



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

Hope Creek Generating Station

February 25, 1993

Chief George Corporale
Bureau of Information Systems
P. O. Box CN-029
Trenton, N. J. 08625

RE: NEW JERSEY POLLUTANT DISCHARGE
ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT
HOPE CREEK GENERATING STATION
NJPDES PERMIT NJ0025411

Dear Sir:

Attached is the Discharge Monitoring Report for the Hope Creek Generating Station for the month of January 1993.

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 analysis required to be performed by the above agencies. The choice of the measurement devices and analytical methods are controlled by the EPA and the 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 that any reading analytical result represents the true value with absolute accuracy, nor is it an endorsement of the suitability of any analytical or measurement procedure.

If you have any questions concerning this report, please feel free to contact Mr. C. E. White.

Sincerely,

Joseph Hagan
General Manager -
Hope Creek Operations

030053

The Energy People
9303030336 930131
PDR ADOCK 05000354
R PDR

FEAS
JEB

NJPDES

2

2/25/93

GMS

CW:eaj

Attachments

C Executive Director, DRBC
 USEPA - Dr. Richard Baker
 USNRC

NJPDES
Explanation of conditions
January 1993

2/25/93

The following explanations are included to clarify possible deviation from permit conditions.

General - The columns labeled "No. Ex", on the enclosed DMR, tabulate the number of daily discharge values outside the indicated limits.

Data reporting and accuracy reflect the working environment, the design capabilities and reliability of the monitoring instruments and operating equipment.

Analytical values performed by the following NJDEP certified laboratories:

NET Atlantic, Inc. (08153)
Hope Creek Generating Station (17451)
Talbot Laboratory, Inc. (77535)
South Jersey Testing, Inc. (06431)

Deviations from required sampling, analysis monitoring and reporting methods and periodicities are noted on the respective transmittal sheet.

Frequency for discharge point 461A, the Cooling Tower Blowdown, and the River were done at approximately 5 hour intervals to provide for the cycles of concentration in the system.

As per the Administrative Consent Order the TSS limit for discharge points 462A, 463A and 464 have been lifted and the interim thermal limits for discharge point 461A have been changed to 443 MBTU/hr (June - September) and 731 MBTU/hr (October - May).

Results reported on the Discharge Monitoring Report forms are consistent with permit limits, data supplied from contract laboratories, the June 1991 revision of the NJDEP DMR Instruction manual and specific guidance from DEP personnel attending DMR outreach seminars. Guidance from the DEP has also been re-confirmed at the May 19, 1992 meeting of the DMR Instruction Manual Review Committee.

NJPDES
Explanation of Exceedances
January 1993

2/25/93

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

DSN No.

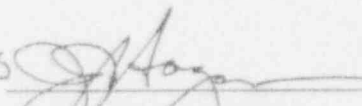
EXPLANATION

No Exceedances

COUNTY OF SALEM
STATE OF NEW JERSEY

I, Joseph J. Hagan, of full age, being duly sworn according to law, upon my oath depose and say:

1. I am the General Manager of the Hope Creek Generating Station, and as such am authorized to sign 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 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 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.
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.

GMS 
Joseph J. Hagan
General Manager -
Hope Creek Operations

Sworn and subscribed before me
this 25 day of Feb 1993.



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

MONITORING REPORT - TRANSMITTAL SHEET

NJPDES NO.

REPORTING PERIOD

MO. YR.

MO. YR.

0101254111

01/93 THRU 01/93

PERMITTEE:

Name Public Service Electric & Gas Company

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. (County) Salem

Telephone (609) 339-3463

FORMS ATTACHED (Indicate Quantity of Each)

SLUDGE REPORTS - SANITARY

☐ T-VWX-007 ☐ T-VWX-008 ☐ T-VWX-009

SLUDGE REPORTS - 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

NJPDES DISCHARGE MONITORING REPORT

☒ EPA FORM 3320-1

OPERATING EXCEPTIONS

	YES	NO
DYE TESTING	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TEMPORARY BYPASSING	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DISINFECTION INTERRUPTION	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MONITORING MALFUNCTIONS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
UNITS OUT OF OPERATION	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OTHER	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(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 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 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.

LICENSED OPERATOR

Name (Printed) Andres Nurk

Grade & Registry No. S-4(S4542)

Signature Andres Nurk

Date 2/5/93

PRINCIPAL EXECUTIVE OFFICER or
DULY AUTHORIZED REPRESENTATIVE

Name (Printed) Joseph J. Hagan

General Manager

Title (Printed) Hope Creek Operations

Signature J. Hagan

Date _____

OPERATING EXCEPTIONS DETAILED

East clarifier off line due to low flow rates

HOURS ATTENDED AT PLANT

Month 11

Year 93

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

MONITORING REPORT - TRANSMITTAL SHEET

NPDES NO.

REPORTING PERIOD

MO. YR.

MO. YR.

010121514111

01193 THRU 01193

PERMITTEE:

Name Public Service Electric & Gas Company

Address P.O. Box 236

Hancocks Bridge, NJ 08038

FACILITY:

Name Hope Creek Generating Station

Address P.O. Box 236

Hancocks Bridge, NJ (County) Salem

Telephone 609 339-3463

FORMS ATTACHED (Indicate Quantity of Each)

SLUDGE REPORTS - SANITARY

☐ T-VWX-007 ☐ T-VWX-008 ☐ T-VWX-009

SLUDGE REPORTS - 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

NPDES DISCHARGE MONITORING REPORT

☒ EPA FORM 3320-1

OPERATING EXCEPTIONS

	YES	NO
DYE TESTING	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TEMPORARY BYPASSING	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DISINFECTION INTERRUPTION	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MONITORING MALFUNCTIONS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
UNITS OUT OF OPERATION	<input type="checkbox"/>	<input checked="" type="checkbox"/>
OTHER	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(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 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 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.

LICENSED OPERATOR

Name (Printed) Peter R. LaSala

Grade & Registry No. N-0939 (N-2)

Signature Peter R. LaSala

Date 02/25/93

**PRINCIPAL EXECUTIVE OFFICER or
DULY AUTHORIZED REPRESENTATIVE**

Name (Printed) Joseph J. Bagan

General Manager
Hope Creek Operations

Title (Printed)

GMS
Signature JB

Date 02/25/93

See Attached Monitoring Report Transmittal Sheet Addenda

HOURS ATTENDED AT PLANT

Month 01, Year 913

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

ADDENDA TO MONITORING REPORT - TRANSMITTAL SHEET

DISCHARGE NUMBER	PAGE	PARAMETER	COMMENTS
<u>461A</u>		NOTES	
	2	00665 2 1	* NET values calculated from grab samples.
	2	00680 2 1	
	5	81387 2 0	* Interim limit for Net Heat Release from DSN-461A is 731 MBTU/HR for the period of Oct-May.
<u>461C</u>			
	6	00680 1 1	* Samples obtained were composites in accordance with permit requirements.
<u>462A</u>			
	8	00530 1 0	** TSS limits have been lifted under terms of the ACO.
		00551 1 0	* Unable to meet 72HR dry period criteria. A single grab sample was obtained for information only.
<u>463A</u>			
	11	00530 1 0	** TSS limits have been lifted under terms of the ACO.
		00551 1 0	* Unable to meet 72HR dry period criteria. A single grab sample was obtained for information only.
<u>464A</u>			
	12	00530 1 0	** TSS limits have been lifted under terms of the ACO.
		00551 1 0	* Unable to meet 72HR dry period criteria. A single grab sample was obtained for information only.

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

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

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

NJ0025411
PERMIT NUMBER

461A
DISCHARGE NUMBER

Form Approved
OMB No. 2040-0004
Approval expires 6-30-91

FACILITY PSEG HOPE CREEK GENERATING ST
LOCATION LOWER ALLOWAYS CREE, NJ 08038

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	93	01	01		93	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

COOLING TOWER BLOWDOWN
MAJOR SALLM
SOUTHERN REGION

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX	FREQUENCY OF ANALYSIS (62-63)	SAMPLE TYPE (64-65)
		XXXXXX	XXXXXX	UNITS	XXXXXX	XXXXXX	XXXXXX			
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	19.2	26.3	0	CONTIN UOUS	
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MNTH AVG	35.68888 DLY MAX	0-6-C	CONTIN UOUS	
TEMPERATURE, WATER DEG. CENTIGRADE 00010 7 1 INTAKE FROM STREAM	SAMPLE MEASUREMENT	*****	*****		*****	4.1	5.4	0	CONTIN UOUS	
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MNTH AVG	REPORT DLY MAX	DEG-C	CONTIN UOUS	
PH	SAMPLE MEASUREMENT	*****	*****		*****	8	9	0	TWICE/ WEEK	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	6.88888 MINIMUM	9.88888 MAXIMUM	SU	TWICE/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	154	200	0	TWICE/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MNTH AVG	REPORT DLY MAX	MG/L	TWICE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 2 0 EFFLUENT NET VALUE	SAMPLE MEASUREMENT	*****	*****		*****	80	114	0	TWICE/ MONTH	CALCD
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MNTH AVG	REPORT DLY MAX	MG/L	TWICE/ MONTH	CALCD
SOLIDS, TOTAL SUSPENDED 00530 7 0 INTAKE FROM STREAM	SAMPLE MEASUREMENT	*****	*****		*****	74	86	0	TWICE/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MNTH AVG	REPORT DLY MAX	MG/L	TWICE/ MONTH	GRAB
HYDROCARBONS, IN H2O, IR, CC14 EXT. CHROMAT 00551 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.10	<0.10	0	TWICE/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MNTH AVG	REPORT DLY MAX	MG/L	TWICE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
J. Hagan
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 USC 1001 AND 1343. (Penalties under these statutes may include fines up to \$100,000 and a maximum imprisonment of between 6 months and 3 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
609 339-3463
AREA CODE NUMBER

TELEPHONE
DATE
93 02 25
YEAR MO DAY

SAMPLING AND ANALYSIS OF METALS IS REQUIRED ONLY IF MAINTENANCE CHEMICALS CONTAINING THESE METALS ARE USED. IF NOT USED, ENTER "NODI" FOR THESE METALS.

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

NAME PSE&G
ADDRESS P.O. BOX 236/M21
HANCOCKS BRIDGE, NJ 08038

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

(12.16) NJ0025411 (17.19) 461A
PERMIT NUMBER DISCHARGE NUMBER

Form Approved
OMB No. 2040-0004
Approval expires 6-30-91.

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

MONITORING PERIOD
FROM YEAR 93 MO 01 DAY 01 TO YEAR 93 MO 01 DAY 31
(12.21) (12.23) (12.25) (12.27) (12.29) (12.31)

COOLING TOWER BLOWDOWN
MAJOR SALEM
SOUTHERN REGION

DMR NUMBER: 93010477

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (66-70)
		Y	X	UNITS	X	X	UNITS			
HYDROCARBONS, IN H ₂ O, IR, CC14 EXT. CHROMAT 00551 2 0 EFFLUENT NET VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.10	<0.10	0	TWICE/MONTH	CALCULATED
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MNTH AVG	10.0000 DLY MAX		TWICE/MONTH	CALCULATED
HYDROCARBONS, IN H ₂ O, IR, CC14 EXT. CHROMAT 00551 7 0 INTAKE FROM STREAM	SAMPLE MEASUREMENT	*****	*****		*****	<0.10	<0.10	0	TWICE/MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MNTH AVG	REPORT DLY MAX		TWICE/MONTH	GRAB
PHOSPHORUS, TOTAL (AS P) 00665 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.27	0.29	0	TWICE/MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MNTH AVG	REPORT DLY MAX		TWICE/MONTH	GRAB
PHOSPHORUS, TOTAL (AS P) 00665 2 1 EFFLUENT NET VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.10	0.14	0	TWICE/MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MNTH AVG	REPORT DLY MAX		TWICE/MONTH	GRAB
PHOSPHORUS, TOTAL (AS P) 00665 7 1 INTAKE FROM STREAM	SAMPLE MEASUREMENT	*****	*****		*****	0.16	0.18	0	TWICE/MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MNTH AVG	REPORT DLY MAX		TWICE/MONTH	GRAB
CARBON, TOT ORGANIC (TOC) 00680 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	6.5	7.0	0	TWICE/MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MNTH AVG	REPORT DLY MAX		TWICE/MONTH	GRAB
CARBON, TOT ORGANIC (TOC) 00680 2 1 EFFLUENT NET VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1	1	0	TWICE/MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MNTH AVG	20.0000 DLY MAX		TWICE/MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

J. Hagan
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 3 years.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

609 339-3463

AREA CODE

NUMBER

DATE

93 02 25

YEAR MO DAY

COMMITTEE AND EXPLANATION OF ANY VIOLATIONS. RE-ENTRY IS REQUIRED ONLY IF MAINTENANCE CHEMICALS CONTAINING THESE METALS ARE USED. IF NOT USED, ENTER "NODI" FOR THESE METALS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
PSEEG
ADDRESS P.O. BOX 236/N21
HAWCOCKS BRIDGE NJ 08038

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(17.19)
NJ0025411
PERMIT NUMBER
461A
DISCHARGE NUMBER

Form Approved
OMB No. 2040-0004
Approval expires 6-30-91.

COOLING TOWER BLOWDOWN
MAJOR
SOUTHERN REGION
SALEM

FACILITY PSEEG HOPE CREEK GENERATING ST
LOCATION LOWER ALLOWAYS CREEK NJ 08038
DMR NUMBER: 93010477

MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
FROM 93 01 01 TO 93 01 31
(10.21) (12.21) (12.21) (10.21)

NOTE: Read instructions before completing this form.

PARAMETER (32.17)	QUANTITY OR LOADING (34.61)		QUANTITY OR CONCENTRATION (34.61)		UNITS	NO. OF ANALYSIS (34.61)	FREQUENCY OF ANALYSIS (34.61)	SAMPLE TYPE (34.70)
	(34.51)	(34.52)	(34.53)	(34.54)				
CARBON, TOT ORGANIC (TOC)	XXXXXX	XXXXXX	XXXXXX	XXXXXX	MG/L	0	0	Grab
00680 7 1 INIAKE FROM STREAM	XXXXXX	XXXXXX	XXXXXX	XXXXXX	MG/L			Grab
CHROMIUM, TOTAL (AS CR)	XXXXXX	XXXXXX	XXXXXX	XXXXXX	MG/L			Grab
01034 1 0 EFFLUENT GROSS VALUE	XXXXXX	XXXXXX	XXXXXX	XXXXXX	MG/L			Grab
CHROMIUM, TOTAL (AS CR)	XXXXXX	XXXXXX	XXXXXX	XXXXXX	MG/L			Grab
01034 2 0 EFFLUENT NET VALUE	XXXXXX	XXXXXX	XXXXXX	XXXXXX	MG/L			Grab
CHROMIUM, TOTAL (AS CR)	XXXXXX	XXXXXX	XXXXXX	XXXXXX	MG/L			Grab
01034 7 0 INIAKE FROM STREAM	XXXXXX	XXXXXX	XXXXXX	XXXXXX	MG/L			Grab
COPPER, TOTAL (AS CU)	XXXXXX	XXXXXX	XXXXXX	XXXXXX	MG/L			Grab
01042 1 0 EFFLUENT GROSS VALUE	XXXXXX	XXXXXX	XXXXXX	XXXXXX	MG/L			Grab
COPPER, TOTAL (AS CU)	XXXXXX	XXXXXX	XXXXXX	XXXXXX	MG/L			Grab
01042 2 0 EFFLUENT NET VALUE	XXXXXX	XXXXXX	XXXXXX	XXXXXX	MG/L			Grab
COPPER, TOTAL (AS CU)	XXXXXX	XXXXXX	XXXXXX	XXXXXX	MG/L			Grab
01042 7 0 INIAKE FROM STREAM	XXXXXX	XXXXXX	XXXXXX	XXXXXX	MG/L			Grab

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY KNOWLEDGE OF THE INFORMATION SUBMITTED, I AM 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 18 U.S.C. § 1379. (Penalties under these statutes may include fines up to \$100,000 and/or a maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
J. Hagan
General Manager
Hope Creek Operations

TELEPHONE DATE
339-3463 93 02 25

SAMPLES FOR ANALYSIS OF TOXIC METALS ARE REQUIRED ONLY IF MAINTENANCE CHEMICALS CONTAINING THESE METALS ARE USED. IF NOT USED, ENTER "NODI" FOR THESE METALS.

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

NAME PSEGG

ADDRESS P.O. BOX 236/N21

HANCOCKS BRIDGE, NJ 08036

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

PERMIT NUMBER

NJ0025411

461A

DISCHARGE NUMBER

Form Approved

OMB No. 2040-0004

Approval expires 6-30-91

COOLING TOWER BLOWDOWN

MAJOR

SOUTHERN REGION

SALEM

MONITORING PERIOD

FROM YEAR 93 MO 01 DAY 01 TO YEAR 93 MO 01 DAY 31

(120-21) (12-23) (24-25) (26-27) (28-29) (30-31)

FACILITY PSEGG HOPE CREEK GENERATING ST

LOCATION LOWER ALLOYS CREEK, NJ 08036

DMR NUMBER 93010477

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	QUANTITY OR LOADING (46-51)		QUANTITY OR CONCENTRATION (46-51)		NO. OF ANALYSIS (52-53)		SAMPLE TYPE (59-70)	
	(1 Card Only) (46-51)	(1 Card Only) (46-51)	(1 Card Only) (46-51)	(1 Card Only) (46-51)	(1 Card Only) (46-51)	(1 Card Only) (46-51)		
ZINC # TOTAL (AS ZN)	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	—	
01092 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	XXXXXX	XXXXXX	REPORT MONTHLY AVG	REPORT DAILY MAX	MG/L	TWICE/MONTH	
ZINC # TOTAL (AS ZN)	SAMPLE MEASUREMENT	XXXXXX	XXXXXX	XXXXXX	XXXXXX	MG/L	—	
01092 2 0 EFFLUENT NET VALUE	PERMIT REQUIREMENT	XXXXXX	XXXXXX	REPORT MONTHLY AVG	REPORT DAILY MAX	MG/L	TWICE/MONTH	
ZINC # TOTAL (AS ZN)	SAMPLE MEASUREMENT	XXXXXX	XXXXXX	XXXXXX	XXXXXX	MG/L	—	
01092 7 0 INTAKE FROM STREAM ASBESTOS (FIBROUS)	PERMIT REQUIREMENT	XXXXXX	XXXXXX	REPORT MONTHLY AVG	REPORT DAILY MAX	UG/L	TWICE/MONTH	
34225 1 0 EFFLUENT GROSS VALUE ASBESTOS (FIBROUS)	PERMIT REQUIREMENT	XXXXXX	XXXXXX	REPORT MONTHLY AVG	REPORT DAILY MAX	UG/L	TWICE/MONTH	
34225 2 0 EFFLUENT NET VALUE ASBESTOS (FIBROUS)	PERMIT REQUIREMENT	XXXXXX	XXXXXX	REPORT MONTHLY AVG	REPORT DAILY MAX	UG/L	TWICE/MONTH	
34225 7 0 INTAKE FROM STREAM FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	XXXXXX	XXXXXX	XXXXXX	XXXXXX	UG/L	TWICE/MONTH	
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	XXXXXX	XXXXXX	REPORT MONTHLY AVG	REPORT DAILY MAX	UG/L	TWICE/MONTH	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER J. Hagan General Manager Hope Creek Operations							TELEPHONE 609 339-3463	DATE 93 02 25

TYPED OR PRINTED

SAMPLE FOR ANALYSIS OF ANY VOLATILE ORGANIC COMPOUNDS (VOCs) OR PESTICIDES (PESTs) FOR THESE METALS.

NOT USED, ENTER "NODI" FOR THESE METALS.

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

NAME **PSE&G**
ADDRESS **P.O. BOX 236/M21**
HANCOCKS BRIDGE, NJ 08038

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

NJ0025411

PERMIT NUMBER

461A

DISCHARGE NUMBER

Form Approved
OMB No. 2040-0004
Approval expires 6-30-91.

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

DMR NUMBER: **93010477**

MONITORING PERIOD
FROM YEAR **93** MO **01** DAY **01** TO YEAR **93** MO **01** DAY **31**
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

COOLING TOWER BLOWDOWN
MAJOR **SALEM**
SOUTHERN REGION

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		XXXXXX	XXXXXX	UNITS	XXXXXX	XXXXXX	XXXXXX				
CHLORINE, TOTAL RESIDUAL 50060 1 0	SAMPLE MEASUREMENT	*****	*****		*****	<0.1	<0.1		0	CONTIN UOUS	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*20000 MATH AVG	*50000 DLY MAX	MG/L		CONTIN UOUS	
HEAT (WINTER) (PER HOUR) 81387 2 0	SAMPLE MEASUREMENT	318	490*		*****	*****	*****		0	CONTIN UOUS	CALCULATED
EFFLUENT NET VALUE	PERMIT REQUIREMENT	REPORT MATH AVG	338-00000 DLY MAX	MBTU/ HR	*****	*****	*****	**** ***		CONTIN UOUS	CALCULATED
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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
J. Hagan
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 18 U.S.C. § 1019. (Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.)

6MS

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE
609 339-3463
DATE
93 02 25

SAMPLING FOR CU, ZN, & CR IS REQUIRED ONLY IF MAINTENANCE CHEMICALS CONTAINING THESE METALS ARE USED. IF NOT USED, ENTER "NODI" FOR THESE METALS.

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

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

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

(12-16) NJ0025411 (17-19) 461C
PERMIT NUMBER DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

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

DMR NUMBER: 93010477

MONITORING PERIOD
FROM YEAR 93 MO 01 DAY 01 TO YEAR 93 MO 01 DAY 31
(120-21) (122-23) (124-25) (126-27) (128-29) (130-31)

LOW VOLUME WW SYSTEM
MAJOR SALEM
SOUTHERN REGION

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (58-63)			UNITS	NO. EX	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		XXXXXX	XXXXXX	UNITS	XXXXXX	XXXXXX	XXXXXX				
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 1	SAMPLE MEASUREMENT	*****	*****		*****	14.4	19.3		0	WEEKLY	GRAB
EFFLUENT GROSS VALUE PH	PERMIT REQUIREMENT	*****	*****	**** ****	*****	REPORT MNTH AVG	REPORT DLY MAX	DEG.C		WEEKLY	GRAB
00400 1 0	SAMPLE MEASUREMENT	*****	*****		8	*****	8		0	WEEKLY	GRAB
EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED 00530 1 0	PERMIT REQUIREMENT	*****	*****	**** ****	6.***** MINIMUM	*****	9.***** MAXIMUM	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE HYDROCARBONS, IN H2O, IR, CC14 EXT. CHROMAT 00551 1 0	SAMPLE MEASUREMENT	*****	*****		*****	30.***** MNTH AVG	100.***** DLY MAX	MG/L	0	TWICE/ MONTH	COMPOS
EFFLUENT GROSS VALUE NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0	PERMIT REQUIREMENT	*****	*****	**** ****	*****	10.***** MNTH AVG	15.***** DLY MAX	MG/L	0	TWICE/ MONTH	GRAB
EFFLUENT GROSS VALUE CARBON, TOT ORGANIC (TOC) 00680 1 1	SAMPLE MEASUREMENT	*****	*****		*****	35.***** MNTH AVG	REPORT DLY MAX	MG/L	0	TWICE/ MONTH	COMPOS
EFFLUENT GROSS VALUE COPPER, TOTAL (AS CU) 01042 1 0	PERMIT REQUIREMENT	*****	*****	**** ****	*****	3	4	MG/L	0	TWICE/ MONTH	GRAB*
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.02	<0.02		0	TWICE/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	**** ****	*****	REPORT MNTH AVG	20.***** DLY MAX	MG/L		TWICE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
J. Hagan
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 USC 1001 AND 18 USC 1011. Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
J. Hagan

TELEPHONE
609 339-3463
AREA CODE NUMBER
DATE
93 02 25
YEAR MO DAY

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

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

NAME PSE&G
ADDRESS P.O. BOX 236/M21
HANCOCKS BRIDGE, NJ 08038

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

(2-16) NJ0025411 (17-19) 461C
PERMIT NUMBER DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91.

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

MONITORING PERIOD
FROM YEAR 93 MO 01 DAY 01 TO YEAR 93 MO 01 DAY 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

LOW VOLUME WW SYSTEM
MAJOR SALLM
SOUTHERN REGION

DMR NUMBER: 93010477

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (46-51)			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		XXXXXX	XXXXXX	UNITS	XXXXXX	XXXXXX	XXXXXX				
IRON, TOTAL (AS FE) 01045 1 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.87	0.88		0	TWICE/MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT Mnth Avg	REPORT DLY MAX	MG/L		TWICE/MONTH	GRAB
	SAMPLE MEASUREMENT	0.07	0.10		*****	*****	*****		0	CONTIN	GRAB
	PERMIT REQUIREMENT	REPORT Mnth Avg	***** DLY MAX	MGD	*****	*****	*****	****		CONTIN	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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
J. Hagan
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 USC 1001 AND 1003. I 119. Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
[Signature]

TELEPHONE
609 339-3463
DATE
93 02 25

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

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

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

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

(216) (1719)

NJ0025411

PERMIT NUMBER

462A

DISCHARGE NUMBER

Form Approved
OMB No. 2040-0004
Approval expires 6-30-91.

FACILITY PSEG HOPE CREEK GENERATING ST
LOCATION LOWER ALLOWAYS CREE, NJ 08038

MONITORING PERIOD

FROM YEAR 93 MO 01 DAY 01 TO YEAR 93 MO 01 DAY 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NORTH STORM DRAIN
MAJOR
SOUTHERN REGION

SALEM

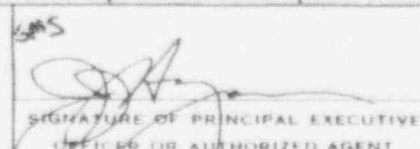
DMR NUMBER: 93010477

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		Y	X	UNITS	X	X	X			
PH	SAMPLE MEASUREMENT	*****	*****		8.3	*****	8.3	0	ONCE/MONTH	GRAB
CC400 1 0	PERMIT REQUIREMENT	*****	*****	****	6.05555	*****	9.05555	50	ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM			
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	92	92	0**	ONCE/MONTH	GRAB
SUSPENDED	PERMIT REQUIREMENT	*****	*****	****	*****	38.55555	100.05555	MG/L	ONCE/MONTH	GRAB
OG530 1 0				****		MONTH AVG	DLY MAX			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0	0	0	ONCE/MONTH	GRAB-3
HYDROCARBONS, IN H2O,	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	15.05555	MG/L	ONCE/MONTH	GRAB-3
IR, CC14 EXT. CHROMAT				****		MONTH AVG	DLY MAX			
00551 1 0	SAMPLE MEASUREMENT	*****	*****		*****	6	6	0	ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	50.05555	MG/L	ONCE/MONTH	GRAB
CARBON, TOT ORGANIC				****		MONTH AVG	DLY MAX			
(TOC)	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	0	ONCE/MONTH	
00680 1 1	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	0	ONCE/MONTH	
EFFLUENT GROSS VALUE				****						
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	0.121	0.121		*****	*****	*****	0	ONCE/MONTH	
THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	0	ONCE/MONTH	
50050 1 0		MONTH AVG	DLY MAX							
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
J. Hagan
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 USC § 1001 AND 18 USC § 1333. (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
609 339-3463
DATE
93 02 25

COMMENT AND EXPLANATION OF ANY NON-ATTAINMENT: SAMPLES TO BE TAKEN DURING A DISCHARGE EVENT, EXCEPT FOR PET HC FOR WHICH SAMPLES SHALL BE TAKEN DURING THE 1ST PRECIPITATION EVENT OF MONTH WHICH CAUSES DISCHARGE DURING WORKING HRS & IS PRECEDED BY MINIMUM DRY PERIOD OF 72 HRS.

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

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

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

NJ0025411

PERMIT NUMBER

4628

DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

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

MONITORING PERIOD						
FROM			TO			
YEAR	MO	DAY	YEAR	MO	DAY	
93	01	01	93	01	31	
(12-21)	(12-23)	(12-25)	(12-27)	(12-29)	(12-31)	

SEWAGE W-W
MAJOR SALEM
SOUTHERN REGION

DMR NUMBER: 93010477

NOTE: Read instructions before completing this form.

PARAMETER (12-17)		(1 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (18-45)			NO EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (66-70)
		XXXXXX	XXXXXX	UNITS	XXXXXX	XXXXXX	XXXXXX			
BOD ₅ 5-DAY (20 DEG. C) 00310 G 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	26.5	26.5		*****	411	411	0	ONCE/MONTH	GRAB
	PERMIT REQUIREMENT	REPORT MNTH AVG	REPORT DLY MAX	KG/ DAY	*****	REPORT MNTH AVG	REPORT DLY MAX		ONCE/MONTH	GRAB
BOD ₅ 5-DAY (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.2	1.2		*****	19	19	0	ONCE/MONTH	GRAB
	PERMIT REQUIREMENT	6-80000 MNTH AVG	REPORT DLY MAX	KG/ DAY	*****	REPORT MNTH AVG	REPORT DLY MAX		ONCE/MONTH	GRAB
PH	SAMPLE MEASUREMENT	*****	*****			7.6	7.9	0	TWICE/WEER	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6-00000 MINIMUM	*****	9-00000 MAXIMUM	50	TWICE/GRAB	GRAB
SOLIDS, TOTAL SUSPENDED 00530 G 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*****	*****		*****	494	494	0	ONCE/MONTH	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MNTH AVG	REPORT DLY MAX		ONCE/MONTH	COMPOS
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	14	14	0	ONCE/MONTH	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	30-00000 MNTH AVG	100-00000 DLY MAX		ONCE/MONTH	COMPOS
OIL AND GREASE FREON EXTR-GRAY METH 00556 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	3	3	0	ONCE/MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	10-00000 MNTH AVG	15-00000 DLY MAX		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.013	0.022		*****	*****	*****	0	DAILY	FLOIND
	PERMIT REQUIREMENT	REPORT MNTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	***	DAILY	FLOIND

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

J. Hagan
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 USC § 1001 AND 18 USC § 1333. Penalties under these statutes may include fines up to \$100,000 and a maximum imprisonment of between 6 months and 5 years.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

609 339-3463 93 02 25
AREA CODE NUMBER YEAR MO DAY

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

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

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

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

(2-16)
NJ0025411
PERMIT NUMBER

(17-19)
462B
DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

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

MONITORING PERIOD
FROM YEAR 93 MO 01 DAY 01 TO YEAR 93 MO 01 DAY 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

SEWAGE W.W.
MAJOR SALEM
SOUTHERN REGION


DMR NUMBER: 93010477

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		Y	X	UNITS	X	X	X			
COLIFORM, FECAL GENERAL 74055 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0	0	0	ONCE/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	200-***** MONTH GED	400-***** WKLY GED	2/100 ML	ONCE/ MONTH	GRAB
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		95.4	95.4	*****	0	ONCE/ MONTH	CALCUL
	PERMIT REQUIREMENT	*****	*****	****	87.5***** NONAVRIN	REPORT AVERAGE	*****	PERCE NT	ONCE/ MONTH	CALCUL
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		97	97	*****	0	ONCE/ MONTH	CALCUL
	PERMIT REQUIREMENT	*****	*****	****	85-***** NONAVRIN	REPORT AVERAGE	*****	PERCE NT	ONCE/ MONTH	CALCUL
OXYGEN DEMAND FIRST STAGE 82210 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.5	1.5		*****	22.8	22.8	0	ONCE/ MONTH	CALCUL
	PERMIT REQUIREMENT	8-20***** MNTH AVG	REPORT DLY MAX	KG/ DAY	*****	REPORT MNTH AVG	REPORT DLY MAX	MG/L	ONCE/ MONTH	CALCUL
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
J. Hagan
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 SIG-
NIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING
THE POSSIBILITY OF FINE AND IMPRISONMENT (SEE 18 USC 1001) AND
18 USC 1011. (Penalties under these statutes may include fines up to \$100,000
and/or maximum imprisonment of between 6 months and 5 years.)

6ms

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE
609 339-3463
AREA CODE NUMBER
DATE
93 02 25
YEAR MO DAY

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

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

NAME PSE&G
ADDRESS P.O. BOX 236/H21
HANCOCKS BRIDGE, NJ 08038

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

(2-16) NJ0025411
PERMIT NUMBER
(17-19) 463A
DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

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

MONITORING PERIOD
FROM YEAR 93 MO 01 DAY 01 TO YEAR 93 MO 01 DAY 31
(120-21) (122-23) (124-25) (126-27) (128-29) (130-31)

SOUTH STORM DRAIN
MAJOR SALEM
SOUTHERN REGION

NOTE: Read instructions before completing this form.

DMR NUMBER: 93010477

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (66-70)
		XXXXXX	XXXXXX	UNITS	XXXXXX	XXXXXX	XXXXXX			
PH	SAMPLE MEASUREMENT	*****	*****		8.9	*****	8.9	0	ONCE/MONTH	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0***** MINIMUM	*****	9.0***** MAXIMUM	SU	ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	68	68	0	ONCE/MONTH	GRAB
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	36.0***** MNTH AVG	200.0***** DLY MAX	MG/L	ONCE/MONTH	GRAB
HYDROCARBONS, IN H2O, IR, CC14 EXT. CHROMAT	SAMPLE MEASUREMENT	*****	*****		*****	0	0	0	ONCE/MONTH	GRAB-3
00551 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MNTH AVG	15.0***** DLY MAX	MG/L	ONCE/MONTH	GRAB-3
CARBON, TOT ORGANIC (TOC)	SAMPLE MEASUREMENT	*****	*****		*****	2	2	0	ONCE/MONTH	GRAB
00680 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MNTH AVG	50.0***** DLY MAX	MG/L	ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.131	0.131		*****	*****	*****	0	ONCE/MONTH	
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MNTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	****	ONCE/MONTH	
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
J. Hagan
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 USC § 1001 AND 18 USC § 1343. (Penalties under these statutes may include fines up to \$100K and/or a maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
6MS

TELEPHONE
609 339-3463
AREA CODE NUMBER
DATE
93 02 25
YEAR MO DAY

SAMPLES TO BE TAKEN DURING A DISCHARGE EVENT, EXCEPT FOR PET HC FOR WHICH SAMPLES SHALL BE TAKEN DURING THE 1ST PRECIPITATION EVENT OF MONTH WHICH CAUSES DISCHARGE DURING WORKING HRS & IS PRECEDED BY MINIMUM DRY PERIOD OF 72 HRS.

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

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

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

(2-16) (17-19)

NJ0025411

PERMIT NUMBER

464A

DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

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

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
93	01	01	93	01	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

PERIM STORM DRAIN
MAJOR SALEM
SOUTHERN REGION

NOTE: Read instructions before completing this form.

DMR NUMBER: 93010477

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX	FREQUENCY OF ANALYSIS (62-69)	SAMPLE TYPE (69-70)
		Y	X	UNITS	X	X	UNITS			
PH	SAMPLE MEASUREMENT	000000	000000		7.4	000000	7.4	0	ONCE/MONTH	GRAB
00400 1 0	PERMIT REQUIREMENT	000000	000000	0000	6.00000	000000	9.00000	0	ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM			
SOLIDS, TOTAL	SAMPLE MEASUREMENT	000000	000000		000000		63	0	ONCE/MONTH	GRAB
SUSPENDED	PERMIT REQUIREMENT	000000	000000	0000	000000	10.00000	100.00000	0	ONCE/MONTH	GRAB
00530 1 0						MONTH AVG	DLY MAX			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	000000	000000		000000		<0.10	0	ONCE/MONTH	GRAB-3
HYDROCARBONS, IN H2O,	PERMIT REQUIREMENT	000000	000000	0000	000000	REPORT	15.00000	0	ONCE/MONTH	GRAB-3
IR, CC14 EXT. CHROMAT						MONTH AVG	DLY MAX			
00551 1 0	SAMPLE MEASUREMENT	000000	000000		000000		12	0	ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	000000	000000	0000	000000	REPORT	50.00000	0	ONCE/MONTH	GRAB
CARBON, TOT ORGANIC						MONTH AVG	DLY MAX			
(TOC)	SAMPLE MEASUREMENT	0.171	0.171		000000	000000	000000	0	ONCE/MONTH	
00680 1 1	PERMIT REQUIREMENT	REPORT	REPORT		000000	000000	000000	0	ONCE/MONTH	
EFFLUENT GROSS VALUE		MONTH AVG	DLY MAX	MGD						
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT									
THRU TREATMENT PLANT	PERMIT REQUIREMENT									
50050 1 0										
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

J. Hagan
General Manager
Hope Creek Operations

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609

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

609 339-3463
AREA CODE NUMBER

DATE

93 02 25
YEAR MO DAY

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