08038

DMR NUMBER : NJ0025411 461A 081999

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(2-16)

(17-19)

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YEAR	MO	DAY	FROM	YEAR	MO	DAY
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SOUTHERN REGION / SALEM

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TEMPERATURE, WATER DEG. CENTIGRADE 00010 7 0 INTAKE FROM STREAM	SAMPLE MEASUREMENT	*****	*****		*****	28.3	30.3	0	CONTINUOUS	CK REQ
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 01MOAV	REPORT 01DAMX		CONTINUOUS	CK REQ
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	89.4	95.3	0	CONTINUOUS	CK REQ
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 01MOAV	97.1000X 01DAMX		CONTINUOUS	CK REQ
TEMPERATURE, WATER DEG. FAHRENHEIT 0011 7 0 INTAKE FROM STREAM	SAMPLE MEASUREMENT	*****	*****		*****	83.0	86.6	0	CONTINUOUS	CK REQ
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 01MOAV	REPORT 01DAMX		CONTINUOUS	CK REQ
PHOSPHORUS, TOTAL (AS P) 00665 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	NODI	NODI	0	NODI	NODI
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 01MOAV	REPORT 01DAMX		ONCE/ MONTH	GRAB
CARBON, TOT ORGANIC (TOC) 00680 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	5.6	5.6	0	ONCE/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 01MOAV	REPORT 01DAMX		ONCE/ MONTH	GRAB
CARBON, TOT ORGANIC (TOC) 00680 2 0 EFFLUENT NET VALUE	SAMPLE MEASUREMENT	*****	*****		*****	-5	-5	**	ONCE/ MONTH	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 01MOAV	20.000X 01DAMX		ONCE/ MONTH	GRAB
CARBON, TOT ORGANIC (TOC) 00680 7 0 INTAKE FROM STREAM	SAMPLE MEASUREMENT	*****	*****		*****	8.8	8.8	0	ONCE/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 01MOAV	REPORT 01DAMX		ONCE/ MONTH	GRAB

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Mark B. Bezilla Vice President Operations		856	339-3463	99	09	16
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

** Please refer to the attached Transmittal Sheet Addenda.

NAME

PSE&G

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FACILITY

LOCATION

PSE&G HOPE CREEK GENERATING ST

LOWER ALLOWAYS CREE, NJ 08038

DMR NUMBER : NJ0025411 461A 081999

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		8.1	*****	8.6		0	WEEKLY	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 000X 01RPMN	*****	9.0 000X 01RPMX	SU		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	57.788	78.589		*****	*****	*****		0	CONTINUOUS	METER
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	*****	*****	****		CONTINUOUS	METER
LC50 STATRE 96HR ACU MYSID. BAHIA	SAMPLE MEASUREMENT	*****	*****		CODE=N	*****	*****		0	CODE=N	CODE=N
TAN3E 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT 01MOAVMN	*****	*****	PERCENT		QTRLY	CK REQ
IC25 STATRE 7DAY CHR MYSID. BAHIA	SAMPLE MEASUREMENT	*****	*****		CODE=N	*****	*****		0	CODE=N	CODE=N
TBP3E 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT 01MOAVMN	*****	*****	PERCENT		QRTLY	CK REQ
IC25 STATRE 7DAY CHR CYPRINODON	SAMPLE MEASUREMENT	*****	*****		CODE=N	*****	*****		0	CODE=N	CODE=N
TBP6A 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT 01MOAVMN	*****	*****	PERCENT		QRTLY	CK REQ
CHLORINE PRODUCED OXIDANTS	SAMPLE MEASUREMENT	*****	*****		*****	<0.1	<0.1	**	0	THREE/ WEEK	GRAB
*CPOX 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.2 000X 01MOAV	0.5 000X 01DAMX	MG/L		THREE/ WEEK	GRAB
TEMPERATURE, WATER DEG. CENTIGRADE	SAMPLE MEASUREMENT	*****	*****		*****	31.9	35.2		0	CONTINUOUS	CK REQ
00010 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 01MOAV	36.2 000X 01DAMX	DEG.C		CONTINUOUS	CK REQ
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