

September 18, 2000

New Jersey Department of Environmental Protection Division of Water Quality Bureau of Permit Management P.O. Box 029 Trenton, NJ 08625-0029 Certified Mail Number 7099 3400 0003 6394 5352

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

Attached is the Discharge Monitoring Report for Salem Generating Station containing the information as required in Permit No. NJ0005622, for the month of August 2000.

This report is required by and prepared specifically for the Environmental Protection Agency (EPA) and the New Jersey Department of Environmental Protection (NJDEP). It presents only the observed results of measurements and analyses required to be performed by the above agencies. The choice of the measurement devices and analytical methods is controlled by EPA and NJDEP, not by the company, and there are limitations on the accuracy of such measurement devices and analytical techniques even when used and maintained as required. Accordingly, this report is not intended as an assertion that any instrument has measured, or any reading or analytical result represents, the true value with absolute accuracy, nor is it an endorsement of the suitability of any analytical or measurement procedure.

Timethy J. O'Connor

Vic**/**President Plant Support

Attachments

NJPDES Report August 2000

C Executive Director – DRBC
USNRC – Document Control Desk Unit#1-50-272 Unit#2-50-311
Vice President Operations
Licensing Manager
M. Vaskis
D. Hurka
J. Schloss
Central Record Facility
E. Keating

NJPDES Report Explanation of Deviations August 2000

The following excursions are included in the attached report and are explained below. Excursions have not endangered nor significantly impacted public health or the environment.

DSN NO.

EXPLANATION

None

COUNTY OF SALEM STATE OF NEW JERSEY

- I, Timothy J. O'Connor, of full age, being duly sworn according to law, upon my oath depose and say:
 - 1. I am the Vice President, Plant Support for PSEG Nuclear, and as such, am authorized to sign Salem's Discharge Monitoring Reports submitted to the New Jersey Department of Environmental Protection pursuant to the Station's New Jersey Pollutant Discharge Elimination System permit.
 - 2. I have reviewed the attached Discharge Monitoring Reports. Pursuant to N.J. A. C. 7:14A-2.4, I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that based on my inquiry of those individuals 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.
 - 3. The signature on the attached Discharge Monitoring Reports is my signature and I am submitting this affidavit in satisfaction of the requirement that my signature be notarized.

Timothy J. O'Connor

Vice/President

Sworn and subscribed before me this Aday of Sept 2000

SHERI L. HUSTON NOTARY PUBLIC OF NEW JERSEY My Commission Expires 12/08/2003

MONITORING REPORT SUBMITTAL FORM

MONITORED LOCATION:

FACA SW Outfall FACA

NJPDES PERMIT NUMBER:

NJ0005622

MONITORING REPORT TYPE MONITORING PERIOD:	PE:Surface Water Discharge 8/1/2000 - 8/31/2000	MONITOR REGION / (ED LOCATION GRO COUNTY:	OUP: N/A Southern / Salem County
PERMITTEE NAME AND AI PSE&G PO BOX 236/N21 Hancocks Bridge, NJ 08038	DDRESS:	PSE&G GI ALLOWA	N OF ACTIVITY: ENERATING STA (Y CREEK NECK R ways Creek, NJ 080	D
CHECK IF APPLICABLE:	No Discharge this Monitorin	ng Period		
MONITORING REPORT CO	MMENTS:			
immediately responsible for o		e the submitted i	nformation is true, a	bmitted herein; and based un my inquiry of those individual courate, and complete. I am aware that there are significant
(Penalties under these statutes	may include fines up to \$10,000 a	ınd or a maximui	n imprisonment of be	tween of manifes and 5 years.)
Timothy J. O'Conno	or Vice President Plant	Support		ty TUM
NAME AND TITLE OF PRINCIPA	AL EXECUTIVE OFFICER OR AUTHO	ORIZED AGENT	SIGNATURE OF PR	INCOPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
856-935-6000				1/ 9/18/00
AREA CODE / TELEPHONE NUM	IBER		DATE (MONTH / DA	AY/YEAR)

Su:โace Water Discharge Monitoring Report

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACA SW Outfall FACA

8/1/2000 TO 8/31/2000

PSE&G GENERATING STA (SALEM)

PARAMETER		QUANTITY (OR LOADING	UNITS	QUANT	ITY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 1	SAMPLE MEASUREMENT	****	*****		*****	33.4	36.1		0	Continues	Contin
Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	*******	REPORT 01MOAV	46.1 01DAMX	DEG.C		Continuous	CONTIN
Temperature, oC 00010 2	SAMPLE MEASUREMENT	****	****		****	7.1	9.1		0	Continuous	CaleTd
Effluent Net Value	PERMIT REQUIREMENT	****	AANAAN Januari	*****	******	REPORT 01MOAV	15.3 01DAMX	DEG.C		Continuous	CALCTD
Temperature, oC 00010 G	SAMPLE MEASUREMENT	****	****		****	26.3	28.0		0	Continuous	Contin
Raw Sew/influent	PERMIT REQUIREMENT	ANARES SE	to the second se	*****	******	REPORT 01MOAV	REPORT 01DAMX	DEG.C		Continuous	CONTIN
Lab Certification #	SAMPLE MEASUREMENT	/7327	06431		46405	77343					
Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT		REPORT Lab#	REPORT Lab #	REPORT Lab#			Not Applic	NOT AP

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: NJ0005622

NJPDES PERMIT NUMBER: MONITORING REPORT TYPI MONITORING PERIOD:	NJ0005622 E:Surface Water Discharge 8/1/2000 - 8/31/2000		ED LOCATION: ED LOCATION GROUP: COUNTY:	FACB SW Outfall FACB N/A Southern / Salem County
PERMITTEE NAME AND ADI PSE&G PO BOX 236/N21 Hancocks Bridge, NJ 08038	DRESS:	PSE&G GI ALLOWA	N OF ACTIVITY: ENERATING STA (SAL Y CREEK NECK RD ways Creek, NJ 08038-00	•
CHECK IF APPLICABLE: [No Discharge this Monitorin	g Period		
MONITORING REPORT COM	MENTS:			
Legrify under penalty of law tha	t I have personally evanined and	am familiar wit	h the information submitte	
immediately responsible for obta penalties for submitting false info	uning the information, I believe	the submitted in	nformation is true, accurat	ed herein; and based un my inquiry of those individual e, and complete. I am aware that there are significant \$\frac{1}{319}\$.
(Penalties under these statutes m			n imprisonment of between	nonthy and 5 years.)
NAME AND TITLE OF PRINCIPAL	, Vice President - Plar EXECUTIVE OFFICER OR AUTHOR		SIGNATURE OF PRINCIPA	AL EXECUTIVE OFFICER OR AUTHORIZED AGENT
856-935-6000		TANKAN TANKAN T	50.210/20114111911	8/00
AREA CODE / TELEPHONE NUMBI	ER		DATE (MONTH / DAY / YE	CAR)

Surface Water Discharge Monitoring Report

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACB SW Outfall FACB

8/1/2000 TO 8/31/2000

PSE&G GENERATING STA (SALEM)

				· · · · · · · · · · · · · · · · · · ·	V				•		
PARAMETER		QUANTITY	OR LOADING	UNITS	QUANT	TTY OR CONCENTE	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Temperature, oC 00010 1	SAMPLE MEASUREMENT	****	****		*****	33.6	35.5		0	Continuous	ConTir
Effluent Gross Value	PERMIT REQUIREMENT	SANSON	primary and a second se	*****	*****	REPORT 01MOAV	46.1 01DAMX	DEG.C		Continuous	CONTIN
Temperature, oC 00010 2	SAMPLE MEASUREMENT	*****	****		****	7.3	9, 3		0	Continuous	Caletal
Effluent Net Value	PERMIT REQUIREMENT	\$4**6*	*****	*****	*****	REPORT 01MOAV	15.3 01DAMX	DEG.C		Continuous	CALCTD
Temperature, oC 00010 G	SAMPLE MEASUREMENT	****	****		****	26.3	28,0		0	Continuous	Contin
Raw Sew/influent	PERMIT REQUIREMENT	******	40 12 - 13 2 2 4 1 3 3 2 4 1 3 2 4	*****	*****	REPORT 01MOAV	REPORT OF	DEG.C		Continuous	CONTIN
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
Lab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab#		REPORT Lab#	REPORT	REPORT Lab#			Not Applic	NOT AP

MONITORING REPORT SUBMITTAL FORM

NJ0005622

NJPDES PERMIT NUMBER: MONITORING REPORT TYPE MONITORING PERIOD:	NJ0005622 :Surface Water Discharge 8/1/2000 - 8/31/2000		ED LOCATION: ED LOCATION GROUP: COUNTY:	FACC SW Outfall FACC N/A Southern / Salem County
PERMITTEE NAME AND ADD PSE&G PO BOX 236/N21 Hancocks Bridge, NJ 08038	DRESS:	PSE&G GI ALLOWA	N OF ACTIVITY: ENERATING STA (SAL Y CREEK NECK RD ways Creek, NJ 08038-0	,
CHECK IF APPLICABLE:	No Discharge this Monitorin	g Period		
MONITORING REPORT COM	MENTS:			
l certify under penalty of law that immediately responsible for obta penalties for submitting false info	ining the information, I believe	the submitted in	nformation is true, accurat	ed herein; and based un my inquiry of those individual te, and complete. I am aware that there are significan
(Penalties under these statutes mo	ay include fines up to \$10,000 an	nd or a maximun	imprisonment of between	of Inpuths and 5 years.)
Timothy J. O'Connor	, Vice President - Pla	nt Support	Anothy (//~
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER OR AUTHO	RIZED AGENT	SIGNATURE OF PRINCIP	AL EXECUTIVE OFFICER OR AUTHORIZED AGENT
856-935-6000				9/18/00
AREA CODE / TELEPHONE NUMBE	CR		DATE (MONTH / DAY / YI	EAR)

Surface Water Discharge Monitoring Report

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

FACC SW Outfall FACC

8/1/2000 TO 8/31/2000

PSE&G GENERATING STA (SALEM)

PARAMETER		QUANTITY (OR LOADING	UNITS	QUANT	ITY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 G	SAMPLE MEASUREMENT	2721	2761		*****	*****	****		0	Doily	Calotd
Raw Sew/influent	PERMIT REQUIREMENT	3024 01MOAV	REPORT 01DAMX	MGD	*******	*****	rj * Lesses	*****		1/Day	CALCTD
Thermal Discharge Million BTUs per Hr 00015 2	SAMPLE MEASUREMENT	12693	13849		*****	****	*****		0	Continuotes	Calital
Effluent Net Value	PERMIT REQUIREMENT	REPORT 01MOAV	30600 01DAMX	MBTU/HR	*****	*****	*****	*****		Continuous	CALCTD
Lab Certification #	SAMPLE MEASUREMENT	17327	0643/		46405	77343					
Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT		REPORT Lab#	REPORT Lab#	REPORT			Not Applic	NOT AP

NJPDES PERMIT NUMBER: MONITORING REPORT TYPE MONITORING PERIOD:	NJ0005622 ESurface Water Discharge 8/1/2000 - 8/31/2000		D LOCATION: D LOCATION GROUP: OUNTY:	048C SW Outfall 48C N/A Southern / Salem County
PERMITTEE NAME AND ADI PSE&G PO BOX 236/N21 Hancocks Bridge, NJ 08038	DRESS:	PSE&G GE	OF ACTIVITY: NERATING STA (SAL CREEK NECK RD vays Creek, NJ 08038-00	,
CHECK IF APPLICABLE:	No Discharge this Monitorin	ng Period		
MONITORING REPORT COM	MENTS:			
I certify under penalty of law tha immediately responsible for obta penalties for submitting false info	nining the information, I believe	the submitted in	formation is true, accura	ed herein; and based un my inquiry of those individual te, and complete. I am aware that there are significant \$1.319.
(Penalties under these statutes m Timothy J. O'Connor	ay include fines up to \$10,000 a , Vice President - Pla		imprisonment of between	h onths and 5 years.)
NAME AND TITLE OF PRINCIPAL			SIGNATURE OF PRINCIP	AL EXECUTIVE OFFICER OR AUTHORIZED AGENT
856-935-6000				9/18/00
AREA CODE / TELEPHONE NUMBI	ER		DATE (MONTH / DAY / YI	EAR)

ourrace water Discharge Wonitoring Report

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

048C SW Outfall 48C

8/1/2000 TO 8/31/2000

PSE&G GENERATING STA (SALEM)

PARAMETER		QUANTITY	OR LOADING	UNITS	QUANT	TITY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1	SAMPLE MEASUREMENT	0.1984	0.4815		****	****	****		0	Daily	Caletol
Effluent Gross Value	PERMIT // REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	4****	*****	14.06.7 27.06.7 27.06.7	1/Day	CALCTD
Solids, Total Suspended 00530 1	SAMPLE MEASUREMENT	****	*****		*****	4	6		0	Twice/ Month	Compos
Effluent Gross Value	PERMIT TEQUIREMENT	*****	**************************************	*****		. 1. 30 01MOAV	100 li	MG/L		2/Month	∵ COMPOS
Nitrogen, Ammonia Total (as N) 00610 1	SAMPLE MEASUREMENT	****	****		*****	2	2		0	Twice/ Month	Compos
Effluent Gross Value	PERMIT: REQUIREMENT		*****	*****	******	35 01MOAV	70 01DAMX	MG/L		2/Month	COMPOS
Hydrocarbons,in H2O, IR, CCI4 Ext. Chrom. 00551 1	SAMPLE MEASUREMENT	****	****		****	<0.5	<0.5		0	Twice/ Month	Compes
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	******	10 01MOAV	15 01DAMX	MG/L		2/Month	GRAB
Carbon, Tot Organic (TOC) 00680 1	SAMPLE MEASUREMENT	****	****		****	10	16		0	Twice/ Month	Compus
Effluent Gross Value	PERMIT REQUIREMENT	*****	**************************************	*****	*****	REPORT 01MOAV	50 01DAMX	MG/L		2/Month	COMPOS
_ab Certification #	SAMPLE MEASUREMENT	17327	06431		46405						
99999 99 Lab	PERMIT REQUIREMENT,	REPORT Lab#	REPORT.		REPORT Lab#	77343 REPORT Lab#	REPORT			Not Applic	NOT AP

MONITORING REPORT SUBMITTAL FORM

MONITORED LOCATION:

481A SW Outfall 481A

NJPDES PERMIT NUMBER: NJ0005622

MONITORING REPORT TYPE: Si MONITORING PERIOD: 8/		RED LOCATION GROUP / COUNTY:	: N/A Southern / Salem County
PERMITTEE NAME AND ADDRI PSE&G PO BOX 236/N21 Hancocks Bridge, NJ 08038	PSE&G ALLOW	ON OF ACTIVITY: GENERATING STA (SAL AY CREEK NECK RD Iloways Creek, NJ 08038-0	·
CHECK IF APPLICABLE:	No Discharge this Monitoring Period		
MONITORING REPORT COMME	NTS:		
Y			
immediately responsible for obtaining	nave personally examined and am familiar ng the information, I believe the submitted ation, including the possibility of fine and	l information is true.₄accura	cd herein; and based un my inquiry of those individuals te, and complete. I am aware that there are significant \$\\$1319.
(Penalties under these statutes may	include fines up to \$10,000 and or a maxim	um imprisonment of between	16 Months and 5 years.)
Timothy J. O'Connor,	Vice President – Plant Suppor	- Walt	3///-
NAME AND TITLE OF PRINCIPAL EXT	ECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF REINCH	CAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
856-935-6000			9/18/00
AREA CODE / TELEPHONE NUMBER		DATE (MONTH / DAY / Y	EAR)

Surrace water Discharge Monitoring Report

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

481A SW Outfall 481A

8/1/2000 TO 8/31/2000

PSE&G GENERATING STA (SALEM)

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PARAMETER		QUANTITY	OR LOADING	UNITS	QUAN.	TITY OR CONCENT	RATION	UNITS	NO EX		SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1	SAMPLE MEASUREMENT	533	537	***************************************	****	****	****		0	1/Day	CALCID
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD		7. (A)	******	*****		1/Day	CALCTD :
pH 00400 1	SAMPLE MEASUREMENT	*****	****		6.7	****	7.4		0	1/week	GRAB
Effluent Gross Value	PERMIT REQUIREMENT	*****	AA *****	*****	6.0 01DAMN		9,0 01DAMX	su		1/Week	GRAB
pH 00400 7	SAMPLE MEASUREMENT	****	****		7.1	****	7.9		0	1/week	GRAB
Intake From Stream	PERMIT REQUIREMENT	*******	******	*****	REPORT 01DAMN	****	REPORT 01DAMX	SU		1/Week	GRAB
LC50 Fthd Minnow Static Defn TA1CA 1	SAMPLE MEASUREMENT	****	***		CODE=N	****	****		0	1/Quarter	COMPOS
Effluent Gross Value	PERMIT REQUIREMENT	2011 124 4 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1	**************************************	****	50 01DAMN	*****	*****	%EFFL		1/Quarter	COMPOS
Chlorine, Total Residual 50060 1	SAMPLE MEASUREMENT	****	***		*****	CODE = N	CODE = N		0	3/week	G-RAB
Effluent Gross Value Option 1	PERMIT REQUIREMENT	******	. ******	*****	******	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Chlorine, Total Residual 50060 1	SAMPLE MEASUREMENT	****	****		***	40.1	< o. /		0	3/Work	GRAB
Effluent Gross Value Option 2	PERMIT REQUIREMENT	******	********	*****	*****	REPORT:	0.2 01DAMX	MG/L		3/Week	GRAB :
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46 405	77343	The State of American State Services			1 to 1 f v class 15 b 6 24	diene in mergel berghen.
19999 99 .ab	PERMIT REQUIREMENT	REPORT Lab #	REPORT		REPORT	REPORT	REPORT			Not Applic	NOT AP

NJPDES PERMIT NUMBER: MONITORING REPORT TYPE MONITORING PERIOD:	NJ0005622 E:Surface Water Discharge 8/1/2000 - 8/31/2000		ED LOCATION: ED LOCATION GROUP: COUNTY:	482A SW Outfall 482A N/A Southern / Salem County
PERMITTEE NAME AND ADI PSE&G PO BOX 236/N21 Hancocks Bridge, NJ 08038	DRESS:	PSE&G GE ALLOWAY	OF ACTIVITY: ENERATING STA (SAL Y CREEK NECK RD ways Creek, NJ 08038-00	,
CHECK IF APPLICABLE:	No Discharge this Monitoring	Period		
MONITORING REPORT COM	MENTS:			
immediately responsible for obta	t I have personally examined and a aining the information, I believe to prmation, including the possibility	he submitted in	nformation is true, accura	ed herein; and based un my inquiry of those individuals te, and complete. I am aware that there are significant § 13/9/
	ay include fines up to \$10,000 and , Vice President - Plan		n imprisonment of between	n 6 months and 5 years.)
NAME AND TITLE OF PRINCIPAL 856-935-6000	EXECUTIVE OFFICER OR AUTHOR	RIZED AGENT	SIGNATURE OF PRINCE	al executive officer or authorized agent
AREA CODE / TELEPHONE NUMB	ER		DATE (MONTH / DAY / YI	EAR)

samace water discharge Wonttoring Report

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

482A SW Outfall 482A

8/1/2000 TO 8/31/2000

PSE&G GENERATING STA (SALEM)

· · · · · · · · · · · · · · · · · · ·	- F.:	g					HERATING STA	,	-,		
PARAMETER		QUANTITY	OR LOADING	UNITS	QUAN	TITY OR CONCENT	IRATION	UNITS	NO. EX.	FREQ. OF	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1	SAMPLE MEASUREMENT	478	494		****	****	****		0	1/Day	CALCID
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	ennan		1019/5******	*****		, 1/Day	, CALCTD
pH 00400 1	SAMPLE MEASUREMENT	****	****		6.8	*****	7.4		0	1/Week	GRAB
Effluent Gross Value	PERMIT REQUIREMENT	******	*****	*****	.6.0 01DAMN	******	9.0 01DAMX	su		1/Week	GRAB
рН 00400 7	SAMPLE MEASUREMENT	****	*****		7.1	****	7.9		0	1/Week	GRAB
Intake From Stream	PERMIT REQUIREMENT	*****	******	*****	REPORT 01DAMN	******	REPORT 01DAMX	su	14.5	1/Week	GRAB
LC50 Fthd Minnow Static Defn TA1CA 1	SAMPLE MEASUREMENT	****	****		CODE= N	****	######################################		0	1/Quarter	COMPOS
Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	50 01DAMN	*****	0.1.7.**********************************	%EFFL		1/Quarter	COMPOS
Chlorine, Total Residual 50060 1	SAMPLE MEASUREMENT	****	****		****	CODE = N	CODE = N		0	3/week	GRAB
Effluent Gross Value Option 1	PERMIT REQUIREMENT		ANNAM	*****	****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Chlorine, Total Residual 50060 1	SAMPLE MEASUREMENT	****	****		****	<0. /	<0.1		0	3/ Weok	GRAB
Effluent Gross Value Option 2	PERMIT REQUIREMENT	******		*****	******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343	Luck constitues (1 elektrol 2015)			and the second s	
99999 99 Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT		REPORT	REPORT Lab #	REPORT			Not Applic	NOT AP

NJPDES PERMIT NUMBER: MONITORING REPORT TYPE MONITORING PERIOD:	NJ0005622 E:Surface Water Discharge 8/1/2000 - 8/31/2000		ED LOCATION: ED LOCATION GROUP: COUNTY:	483A SW Outfall 483A N/A Southern / Salem County
PERMITTEE NAME AND ADI PSE&G PO BOX 236/N21 Hancocks Bridge, NJ 08038	ORESS:	PSE&G GE ALLOWAY	OF ACTIVITY: ENERATING STA (SAL CREEK NECK RD ways Creek, NJ 08038-00	,
CHECK IF APPLICABLE:	No Discharge this Monitoring	g Period		
MONITORING REPORT COM	MENTS:			
immediately responsible for obta	t I have personally examined and aining the information, I believe ormation, including the possibility	the submitted ir	nformation is true, accura-	ed herein; and based un my inquiry of those individual te, and complete. I am aware that there are significan $\frac{8}{19}$
	ay include fines up to \$10,000 an		n imprisonment of betweer	of months and 5 years.)
Timothy J. O'Connor	, Vice President – Plan	t Support	Mostly	
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER OR AUTHOR	RIZED AGENT	SIGNATURE OF PRINCIP	AL EXECUTIVE OFFICER OR AUTHORIZED AGENT
856-935-6000		v.	//	9/18/00
AREA CODE / TELEPHONE NUMB	ER		DATE (MONTH / DAY / YI	EAR)

surrose water discharge Monitoring Report

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

483A SW Outfall 483A

8/1/2000 TO 8/31/2000

PSE&G GENERATING STA (SALEM)

PARAMETER		QUANTITY	OR LOADING	UNITS	QUAN	FITY OR CONCENT	FRATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1	SAMPLE MEASUREMENT	473	475		****	*****	****		0	1/ Day	CALCTO
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	******	*****	*****		1/Day	CALCTD
рН 00400 1	SAMPLE MEASUREMENT	*****	****		6.7	****	7.4		0	1/week	GRAB
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	6.0 01DAMN	MANAKA	9.0 01DAMX	su	33773	1/Week	GRAB
рН 00400 7	SAMPLE MEASUREMENT	****	*****		7. /	****	7.9		0	1/week	GRAB
Intake From Stream	PERMIT REQUIREMENT	****		*****	REPORT 01DAMN	4*****	REPORT 01DAMX	su		1/Week	GRAB
LC50 Fthd Minnow Static Defn TA1CA 1	SAMPLE MEASUREMENT	****	****		CODE=N	****	*****		0	1/Quarte	. COM POS
Effluent Gross Value	PERMIT REQUIREMENT	**************************************	*****	*****	50 01DAMN	******		%EFFL		1/Quarter	COMPOS
Chlorine, Total Residual 50060 1	SAMPLE MEASUREMENT	****	****		*****	CODE: N	CODE= N		0	3/Week	GRAB
Effluent Gross Value Option 1	PERMIT REQUIREMENT	*******	ANNAN	****		0.3 01MOAV	0.5 01DAMX	MG/L	7 (12.4 1.7/1.74 1.3/1.5	3/Week	GRAB
Chlorine, Total Residual 50060 1	SAMPLE MEASUREMENT	****	****		****	<0.1	40.1		0	3/week	GRAB
Effluent Gross Value Option 2	PERMIT REQUIREMENT	*****	******	*****	*****	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
ab Certification #	SAMPLE MEASUREMENT	17327	0643/		46405	77343			- OPET	And the second s	
Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab#		REPORT Lab#	REPORT Lab#	REPORT			Not Applic	NOT AP

NJPDES PERMIT NUMBER: MONITORING REPORT TYPE MONITORING PERIOD:	NJ0005622 ::Surface Water Discharge 8/1/2000 - 8/31/2000		ED LOCATION: ED LOCATION GROUP: COUNTY:	484A SW Outfall 484A N/A Southern / Salem County
PERMITTEE NAME AND ADI PSE&G PO BOX 236/N21 Hancocks Bridge, NJ 08038	DRESS:	PSE&G GE ALLOWAY	OF ACTIVITY: NERATING STA (SAL CREEK NECK RD ways Creek, NJ 08038-0	•
CHECK IF APPLICABLE:	No Discharge this Monitorin	ng Period		
MONITORING REPORT COM	MENTS:			
I certify under penalty of law tha immediately responsible for obta penalties for submitting false info	nining the information, I believe	the submitted in	iformation is true, accura	red herein; and based un my inquiry of those individua te, and complete. I am aware that there are significant. § 13/19.
(Penalties under these statutes m	ay include fines up to \$10,000 a.	nd or a maximum	imprisonment of betyeen	n/6 months and 5 years.)
Timothy J. O'Connor,	, Vice President - Pla	nt Support	Morth !	
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER OR AUTHO	DRIZED AGENT	/ / //	PAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
856-935-6000				9/18/00
AREA CODE / TELEPHONE NUMB	ER		DATE (MONTH / DAY / Y	• • •

Surface water Discharge Monitoring Report

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

484A SW Outfall 484A

8/1/2000 TO 8/31/2000

PSE&G GENERATING STA (SALEM)

PARAMETER		QUANTITY	OR LOADING	UNITS	QUANT	HY OR CONCENT	RATION	UNITS	NO.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1	SAMPLE MEASUREMENT	437	462	,	****	****	****		0	1/Day	CALCTO
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****	NAKANA.	E. E. S. B. Andrew M. C.	*****		1/Day	CALCTD
pH 00400 1	SAMPLE MFASUREMENT	****	****		6.8	****	7.4		0	1/week	GRAB
Effluent Gross Value	PERMIT REQUIREMENT		*****	*****	6.0 01DAMN	##**#	9.0 01DAMX	su		1/Week	GRAB
pH 00400 7	SAMPLE MEASUREMENT	****	****		7./	****	7. 9		0	1/weck	GRAB
Intake From Stream	PERMIT. REQUIREMENT	*****		*****	REPORT 01DAMN	*****	REPORT 01DAMX	SU		1/Week	GRAB
LC50 Fthd Minnow Static Defn TA1CA 1	SAMPLE MEASUREMENT	****	****		CODE= N	***	*****		0	1/Quartor	COMPOS
Effluent Gross Value	PERMIT REQUIREMENT	*****	*****	*****	50 01DAMN	*****	******	%EFFL		1/Quarter	COMPOS
Chlorine, Total Residual 50060 1	SAMPLE MEASUREMENT	****	****		****	CODE = N	CODE = N		0	3/week	GRAB
Effluent Gross Value Option 1	PERMIT REQUIREMENT	**************************************	18	*****	*****	0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Chlorine, Total Residual 50060 1	SAMPLE MEASUREMENT	*****	****		****	20.1	40.1		0	3/week	GRAB
Effluent Gross Value Option 2	PERMIT REQUIREMENT	******	******	*****	**************************************	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
_ab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343	A. M. Cont. prop. of P.P. L. Mate. Ton.			Serges 14 57 by Styling of	(1) 新光器或从1000 基础的。(2)
_ab -ab	PERMIT REQUIREMENT	REPORT	REPORT	F	REPORT Lab#	REPORT	REPORT Lab#			Not Applic	NOT AP

NJPDES PERMIT NUMBER: MONITORING REPORT TYPE MONITORING PERIOD:	NJ0005622 E:Surface Water Discharge 8/1/2000 - 8/31/2000		ED LOCATION: ED LOCATION GROUP: COUNTY:	485A SW Outfall 485A N/A Southern / Salem County
PERMITTEE NAME AND ADI PSE&G PO BOX 236/N21 Hancocks Bridge, NJ 08038	ORESS:	PSE&G G ALLOWA	N OF ACTIVITY: ENERATING STA (SAL Y CREEK NECK RD ways Creek, NJ 08038-0	,
CHECK IF APPLICABLE: [No Discharge this Monitoring	g Period		
MONITORING REPORT COM	MENTS:			
I certify under penalty of law tha	t I have personally examined and	am familiar wi	th the information submitt	ed herein; and based un my inquiry of those individua
immediately responsible for obtaining		the submitted i	nformation is true, accura	te, and complete. I am aware that there are significan
(Penalties under these statutes m	ay include fines up to \$10,000 an	nd or a maximun	n imprisonment of between	16 manshs and 5 years.)
Timothy J. O'Connor,	, Vice President – Plan	t Support	Town	9///~
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER OR AUTHO	RIZED AGENT	SIGNATUKE OF PRINCIP	AL EXECUTIVE OFFICER OR AUTHORIZED AGENT
856-935-6000				1/18/00
AREA CODE / TELEPHONE NUMB	ER		DATE (MONTH / DAY / Y	EAR)

Surface water Discharge Monitoring Report

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

485A SW Outfall 485A

8/1/2000 TO 8/31/2000

PSE&G GENERATING STA (SALEM)

PARAMETER		QUANTITY	OR LOADING	UNITS	QUANT	TITY OR CONCENT	RATION	UNITS	NO.	FREQ. OF	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1	SAMPLE MEASUREMENT	456	457		****	****	*****		0	1/Day	CALCTD
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	CANNA	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	****	*****		1/Day	CALCTD
pH 00400 1	SAMPLE MEASUREMENT	****	*****		6.9	****	7.4		0	1/week	GRAB
Effluent Gross Value	PERMIT REQUIREMENT	******	******	*****	6.0 :: 01DAMN	*****	9.0 01DAMX	su		1/Week	GRAB
рН 00400 7	SAMPLE MEASUREMENT	*****	****		7. /	****	7.9		0	1/week	GRAB
Intake From Stream	PERMIT REQUIREMENT	******		*****	REPORT 01DAMN	6****	REPORT 01DAMX	SU		1/Week	GRAB .
LC50 Fthd Minnow Static Defn TA1CA 1	SAMPLE MEASUREMENT	****	****		COPE = N	****	*****		0	1/quarter	COMPOS
Effluent Gross Value	PERMIT REQUIREMENT	****	******	*****	50 01DAMN	*****	******	%EFFL		1/Quarter	COMPOS
Chlorine, Total Residual 50060 1	SAMPLE MEASUREMENT	****	****		*****	CODE = N	CODE=N		0	3/week	GRAB
Effluent Gross Value Option 1	PERMIT REQUIREMENT	4., (8.8), (8.4)	*****	*****		0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Chlorine, Total Residual 50060 1	SAMPLE MEASUREMENT	****	****		*****	<0.1	۷٥./		0	3/week	GRAB
Effluent Gross Value Option 2	PERMIT REQUIREMENT	**************************************	*****	*****	******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343	1 10 1000 1 10 10 10 10 10 10 10 10 10 1		**************************************	et geskusus nyevitti.	ge Bereit i de Africa en en la Maria
Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab #		REPORT Lab#	REPORT	REPORT Lab#			Not Applic	NOT AP

MONITORING REPORT TYPE:	Surface Water Discharge 8/1/2000 - 8/31/2000		ED LOCATION: ED LOCATION GROUP: COUNTY:	486A SW Outfall 486A N/A Southern / Salem County
PERMITTEE NAME AND ADD PSE&G PO BOX 236/N21 Hancocks Bridge, NJ 08038	RESS:	PSE&G GI ALLOWAY	N OF ACTIVITY: ENERATING STA (SAL Y CREEK NECK RD ways Creek, NJ 08038-00	,
CHECK IF APPLICABLE:	No Discharge this Monitoring	g Period		
MONITORING REPORT COMM	MENTS:			
I certify under penalty of law that immediately responsible for obtain penalties for submitting false info	ning the information, I believe	the submitted in	nformation is true, accura	ed herein; and based un my inquiry of those individua te, and complete. I am aware that there are significar
(Penalties under these statutes ma	ry include fines up to \$10,000 an	d or a maximun	n imprisonment of betweet	n Infonths and 5 years.)
Timothy J. O'Connor,	Vice President - Plan	nt Support		/h
NAME AND TITLE OF PRINCIPAL H	EXECUTIVE OFFICER OR AUTHOR	RIZED AGENT	SIGNATURE OF PRINCIP	AL EXECUTIVE OFFICER OR AUTHORIZED AGENT
856-935-6000			/ (//	9/18/00
AREA CODE / TELEPHONE NUMBE	R		DATE (MONTH / DAY / YI	EAR)

Surface water discharge Wonttoring Report

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

486A SW Outfall 486A

8/1/2000 TO 8/31/2000

PSE&G GENERATING STA (SALEM)

		1					INCKA HING STA	I (OALLI	117		
PARAMETER		QUANTITY	OR LOADING	UNITS	NAUQ	HTY OR CONCEN	TRATION	UNITS	NO EX		SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1	SAMPLE MEASUREMENT	451	461		*****	*****	****		0	1/Day	CAICTD
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	********		*Call (***********************************	*****		1/Day	CALCTD
pH	SAMPLE MEASUREMENT	****	****		7.0	*****	7/				
00400 1 Effluent Gross Value	PERMIT REQUIREMENT	******	*****	*****	- 6.0 - 01DAMN		7. 4	su	0	1/Week	GRAP GRAB
Н	SAMPLE					A Property of the Control of the Con	01DAMX				, GRAB
00400 7	MEASUREMENT	*****	*****		7.1	*****	7.9		0	1/week	GRAB
Intake From Stream	PERMIT REQUIREMENT	*****	**************************************	*****	REPORT 01DAMN	******	REPORT 01DAMX	su		1/Week	GRAB
LC50 Fthd Minnow Static Defn TA1CA 1	SAMPLE MEASUREMENT	****	*****		CODE = N	****	*****		0	1/Quarte	. COMPOS
Effluent Gross Value	PERMIT REQUIREMENT	****	******	****	50 01DAMN	******	*****	%EFFL		1/Quarter	COMPOS
Chlorine, Total Residual 50060-1	SAMPLE MEASUREMENT	****	*****		****	CODE= N	CODE = N		0	3/week	GRAB
Effluent Gross Value Option 1	PERMIT REQUIREMENT	******	****	*****		0.3 01MOAV	0.5 01DAMX	MG/L		3/Week	GRAB
Chlorine, Total Residual 0060 1	SAMPLE MEASUREMENT	****	****		****	40.1	(0.1		0	3/week	GRAB
Effluent Gross Value Option 2	PERMIT REQUIREMENT	*****	*******	*****	******	REPORT 01MOAV	0.2 01DAMX	MG/L		3/Week	GRAB
ab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343				为.色度化物区。各种的	
ab	PERMIT REQUIREMENT	REPORT Lab #	REPORT Lab #		REPORT Lab#	REPORT	REPORT Lab#			Not Applic	NOT AP

Comments: Your monitoring report forms have been converted to the Department's new NJ Environmental Management System (NJEMS). If there are any questions in regards to the monitoring report form, please contact Susan Rosenwinkel of the BPSP - Region 2 at (609)292-4860 or via email at "srosenwi@dep.state.nj.us".

Pre-Print Creation Date: 7/5/2000

MONITORING REPORT SUBMITTAL FORM

NJPDES PERMIT NUMBER: MONITORING REPORT TYPI MONITORING PERIOD:	NJ0005622 E:Surface Water Discharge 8/1/2000 - 8/31/2000		D LOCATION: D LOCATION GROUP: DUNTY:	487B SW Outfall 487B N/A Southern / Salem County
PERMITTEE NAME AND ADD PSE&G PO BOX 236/N21 Hancocks Bridge, NJ 08038	DRESS:	PSE&G GEN ALLOWAY (OF ACTIVITY: ERATING STA (SAL) CREEK NECK RD ays Creek, NJ 08038-00	,
CHECK IF APPLICABLE:	No Discharge this Monitoring	Period		
MONITORING REPORT COM	MENTS:			
immediately responsible for obtaining	at I have personally examined and a aining the information, I believe the ormation, including the possibility of	he submitted info	ormation is true//accurat	ed herein; and based un my inquiry of those individually, and complete. I am aware that there are significant \$\frac{1}{3}\frac{1}{9}\frac{1}{3}
(Penalties under these statutes m	ay include fines up to \$10,000 and	l or a maximum ii	mprisonment of between	6 months and 5 years.)
Timothy J. O'Connor	, Vice President - Plant	t Support	1 that HA	
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER OR AUTHORI	IZED AGENT	SIGNATURE OF PRINCIP.	AL EXECUTIVE OFFICER OR AUTHORIZED AGENT
856-935-6000			1/9/,	18/00
AREA CODE / TELEPHONE NUMB	ER		DATE (MONTH / DAY / YE	CAR)

ourgace water Discharge Monitoring Report

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

487B SW Outfall 487B

8/1/2000 TO 8/31/2000

PSE&G GENERATING STA (SALFM)

	·· •	5 OII OUUM 40		7172000	10 6/31/2000	r Stad Gt	NERATING STA	(SALEII	1)		
PARAMETER		QUANTITY	OR LOADING	UNITS	QUANT	TITY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1	SAMPLE MEASUREMEN	r			***	****	*****				
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	*****		******	*****		1/Batch	CALCTD
pH 00400 1	SAMPLE MEASUREMEN	*****	****			****	Section 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				grafe 19 tem 11 flegele
Effluent Gross Value	PERMIT REQUIREMENT	*****	MARKER A	*****	6.0 01DAMN	*****	9.0 01DAMX	su		1/Batch	GRAB
Solids, Total Suspended 00530 1	SAMPLE MEASUREMENT	****	****		****				a 1:50	i i i yp i i i i ee i i w Yrigerbydd	<u> </u>
Effluent Gross Value	PERMIT REQUIREMENT	*****		*****	*****	REPORT 01MOAV	100 01DAMX	MG/L		1/Batch	GRAB
Temperature, oC 00010 1	SAMPLE MEASUREMENT	****	*****		*****	Contracts to the shirt West as		*****		1464), pp. 179; 0.758;	
Effluent Gross Value	PERMIT REQUIREMENT	4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		****	******	REPORT 01MOAV	43.3 01DAMX	DEG.C		1/Batch	GRAB
Hydrocarbons,in H2O, R, CCl4 Ext. Chrom. 20551 1	SAMPLE MEASUREMENT	****	*****		****				26 J9T	ig teoregizes essegit	
Effluent Gross Value	PERMIT REQUIREMENT	***************************************	*****	****	*****	REPORT 01MOAV	15 01DAMX	MG/L	V. 9 2 3 3	1/Batch	GRAB'
Carbon, Tot Organic TOC) 00680 1	SAMPLE MEASUREMENT	*****	****		****						
Effluent Gross Value	PERMIT REQUIREMENT	*****	****	*****	*************	REPORT 01MOAV	50 01DAMX	MG/L		1/Batch	GRAB
ab Certification #	SAMPLE MEASUREMENT				The state of the state of the state of the	on (17) Assumed to a season of the second	REAR DAMES OF THE STATE OF				
9999 99 .ab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab#		REPORT Lab#	REPORT Lab#	REPORT Lab#			Not Applic	NOT AP

MONITORING REPORT SUBMITTAL FORM

MONITORED LOCATION:

489A SW Outfall 489A

NJPDES PERMIT NUMBER: NJ0005622

MONITORING REPORT TYPE MONITORING PERIOD:		MONITORE REGION / C	D LOCATION GROUP: OUNTY:	N/A Southern / Salem County
PERMITTEE NAME AND ADI	DRESS:	LOCATION	OF ACTIVITY:	
PSE&G			NERATING STA (SAL)	EM)
PO BOX 236/N21 Hancocks Bridge, NJ 08038			CREEK NECK RD	000
Timeoens Dridge, 110 00050		Lower Allow	vays Creek, NJ 08038-00	,00 0
CHECK IF APPLICABLE:	No Discharge this Monitoring P	eriod		
MONITORING REPORT COM	MENTS:			
immediately responsible for obta	t I have personally examined and am aining the information, I believe the ormation, including the possibility of	submitted in:	formation is true, accurat	ed herein; and based un my inquiry of those individua e, and complete. I am aware that there are significar
(Penalties under these statutes m	ay include fines up to \$10,000 and o	or a maximum	imprisonment of between	Imophs and 5 years.)
Timothy J. O'Connor,	Vice President - Plant S	Support	- March 1	7/1-7
NAME AND TITLE OF PRINCIPAL	EXECUTIVE OFFICER OR AUTHORIZ	ED AGENT	SIGNATURE OF PRINCIPA	AL EXECUTIVE OFFICER OR AUTHORIZED AGENT
856-935-6000		·		9/18/00
AREA CODE / TELEPHONE NUMBI	E R		DATE (MONTH / DAY / YE	AR)

Surface Water Discharge Monitoring Report

PERMIT NUMBER:

MONITORED LOCATION:

MONITORING PERIOD:

FACILITY NAME:

NJ0005622

489A SW Outfall 489A

8/1/2000 TO 8/31/2000

PSE&G GENERATING STA (SALEM)

PARAMETER		QUANTITY (OR LOADING	UNITS	QUANT	ITY OR CONCENT	RATION	UNITS	NO. EX.	FREQ. OF ANALYSIS	SAMPLE TYPE
Flow, In Conduit or Thru Treatment Plant 50050 1	SAMPLE MEASUREMENT	0./6/0	0.1610		****	****	****	·	0	Once/ Month	Calctel
Effluent Gross Value	PERMIT REQUIREMENT	REPORT 01MOAV	REPORT 01DAMX	MGD	******	******	*****	*****		1/Month	CALCTD
pH 00400 1	SAMPLE MEASUREMENT	****	****		7.5	****	7.5		D	Once/ Month	Grab
Effluent Gross Value	PERMIT REQUIREMENT	*****	******	*****	6.0 01DAMN	especia	9.0 01DAMX	ຣບ		1/Month	GRAB
Solids, Total Suspended 00530 1	SAMPLE MEASUREMENT	****	****			5	5		0	Once/ Month	Grab
Effluent Gross Value	PERMIT REQUIREMENT	Reach	******	****	100 01DAMX	30 01MOAV	45 01WKAV	MG/L		1/Month	GRAB
Hydrocarbons,in H2O, IR, CCl4 Ext. Chrom. 00551 1	SAMPLE MEASUREMENT	****	****		*****	20.5	40.5		0	Oncel Month	Grab
Effluent Gross Value	PERMIT REQUIREMENT	*****	Andrea (****	APPACE.	10 01MOAV	15 01DAMX	MG/L		1/Month	GRAB
Carbon, Tot Organic (TOC) 00680 1	SAMPLE MEASUREMENT	****	*****		*****	6	6		0	Once/ Month	Grab
Effluent Gross Value	PERMIT REQUIREMENT	AAAAA	******	*****	COACES	REPORT 01MOAV	50 01DAMX	MG/L		1/Month	GRAB _
Lab Certification #	SAMPLE MEASUREMENT	17327	06431		46405	77343					
Lab	PERMIT REQUIREMENT	REPORT Lab#	REPORT Lab#		REPORT Lab#	REPORT Lab #	REPORT Lab#			Not Applic	NOT AP