



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

Hope Creek Generating Station

September 25, 1991

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 August 1991.

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

The Energy People

021 9110030284 910831  
PDR ADOCK 05000354  
R PDR

11/1  
95-271/33M-12-89

NJPDES

?

9/25/91

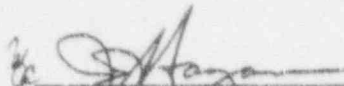
*FW*  
CW:ej  
Attachments

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

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.

  
\_\_\_\_\_  
Joseph J. Hagan  
General Manager -  
Hope Creek Operations

Sworn and subscribed before me  
this 25 day of Sept 1991.

  
\_\_\_\_\_  
Sheri L. Huston

SHERI L. HUSTON  
NOTARY PUBLIC OF NEW JERSEY  
My Commission Expires Dec. 30, 1993

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
DIVISION OF WATER RESOURCES

MONITORING REPORT - TRANSMITTAL SHEET

NPDES NO.

REPORTING PERIOD

MO. YR.

MO. YR.

0101215141111

08/9/1 THRU 018/9/1

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

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 checked="" type="checkbox"/>	<input type="checkbox"/>

(Detail any "Yes" on reverse side  
in appropriate space.)

NOTE: The "Hours Attended as Planned" 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) Clark E. Pierce

Grade & Registry No. N-1124

Signature John M. Hagan for C.E. Pierce

Date 9/25/91

License # N 0396

PRINCIPAL EXECUTIVE OFFICER or  
DULY AUTHORIZED REPRESENTATIVE

Name (Printed) Joseph J. Hagan

General Manager

Title (Printed) Hope Creek Operations

Signature Joseph J. Hagan

Date 9/25/91

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
DIVISION OF WATER RESOURCES

MONITORING REPORT - TRANSMITTAL SHEET

NJPOES NO.

REPORTING PERIOD

MO. YR.

MO. YR.

[010121514111]

[08/9/1] THRU [08/9/1]

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

NJPOES DISCHARGE MONITORING REPORT

☒ 12 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 checked="" type="checkbox"/>	<input 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) Clark E. Pierce

Grade & Registry No. N-1124

Signature [Signature]

Date 9/25/91

PRINCIPAL EXECUTIVE OFFICER or  
DULY AUTHORIZED REPRESENTATIVE

Name (Printed) Joseph J. Hagan

Title (Printed) General Manager

Hope Creek Operations

Signature [Signature]

Date 9/25/91

License # N 0396

OPERATING EXCEPTIONS DETAILED

Due to recent surgery the licensed operator was unavailable at the time of the DMR preparation to sign this form. The backup operator signed for Mr. Pierce. Mr. Pierce hours are listed below and a corrected transmittal form will be submitted on his return.

HOURS ATTENDED AT PLANTMonth 08Year 91

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	10	10	3	3	10	10	10	10	10	3	3	10	10	10	10	10
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator	-	-	8	16	8	8	8	-	-	8	8	8	8	-	-	
Others	3	3	10	10	10	10	10	3	3	10	10	10	10	10	3	

# OPERATING EXCEPTIONS DETAILED

Due to recent surgery the licensed operator was unavailable at the time of the DMR preparation to sign this form. The backup operator signed for Mr. Pierce. Mr. Pierce hours are listed below and a corrected transmittal form will be submitted on his return.

## HOURS ATTENDED AT PLANT

Month 018

Year 911

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	10	10	3	3	10	10	10	10	10	3	3	10	10	10	10	10
Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Licensed Operator	-	-	8	16	8	8	8	-	-	8	8	8	8	-	-	
Others	3	3	10	10	10	10	10	3	3	10	10	10	10	10	3	

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
DIVISION OF WATER RESOURCES

MONITORING REPORT - TRANSMITTAL SHEET

NPDES NO.

REPORTING PERIOD

MO. YR.

MO. YR.

001251411

018/91 THRU 018/91

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

Hancock, Bridge, NJ County Salem

Telephone 1609 1

FORMS ATTACHED (Indicate Quantity & 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 330-1

OPERATING EXCEPTIONS

YES NO

DYE TESTING

☐ ☒

TEMPORARY BYPASSING

☐ ☒

DISINFECTION INTERRUPTION

☐ ☒

MONITORING MALFUNCTIONS

☐ ☒

UNITS OUT OF OPERATION

☒ ☐

OTHER

☐ ☒

(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) Andree Murk

S-4 (4542)

Grade & Registry No. \_\_\_\_\_

Signature Andree Murk

Date 9/4/91

PRINCIPAL EXECUTIVE OFFICER or  
DULY AUTHORIZED REPRESENTATIVE

Name (Printed) Joseph Hagan

Title (Printed) Gen. Mgr. Hope Creek Oper

Signature Joseph Hagan

Date 9/15/91

East clarifier off line due to rapid settling rates and long detention times.

Year 1911

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	8
Others			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									
Others		8							8	8	8	8	8	8	8	

East Clarifier off line due to rapid settling  
rates and long detention times

Month 01 Year 91

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	8
Other			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									
Other		8							8	8	8	8	8	8	8	

NJPDES  
Explanation of conditions  
August 1991

9/25/91

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 DMR.

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).

NJPDES  
Explanation of Exceedances  
August 1991

9/25/91

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

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

NAME PSEGG  
ADDRESS P.O. BOX 236/NJ 08038  
HANCOCK'S BRIDGE, NJ 08038

FACILITY PSEGG HOPE CREEK GENERATING ST.  
LOCATION LOWER ALLOWAYS CREEK, NJ 08038

DMR NUMBER: 91080993

MONITORING PERIOD  
FROM YEAR 91 MO 08 DAY 01 TO YEAR 91 MO 08 DAY 31

COOLING TOWER BLOWDOWN  
MAJOR  
SOUTHERN REGION  
NOTE: Read instructions before completing this form.

PARAMETER (32-37)	(3 Card Only) (46-53)		(4 Card Only) (38-45)		QUALITY OR CONCENTRATION (55-61)		NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (66-70)
	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	UNITS	XXXXXXXXXX	XXXXXXXXXX	UNITS			
TEMPERATURE, WATER	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	0	cont	
DEG. CENTIGRADE	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX			
00010 1	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX			
EFFLUENT GROSS VALUE	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX			
TEMPERATURE, WATER	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX			
DEG. CENTIGRADE	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX			
00010 7 1	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX			
INTAKE FROM STREAM	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX			
PH	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX			
00400 1 0	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX			
EFFLUENT GROSS VALUE	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX			
SOLIDS, TOTAL	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX			
SUSPENDED	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX			
00530 1 0	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX			
EFFLUENT GROSS VALUE	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX			
SOLIDS, TOTAL	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX			
SUSPENDED	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX			
00530 2 0	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX			
EFFLUENT NET VALUE	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX			
SOLIDS, TOTAL	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX			
SUSPENDED	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX			
00530 7 0	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX			
INTAKE FROM STREAM	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX			
HYDROCARBONS, IN H2O	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX			
IR, CCI4 EXT. CHROMAT	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX			
00551 1 0	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX			
EFFLUENT GROSS VALUE	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX			

SAMPLE AND EXPLANATION OF ANY VIOLATIONS OF PERMIT REQUIREMENTS ONLY IF MAINTENANCE CHEMICALS CONTAINING THESE METALS ARE USED. IF NOT USED, ENTER "NND01" FOR THESE METALS. Results are reported in a manner consistent with permit requirements.

NAME PSEGG  
ADDRESS P.O. BOX 236/N21  
HAWKOCKS BRIDGE NJ 0803A

FACILITY LOCATION		MONITORING PERIOD					
		YEAR	MO	DAY	YEAR	MO	DAY
PSEG HOPE CREEK GENERATING ST.		91	03	01	91	03	31
LOWER ALLOWAYS CREEK NJ 08038							

NOTE: Read instructions before completing this form.

[illegible]

IF MAINTENANCE CHEMICALS CONTAINING THESE METALS ARE USED. IF  
SAMPLING AND ANALYSIS OF AN VIOLATION *(Reference all violations to them)* ONLY IS REQUIRED  
FOR CU, ZN, & CR. \* Net results calculated using grab samples.  
NOT USED, ENTER "NODI" FOR THESE METALS. \* Net results calculated using grab samples.  
Results are reported in a manner consistent with permit requirements.

ADDRESS P.O. BOX 236/M21 HANCOCKS BRIDGE NJ 08038

NJ0025411  
PERMIT NUMBER

461A	DISCHARGE NUMBER
------	------------------

FACILITY	PSEG HOPE CREEK GENERATING ST.
LOCATION	LOWER ALLOWAYS CREEK NJ 08038

MONITORING PERIOD					
FROM		TO		YEAR	MO DAY
91	08 01	91	08 31		

COOLING TOWER BLOWDOWN  
MAJOR SA  
SOUTHERN REGION

IMR NUMBER	Q1	Q2	Q3	Q4
91080991	(20-21)	(22-23)	(24-25)	(26-27)
	(28-29)	(30-31)		

PARAMETER (12-17)	(3 Card Only) (46-53)		QUANTITY - L LOADING (54-61)		(4 Card Only) (62-69)		QUALITY OR CONCENTRATION (70-77)		UNITS	NO. EX	FREQUENCY OF ANALYSIS (69-70)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	PERMIT REQUIREMENT				
CARBON, TOT ORGANIC (TOC)												
00680 7 1												
INIAKE FROM STREAM												
CHROMIUM, TOTAL (AS CR)												
01034 1 0												
EFFLUENT GROSS VALUE												
CHROMIUM, TOTAL (AS CR)												
01034 2 0												
EFFLUENT NET VALUE												
CHROMIUM, TOTAL (AS CR)												
01034 7 0												
INIAKE FROM STREAM												
COPPER, TOTAL (AS CU)												
01042 1 0												
EFFLUENT GROSS VALUE												
COPPER, TOTAL (AS CU)												
01042 2 0												
EFFLUENT NET VALUE												
COPPER, TOTAL (AS CU)												
01042 7 0												
INIAKE FROM STREAM												

J. Hagan  
General Manager  
Hope Creek Operations  
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER  
OFFICER OR AUTHORIZED AGENT

339-3463  
NUMBER

91  
YEAR

09  
MO

25  
DAY

NOT USED. ENTER "NO" FOR THESE METALS. Results are reported in a manner consistent with permit requirements.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(17-19)

PERMIT NUMBER: 110025411  
D. CHARGE NUMBER: 01A

PERMITTEE NAME/ADDRESS (Include Facility Name - Location if different)  
NAME: PSE&G  
ADDRESS: P.O. BOX 236/M21  
HAWKCOCKS BRIDGE, NJ 08038

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

MONITORING PERIOD  
FROM: YEAR 91, MO 08, DAY 01  
TO: YEAR 91, MO 08, DAY 31

COOLING TOWER BLOWDOWN  
MAJOR SOUTHERN REGION  
SALEM  
NOTE: Read Instructions before completing this form.

PARAMETER (17-19)	QUANTITY OR CONCENTRATION (14-16)	UNITS	QUALITY OR CONCENTRATION (14-16)	NO. EX	FREQUENCY OF ANALYSIS (14-16)	SAMPLE TYPE (14-16)
ZINC, TOTAL (AS ZN)	XXXXXX	MG/L	XXXXXX	-	-	-
01092 1 0	REPORT	30DA AVG	REPORT	-	-	-
EFFLUENT GROSS VALUE	XXXXXX	MG/L	XXXXXX	-	-	-
ZINC, TOTAL (AS ZN)	XXXXXX	MG/L	XXXXXX	-	-	-
01092 2 0	REPORT	30DA AVG	REPORT	-	-	-
EFFLUENT NET VALUE	XXXXXX	MG/L	XXXXXX	-	-	-
ZINC, TOTAL (AS ZN)	XXXXXX	MG/L	XXXXXX	-	-	-
01092 7 0	REPORT	30DA AVG	REPORT	-	-	-
INTAKE FROM STREAM	XXXXXX	MG/L	XXXXXX	-	-	-
ASBESTOS (FIBROUS)	XXXXXX	UG/L	XXXXXX	-	-	-
34225 1 0	REPORT	30DA AVG	REPORT	-	-	-
EFFLUENT GROSS VALUE	XXXXXX	UG/L	XXXXXX	-	-	-
ASBESTOS (FIBROUS)	XXXXXX	UG/L	XXXXXX	-	-	-
34225 2 0	REPORT	30DA AVG	REPORT	-	-	-
EFFLUENT NET VALUE	XXXXXX	UG/L	XXXXXX	-	-	-
ASBESTOS (FIBROUS)	XXXXXX	UG/L	XXXXXX	-	-	-
34225 7 0	REPORT	30DA AVG	REPORT	-	-	-
INTAKE FROM STREAM	XXXXXX	UG/L	XXXXXX	-	-	-
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	XXXXXX	UG/L	XXXXXX	-	-	-
50050 1 0	REPORT	30DA AVG	REPORT	-	-	-
EFFLUENT GROSS VALUE	XXXXXX	UG/L	XXXXXX	-	-	-
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	XXXXXX	UG/L	XXXXXX	-	-	-
J. Hagan	XXXXXX	UG/L	XXXXXX	-	-	-
General Manager	XXXXXX	UG/L	XXXXXX	-	-	-
Hope Creek Operations	XXXXXX	UG/L	XXXXXX	-	-	-
TYPED OR PRINTED	XXXXXX	UG/L	XXXXXX	-	-	-

SAMPLE AND EXPLANATION OF ANY VIOLATIONS REQUIRED ONLY IF MAINTENANCE CHEMICALS CONTAINING THESE METALS ARE USED. IF NOT USED, ENTER "NODIN" FOR THESE METALS.  
Results are reported in a manner consistent with permit requirements.

TELEPHONE: 609 339-3463  
AREA CODE: 609  
NUMBER: 339-3463  
YEAR: 91  
MO: 09  
DAY: 25

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]  
DATE: 91/09/25

EPA Form 3320-1 (Rev. 9-88) Previous editions may be used.

FACILITY	LEE G. HOPKINS CREEK GENERATING ST.
LOCATION	LOWER ALLIWAYS CREEK, NJ. CO. 38

**SOUTHERN REGION**  
NOTE: Read instructions before completing this form.

[illegible]

SAMPLES FOR  $\text{Pb}$ ,  $\text{Cu}$ ,  $\text{Zn}$ , &  $\text{Cr}$  IS REQUIRED ONLY IF MAINTENANCE CHEMICALS CONTAINING THESE METALS ARE USED. IF NOT USED, ENTER "NONE" FOR THESE METALS.

Results are reported in a manner consistent with permit requirements.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 (17-79)

461C  
 DISCHARGE NUMBER

WJ0025411  
 PERMIT NUMBER

PERMITTEE NAME ADDRESS (If applicable)  
 NAME PSE 65  
 ADDRESS P.O. BOX 236/NJ 21  
 HANCOCKS BRIDGE NJ 08078

LOW VOLUME WW SYSTEM  
 MAJOR SOUTHERN REGION  
 SALEM

MONITORING PERIOD  
 YEAR MO DAY YEAR MO DAY  
 FROM 91 08 01 TO 91 08 31  
 (28-29) (22-23) (24-25) (28-29) (30-31)

FACILITY PSEGG HOPE CREEK GENERATING ST  
 LOCATION LOWER ALLOWAYS CREEK NJ 08038  
 DMR NUMBER: 91080921

PARAMETER (17-79)	QUANTITY OR LOADING (14-63)		QUANTITY OR CONCENTRATION (14-63)		QUALITY OR CONCENTRATION (14-63)		NO. EX (14-63)		FREQUENCY OF ANALYSIS (14-63)		SAMPLE TYPE (14-63)	
	(14-63)	(14-63)	(14-63)	(14-63)	(14-63)	(14-63)	(14-63)	(14-63)	(14-63)	(14-63)	(14-63)	(14-63)
TEMPERATURE, WATER	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX
DEG. CENTIGRADE	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000
00010 1 1	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000
EFFLUENT GROSS VALUE	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000
PH	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000
000400 1 0	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000
EFFLUENT GROSS VALUE	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000
SOLIDS, TOTAL	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000
SUSPENDED	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000
000530 1 0	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000
EFFLUENT GROSS VALUE	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000
HYDROCARBONS, IN H2O	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000
IP, CC14 EXT. CHROMAT	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000
000551 1 0	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000
EFFLUENT GROSS VALUE	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000
NITROGEN, AMMONIA	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000
TOTAL (AS N)	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000
000610 1 0	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000
EFFLUENT GROSS VALUE	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000
CARBON, TOT ORGANIC	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000
(TOC)	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000
000680 1 1	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000
EFFLUENT GROSS VALUE	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000
COPPER, TOTAL	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000
(AS CU)	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000
01042 1 0	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000
EFFLUENT GROSS VALUE	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000	000000
I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED ON MY FACILITY WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY KNOWLEDGE OF THE INFORMATION SUBMITTED HEREIN, I BELIEVE THE INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE NO SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 28 U.S.C. § 1319. (Penalty under these statutes may include fines up to \$10,000 and/or a maximum imprisonment of 5 years, and 5 years.)												
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER J. Haqan General Manager Hope Creek Operations TYPED OR PRINTED												
NAME/TITLE PRINCIPAL EXECUTIVE AGENT OFFICE OF AUTHORIZED AGENT 609 AREA CODE 339-3463 NUMBER 91 02 25 YEAR MO DAY												
TELEPHONE DATE												

ADDRESS P.O. BOX 236/N21  
HARDOCKS BRIDGE, N.J. 03038

NJ0025411  
PERMIT NUMBER

461C  
DISCHARGE VALVE

FACILITY	PSECO HOPE CREEK GENERATING ST
LOCATION	LOWER ALLOWAYS CREEK NJ 08038

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
91	08	01		91	08	31

DMR NUMBER: 91080993

LOW VOLUME HW SYSTEM  
MAJOR  
SOUTHERN REGION  
SALEM

NOTE: Read instructions before completing this form.

[illegible]

Results are reported in a manner consistent with permit requirements.

PERMITTEE NAME/ADDRESS (Include  
Facility Name, Location & Address)  
NAME P. D. BOX 236/N21  
ADDRESS P. D. BOX 236/N21  
CITY HANCOCKS BRIDGE NJ 08038

FACILITY PSEB HOPE CREEK GENERATING ST  
LOCATION LOWER ALLOWAYS CREEK NJ 08038

DMR NUMBER: 91060923

MONITORING PERIOD  
FROM 91 08 01 TO 91 08 31  
YEAR MO DAY YEAR MO DAY

MAJOR SOUTHEN REGION  
NORTH STORM DRAIN

SALEM

NOTE: Read instructions before completing this form.

PARAMETER (12-17)	QUANTITY OR LOADING (11 and 12a) (14-15)		QUALITY OR CONCENTRATION (13 and 12b) (16-17)		NO EX (18-19)	FREQUENCY OF ANALYSIS (19-20)	SAMPLE TYPE (20-21)
	XXMMXX (14-15)	UNITS (15-16)	XXMMXX (16-17)	UNITS (17-18)			
PH	XXXXXX	XXXXXX	XXXXXX	XXXXXX	0	1/mo	grab
00400 1 0 EFFLUENT GROSS VALUE	XXXXXX	XXXXXX	XXXXXX	XXXXXX	0	ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	XXXXXX	XXXXXX	XXXXXX	XXXXXX	-	1/mo	grab
00530 1 1 (ADMIN) EFFLUENT GROSS VALUE	XXXXXX	XXXXXX	XXXXXX	XXXXXX	0	ONCE/ MONTH	GRAB
HYDROCARBONS, IN H2O IR+CC14 EXT. CHROMAT	XXXXXX	XXXXXX	XXXXXX	XXXXXX	0	ONCE/ MONTH	grab-1
00551 1 0 EFFLUENT GROSS VALUE	XXXXXX	XXXXXX	XXXXXX	XXXXXX	0	1/mo	grab
CARBON, TOT ORGANIC (TOC)	XXXXXX	XXXXXX	XXXXXX	XXXXXX	0	ONCE/ MONTH	GRAB
00680 1 1 EFFLUENT GROSS VALUE	XXXXXX	XXXXXX	XXXXXX	XXXXXX	0	ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	XXXXXX	XXXXXX	XXXXXX	XXXXXX	-	1/mo	
50050 1 0 EFFLUENT GROSS VALUE	XXXXXX	XXXXXX	XXXXXX	XXXXXX	-	ONCE/ MONTH	

SAMPLES FOR ANALYSIS OF 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. Results are reported in a manner consistent with permit requirements.

EPA Form 3320-1 (Rev. 9-88) Previous editions may be used

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
J. Hagan  
General Manager  
Hope Creek Operations  
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT  
[Signature]  
609 639-3463  
NUMBER

TELEPHONE  
DATE  
91 09 25  
YEAR MO DAY

PAGE 3 12

NAME PSECO

ADDRESS P.O. BOX 236/M21

MANCOCKS BRIDGE NJ 08038

FACILITY PSECO HOPE CREEK GENERATING ST  
LOCATION LOWER ALLIWAYS CREEK NJ 08038

DMR NUMBER: 91080931

(2-16)

PERMIT NUMBER NJ0025411

MONITORING PERIOD

FROM YEAR 91 MO 08 DAY 01 TO YEAR 91 MO 08 DAY 31

SEWAGE W-M

MAJOR

SOUTHERN REGION

SALM

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	QUANTITY OR LOADING (54-61)		UNITS		QUALITY OR CONCENTRATIONS (64-73)		NO. EX ANALYSIS (64-68)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (65-70)
	(1 Card Only) (46-53)	(1 Card Only) (46-53)	(1 Card Only) (46-53)	(1 Card Only) (46-53)	(1 Card Only) (46-53)	(1 Card Only) (46-53)			
POD, 5-DAY (20 DEG. C)	REPORT 30DA AVG	55.2	REPORT DAILY MX	97.1	REPORT 30DA AVG	610	0	1/mo	grab
00310 G O	REPORT 30DA AVG	2.8	REPORT DAILY MX	4.9	REPORT 30DA AVG	31	0	1/mo	grab
RAW SEM/INFLUENT	REPORT 30DA AVG	6.80000	REPORT DAILY MX	6.6	REPORT 30DA AVG	7.2	0	2/wk	grab
800, 5-DAY (20 DEG. C)	REPORT 30DA AVG	0.00000	REPORT DAILY MX	0.00000	REPORT 30DA AVG	0.00000	0	1/mo	grab
00310 I O	REPORT 30DA AVG	0.00000	REPORT DAILY MX	0.00000	REPORT 30DA AVG	0.00000	0	1/mo	grab
EFFLUENT GROSS VALUE	REPORT 30DA AVG	0.00000	REPORT DAILY MX	0.00000	REPORT 30DA AVG	0.00000	0	1/mo	grab
PH	REPORT 30DA AVG	0.00000	REPORT DAILY MX	0.00000	REPORT 30DA AVG	0.00000	0	1/mo	grab
00400 I O	REPORT 30DA AVG	0.00000	REPORT DAILY MX	0.00000	REPORT 30DA AVG	0.00000	0	1/mo	grab
EFFLUENT GROSS VALUE	REPORT 30DA AVG	0.00000	REPORT DAILY MX	0.00000	REPORT 30DA AVG	0.00000	0	1/mo	grab
SOLIDS, TOTAL	REPORT 30DA AVG	0.00000	REPORT DAILY MX	0.00000	REPORT 30DA AVG	0.00000	0	1/mo	grab
SUSPENDED	REPORT 30DA AVG	0.00000	REPORT DAILY MX	0.00000	REPORT 30DA AVG	0.00000	0	1/mo	grab
00530 G O	REPORT 30DA AVG	0.00000	REPORT DAILY MX	0.00000	REPORT 30DA AVG	0.00000	0	1/mo	grab
RAW SEM/INFLUENT	REPORT 30DA AVG	0.00000	REPORT DAILY MX	0.00000	REPORT 30DA AVG	0.00000	0	1/mo	grab
SOLIDS, TOTAL	REPORT 30DA AVG	0.00000	REPORT DAILY MX	0.00000	REPORT 30DA AVG	0.00000	0	1/mo	grab
SUSPENDED	REPORT 30DA AVG	0.00000	REPORT DAILY MX	0.00000	REPORT 30DA AVG	0.00000	0	1/mo	grab
00530 I O	REPORT 30DA AVG	0.00000	REPORT DAILY MX	0.00000	REPORT 30DA AVG	0.00000	0	1/mo	grab
EFFLUENT GROSS VALUE	REPORT 30DA AVG	0.00000	REPORT DAILY MX	0.00000	REPORT 30DA AVG	0.00000	0	1/mo	grab
OIL AND GREASE	REPORT 30DA AVG	0.00000	REPORT DAILY MX	0.00000	REPORT 30DA AVG	0.00000	0	1/mo	grab
FREON EXTRA-GRAY METH	REPORT 30DA AVG	0.00000	REPORT DAILY MX	0.00000	REPORT 30DA AVG	0.00000	0	1/mo	grab
00550 I O	REPORT 30DA AVG	0.00000	REPORT DAILY MX	0.00000	REPORT 30DA AVG	0.00000	0	1/mo	grab
EFFLUENT GROSS VALUE	REPORT 30DA AVG	0.00000	REPORT DAILY MX	0.00000	REPORT 30DA AVG	0.00000	0	1/mo	grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	REPORT 30DA AVG	0.02391	REPORT DAILY MX	0.04204	REPORT 30DA AVG	0.00000	0	1/mo	grab
50050 I O	REPORT 30DA AVG	0.00000	REPORT DAILY MX	0.00000	REPORT 30DA AVG	0.00000	0	1/mo	grab
EFFLUENT GROSS VALUE	REPORT 30DA AVG	0.00000	REPORT DAILY MX	0.00000	REPORT 30DA AVG	0.00000	0	1/mo	grab
<p>NAME/TITLE: J. Bagan, General Manager, Hope Creek Operations</p> <p>TELEPHONE: 609 339-3463</p> <p>DATE: 91 09 25</p> <p>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]</p>									

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all data to permit requirements)

Results are reported in a manner consistent with permit requirements.

ADDRESS P.O. BOX 236/W21  
HANCOCKS BRIDGE MA 05038

NJ0025411  
PLANT NUMBER

4623	DISCHARGE NUMBER
------	------------------

FACILITY	FSEG HOPE CREEK GENERATING ST.
LOCATION	LOWER ALLOWAYS CREEK NJ 08038

MONITORING PERIOD								
YEAR		MO	DAY	TO		YEAR	MO	DAY
91	08	01				91	08	31

DMR NUMBER: 91000923

2.8	2.8	2.8
(26.27)	(28.29)	(30.31)

NOTE: Read instructions before completing this form.

0-800-695-7272

(3 Card Only)	QUANTITY OR LOADING
1000	1000

QUALITY OR CONCENTRATION

PARAMETER (32-37)	UNIT (38-39)	ANALYSIS (40-41)	EX (42-43)	TYPE (44-45)	SAMPLE (46-47)
COLIFORM, FECAL					
GENERAL					
74055 1 0					
EFFLUENT GROSS VALUE					
BOD, 5-DAY PERCENT					
REMOVAL					
81010 K 0					
PERCENT REMOVAL					
SOLIDS, SUSPENDED					
PERCENT REMOVAL					
81011 K 0					
PERCENT REMOVAL					
OXYGEN DEMAND					
FIRST STAGE					
82210 1 0					
EFFLUENT GROSS VALUE					

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

J. Hagan

General Manager

Hope Creek Operations

TYPED OR PRINTED

DEFECT UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY KNOWLEDGE OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, BELIEVE THE SUBMITTED INFORMATION IS TRUE AND ACCURATE. I COMPLETELY AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING A FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 30 U.S.C. § 1319. (Phrasing under these penalties may include: fines up to \$50,000 and imprisonment 5 years.)

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all other findings here)

Results are reported in a manner consistent with permit requirements.

NAME PSEGG  
ADDRESS P.O. BOX 236/N21  
HAWCKS BRIDGE, NJ 08038

NJ002541A  
EXHIBIT NUMBER

463A  
DISC 144 DISC 145A DISC 146

FACILITY	PSEGG HOPE CREEK GENERATING ST
LOCATION	LOWER ALLOWAYS CREEK, NJ 08038

MONITORING PERIOD							
FROM		TO		YEAR		MO DAY	
31	08	01	91	06	31		

DMR NUMBER: 91080993

MAJOR SALEM

SOUTHERN REGION  
NOTES

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	(3 Card Only) (46-53)		QUANTITY OR LOADING (54-61)		(4 Card Only) (59-65)		QUALITY OR CONCENTRATION (66-73)		UNITS	MO. EX	FREQUENCY OF ANALYSIS (69-70)	SAMPLE TYPE
	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX				
PH			000000	000000	000000	000000	8.8	000000		0	1/mo	grab
00400 1 0 EFFLUENT GROSS VALUE			000000	000000	0000	0000	6.00000 MINIMUM	000000	50		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED			000000	000000	0000	0000	000000	43		-	1/mo	grab
00530 1 1 (ADMIN) EFFLUENT GROSS VALUE			000000	000000	0000	0000	000000	REPORT DAILY MX	MG/L		ONCE/ MONTH	GRAB
HYDROCARBONS IN H2O IR, CCl4 EXT, CHROMAT			000000	000000	0000	0000	000000	XXX 0.84 XXX 2		0	1/mo	grab
00551 1 0 EFFLUENT GROSS VALUE			000000	000000	0000	0000	000000	REPORT DAILY MX	MG/L		ONCE/ MONTH	GRAB
CARBON, TOT ORGANIC (TOC)			000000	000000	0000	0000	000000	9.1		0	1/mo	grab
00680 1 1 EFFLUENT GROSS VALUE			000000	000000	0000	0000	000000	REPORT DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT			0.26717	0.26717	0000	0000	000000	000000		-	1/mo	
50050 1 0 EFFLUENT GROSS VALUE			REPORT DAILY MX	REPORT DAILY MX	0000	0000	000000	000000			ONCE/ MONTH	

NAME/TITLE: **Principal Executive Officer**

**J. Hagan**

**General Manager**

**Hope Creek Operations**

TYPED OR PRINTED

DATE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

YEAR: \_\_\_\_\_ MO: \_\_\_\_\_ DAY: \_\_\_\_\_

339-3463 91 09 25

609 AREA CODE

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER

OFFICER OR AUTHORIZED AGENT

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 DAY PERIOD OF 72 HRS. Results are reported in a manner consistent with permit requirements.

PERMITTEE NAME/ADDRESS (Include Facility Name if Different)

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

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

DMR NUMBER: 91080933

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

PERMIT NUMBER NJ0025411

DISCHARGE NUMBER 464A

MONITORING PERIOD  
 YEAR MO DAY TO YEAR MO DAY  
 FROM 91 08 01 91 08 31

PERIM STORM DRAIN  
 MAJOR SOUTHERN REGION  
 NOTE: Read instructions before completing this form.

PARAMETER (2.37)	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	QUANTITY OR LOADING (54.53)		QUALITY OR CONCENTRATION (54.53)		UNITS	NO. EX	FREQUENCY OF ANALYSIS (54.58)	SAMPLE TYPE (54.70)
			(20.21)	(22.25)	(26.27)	(28.29)				
PH			000000	000000	000000	000000		0	1/mo	grab
00400 I O			000000	000000	000000	000000		0	ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE			000000	000000	000000	000000		-	1/mo	grab
SOLIDS, TOTAL			000000	000000	000000	000000		0	ONCE/MONTH	GRAB
SUSPENDED			000000	000000	000000	000000		0	ONCE/MONTH	GRAB
00530 I 1 (ADMIN)			000000	000000	000000	000000		0	ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE			000000	000000	000000	000000		0	ONCE/MONTH	GRAB
HYDROCARBONS, IN H2O			000000	000000	000000	000000		0	ONCE/MONTH	GRAB
IR, CC14 EXT. CHROMAT			000000	000000	000000	000000		0	ONCE/MONTH	GRAB
00551 I O			000000	000000	000000	000000		0	ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE			000000	000000	000000	000000		0	ONCE/MONTH	GRAB
CARBON, TOT ORGANIC (TOC)			000000	000000	000000	000000		0	ONCE/MONTH	GRAB
00680 I 1			000000	000000	000000	000000		0	ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE			000000	000000	000000	000000		0	ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT			000000	000000	000000	000000		0	ONCE/MONTH	GRAB
50050 I O			000000	000000	000000	000000		0	ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE			000000	000000	000000	000000		0	ONCE/MONTH	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 BELIEVE THE 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 five years and 5 years.)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 J. Hagan  
 General Manager  
 Hope Creek Operations  
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
 [Signature]  
 609 339-3463 91 09 25  
 AREA NUMBER YEAR MO DAY

SAMPLES WERE TAKEN DURING THE 1ST PRECIPITATION EVENT OF MONTH WHICH CAUSES DISCHARGE DURING WORKING HRS & IS PRECEDED BY MINIMUM DRY PERIOD OF 72 HRS. Results are reported in a manner consistent with permit requirements.

(REPLACES EPA FORM 1-40 WHICH MAY NOT BE USED)

EPA Form 3320-1 (Rev. 9-88) Previous editions may be used.

LAES: 08153-77535-06431

PAGE 12 OF 12