Exeldr

Nuclear

Limerick Generating Station 3146 Sanatoga Road Pottstown, PA 19464 www.exeloncorp.com

June 20, 2008

50-352/353

Mr. Eric P. Schaffhausen, Chairman Board of Supervisors Bedminster Township Bedminster Municipal Township Building P.O. Box 92 3112 Bedminster Road Bedminster, PA 18910

Subject: NPDES Permit Renewal for Bradshaw Reservoir, PA0052221

Dear Mr. Schaffhausen:

Pursuant to PA Act 14, P.L. 834, we hereby notify you that the Exelon Generation, LLC. will be filing with the Pennsylvania Department of Environmental Protection (PaDEP) for renewal of an NPDES Discharge Permit at our Bradshaw Reservoir Facility. Renewal of the permit is required to continue the discharge of water from the Bradshaw Reservoir site to the East Branch Perkiomen Creek.

Acts 67 and 68, which amended the Municipalities Planning Code to support sound land use practices and planning efforts, direct state agencies to consider comprehensive plans and zoning ordinances when reviewing applications for permitting of facilities or infrastructure, and specify that state agencies may rely upon comprehensive plans and zoning ordinances under certain conditions as described in Sections 619.2 and 1105 of the Municipalities Planning Code. Enclosed is a General Information Form (GIF) we have completed for this project. DEP invites you to review the attached GIF and comment on the land use aspects of this project; please be specific to DEP when identifying any areas of conflict. If you wish to submit comments for DEP to consider in a land use review of this project, you must respond within 30 days to the DEP regional office listed below. If there are no land use comments received by the end of the comment period, DEP will assume that there are no substantive land use conflicts and proceed with the normal application review process.

Please submit any comments concerning this project within 30 days from date of receipt of this letter to the DEP Soils and Waterways Section.

For more information about this land use review process, please visit www.dep.state.pa.us (directLINK: "Land Use Reviews").

Cool MRR

If you have any questions concerning the application, please contact Mr. Robert Alejnikov at (610) 718-2513.

Sincerely,

Chuth M Cong

Christopher M. Cooney Manager, Chemistry/Radwaste/Environmental Exelon Nuclear

Bcc: Ryan, H.A. Mudrick, C.H. GML5-1 Callan, E.W. GML5-1 Cooney, C.M. SSB2-1 Weyhmuller, P.R. SSB3-1 Mitten, S.A. SSB2-1 Wyler, C.B. SSB4-5 Alejnikov, R.P. SSB2-1 USNRC Correspondence Control Desk



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION GENERAL INFORMATION FORM – AUTHORIZATION APPLICATION

Before completing this General Information Form (GIF), read the step-by-step instructions provided in this application package. This version of the General Information Form (GIF) must be completed and returned with any program-specific application being submitted to the Department.

	Related ID#s (If Known	1)	· . ·		DEP	USE O	NLY	
Client ID# 1476	86 APS	S ID#	13951		Date Recei	ved & Gei	ieral Notes	
Site ID# 4522			13333		* · · ·			•
Facility ID# 4794						•		
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			INFORMA	ATION				
DEP Client ID#	Client Typ	be / Co	de			·		
147686	LLC							
	or Registered Fictitious	s Name		Employer	• •	Dun 8	Bradst	reet ID#
EXELON GENERATI	· · · · · · · · · · · · · · · · · · ·		<u> </u>	23-064219			·	
Individual Last Nam	e Fir	rst Narr	ne	MI	Suffix	k SSI	N	•
Additional Individua	I Last Name Fir	rst Nam	าย	МІ	Suffix	s SSI	N	· .
Mailing Address Lin	e 1	· a	Mailin	g Address L	ine 2	, .		
200 Exelon Way	· · · · · · · · · · · · · · · · · · ·			<u> </u>		·	. ·	
Address Last Line -	City		State	ZIP+4	Co	ountry		
Kennett Square			PA	19348		SA		
Client Contact Last	Name	First N	Name		MI		Su	ffix
Siglin	·····	Tracy	·		J			_
Client Contact Title	·			•	Phone		Ex	t s
Environmental Specia	alist			· · ·	610-765-	5904		·
Email Address	·			,	FAX			
tracy.siglin@exelonco			· · · · · · · · · · · · · · · · · · ·		610-765-	5807		
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Phone Ext F	AX	Email	Address	•		
610-718-2500 6	610-718-2721	seth.n	nitten@exelo	ncorp.com	_	
NAICS Codes (Two- & Three-Digit Codes	- List All That	Apply)		6-Digit Code	(Optional)	
22-221	· · · · · · · · · · · · · · · · · · ·		•			
Client to Site Relationship	-					
	FACILITY	INFORM			······	
Modification of Existing Facility	TAVIEIT				Yes	No
I. Will this project modify an exist	ing facility.	system, or a	activity?			
2. Will this project involve an addi	tion to an ex	isting facili	ity, system, o		· 🗖	\boxtimes
If "Yes", check all relevant facility				cation number		DED 5- 10#
Facility Type	DEP Fac I		Facility Type	s Mining Operatio		DEP Fac ID#
Beneficial Use (water)			aboratory Locati			
Blasting Operation		— <u> </u>	and Recycling C	Cleanup Location		
Captive Hazardous Waste Operation				nt/LandRecyProjL	ocation	
Coal Ash Beneficial Use Operation			Iunicipal Waste	Operation chment Location		
Coal Mining Operation Coal Pillar Location			Dil & Gas Encroa			<i>y</i> ,
Commercial Hazardous Waste Operation				Poll Control Facili	ty	
Dam Location			ublic Water Sup			
Deep Mine Safety Operation -Anthracite			adiation Facility			
Deep Mine Safety Operation -Bituminous Deep Mine Safety Operation -Ind Minerals			lesidual Waste C torage Tank Loc			
Encroachment Location (water, wetland)			Vater Pollution C			
Erosion & Sediment Control Facility			/ater Resource	-		
Explosive Storage Location		the second s	ther:	r		
Latitude/Longitude	Degrade	Latitude	Seconds		Longitude Minutes	Secondo
Point of Origin	Degrees	Minutes	Seconds	Degrees	winutes	Seconds
Iorizontal Accuracy Measure	Feet		O r	- Mete	ers	L
Iorizontal Reference Datum Code	Nort	h American	Datum of 192	27	1	
			Datum of 198			
Iorizontal Collection Method Code	U Wor	la Geodetic	System of 19	184		
Reference Point Code			· · ·	· · · · · · · · · · · · · · · · · · ·		
Altitude	Feet		0 r	- Mete	ers	
Altitude Datum Name				al Datum of 19		
			ican Vertical I	Datum of 198	3 (NAVD88))
Altitude (Vertical) Location Datum Col	lection Meth	od Code				·
Geometric Type Code						
Source Map Scale Number	- <u> </u>	Inch(es)	=		Feet	
O r	······································	Centimete	r(s) =		Meter	s
	PROJECT	INFORM	ATION			
Project Name			·····			
Bradshaw Reservoir				,		
Project Description						
IPDES permit renewal for discharge of I	Jelaware Riv	er water fror	n Bradshaw f	Heservoir to th	e East Brar	nch .
Perkiomen Creek Project Consultant Last Name	 Fire	t Name		MI	Suf	fix
- CJOVE CONSUMERINE EAST MAINE	1 11 3			1411	501	
Project Consultant Title		Consu	Iting Firm	,		
failing Address Line 1		Mailin	g Address L	ine 2		
Address Last Line – City	<u></u>	State		ZiP	-4	
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Phor	ne Ext FAX Email Address				
Time	Schedules Project Milestone (Optional)		<u></u>		
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			·····		
1.	Is this application for an authorization type on the list of authorizations affected by the land use policy?		Yes		No
	Note: If "Yes", you must complete the following Land Use Information section, unless e	xempte	d by Que	stions	2 or 3
	below.		,		
	If "No", skip Questions 2 & 3 below as well as the following Land Use Information	section	ו.		
	For referenced list, see Appendix A attached to the GIF Instructions.				
2.	For an Air program authorization only. All other authorizations continue		Yes		No
	with Question 3 below. Will the permit authorize the construction of				
	facilities outside an existing permitted area?				
	Note: If "Yes", you must complete the following Land Use Information section unless ex	empted	by Que	stion 3	below.
	If "No", skip Question 3 below as well as the following Land Use Information section	ion.			
3.	Have you attached or submitted municipal and county 'Early Opt Out'		Yes		No
	approval letters for the project?				
	Note: If "Yes" to Question 3, skip the following Land Use Information section. This show				
	applicant is choosing the early opt-out option. Required approval letters describe	d in the	GIF Che	ecklist a	and
	Instructions should be attached.				
	If "No" to Question 3, continue with the following Land Use Information section.				
	LAND USE INFORMATION				
Note	: Applicants are encouraged to submit copies of local land use approvals or other	eviden	ce of co	mplian	се
	ocal comprehensive plans and zoning ordinances.			•	
1.	Is there a municipal comprehensive plan(s)?		Yes		No
2.	Is there a county comprehensive plan(s)?		Yes		No
3.	Is there a multi-municipal or multi-county comprehensive plan?		Yes		No
4.	Is the proposed project consistent with these plans? If no plan(s) exists,	$\overline{\Box}$	Yes	- <u> </u>	No
	answer "Yes".				
5.	Is there a municipal zoning ordinance(s)?		Yes		No
6.	Is there a joint municipal zoning ordinance(s)?	<u> </u>	Yes	Ē	No
7.	Will the proposed project require a zoning approval (e.g., special		Yes	- Ā-	No
••	exception, conditional approval, re-zoning, variance)? If zoning approval				
	has already been received, attach documentation.				
8.	Are any zoning ordinances that are applicable to this project currently the		Yes		No
8.	Are any zoning ordinances that are applicable to this project currently the subject of any type of legal proceeding?		Yes		No
	subject of any type of legal proceeding?				
	subject of any type of legal proceeding? Will the project be located on a site that has been or is being remediated		Yes		No No
9.	subject of any type of legal proceeding? Will the project be located on a site that has been or is being remediated under DEP's Land Recycling Program?		Yes		No
	subject of any type of legal proceeding? Will the project be located on a site that has been or is being remediated under DEP's Land Recycling Program? Will the project result in reclamation of abandoned mine lands through re-				
9. 10.	subject of any type of legal proceeding? Will the project be located on a site that has been or is being remediated under DEP's Land Recycling Program? Will the project result in reclamation of abandoned mine lands through re- mining or as part of DEP's Reclaim PA Program?		Yes		No No
9. 10.	subject of any type of legal proceeding? Will the project be located on a site that has been or is being remediated under DEP's Land Recycling Program? Will the project result in reclamation of abandoned mine lands through re- mining or as part of DEP's Reclaim PA Program? Will the project be located in an agricultural security area or an area		Yes		No
9. 10. 11.	subject of any type of legal proceeding? Will the project be located on a site that has been or is being remediated under DEP's Land Recycling Program? Will the project result in reclamation of abandoned mine lands through re- mining or as part of DEP's Reclaim PA Program? Will the project be located in an agricultural security area or an area protected under an agricultural conservation easement?		Yes Yes Yes		No No No
9.	subject of any type of legal proceeding? Will the project be located on a site that has been or is being remediated under DEP's Land Recycling Program? Will the project result in reclamation of abandoned mine lands through re- mining or as part of DEP's Reclaim PA Program? Will the project be located in an agricultural security area or an area protected under an agricultural conservation easement? Will the project be located in a Keystone Opportunity Zone or Enterprise		Yes		No No
9. 10. 11.	subject of any type of legal proceeding? Will the project be located on a site that has been or is being remediated under DEP's Land Recycling Program? Will the project result in reclamation of abandoned mine lands through re- mining or as part of DEP's Reclaim PA Program? Will the project be located in an agricultural security area or an area protected under an agricultural conservation easement?		Yes Yes Yes		No No No

COORDINATION INFORMATION

<u>Note</u>: The PA Historical and Museum Commission must be notified of proposed projects in accordance with DEP Technical Guidance Document 012-0700-001 and the accompanying Cultural Resource Notice Form.

If the activity will be a mining project (i.e., mining of coal or industrial minerals, coal refuse disposal and/or the operation of a coal or industrial minerals preparation/processing facility), respond to questions 1.0 through 2.5 below.

If the activity will not be a mining project, skip questions 1.0 through 2.5 and begin with question 3.0.

1.0	Is this a coal mining project? If "Yes", respond to 1.1-1.6. If "No", skip to Question 2.0. (DEP Use/48y1)	Yes		No
1.1	Will this coal mining project involve coal preparation/ processing activities in which the total amount of coal prepared/processed will be equal to or greater than 200 tons/day? (DEP Use/4x70)	Yes	•	No
1.2	Will this coal mining project involve coal preparation/ processing activities in which the total amount of coal prepared/processed will be greater than 50,000 tons/year? (DEP Use/4x70)	Yes		No
1.3	Will this coal mining project involve coal preparation/ processing activities in which thermal coal dryers or pneumatic coal cleaners will be used? (DEP Use/4x70)	Yes		No
1.4	For this coal mining project, will sewage treatment facilities be constructed and treated waste water discharged to surface waters? (DEP Use/4x62)	Yes		No
1.5	Will this coal mining project involve the construction of a permanent impoundment meeting one or more of the following criteria: (1) a contributory drainage area exceeding 100 acres; (2) a depth of water measured by the upstream toe of the dam at maximum storage elevation exceeding 15 feet; (3) an impounding capacity at maximum storage elevation exceeding 50 acre-feet? (DEP Use/3140)	Yes		No
1.6	Will this coal mining project involve underground coal mining to be conducted within 500 feet of an oil or gas well? (DEP Use/4z41)	Yes		No
2.0	Is this a non-coal (industrial minerals) mining project? If "Yes", respond to 2.1-2.6. If "No", skip to Question 3.0. (DEP Use/48y1)	Yes		No
2.1	Will this non-coal (industrial minerals) mining project involve the crushing and screening of non-coal minerals other than sand and gravel? (DEP Use/4x70)	Yes		No
2.2	Will this non-coal (industrial minerals) mining project involve the crushing and/or screening of sand and gravel with the exception of wet sand and gravel operations (screening only) and dry sand and gravel operations with a capacity of less than 150 tons/hour of unconsolidated materials? (DEP Use/4x70)	Yes		No
2.3	Will this non-coal (industrial minerals) mining project involve the construction, operation and/or modification of a portable non-metallic (i.e., non-coal) minerals processing plant under the authority of the General Permit for Portable Non-metallic Mineral Processing Plants (i.e., BAQ-PGPA/GP-3)? (DEP Use/4x70)	Yes		No
2.4	For this non-coal (industrial minerals) mining project, will sewage treatment facilities be constructed and treated waste water discharged to surface waters? (DEP Use/4x62)	Yes		No
2.5	Will this non-coal (industrial minerals) mining project involve the construction of a permanent impoundment meeting one or more of the following criteria: (1) a contributory drainage area exceeding 100 acres; (2) a depth of water measured by the upstream toe of the dam at maximum storage elevation exceeding 15 feet; (3) an impounding capacity at maximum storage elevation exceeding 50 acre-feet? (DEP Use/3140)	Yes		No

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3.0	Will your project, activity, or authorization have anything to do with a well related to oil or gas production, site development for such activity, or the waste from such a well? If "Yes", respond to 3.1-3.3. If "No", skip to Question 4.0. (DEP Use/4z41)	Yes		No
3.1	Does the oil- or gas-related project involve any of the following: placement of fill, excavation within or placement of a structure, located in, along, across or projecting into a watercourse, floodway or body of water (including wetlands)? (DEP Use/4z41)	Yes		No
3.2	Will the oil- or gas-related project involve discharge of industrial wastewater or stormwater to a dry swale, surface water, ground water or an existing sanitary sewer system or storm water system? If "Yes", discuss in <i>Project Description</i> . (DEP Use/4z41)	Yes		No
3.3	Will the oil- or gas-related project involve the construction and operation of industrial waste treatment facilities? (DEP Use/4z41)	Yes		No
4.0	Will the project involve a construction activity that results in earthdisturbance?If "Yes", specify the total disturbed acreage. (DEP Use/4x66)4.0.1Total Disturbed Acreage	Yes	·□	No
5.0	Does the project involve any of the following: placement of fill, excavation within or placement of a structure, located in, along, across or projecting into a watercourse, floodway or body of water (including wetlands)? (DEP Use/4x66)	Yes		No
6.0	Will the project involve discharge of industrial wastewater or stormwater to a dry swale, surface water, ground water or an existing sanitary sewer system or separate storm water system? If "Yes", discuss in <i>Project</i> <i>Description</i> . (DEP Use/4x62)	Yes		No
7.0	Will the project involve the construction and operation of industrial waste treatment facilities? (DEP Use/4x62)	Yes		No
8.0	Will the project involve construction of sewage treatment facilities,sanitary sewers, or sewage pumping stations? If "Yes", indicate estimatedproposed flow (gal/day). Also, discuss the sanitary sewer pipe sizes and thenumber of pumping stations/treatment facilities/name of downstream sewagefacilities in the Project Description, where applicable. (DEP Use/4x62)8.0.1Estimated Proposed Flow (gal/day)	Yes		No
9.0	Was sewage planning submitted and approved? If "Yes", attach the Act 537 approval letter unless the submitted application is actually requesting Act 537 approval (Approval required prior to 105/NPDES approval). (DEP Use/4x61)	Yes		No
10.0	9.0.1Is Act 537 Approval Letter attached?Is this project for the beneficial use of biosolids for land application within Pennsylvania? If "Yes" indicate how much (i.e. gallons or dry tons per year). (DEP Use/4X62)10.0.1Gallons Per Year (residential septage) 10.0.210.0.2Dry Tons Per Year (biosolids)	Yes Yes		No No
11.0	Does the project involve construction, modification or removal of a dam? If "Yes", identify the dam. (DEP Use/3140) 11.0.1 Dam Name	Yes		No
12.0	Will the project interfere with the flow from, or otherwise impact, a dam?If "Yes", identify the dam. (DEP Use/3140)12.0.1Dam Name	Yes		No
13.0	 Will the project involve operations (excluding during the construction period) that produce air emissions (i.e., NOX, VOC, etc.)? If "Yes" identify each type of emission followed by the amount of that emission. (DEP Use/4x70) 13.0.1 Enter all types & amounts of emissions; separate each set with semicolons. 	Yes		No

8000-1	PM-110001 Rev 06/07/2002				
14.0	Is an on-site drinking water supply (well), other than individual house wells, proposed for your project? If "Yes", indicate total number of people served and/or the total number of connections served, if applicable. Also,		Yes		No
	check all proposed sub-facilities. (DEP Use/4x81)				
	14.0.1 Number of Persons Served				
	14.0.2 Number of Employee/Guests	······································			
	14.0.3 Number of Connections				
	14.0.4 Sub-Fac: Distribution System	<u> </u>	Yes		No
	14.0.5 Sub-Fac: Water Treatment Plant		Yes	Ы	No
	14.0.6 Sub-Fac: Source	П	Yes		No
-	14.0.7 Sub-Fac: Pump Station		Yes		No
	14.0.8 Sub-Fac: Entry Point		Yes		No
	14.0.9 Sub-Fac: Transmission Main		Yes	ŏ	No
	14.0.10 Sub-Fac: Storage Facility		Yes	ď	No
15.0	Will your project involve purchasing water in bulk, excluding during the		Yes	-H-	No
15.0	construction period? If "Yes, name the provider. Also, indicate the daily	<u>с</u>			NO
	number of employees or guests served. (DEP Use/4x81)				
	15.0.1 Provider's Name				·
	15.0.2 Number of Employees/Guests				
16.0	Is your project to be served by public water supply? If "Yes", indicate		Yes	L	No
	name of supplier and attach letter from supplier stating that it will serve the				
	project. (DEP Use/4x81)				
1 1	16.0.1 Supplier's Name				
	16.0.2 Letter of Approval from Supplier is Attached		Yes		No
17.0	Will this project involve a new or increased drinking water withdrawal		Yes		No
	from a stream or other water body? If "Yes", provide name of stream.				
	(DEP Use/4x81)				
	17.0.1 Stream Name				
18.0	Will the construction or operation of this project involve treatment,		Yes		No
	storage, reuse, or disposal of waste? If "Yes", indicate what type (i.e.,				
	hazardous, municipal (including infectious & chemotherapeutic), residual) and				
	the amount to be treated, stored, re-used or disposed. (DEP/Use4x32) 18.0.1 Type & Amount				
19.0	18.0.1 Type & Amount Will your project involve the removal of coal, minerals, etc. as part of any		Yes		No
19.0	earth disturbance activities? (DEP Use/48y1)	L	162		NU
20.0	Does your project involve installation of a field constructed underground		Yes		No
	storage tank? If "Yes", list each Substance & its Capacity. Note: Applicant			_	
	may need a Storage Tank Site Specific Installation Permit. (DEP Use/2570)				
	20.0.1 Enter all substances &				
	capacity of each; separate		•		
	each set with semicolons.				
21.0	Does your project involve installation of an aboveground storage tank		Yes		No
	greater than 21,000 gallons capacity at an existing facility? If "Yes", list				
	each Substance & its Capacity. Note: Applicant may need a Storage Tank				
	Site Specific Installation Permit. (DEP Use/2570)				
	21.0.1 Enter all substances &				
	capacity of each; separate				
	each set with semicolons.				
22.0	Does your project involve installation of a tank greater than 1,100 gallons		Yes		No
	which will contain a highly hazardous substance as defined in DEP's Regulated Substances List, 2570-BK-DEP2724? If "Yes", list each				
	Substance & its Capacity. Note: Applicant may need a Storage Tank Site				
	Specific Installation Permit. (DEP Use/2570)				
	22.0.1 Enter all substances &				
	capacity of each; separate				
	each set with semicolons.				

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8000-PM-IT0001 Rev 06/07/2002

23.0	· · ·	ur project involve installation of a storage tank at a new facility		Yes .		No		
		tal AST capacity greater than 21,000 gallons? If "Yes", list each			· •			
	Substand	ce & its Capacity. Note: Applicant may need a Storage Tank Site		-				
	Specific	nstallation Permit. (DEP Use/2570)						
	23.0.1	Enter all substances &		-		•		
	. .	capacity of each; separate	•					
		each set with semicolons.	·		_			
CERTIFICATION								

I certify that I have the authority to submit this application on behalf of the applicant named herein and that the information provided in this application is true and correct to the best of my knowledge and information.

Type or Print Name

Christopher H. Mudrick

	Site Vice President,	
Christerh 1. Mulnil	Limerick Generating Station	6/24/08
Signature	Title	Date

Applicant Name:

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF WATER STANDARDS AND FACILITY REGULATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) APPLICATION FOR PERMIT TO DISCHARGE INDUSTRIAL WASTEWATER

Before completing this form, read the step-by-step instructions provided in this application package.

Client ID# Site ID# Facility ID#

147686 452264 479459

Related ID#s (If Known) APS ID# 13951 Auth ID# 13333

DEP USE ONLY Date Received & General Notes

APPLICANT IDENTIFIER

Applicant/Operator Name

Is this an application for a:

New permit

Complete the General Information Form (GIF) 8000-PM-IT0001 and attach to the front of the application.

Permit Renewal

List the current NPDES Permit number PA0052221

Complete the Client and Site Sections of the GIF and attach to the front of the application.

Permit Amendment or Permit Renewal with Amendment

List the current NPDES Permit number PA

List the current WQM Permit number

Complete the GIF and attach to the front of the application.

GENERAL INFORMATION					
1.	SIC Code	NAICS Code	Corresponding SIC/NAICS Description		
	4911	.22-221	Steam Electric Generation		
			· · · · · · · · · · · · · · · · · · ·		
			1		
2.	Is the facility requ	uired to obtain a storm	water NPDES permit for any listed SIC code?		
	YES (An	swer question 3 below	n.) 🛛 NO (Skip question 3.)		
3.	Is the facility app	lying for permit exemp	tion under the No Exposure rule? (See Instructions)		
	STES [] NO			

General Description and Nature of Business. 4.

Transfer of water from Delaware River to Bradshaw Reservoir, then to the Perkiomen Creek, ultimately used as Limerick Generating Station cooling water

5. List all NPDES and WQM Permits issued by DEP for this facility.

Permit Type	Permit Number	Date Issued
NPDES	PA0052221	12/16/03

- 1 -

0 - 0

Applicant Name:

NO

6. ATTACH TOPOGRAPHIC MAP (See Instructions)

7. NUMBER OF OUTFALLS

1.	1. NOMBER OF COTTAELO						
	a.	Industrial Wastewater Only	1	Complete Module 1 and associated Modules.			
	Б.	Combined Industrial Wastewater and Stormwater		Complete Module 1, associated Modules and Module 12 or Module 14 (if required).			
	C.	Stormwater Only		Complete Module 12 or Module 14.			

8. OUTFALL LOCATION: Using the same Locational Data supplied on the General Information Form under Facility Information, list the latitude and longitude of the location to the nearest ten-thousandth of a second and the name of the receiving water of each outfall. Where available, the receiving stream width and depth should also be provided using actual measurements or topographic map and navigational charts.

	LATIT	UDE	E LONGITUDE				LOW FLOW STREAM		
Deg	Min	Sec	Deg	Min	Sec	(Name)	Width (ft)	Depth (ft)	
40	24	45	75	13	21	East Branch Perkiomen			
						•			
	<u>-</u>	Deg Min		Deg Min Sec Deg	Deg Min Sec Deg Min	Deg Min Sec Deg Min Sec	Deg Min Sec Deg Min Sec (Name)	LATITUDE LONGITUDE RECEIVING WATER STR Deg Min Sec Deg Min Sec Width (ft)	

9. Name of Nearest Downstream Potable Water Intake Aqua Pennsylvania, Inc. Distance ~30 miles

10. WHOLE EFFLUENT TOXICITY (WET) TEST RESULTS

Is there known or reason to believe that WET testing was conducted in the last 3 years on any of the facility's discharges, or on a receiving water in relation to a discharge?

If "YES," attach any information available on the purpose and nature of such testing, and the test results.

If "NO," all dischargers are still encouraged to perform WET testing. The DEP regional office may be contacted for appropriate protocols.

11. CONTRACTED ANALYTICAL ASSISTANCE

Did a contract laboratory or consulting firm perform any of the analysis required by this application?

NO XES (Provide information below.)

Name	Normandeau Associates Inc	Types of Analysis Performed:
	400 Old Reading Pike	pH, DO
Address	Bldg. A , Suite 101	
	Stowe, Pa 19464	
Phone	(610) 705-5733	
Name	M.J. Reider Associates, Inc.	Types of Analysis Performed:
	107 Angelica Street	Fecal coliform, metals
Address	Reading, Pa 19611	
Phone	(610)374-5129	

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- 14	٠	.*	

12. ADDITIONAL INFORMATION: (OPTIONAL)

Additional information may be attached to expand upon any response to any questions or call attention to any other information felt should be considered in establishing permit limitations for the proposed or existing facility. Check if additional sheets are attached.

				S YES	⊠ ŅO
	COMPLIANCE HISTO	RY REVIEW			
Is the facility owner or operator in violation of compliance at this or any other facility?		on, permit, orde	er or schedule	YES	NO 🛛
If "YES," list each permit, order and sche provide information on all permits.	dule of compliance an	d provide comp	liance status.	Use addition	al sheets to
Permit Program			Permit No.		
Brief Description of Noncompliance					
Steps Taken to Achi	eve Compliance		Date(s) Co	ompliance A	chieved
				<u></u>	
	, 				
Current Compliance Status	In Compliance		In Noncomplia	nce	
	CERTIFICAT	ON	<u> </u>		
I certify under penalty of law that this doc in accordance with a system designed information submitted. Based on my ind directly responsible for gathering the infor true, accurate, and complete. I am aware the possibility of fine and imprisonment for	to assure that qualif quiry of the person or mation, the information that there are significa	ed personnel persons who n submitted is, to	properly gather nanage the system the best of my	red and eva stem, or thos y knowledge	aluated the se persons and belief,
Christopher Mudrick		Site Vice Pres	sident		
Name (type or print legibly)	0	Official Title			
Signature		Date	124 08		<u></u>
(Use corporate or professional seal as ap	propriate.)				
Taken, sworn, and subscribed before me, HELENE PECKSeal Notary Public MOHNTON POROUGH, BERKS COUNTY M, C. M. STON Expires Oct 11, 2010	this <u>24</u> 22	day of) _ <u>{</u>	

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Limerick Generating Station 3146 Sanatoga Road Pottstówn, PA 19464 www.exeloncorp.com

June 20, 2008

Mr. James F. Cawley, Esq., Chairman Bucks County Board of Commissioners Bucks County Courthouse Doylestown, PA 18901

Subject: NPDES Permit Renewal for Bradshaw Reservoir, PA0052221

Dear Mr. Cauley:

Pursuant to PA Act 14, P.L. 834, we hereby notify you that the Exelon Generation, LLC. will be filing with the Pennsylvania Department of Environmental Protection (PaDEP) for renewal of an NPDES Discharge Permit at our Bradshaw Reservoir Facility. Renewal of the permit is required to continue the discharge of water from the Bradshaw Reservoir site to the East Branch Perkiomen Creek.

Exeld

Nuclear

Acts 67 and 68, which amended the Municipalities Planning Code to support sound land use practices and planning efforts, direct state agencies to consider comprehensive plans and zoning ordinances when reviewing applications for permitting of facilities or infrastructure, and specify that state agencies may rely upon comprehensive plans and zoning ordinances under certain conditions as described in Sections 619.2 and 1105 of the Municipalities Planning Code. Enclosed is a General Information Form (GIF) we have completed for this project. DEP invites you to review the attached GIF and comment on the land use aspects of this project; please be specific to DEP when identifying any areas of conflict. If you wish to submit comments for DEP to consider in a land use review of this project, you must respond within 30 days to the DEP regional office listed below. If there are no land use comments received by the end of the comment period, DEP will assume that there are no substantive land use conflicts and proceed with the normal application review process.

Please submit any comments concerning this project within 30 days from date of receipt of this letter to the DEP Soils and Waterways Section.

For more information about this land use review process, please visit www.dep.state.pa.us (directLINK: "Land Use Reviews").

If you have any questions concerning the application, please contact Mr. Robert Alejnikov at (610) 718-2513.

Sincerely,

hughen M. Corry

Christopher M. Cooney Manager, Chemistry/Radwaste/Environmental Exelon Nuclear

Bcc: Ryan, H.A. Mudrick, C.H. GML5-1 Callan, E.W. GML5-1 Cooney, C.M. SSB2-1 Weyhmuller, P.R. SSB3-1 Mitten, S.A. SSB2-1 Wyler, C.B. SSB4-5 Alejnikov, R.P. SSB2-1 USNRC Correspondence Control Desk



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION GENERAL INFORMATION FORM – AUTHORIZATION APPLICATION

Before completing this General Information Form (GIF), read the step-by-step instructions provided in this application package. This version of the General Information Form (GIF) must be completed and returned with any program-specific application being submitted to the Department.

· · · · · · · · · · · · · · · · · · ·	Related ID#s (lf Known)		DEP	USE ONLY
Client ID# 147686		951	e a la construcción de l	ved & General Notes
Site ID# 452264		333	•	
Facility ID# 479459			· · · ·	
			· · · · · · · · · · · · · · · · · · ·	
		IFORMATIC	N	
DEP Client ID#	Client Type / Code			•
147686	LLC	<u> </u>		
	r Registered Fictitious Name		nployer ID# (EIN)	Dun & Bradstreet ID#
EXELON GENERATIO	N CO, LLC		-064219	
Individual Last Name	First Name	MI	Suffi	x SSN
Additional Individual	Last Name First Name	MI	Suffi	x SSN
Mailing Address Line 200 Exelon Way	1	Mailing Ad	dress Line 2	
Address Last Line – C	City St	tate ZIF	2+4 C	ountry
Kennett Square	P/			SA
Client Contact Last N	ame First Nan	ne	MI	Suffix
Siglin	Tracy		J.	·
Client Contact Title			Phone	Ext
Environmental Speciali	st		610-765-	5904
Email Address	· · · · · · · · · · · · · · · · · · ·		FAX	· · ·
tracy.siglin@exeloncor	p.com	1	610-765-	5807
	SITE INF	ORMATION	. ·	•
DEP Site ID# Site	e Name			······································
452264 EX	ELON GENERATION BRADSHA			· · ·
EPA ID#	Estimated Number	r of Employee	s to be Present at	Site
Description of Site	· · · ·			
County Name	Municipality		City	Boro Twp State
Bucks	Plumstead			
County Name	Municipality	. •	City	Boro Twp State
	· · · · · · · · · · · · · · · · · · ·			
Site Location Line 1	· · ·	Site Locatio	n Line 2	
Bradshaw and Moyer F		·		,
Site Location Last Lin	ie – City	State Z	P+4	
Plumstead		PA 18	3923	· · · · · · · · · · · · · · · · · · ·
Detailed Written Direc				
	ke Rte. 611 North. Make a right a			
	ls, and make a left onto Danboro		Pike. This road will	take you to the
	s), just past Moyer Road. (see at			· · · · · · · · · · · · · · · · · · ·
Site Contact Last Nan		1 e	MI	Suffix
Mitten	Seth	011-0	A	
Site Contact Title		Site Contact		
Environmental/Radwas			ration Co., LLC	1
Mailing Address Line	1	Mailing Add	ress Line 2	
3146 Sanatoga Road	+ i	SSB 2-1	710	·
Mailing Address Last	Line – City			р
Pottstown		PA ·	9464	

8000-PM-IT0001 Rev 06/07/2002				• • •	
Phone Ext F	AX	Email Address			
	10-718-2721	seth.mitten@exelor	ncorp.com		
NAICS Codes (Two- & Three-Digit Codes	- List All That App	oly) (6-Digit Code	(Optional)	
22-221				·	
Client to Site Relationship		· · · · ·			
OWN OP					
	FACILITY IN	IFORMATION			
Modification of Existing Facility				Yes	No
 Will this project modify an exist Will this project involve an additional additational additadditional add					
2. Will this project involve an addi If "Yes", check all relevant facility i				rs below	
Facility Type	DEP Fac ID#	Facility Type	allor number		EP Fac ID#
Air Emission Plant		Industrial Minerals	s Mining Operati		
Beneficial Use (water)		Laboratory Locati			
Blasting Operation		Land Recycling C			·
Captive Hazardous Waste Operation Coal Ash Beneficial Use Operation		MineDrainageTrm	• •	Location	
Coal Mining Operation		- Oil & Gas Encroad		, <u></u>	·
Coal Pillar Location		Oil & Gas Location			
Commercial Hazardous Waste Operation		Oil & Gas Water F	oll Control Facil	lity	
Dam Location		Public Water Sup	oly System		
Deep Mine Safety Operation -Anthracite		- Radiation Facility			
 Deep Mine Safety Operation -Bituminous Deep Mine Safety Operation -Ind Minerals 		Residual Waste O Storage Tank Loc.	•		
Encroachment Location (water, wetland)	<u></u> <u>_</u>	Water Pollution Co			
Erosion & Sediment Control Facility		Water Resource	,		
Explosive Storage Location.		Other:			
Latitude/Longitude		atitude		Longitude	
Point of Origin	Degrees M	linutes Seconds	Degrees	Minutes	Seconds
Horizontal Accuracy Measure	Feet	O r	Met		
				ers	
Horizontal Reference Datum Code		merican Datum of 192			
Horizontal Reference Datum Code	North A		27		
	North A	merican Datum of 192	27 3		
Horizontal Collection Method Code	North A	merican Datum of 192 merican Datum of 198	27 3		
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Pho	ne	Ext	FAX	Email Address				
Time	e Schedules	Project M	lilestone (Op	tional)			<u> </u>	
			·····	·				
			·	·				
			· · ·	· · ·				
				·				· · ·
	·				•	<u> </u>		
	·				·			
1.				be on the list of authorizations		Yes		No
	affected by the la			- Lond Line Information continuing		- L. O.		0 0
	Note: If "Yes", yo below.	u must comp	lete the following	g Land Use Information section, unless e	exempte	a b <u>y</u> Que	stions	2 or 3
		Questions 2	2 & 3 below as w	ell as the following Land Use Information	n sectior	۱.		
	•			ched to the GIF Instructions.				
2.				Il other authorizations continue		. Yes		No
				thorize the construction of				
	facilities outside	an existing	permitted are	ea?				
				g Land Use Information section unless ex		by Que	stion 3 l	selow.
				the following Land Use Information sect	tion.			,
3.				al and county 'Early Opt Out'		Yes		No
	approval letters f			· · · · · · · · · · · · · · · · · · ·				
				Land Use Information section. This sho				
		s should be at		ption. Required approval letters describe	ea in the	GIFUne	ecklist a	na
				ollowing Land Use Information section.			•	
	<u></u>			SE INFORMATION			··	
				of local land use approvals or other	eviden	ce of co	mplian	ce ·
with	local comprehensive							
1.	Is there a municip					Yes		No
2.	Is there a county					Yes		No
3.				comprehensive plan?		Yes		No
4.	Is the proposed p answer "Yes".	project cons	sistent with th	nese plans? If no plan(s) exists,		Yes		No
5.	Is there a municip	al zoning o	ordinance(s)?	······································		Yes	П	No
6.	Is there a joint m				Ē	Yes	- <u> </u>	No
7.				approval (e.g., special	<u> </u>	Yes	ā	No
				, variance)? If zoning approval				
	has already been r	received, att	tach document	ation.				
8.	Are any zoning of	rdinances t	hat are applic	able to this project currently the		Yes		No
	subject of any typ							
9.				as been or is being remediated		Yes		No
	under DEP's Lane			· ·				
10.				pandoned mine lands through re-		Yes 4		No
	mining or as part		**************************************					
11.				ral security area or an area		Yes		No
10	protected under a							
12.	Will the project be Development Are		n a Keystone (Opportunity Zone or Enterprise		Yes		No
13.			a Designater	d Growth Area as defined by the		Yes	<u></u>	No
10.	Municipalities Pla			a statut raise as actilied by the	ц.		<u> </u>	

COORDINATION INFORMATION

<u>Note</u>: The PA Historical and Museum Commission must be notified of proposed projects in accordance with DEP Technical Guidance Document 012-0700-001 and the accompanying Cultural Resource Notice Form.

If the activity will be a mining project (i.e., mining of coal or industrial minerals, coal refuse disposal and/or the operation of a coal or industrial minerals preparation/processing facility), respond to questions 1.0 through 2.5 below.

If the activity will not be a mining project, skip questions 1.0 through 2.5 and begin with question 3.0.

1.0	Is this a coal mining project? If "Yes", respond to 1.1-1.6. If "No", skip to Question 2.0. (DEP Use/48y1)		Yes	No
1.1	Will this coal mining project involve coal preparation/ processing activities in which the total amount of coal prepared/processed will be equal to or greater than 200 tons/day? (DEP Use/4x70)		Yes	No
1.2	Will this coal mining project involve coal preparation/ processing activities in which the total amount of coal prepared/processed will be greater than 50,000 tons/year? (DEP Use/4x70)		Yes	No
1.3	Will this coal mining project involve coal preparation/ processing activities in which thermal coal dryers or pneumatic coal cleaners will be used? (DEP Use/4x70)		Yes	No
1.4	For this coal mining project, will sewage treatment facilities be constructed and treated waste water discharged to surface waters? (DEP Use/4x62)		Yes	No
1.5	Will this coal mining project involve the construction of a permanent impoundment meeting one or more of the following criteria: (1) a contributory drainage area exceeding 100 acres; (2) a depth of water measured by the upstream toe of the dam at maximum storage elevation exceeding 15 feet; (3) an impounding capacity at maximum storage elevation exceeding 50 acre-feet? (DEP Use/3140)	Ţ	Yes	No
1.6	Will this coal mining project involve underground coal mining to be conducted within 500 feet of an oil or gas well? (DEP Use/4z41)		Yes	No
2.0	Is this a non-coal (industrial minerals) mining project? If "Yes", respond to 2.1-2.6. If "No", skip to Question 3.0. (DEP Use/48y1)		Yes	No
2.1	Will this non-coal (industrial minerals) mining project involve the crushing and screening of non-coal minerals other than sand and gravel? (DEP Use/4x70)		Yes	No
2.2	Will this non-coal (industrial minerals) mining project involve the crushing and/or screening of sand and gravel with the exception of wet sand and gravel operations (screening only) and dry sand and gravel operations with a capacity of less than 150 tons/hour of unconsolidated materials? (DEP Use/4x70)		Yes	No
2.3	Will this non-coal (industrial minerals) mining project involve the construction, operation and/or modification of a portable non-metallic (i.e., non-coal) minerals processing plant under the authority of the General Permit for Portable Non-metallic Mineral Processing Plants (i.e., BAQ-PGPA/GP-3)? (DEP Use/4x70)		Yes	No
2.4	For this non-coal (industrial minerals) mining project, will sewage treatment facilities be constructed and treated waste water discharged to surface waters? (DEP Use/4x62)		Yes	No
2.5	Will this non-coal (industrial minerals) mining project involve the construction of a permanent impoundment meeting one or more of the following criteria: (1) a contributory drainage area exceeding 100 acres; (2) a depth of water measured by the upstream toe of the dam at maximum storage elevation exceeding 15 feet: (3) an impounding capacity at maximum storage elevation exceeding 50 acre-feet? (DEP Use/3140)		Yes	No

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3.0	Will your project, activity, or authorization have anything to do with a well related to oil or gas production, site development for such activity, or the waste from such a well? If "Yes", respond to 3.1-3.3. If "No", skip to Question 4.0. (DEP Use/4z41)	Yes	No
3.1	Does the oil- or gas-related project involve any of the following: placement of fill, excavation within or placement of a structure, located in, along, across or projecting into a watercourse, floodway or body of water (including wetlands)? (DEP Use/4z41)	Yes	No
3.2	Will the oil- or gas-related project involve discharge of industrial wastewater or stormwater to a dry swale, surface water, ground water or an existing sanitary sewer system or storm water system? If "Yes", discuss in <i>Project Description</i> . (DEP Use/4z41)	Yes	No
3.3	Will the oil- or gas-related project involve the construction and operation of industrial waste treatment facilities? (DEP Use/4z41)	Yes	No
4.0	Will the project involve a construction activity that results in earthdisturbance? If "Yes", specify the total disturbed acreage. (DEP Use/4x66)4.0.1Total Disturbed Acreage	Yes	No
5.0	Does the project involve any of the following: placement of fill, excavation within or placement of a structure, located in, along, across or projecting into a watercourse, floodway or body of water (including wetlands)? (DEP Use/4x66)	Yes	No
6.0	Will the project involve discharge of industrial wastewater or stormwater to a dry swale, surface water, ground water or an existing sanitary sewer system or separate storm water system? If "Yes", discuss in <i>Project</i> <i>Description</i> . (DEP Use/4x62)	Yes	No
7.0	Will the project involve the construction and operation of industrial waste treatment facilities? (DEP Use/4x62)	Yes	No
8.0	Will the project involve construction of sewage treatment facilities, sanitary sewers, or sewage pumping stations? If "Yes", indicate estimated proposed flow (gal/day). Also, discuss the sanitary sewer pipe sizes and the number of pumping stations/treatment facilities/name of downstream sewage facilities in the <i>Project Description</i> , where applicable. (DEP Use/4x62)8.0.1Estimated Proposed Flow (gal/day)	Yes	No
9.0	Was sewage planning submitted and approved? If "Yes", attach the Act 537 approval letter unless the submitted application is actually requesting Act 537 approval (Approval required prior to 105/NPDES approval). (DEP Use/4x61)	 Yes	No
	9.0.1 Is Act 537 Approval Letter attached?	Yes	No
10.0	Is this project for the beneficial use of biosolids for land application within Pennsylvania? If "Yes" indicate how much (i.e. gallons or dry tons per year). (DEP Use/4X62) 10.0.1 Gallons Per Year (residential septage)	Yes	No
44.0	10.0.2 Dry Tons Per Year (biosolids)	 	
1.1.0	Does the project involve construction, modification or removal of a dam?If "Yes", identify the dam. (DEP Use/3140)11.0.1Dam Name	 Yes	No
12.0	Will the project interfere with the flow from, or otherwise impact, a dam?If "Yes", identify the dam. (DEP Use/3140)12.0.1Dam Name	Yes	No
13.0	Will the project involve operations (excluding during the construction period) that produce air emissions (i.e., NOX, VOC, etc.)? If "Yes", identify each type of emission followed by the amount of that emission. (DEP Use/4x70)13.0.1Enter all types & amounts of emissions; separate	Yes	No
	each set with semicolons.	 · • • • • • • • • • • • • • • • • • • •	

	PM-IT0001 Rev 06/07/2002				
14.0	Is an on-site drinking water supply (well), other than individual house wells, proposed for your project? If "Yes", indicate total number of people served and/or the total number of connections served, if applicable. Also, check all proposed sub-facilities. (DEP Use/4x81)		Yes		No,
	14.0.1 Number of Persons Served				
	14.0.2 Number of Employee/Guests				
	14.0.3 Number of Connections				
	14.0.4 Sub-Fac: Distribution System		Yes		No
	14.0.5 Sub-Fac: Water Treatment Plant	$\overline{\Box}$	Yes		No
	14.0.6 Sub-Fac: Source		Yes		No
	14.0.7 Sub-Fac: Pump Station		Ye s		No
	14.0.8 Sub-Fac: Entry Point		Yes		No
	14.0.9 Sub-Fac: Transmission Main		Yes		No
	14.0.10 Sub-Fac: Storage Facility		Yes		No
15.0	Will your project involve purchasing water in bulk, excluding during the		Ye s		No
	construction period? If "Yes, name the provider. Also, indicate the daily				
	number of employees or guests served. (DEP Use/4x81)				
	15.0.1 Provider's Name				
	15.0.2 Number of Employees/Guests				
16.0	Is your project to be served by public water supply? If "Yes", indicate		Yes		No
	name of supplier and attach letter from supplier stating that it will serve the				
	project. (DEP Use/4x81)				
	16.0.1 Supplier's Name				
	16.0.2 Letter of Approval from Supplier is Attached		Yes	<u> </u>	No
17.0	Will this project involve a new or increased drinking water withdrawal		Yes		No
	from a stream or other water body? If "Yes", provide name of stream.				
	(DEP Use/4x81)				
	17.0.1 Stream Name				
18.0	Will the construction or operation of this project involve treatment,		Yes		No
	storage, reuse, or disposal of waste? If "Yes", indicate what type (i.e.,				
	hazardous, municipal (including infectious & chemotherapeutic), residual) and the amount to be treated, stored, re-used or disposed. (DEP/Use4x32)				
	18.0.1 Type & Amount				
19.0	Will your project involve the removal of coal, minerals, etc. as part of any		Yes		No
15.0	earth disturbance activities? (DEP Use/48y1)		103		
20.0	Does your project involve installation of a field constructed underground		Yes	<u> </u>	No
20.0	storage tank? If "Yes", list each Substance & its Capacity. Note: Applicant			<u> </u>	
	may need a Storage Tank Site Specific Installation Permit. (DEP Use/2570)				
	20.0.1 Enter all substances &				
	capacity of each; separate				
	each set with semicolons.				
21.0	Does your project involve installation of an aboveground storage tank		Yes		No
	greater than 21,000 gallons capacity at an existing facility? If "Yes", list				
	each Substance & its Capacity. Note: Applicant may need a Storage Tank				
	Site Specific Installation Permit. (DEP Use/2570)				
	21.0.1 Enter all substances &				
	capacity of each; separate				
	each set with semicolons.				
22.0	Does your project involve installation of a tank greater than 1,100 gallons which will contain a highly hazardous substance as defined in DEP's Regulated Substances List, 2570-BK-DEP2724? If "Yes", list each		Yes		No
	Substance & its Capacity. Note: Applicant may need a Storage Tank Site				
	Specific Installation Permit. (DEP Use/2570)				
	22.0.1 Enter all substances &				

23.0	with a to Substand	ur project involve installation of a storage tank at a new facility tal AST capacity greater than 21,000 gallons? If "Yes", list each e & its Capacity. <u>Note</u> : Applicant may need a Storage Tank Site nstallation Permit. (DEP Use/2570)	Yes	No
	23.0.1	Enter all substances & capacity of each; separate each set with semicolons.		
		CERTIFICATION		

I certify that I have the authority to submit this application on behalf of the applicant named herein and that the information provided in this application is true and correct to the best of my knowledge and information.

Type or Print Name Christopher H. Mudrick

Muarick

Site Vice President, Limerick Generating Station 6/24/08 Title Date Signature

Applicant Name:

WE OF	
	J

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF WATER STANDARDS AND FACILITY REGULATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) **APPLICATION FOR PERMIT TO DISCHARGE INDUSTRIAL WASTEWATER**

Before completing this form, read the step-by-step instructions provided in this application package.

Client ID# Site ID# Facility ID#

147686 452264 479459

Related ID#s (If Known) APS ID# 13951 Auth ID# 13333

DEP USE ONLY Date Received & General Notes

APPLICANT IDENTIFIER

Applicant/Operator Name

Is this an application for a:

New permit

Complete the General Information Form (GIF) 8000-PM-IT0001 and attach to the front of the application.

Permit Renewal

List the current NPDES Permit number PA0052221

Complete the Client and Site Sections of the GIF and attach to the front of the application.

Permit Amendment or Permit Renewal with Amendment

List the current NPDES Permit number PA

List the current WQM Permit number

Complete the GIF and attach to the front of the application.

GENERAL INFORMATION

1.	SIC Code	NAICS Code	Corresponding SIC/NAICS Description	
	4911	22-221	Steam Electric Generation	· · · · · ·
			· ·	
2.	Is the facility req	uired to obtain a storm	water NPDES permit for any listed SIC code?	
	YES (Ar	nswer question 3 below	.) XNO (Skip question 3.)	

3. Is the facility applying for permit exemption under the No Exposure rule? (See Instructions)

YES NO NO

4. General Description and Nature of Business.

Transfer of water from Delaware River to Bradshaw Reservoir, then to the Perkiomen Creek, ultimately used as Limerick Generating Station cooling water

5. List all NPDES and WQM Permits issued by DEP for this facility.

Permit Type	Permit Number	Date Issued
NPDES	PA0052221	12/16/03

- 1 ----

Applicant Name:

6. ATTACH TOPOGRAPHIC MAP (See Instructions)

7. NUMBER OF OUTFALLS a. Industrial Wastewater Only 1 Complete Module 1 and associated Modules. b. Combined Industrial Wastewater and Stormwater Complete Module 1, associated Modules and Module 12 or Module 14 (if required). c. Stormwater Only Complete Module 12 or Module 14.

8. OUTFALL LOCATION: Using the same Locational Data supplied on the General Information Form under Facility Information, list the latitude and longitude of the location to the nearest ten-thousandth of a second and the name of the receiving water of each outfall. Where available, the receiving stream width and depth should also be provided using actual measurements or topographic map and navigational charts.

OUTFALL	LATITUDE			LONGITUDE				LOW FLOW STREAM		
NUMBER (list)	Deg	Min	Sec	Deg	Min	Sec	RECEIVING WATER (Name)	Width (ft)	Depth (ft)	
DSN001	40	24	45	75	13	21	East Branch Perkiomen			
								. · · · ·		
									-	
				· · ·			· · · · · · · · · · · · · · · · · · ·		I	

9. Name of Nearest Downstream Potable Water Intake Aqua Pennsylvania, Inc.

Distance ~30 miles

10. WHOLE EFFLUENT TOXICITY (WET) TEST RESULTS

Is there known or reason to believe that WET testing was conducted in the last 3 years on any of the facility's discharges, or on a receiving water in relation to a discharge?

If "YES," attach any information available on the purpose and nature of such testing, and the test results.

If "NO," all dischargers are still encouraged to perform WET testing. The DEP regional office may be contacted for appropriate protocols.

11. CONTRACTED ANALYTICAL ASSISTANCE

Did a contract laboratory or consulting firm perform any of the analysis required by this application?

□ NO ☑ YES (Provide information below.)

Name	Normandeau Associates Inc	Types of Analysis Performed:
	400 Old Reading Pike	pH, DO
Address	Bldg. A , Suite 101	
	Stowe, Pa 19464	
Phone	(610) 705-5733	
Name	M.J. Reider Associates, Inc.	Types of Analysis Performed:
	107 Angelica Street	Fecal coliform, metals
Address	Reading, Pa 19611	
Phone	(610)374-5129	

- 2'-

12. ADDITIONAL INFORMATION: (OPTIONAL)

Additional information may be attached to expand upon any response to any questions or call attention to any other information felt should be considered in establishing permit limitations for the proposed or existing facility. Check if additional sheets are attached.

				YES	
(COMPLIANCE HISTO	RY REVIEW			
Is the facility owner or operator in violation of compliance at this or any other facility?	n of any DEP regulation	n, permit, orde	er or schedule	YES	
If "YES," list each permit, order and scheo provide information on all permits.	lule of compliance and	provide comp	lliance status. J	Jse addition	al sheets to
Permit Program		· · ·	Permit No.		
Brief Description of Noncompliance					
Steps Taken to Achie	ve Compliance		Date(s) Co	ompliance A	chieved
		· .	~~ <u>~</u> ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
Current Compliance Status	In Compliance		In Noncomplia	nce	
	CERTIFICATIO	N			
I certify under penalty of law that this docu in accordance with a system designed information submitted. Based on my inqu directly responsible for gathering the inform true, accurate, and complete. I am aware the possibility of fine and imprisonment for	to assure that qualifie uiry of the person or p nation, the information that there are significa	ed personnel persons who r submitted is, to	properly gather nanage the sys o the best of my	ed and eva item, or thos v knowledge	luated the se persons and belief,
		01 Nr - D	· • ·		
Christopher Mudrick	f	Site Vice Pre			
Name (type or print legibly)	lil	Official Title د	124/08		•
Signature		Date			
(Use corporate or professional seal as app	ropriate.)		·····	· · · · · · · · · · · · · · · · · · ·	
Taken, sworn, and subscribed before ne, th	nis 24/4	day of (D)	20	.	

Nuclear

Limerick Generating Station 3146 Sanatoga Road Pottstown, PA 19464

ation www.exeloncorp.com

June 20, 2008

Mr. Frank Froio, Chairman Board of Supervisors 5186 Stump Road Plumstead Township Plumsteadville, PA 18949-0387

Subject: NPDES Permit Renewal for Bradshaw Reservoir, PA0052221

Dear Mr. Froio:

Pursuant to PA Act 14, P.L. 834, we hereby notify you that the Exelon Generation, LLC. will be filing with the Pennsylvania Department of Environmental Protection (PaDEP) for renewal of an NPDES Discharge Permit at our Bradshaw Reservoir Facility. Renewal of the permit is required to continue the discharge of water from the Bradshaw Reservoir site to the East Branch Perkiomen Creek.

Acts 67 and 68, which amended the Municipalities Planning Code to support sound land use practices and planning efforts, direct state agencies to consider comprehensive plans and zoning ordinances when reviewing applications for permitting of facilities or infrastructure, and specify that state agencies may rely upon comprehensive plans and zoning ordinances under certain conditions as described in Sections 619.2 and 1105 of the Municipalities Planning Code. Enclosed is a General Information Form (GIF) we have completed for this project. DEP invites you to review the attached GIF and comment on the land use aspects of this project; please be specific to DEP when identifying any areas of conflict. If you wish to submit comments for DEP to consider in a land use review of this project, you must respond within 30 days to the DEP regional office listed below. If there are no land use comments received by the end of the comment period, DEP will assume that there are no substantive land use conflicts and proceed with the normal application review process.

Please submit any comments concerning this project within 30 days from date of receipt of this letter to the DEP Soils and Waterways Section.

For more information about this land use review process, please visit www.dep.state.pa.us (directLINK: "Land Use Reviews").

If you have any questions concerning the application, please contact Mr. Robert Alejnikov at (610) 718-2513.

Sincerely,

"higher Me long

Christopher M. Cooney Manager, Chemistry/Radwaste/Environmental Exelon Nuclear

Bcc: Ryan, H.A. Mudrick, C.H. GML5-1 Callan, E.W. GML5-1 Cooney, C.M. SSB2-1 Weyhmuller, P.R. SSB3-1 Mitten, S.A. SSB2-1 Wyler, C.B. SSB4-5 Alejnikov, R.P. SSB2-1 USNRC Correspondence Control Desk



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COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION GENERAL INFORMATION FORM – AUTHORIZATION APPLICATION

Before completing this General Information Form (GIF), read the step-by-step instructions provided in this application package. This version of the General Information Form (GIF) must be completed and returned with any program-specific application being submitted to the Department.

sheette shheet								
	Related I	D#s (If Known)			DEP	USE O	NLY	
Client ID#	147686		951				neral Notes	;
Site ID#	452264		333					
Facility ID#	479459							
					· · · · ·	<u></u>		
	<u></u>	CLIENT IN						
DEP Client ID#	#	Client Type / Code						
147686		LLC						
-	-	ered Fictitious Name		• •	r ID# (EIN)	Dun 8	Brads	treet ID#
EXELON GEN	ERATION CO, L	LC		23-06421	9			
Individual Las	t Name	First Name		MI	Suffi	x SS	N	
Additional Ind	ividual Last Nai	ne First Name		MI	Suffi	x SS	N	
Mailing Addres 200 Exelon Wa			Mailin	g Address	Line 2			
Address Last		Si	ate	ZIP+4	<u> </u>	ountry		·
Kennett Square		P/		19348		SA		
Client Contact		First Nan			MI	<u> </u>	S	uffix
Siglin		Tracy			J			· · · · · ·
Client Contact	Title	_	•	· · · · · · · · · · · · · · · · · · ·	Phone		E	xt
Environmental	Specialist				610-765-	5904		
Email Address	}				FAX			
tracy.siglin@ex	eloncorp.com			. *	610-765-	5807		
		SITE INFO	ORMATI	ON				
DEP Site ID#	Site Name					·		
452264		ENERATION BRADSHA	W RESER	VOIR				
EPA ID#		Estimated Number			Present at	Site		
Description of	Site		f					
County Name		Municipality		<u></u>	City	Boro	Twp	State
Bucks		Plumstead	4				\boxtimes	State
County Name		Municipality			City	Boro	Twp	State
							\square	Oluce
Site Location L	Line 1		Site Loc	ation Line	2			
Bradshaw and I	Moyer Roads							
	Last Line – City	· · ·	State	ZIP+4				
Plumstead	· ·	· · · · · · · · · · · · · · · · · · ·	PA	18923				
Detailed Writte	en Directions to	Site						· · ·
		11 North. Make a right a						
		ake a left onto Danboro I						
		ast Moyer Road. (see at						
Site Contact La	ast Name	First Nam	е		MI		Su	ffix
Mitten		Seth			A			
Site Contact Ti				ntact Firm			· ·	•
	Radwaste Super	visor		Generation (. *
Mailing Addres				Address Li	ine 2			
3146 Sanatoga			SSB 2-1	· · · ·				
-	ss Last Line – C	ity	State	ZIP+4				
Pottstown		·	PA	19464	·			

Phone Ext FAX Email Address 610-718-2500 610-718-2721 seth.mitten@exeloncorp.com NAICS Codes (Two- & Three-Digit Codes – List All That Apply) 6-Digit Code (Optional) 22-221 Client to Site Relationship OWN OP FACILITY INFORMATION FACILITY INFORMATION	
610-718-2500 610-718-2721 seth.mitten@exeloncorp.com NAICS Codes (Two- & Three-Digit Codes – List All That Apply) 6-Digit Code (Optional) 22-221 Client to Site Relationship OWN OP	
NAICS Codes (Two- & Three-Digit Codes – List All That Apply) 6-Digit Code (Optional) 22-221 Client to Site Relationship OWN OP OWN OP	
22-221 Client to Site Relationship OWN OP	
OWN OP	
OWN OP	
FACILITY INFORMATION	
Modification of Existing Facility Yes	No
Modification of Existing Facility Yes Yes 1. Will this project modify an existing facility, system, or activity? Image: Comparison of the system of	
2. Will this project involve an addition to an existing facility, system, or activity?	\boxtimes
If "Yes", check all relevant facility types and provide DEP facility identification numbers below.	ي ب
	ac ID#
Air Emission Plant Industrial Minerals Mining Operation	
Beneficial Use (water)	
Blasting Operation	
Captive Hazardous Waste Operation	
Coal Ash Beneficial Use Operation Municipal Waste Operation Coal Mining Operation Oil & Gas Encroachment Location	
Coal Pillar Location	
Commercial Hazardous Waste Operation	
Dam Location	
Deep Mine Safety Operation -Anthracite	
Deep Mine Safety Operation -Bituminous Residual Waste Operation	
Deep Mine Safety Operation -Ind Minerals	
Encroachment Location (water, wetland) Water Pollution Control Facility Water Resource	
Erosion & Sediment Control Facility Water Resource Explosive Storage Location Other:	
Latitude/Longitude Longitude Longitude	
	conds
Horizontal Accuracy Measure Feetor Meters	
Horizontal Reference Datum Code North American Datum of 1927	
North American Datum of 1983	
World Geodetic System of 1984	
Horizontal Collection Method Code	
Reference Point Code	
Altitude Feetor Meters	
Altitude Datum Name I The National Geodetic Vertical Datum of 1929	
The North American Vertical Datum of 1988 (NAVD88)	
Altitude (Vertical) Location Datum Collection Method Code	
Geometric Type Code Data Collection Date	·
Source Map Scale Number Inch(es) = Feet	
or Centimeter(s) = Meters	
PROJECT INFORMATION	
Project Name	
Bradshaw Reservoir	
Project Description NPDES permit renewal for discharge of Delaware River water from Bradshaw Reservoir to the East Branch	
NPUES permit renewal for discoarde of Delaware Hiver water from Bradsnaw Beservoir to the East Branch	
Perkiomen Creek	
Perkiomen Creek First Name MI Suffix Project Consultant Last Name First Name MI Suffix	
Perkiomen Creek	
Perkiomen Creek First Name MI Suffix Project Consultant Last Name First Name MI Suffix	
Perkiomen Creek First Name MI Suffix Project Consultant Last Name First Name MI Suffix Project Consultant Title Consulting Firm Consultant Firm	
Perkiomen Creek First Name MI Suffix Project Consultant Last Name First Name MI Suffix Project Consultant Title Consulting Firm Consultant Firm	

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Phon	e	Ext	FAX	Email Address				
Time	Schedules	Project	Milestone (Op	otional)		-		
								·····
			· · · · · · · · · · · · · · · · · · ·	······				
1.	affected by the la	nd use po	olicy?	pe on the list of authorizations		Yes		No
	below.			ig Land Use Information section, unless well as the following Land Use Informatio			estions	2 or 3
				ached to the GIF Instructions.				
2.	For an Air progra with Question 3 b facilities outside	m authori: below. Wil an existin	zation only. A Il the permit au g permitted ar	II other authorizations continue uthorize the construction of ea?		Yes		No
	lf "No", skip	Question 3	3 below as well a	g Land Use Information section unless e s the following Land Use Information sec		d by Que	stion 3	below.
3.	approval letters f	or the proj	ject?	al and county 'Early Opt Out'		Yes		No
	applicant is Instructions	choosing the should be a	ne early opt-out o attached.	y Land Use Information section. This sho option. Required approval letters describ following Land Use Information section.	ould only ed in the	be chec GIF Che	ked "Ye ecklist a	es" if and
				ISE INFORMATION				
				s of local land use approvals or other	eviden	ce of co	mplian	ce
	ocal comprehensive					· 		
1.	Is there a municip				<u> </u>	Yes	<u> </u>	No
2.	Is there a county				<u>_</u>	Yes	<u> </u>	No
3.				/ comprehensive plan?		Yes	<u> </u>	No
4. 	answer "Yes".			hese plans? If no plan(s) exists,		·		No
5.	Is there a municip					Yes	<u> </u>	No
<u>6.</u>	Is there a joint mu					Yes	_Ц_	No
7.		ional appr	roval, re-zonin	g approval (e.g., special g, variance)? If zoning approval tation		Yes		No
8.		rdinances	that are applie	cable to this project currently the		Yes		No
9.		e located o	on a site that h	has been or is being remediated		Yes		No
10.	Will the project re mining or as part			oandoned mine lands through re- ogram?		Yes		No
11.	protected under a	an agricult	tural conservation			Yes		No
12.	Development Are	a?	-	Opportunity Zone or Enterprise		Yes		No
13.	Will the project be	e located i	in a Designate	d Growth Area as defined by the	Π	Yes	\square	No

COORDINATION INFORMATION

<u>Note</u>: The PA Historical and Museum Commission must be notified of proposed projects in accordance with DEP Technical Guidance Document 012-0700-001 and the accompanying Cultural Resource Notice Form.

If the activity will be a mining project (i.e., mining of coal or industrial minerals, coal refuse disposal and/or the operation of a coal or industrial minerals preparation/processing facility), respond to questions 1.0 through 2.5 below.

If the activity will not be a mining project, skip questions 1.0 through 2.5 and begin with question 3.0.

	31 7 1 1 3 3				
1.0	Is this a coal mining project? If "Yes", respond to 1.1-1.6. If "No", skip to Question 2.0. (DEP Use/48y1)		Yes		No
1.1	Will this coal mining project involve coal preparation/ processing		Yes		No
	activities in which the total amount of coal prepared/processed will be			·	
	equal to or greater than 200 tons/day? (DEP Use/4x70)				
1.2	Will this coal mining project involve coal preparation/ processing		Yes		No
	activities in which the total amount of coal prepared/processed will be				
	greater than 50,000 tons/year? (DEP Use/4x70)				
1.3	Will this coal mining project involve coal preparation/ processing		Yes		No
	activities in which thermal coal dryers or pneumatic coal cleaners will be				
	used? (DEP Use/4x70)	<u> </u>			
1.4	For this coal mining project, will sewage treatment facilities be	Ļ	Yes		No
	constructed and treated waste water discharged to surface waters? (DEP Use/4x62)				
1.5	Will this coal mining project involve the construction of a permanent		Yes		No
1.5	impoundment meeting one or more of the following criteria: (1) a	ل سیا	163		, internet
	contributory drainage area exceeding 100 acres; (2) a depth of water				
	measured by the upstream toe of the dam at maximum storage elevation				
	exceeding 15 feet; (3) an impounding capacity at maximum storage				
	elevation exceeding 50 acre-feet? (DEP Use/3140)				
1.6	Will this coal mining project involve underground coal mining to be		Yes		No
	conducted within 500 feet of an oil or gas well? (DEP Use/4z41)				
2.0	Is this a non-coal (industrial minerals) mining project? If "Yes", respond to		Yes		No
<u>+</u>	2.1-2.6. If "No", skip to Question 3.0. (DEP Use/48y1)				
2.1	Will this non-coal (industrial minerals) mining project involve the		Yes		No
	crushing and screening of non-coal minerals other than sand and				
2.2	gravel? (DEP Use/4x70) Will this non-coal (industrial minerals) mining project involve the	Π	Yes ·		No
2.2	crushing and/or screening of sand and gravel with the exception of wet		162		NO
	sand and gravel operations (screening only) and dry sand and gravel				
	operations with a capacity of less than 150 tons/hour of unconsolidated				
	materials? (DEP Use/4x70)				
2.3	Will this non-coal (industrial minerals) mining project involve the		Yes		No
	construction, operation and/or modification of a portable non-metallic				
	(i.e., non-coal) minerals processing plant under the authority of the				
	General Permit for Portable Non-metallic Mineral Processing Plants (i.e.,				
	BAQ-PGPA/GP-3)? (DEP Use/4x70)				
2.4	For this non-coal (industrial minerals) mining project, will sewage	□ .	Yes		No
	treatment facilities be constructed and treated waste water discharged to				
	surface waters? (DEP Use/4x62)				
2.5	Will this non-coal (industrial minerals) mining project involve the		Yes		No
	construction of a permanent impoundment meeting one or more of the				
	following criteria: (1) a contributory drainage area exceeding 100 acres; (2) a depth of water measured by the upstream toe of the dam at			÷	
	maximum storage elevation exceeding 15 feet; (3) an impounding				
	capacity at maximum storage elevation exceeding 15 feet, (5) an impounding				
	Use/3140)				
	<u></u>				

.

3.0	Will your project, activity, or authorization have anything to do with a well related to oil or gas production, site development for such activity, or the waste from such a well? If "Yes", respond to 3.1-3.3. If "No", skip to Question 4.0. (DEP Use/4z41)	Yes	No
3.1	Does the oil- or gas-related project involve any of the following: placement of fill, excavation within or placement of a structure, located in, along, across or projecting into a watercourse, floodway or body of water (including wetlands)? (DEP Use/4z41)	Yes	No
3.2	Will the oil- or gas-related project involve discharge of industrial wastewater or stormwater to a dry swale, surface water, ground water or an existing sanitary sewer system or storm water system? If "Yes", discuss in <i>Project Description</i> . (DEP Use/4z41)	Yes	No
3.3	Will the oil- or gas-related project involve the construction and operation of industrial waste treatment facilities? (DEP Use/4z41)	Yes	No
4.0	Will the project involve a construction activity that results in earthdisturbance? If "Yes", specify the total disturbed acreage. (DEP Use/4x66)4.0.1Total Disturbed Acreage	Yes	No
5.0	Does the project involve any of the following: placement of fill, excavation within or placement of a structure, located in, along, across or projecting into a watercourse, floodway or body of water (including wetlands)? (DEP Use/4x66)	Yes	No
6.0	Will the project involve discharge of industrial wastewater or stormwater to a dry swale, surface water, ground water or an existing sanitary sewer system or separate storm water system? If "Yes", discuss in <i>Project</i> <i>Description</i> . (DEP Use/4x62)	Yes	No
7.0	Will the project involve the construction and operation of industrial waste treatment facilities? (DEP Use/4x62)	Yes	No
8.0	Will the project involve construction of sewage treatment facilities, sanitary sewers, or sewage pumping stations? If "Yes", indicate estimated proposed flow (gal/day). Also, discuss the sanitary sewer pipe sizes and the number of pumping stations/treatment facilities/name of downstream sewage facilities in the <i>Project Description</i> , where applicable. (DEP Use/4x62)8.0.1Estimated Proposed Flow (gal/day)	Yes	No
9.0	Was sewage planning submitted and approved? If "Yes", attach the Act 537 approval letter unless the submitted application is actually requesting Act 537 approval (Approval required prior to 105/NPDES approval). (DEP Use/4x61)	Yes	No
	9.0.1 Is Act 537 Approval Letter attached?	Yes	No
10.0	Is this project for the beneficial use of biosolids for land application within Pennsylvania? If "Yes" indicate how much (i.e. gallons or dry tons per year). (DEP Use/4X62) 10.0.1 Gallons Per Year (residential septage)	Yes	No
11.0	10.0.2Dry Tons Per Year (biosolids)Does the project involve construction, modification or removal of a dam?If "Yes", identify the dam. (DEP Use/3140)11.0.1Dam Name	Yes	No
12.0	Will the project interfere with the flow from, or otherwise impact, a dam?If "Yes", identify the dam. (DEP Use/3140)12.0.1Dam Name	Yes	No
13.0	 Will the project involve operations (excluding during the construction period) that produce air emissions (i.e., NOX, VOC, etc.)? If "Yes", identify each type of emission followed by the amount of that emission. (DEP Use/4x70) 13.0.1 Enter all types & amounts of emissions; separate each set with semicolons. 	Yes	No

	PM-IT0001 Rev 06/07/2002				
14.0	Is an on-site drinking water supply (well), other than individual house wells, proposed for your project? If "Yes", indicate total number of people served and/or the total number of connections served, if applicable. Also, check all proposed sub-facilities. (DEP Use/4x81) 14.0.1 Number of Persons Served		Yes		No
	14.0.2 Number of Employee/Guests				
	14.0.3 Number of Connections				
	14.0.4 Sub-Fac: Distribution System		Yes	<u> </u>	No
	14.0.5 Sub-Fac: Water Treatment Plant		Yes		No
	14.0.6 Sub-Fac: Source		Yes		No
	14.0.7 Sub-Fac: Pump Station		Yes		No
	14.0.8 Sub-Fac: Entry Point		Yes		No
	14.0.9 Sub-Fac: Transmission Main	ă	Yes		No
	14.0.10 Sub-Fac: Storage Facility	ŏ	Yes	ă	No
15.0	Will your project involve purchasing water in bulk, excluding during the	<u>– </u>	Yes	- <u> </u>	No
10.0	construction period? If "Yes, name the provider. Also, indicate the daily number of employees or guests served. (DEP Use/4x81) 15.0.1 Provider's Name 15.0.2 Number of Employees/Guests				
16.0	Is your project to be served by public water supply? If "Yes", indicate		Yes		No
10.0	name of supplier and attach letter from supplier stating that it will serve the project. (DEP Use/4x81) 16.0.1 Supplier's Name				
	16.0.2 Letter of Approval from Supplier is Attached		Yes		No
17.0	Will this project involve a new or increased drinking water withdrawalfrom a stream or other water body?If "Yes", provide name of stream.(DEP Use/4x81)17.0.1Stream Name		Yes		No
18.0	Will the construction or operation of this project involve treatment,		Yes		No
10.0	storage, reuse, or disposal of waste? If "Yes", indicate what type (i.e., hazardous, municipal (including infectious & chemotherapeutic), residual) and the amount to be treated, stored, re-used or disposed. (DEP/Use4x32) 18.0.1 Type & Amount				
19.0	Will your project involve the removal of coal, minerals, etc. as part of any earth disturbance activities? (DEP Use/48y1)		Yes	، ل 	No
20.0	Does your project involve installation of a field constructed undergroundstorage tank? If "Yes", list each Substance & its Capacity. Note: Applicantmay need a Storage Tank Site Specific Installation Permit. (DEP Use/2570)20.0.1Enter all substances & capacity of each; separate	,	Yes		No
	each set with semicolons.				
21.0	Does your project involve installation of an aboveground storage tankgreater than 21,000 gallons capacity at an existing facility? If "Yes", listeach Substance & its Capacity. Note: Applicant may need a Storage TankSite Specific Installation Permit. (DEP Use/2570)21.0.1Enter all substances & capacity of each; separate each set with semicolons.		Yes		No
22.0	Does your project involve installation of a tank greater than 1,100 gallons		Yes		No
	 which will contain a highly hazardous substance as defined in DEP's Regulated Substances List, 2570-BK-DEP2724? If "Yes", list each Substance & its Capacity. <u>Note</u>: Applicant may need a Storage Tank Site Specific Installation Permit. (DEP Use/2570) 22.0.1 Enter all substances & capacity of each; separate each set with semicolons. 				

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23.0		ur project involve installation of a storage tank at a new facility tal AST capacity greater than 21,000 gallons? If "Yes", list each	Yes	No
	Substanc	ce & its Capacity. <u>Note</u> : Applicant may need a Storage Tank Site nstallation Permit. (DEP Use/2570)		
	23.0.1	Enter all substances & capacity of each; separate each set with semicolons.		

CERTIFICATION

I certify that I have the authority to submit this application on behalf of the applicant named herein and that the information provided in this application is true and correct to the best of my knowledge and information.

Type or Print Name Christopher H. Mudrick

Christerh 1 Mulni	Site Vice President, Limerick Generating Station	Glaulis
Signature	Title	Date

Page 7 of 7

Applicant Name:



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF WATER STANDARDS AND FACILITY REGULATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) APPLICATION FOR PERMIT TO DISCHARGE INDUSTRIAL WASTEWATER

Before completing this form, read the step-by-step instructions provided in this application package.

Client ID# Site ID# Facility ID#

147686 452264 479459 **APS ID#**

Auth ID#

Related ID#s (If Known) 13951 13333

DEP USE ONLY Date Received & General Notes

APPLICANT IDENTIFIER

Applicant/Operator Name

Is this an application for a:

New permit

Complete the General Information Form (GIF) 8000-PM-IT0001 and attach to the front of the application.

Permit Renewal

List the current NPDES Permit number PA0052221

Complete the Client and Site Sections of the GIF and attach to the front of the application.

Permit Amendment or Permit Renewal with Amendment

List the current NPDES Permit number PA

List the current WQM Permit number

Complete the GIF and attach to the front of the application.

GENERAL INFORMATION

. SIC Code	NAICS Code	Corresponding SIC/NAICS Description
4911	22-221	Steam Electric Generation
·····	· ·	

instea SiC code?

YES (Answer question 3 below.) \boxtimes NO (Skip question 3.)

3. Is the facility applying for permit exemption under the No Exposure rule? (See Instructions)

□ YES

General Description and Nature of Business. 4.

Transfer of water from Delaware River to Bradshaw Reservoir, then to the Perkiomen Creek, ultimately used as Limerick Generating Station cooling water

5. List all NPDES and WQM Permits issued by DEP for this facility.

Permit Type	Permit Number	Date Issued
NPDES	PA0052221	12/16/03
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·

Applicant Name:

🖾 NO

7. NUMBER OF OUTFALLS

•••				
	a.	Industrial Wastewater Only	1	Complete Module 1 and associated Modules.
	b.	Combined Industrial Wastewater and Stormwater		Complete Module 1, associated Modules and Module 12 or Module 14 (if required).
	с.	Stormwater Only		Complete Module 12 or Module 14.

8. OUTFALL LOCATION: Using the same Locational Data supplied on the General Information Form under Facility Information, list the latitude and longitude of the location to the nearest ten-thousandth of a second and the name of the receiving water of each outfall. Where available, the receiving stream width and depth should also be provided using actual measurements or topographic map and navigational charts.

LATITUDE				LONG			LOW FLOW STREAM	
Deg	Min	Sec	Deg	Min	Sec	(Name)	Width (ft)	Depth (ft)
40 24		45 75	13	21	East Branch Perkiomen			
						· · · · · · · · · · · · · · · · · · ·	<u>+</u>	
		Deg Min	Deg Min Sec	Deg Min Sec Deg	Deg Min Sec Deg Min	Deg Min Sec Deg Min Sec	Deg Min Sec Deg Min Sec RECEIVING WATER (Name)	LATITUDE LONGITUDE RECEIVING WATER STR Deg Min Sec Deg Min Sec Width (ft)

9. Name of Nearest Downstream Potable Water Intake Aqua Pennsylvania, Inc. Distance <u>~30</u> miles

10. WHOLE EFFLUENT TOXICITY (WET) TEST RESULTS

Is there known or reason to believe that WET testing was conducted in the last 3 years on any of the facility's discharges, or on a receiving water in relation to a discharge?

If "YES," attach any information available on the purpose and nature of such testing, and the test results.

If "NO," all dischargers are still encouraged to perform WET testing. The DEP regional office may be contacted for appropriate protocols.

11. CONTRACTED ANALYTICAL ASSISTANCE

Did a contract laboratory or consulting firm perform any of the analysis required by this application?

□ NO ☑ YES (Provide information below.)

Name	Normandeau Associates Inc	Types of Analysis Performed:
	400 Old Reading Pike	pH, DO
Address	Bldg. A , Suite 101	
	Stowe, Pa 19464	
Phone	(610) 705-5733	
Name	M.J. Reider Associates, Inc.	Types of Analysis Performed:
	107 Angelica Street	Fecal coliform, metals
Address	Reading, Pa 19611	
Phone	(610)374-5129	

- 2 -

12. ADDITIONAL INFORMATION: (OPTIONAL)

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Additional information may be attached to expand upon any response to any questions or call attention to any other information felt should be considered in establishing permit limitations for the proposed or existing facility. Check if additional sheets are attached.

· · · · · · · · · · · · · · · · · · ·						🗌 YES	NO 🛛
	COMP	PLIANCE HISTO	RY REV	IEW			
Is the facility owner or operator in viol of compliance at this or any other facili		ny DEP regulatio	on, perm	it, orde	er or schedule	🗌 YES	NO 🛛
If "YES;" list each permit, order and so provide information on all permits.	chedule o	f compliance and	l provide	e comp	liance status.	Use addition	al sheets to
Permit Program					Permit No.		
Brief Description of Noncompliance	×						
Steps Taken to Ac	chieve Co	mpliance			Date(s) C	ompliance A	chieved
					<u> </u>		<u></u>
Current Compliance Status	\boxtimes	In Compliance			In Noncomplia	ance	<u></u>
		CERTIFICATI	ON				
I certify under penalty of law that this of in accordance with a system design information submitted. Based on my directly responsible for gathering the in true, accurate, and complete. I am awa the possibility of fine and imprisonment Christopher Mudrick Name (type or print legibly)	ed to as inquiry o formation are that th	sure that qualifie f the person or , the information here are significa	ed perso persons submitte nt penal	onnel p who m ed is, to ties for ce Pres	properly gathe nanage the sy the best of m submitting fals	red and eva stem, or tho y knowledge	aluated the se persons and belief,
Signature			Date		•		
(Use corporate or professional seal as	appropria	te.)					
Taken, sworn, and subscribed before n HELENEN FECKSeal Notory Public MOHNTON POROUGH, BERKS COUNTY M. S. M. S. M. Expires Oct 11, 2010		<u>24</u> 44	day of	<u>.</u>	2	0 <u> </u>	
							• •

- 3 --

Limerick Generating Station 3146 Sanatoga Road Pottstown, PA 19464 www.exeloncorp.com

Nuclear

NPDES Permit No. PA 0051926

June 24, 2008

Department of Environmental Protection Bureau of Water Quality Management Southeast Regional Office 2 East Main St. Norristown, PA 19401

Limerick Generating Station Units 1 and 2

Subject: Limerick Station Discharge Monitoring Report (DMR)-May 2008

Attached please find the May 2008 Discharge Monitoring Report (DMR) for Limerick Generating Station.

There are no commitments contained in this report.

If you have any questions or require additional information, please do not hesitate to contact Bob Alejnikov at 610-718-2513.

Sincerely,

Edward W. Callan Plant Manager-LGS Exelon Generation Company, LLC

Attachment: Discharge Monitoring Report (DMR)-May 2008

cc: EPA, Region III, 3WP50 DRBC USNRC Document Control Desk w/ attachment w/ attachment w/attachment bcc:

c: T. Siglin - (MAROG Environmental files)-KSA

H. A. Ryan - S23-1

P. Cowan - KSA 3-1

R. Alejnikov (LGS NPDES files) SSB 2-2

J. Toro – SSB 4-2

E. Callan - GML 5-1

C. Mudrick- GML 5-1

R. Kreider – SSB 2-4

T. Basso – SSB 2-2

S. Mitten – SSB 2-2

w/ attachment w/attachment w/o attachment w/attachment w/o attachment w/o attachment w/attachment w/o attachment w/o attachment w/o attachment

Facility Name / Location if different)

PRIMARY FACILITY: LIMERICK GENERATING STATION

CLIENT: EXELON GENERATION COMPANY, LLC-CLIENT ID NO. 147686

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

001

PA0051926

FORM APPROVED. OMB NO. 2040-0004. Southeast Region Facsimile * To calculate Credits see Condition No. 14 on page 33. (Ai)

ADDRESS: 200 EXELON WAY	PEF	MIT NUN	DISCH	DISCHARGE NUMB			
KENNETT SQUARE, PA 19348			MONIT	ORING F	ERIOD		
SITE LOCATION: 3146 SANATOGA ROAD, POTTSTOWN, PA 19464	YEAR	MO	DAY	TO	YEAR	MO	DAY
MUNICIPALITY: LIMERICK TOWNSHIP	08	05	01		08	05	31
COUNTY: MONTGOMERY				-	· · · · ·	NOTE: F	lead in

COUNTY:	IONTGOMERY				NOTE: Read instructions before completing this form											
Parameter		QUANT	ITY OR LOAD	DING	C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF		AMPLE TYPE				
		AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	MINIMUM INST	AVERAGE MONTHLY	MAXIMUM DAILY	UNITS		ANALYSIS						
FLOW	Sample Measurement	7.98	9.41		XXXX	XXXX	· XXXX									
r LOW	Permit Requirement	MONITOR REPORT	MONITOR REPORT	MGD	ХХХХ	XXXX	xxxx	XXXX		1/WEEK	ME	ASURE	D			
TEMPERATURE	Sample Measurement	XXXX	xxxx		ХХХХ	XXXX	76									
(EFFLUEMT)	Permit Requirement	xxxx	XXXX	хххх	XXXX	XXXX	INST. MAX 110	°F		1/WEEK		I-S				
TOTAL RESIDUAL OXIDANTS	Sample Measurement Permit	хххх	xxxx	ł	XXXX	XXXX	0.2		1			-				
UXI DANI S	Fequirement Sample	XXXX	XXXX	XXXX	<u> </u>	XXXX	0.2	MG/L		1/WEEK		GRAB				
рH	Measurement Permit	XXXX	хххх	-	8.1	XXXX	8.3 INST. MAX	STD					<u> </u>			
	Requirement Sample	XXXX	XXXX	XXXX	6.0	XXXX	9.0	UNITS		1/WEEK		GRAB				
SPECTRUS CT1300	Measurement Permit	. XXXX		-		<0.050	<0.050									
	Requirement Sample	XXXX		XXXX	XXXX	0.2	0.4	MG/L		1/WEEK	·	GRAB				
TEMPERATURE (RIVER INTAKE)	Measurement Permit	XXXX	XXXX		XXXX	62	68 MONITOR REPORT			· · ·	·					
· · · · · · · · · · · · · · · · · · ·	Requirement Measurement	XXXX	XXXX	XXXX	XXXX			°F		1/WEEK		I-S	<u></u>			
TOTAL SUSPENDED SOLIDS *	Permit Requirement	XXXXX · XXXX	XXXX XXXX	XXXX	XXXX XXXX	<u>NR</u> 30	NR 60	MG/L		1/WEEK						
	Sample Measurement Permit	xxxx	XXXX		XXXX	<0.005	<0.005	PIG7 []		I/WEEK		24 HC				
CADMIUM, TOTAL	Requirement Sample	хххх	XXXX	XXXX	XXXX	MONITOR REPORT	MONITOR REPORT	MG/L		2 / MONTH		24 HC				
HAME/TITLE PRINCIPAL EXE Christopher H. Muc Limerick Generatir	lrick, V.P.	AM FAMILIAR W INQUIRY OF TH THE INFORMAT	VITH THE INFOR NOSE INDIVIDUAL NON, I BELIEV	MATION SUBM LS IMMEDIATI /E THE SUB	HAVE PERSONALLY E TTTED HEREIN AND ELY RESPONSIBLE FO MITTED INFORMATION THAT THERE ARE	BASED ON MY Edward R OBTAINING Plant M N IS TRUE,	W. Callan Manager			TELEPHONE		DATE				
TYPE OR 1	-	POSSIBILITY (U.S.C. §1319. to \$10,000 an	F FINE AND II (Penalties u	MPRISONMENT	INFORMATION, INC SEE 18 U.S.C. §1 statutes may inclu t of between 6 m	1001 AND 33 7 0	RE OF PRINCIPAL EXEC	h	610 AREA	718-2000	08	06	25			
		years)					OR AUTHORIZED AGEN		CODE	NUMBER	YEAR	MO	DAY			

EXPLANATION OF VIOLATIONS-See attached for non-compliance information.

EPA FORM 3320-1 (Rev. 9-88) previous edition may be Used.

3/31/2011 SU

9/30/2010

Re 30 (CD05WQM)256-13

Total Residual Oxidants Injection Non-Compliance

LGS NPDES Permit #PA0051926 states that for Outfall 001, total residual oxidants may not be discharged from any unit for more than three hours in any one day and not more than one unit in any plant may discharge total residual oxidants at any one time.

On May 22, 2008, the injection control program for the Unit 1 chlorination system was unintentionally altered during a procedure validation activity, resulting in the injection pump failing to de-energize at the normal program end time (2010). The pump continued to run until approximately 0100 on May 23, 2008. This resulted in the system operating for approximately 2 hours longer than the allotted 3 hour duration. Additionally, this operating period overlapped with a Unit 2 chlorination cycle.

Immediate actions taken upon discovery of the situation included: reviewing the timer program to verify omission of the step that secures the injection pump; confirming by data review that TRO levels (<0.1 mg/l) were below the limit of 0.2 mg/l; removing the system from service until a complete review of the scenario was complete; and conducting a prompt investigation, which included interviewing involved personnel, to gain a complete understating of the event.

Scheduled corrective actions to preclude reoccurrence include a procedural enhancement, which requires a peer review of the timer sequence program steps, prior to returning the system to service.

A courtesy notification was made to Tom Magge of the Southeast Region PADEP Operations Section, on 5/23/08 at 1535.

DISCHARGE MONITORING REPORT SUPPLIMENTAL FORM LIMERICK GENERATING STATION

Limerick Township Montgomery County

DAY	FLOW		TEMP(eff)	TRO	pH	Spectrus CT 1300	Cadmium, Total	TEMP(in)	
	MGD	mg/l	- 13 F 第二	mg/l	STD	mg/l	// mg/l	F	
1	8.24								
2	7.43		ł						
3	8.91								
4	7.92						·		
5	6.68								
6	7.53					<0.050			
7	7.41	NR	76.2	0.07	8.26		< 0.005	62.4	
8	7.99								
9	7.61								
10	6.68								
11	6.98								
12	8.27								[
13	7.03		11			<0.050			
14	8.22	NR	72.2	0.16	8.15		<0.005	59.9	
15	7.54	<u> </u>							
16	8.81								
17	7.36								
18	8.08								<u> </u>
19	8.02					<0.050			T
20	9.41								<u>† </u>
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REMARKS: TSS is NET TSS

Telephone: (610) 718-2500

NPDES permit PA0051926 for outfall 001

Facility Name / Location if different) PRIMARY FACILITY: LIMERICK GENERATING STATION

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

FORM APPROVED.

Page 2 of 13

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Re 30 (CD05WQM)256-13A

Facility Name / Location if different)

PRIMARY FACILITY: LIMERICK GENERATING STATION

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

FORM APPROVED.

DISCHARGE MONITORING REPORT (DMR)

CLIENT:	TENT: EXELON GENERATION COMPANY, LLC-CLIENT ID NO. 14768 DDRESS: 200 EXELON WAY										MP 301			OMB NO. 2040-00	004.		
ADDRESS	200 EX	ELON WAY				PE	RMIT NUM	1BER		DISC	HARGE N	UMBER		Southeast Regior	n Facsin	nile	
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Re 30 (CD05WQM)256-13B

DISCHARGE MONITORING REPORT SUPPLEMENTAL FORM LIMERICK GENERATING STATION

Limerick Township Montgomery County

		201			301	
Day	FLOW GPD	TSS mg/l	O&G <i>mg/l</i>	FLOW GPD	TSS mg/l	O&G <i>mg/</i> 1
1	160,000)		0		·
2	144,000			0		
3	144,000		-	0		
4	130,000			0		·
5	150,000			0		
6	150,000	0		30934		
7	160,000	13	<5	0		
8	150,000	D		9782		
9	200,000			0		
10	160,000	0	•	0		
11	160,000	0		0		
12	230,000		-	0	•	
13	230,000			15467		
14	160,000	0		15732	-	
15	230,000	0		15732		
16	160,00	0		15732		·
17	160,000	0		0		
18	160,000	0		0		
19	180,00	0		15864		
20	230,00	0		15732		
21	230,00	0 31	5	15732		
22	160,00	0		15732	-1 *	
23	160,00	0		11634		
24	160,00	0		8064	· · · · ·	
25	160,00	0		12295		
26	165,00	0		0		
27	120,00	0		29612		
28	160,00	0		. 0		
29	160,00	0		15731		
30	180,00	0		. 15467		
31	175,00			0		
AVG	170,258	22	2.5	16,203	NR	NR
МАХ	230,000	31	5.0	30,934	NR	NR
MIN	XXX	XXX	xxx	XXX	ХХХ	XXX

REMARKS:

See attached for Outfall 201 TSS exceedance.

Telephone: (610) 718-2500

NPDES permit PA0051926 for outfall 201, 301

Mav

Facility Name / Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PRIMARY FACIN	LITY: LIN	MERICK GEN	ERATING ST	ATION									FORM	APPROVED.			
CLIENT: EXEL	N GENERA	TION COMPA	NY, LLC-CLI	ENT ID NO.	47686	I	PA005192	6			MP 401		ОМВ N	0. 2040-0004.			
ADDRESS: 200	EXELON W	AY		•		PÉF	RMIT NUM	BER		DISCH	ARGE N	UMBER	Southe	east Region Facsi	imile		
		RE, PA 19	348					MONITOR	ING E	PERIOD			* Sampl	e shall be colled	ted dur:	ing t	he di
SITE LOCATIO				TOWN, PA 1	9464	YEAR	MO	DAY	то	YEAR	MO	DAY	from	the overflow loca	tion at	the	pond.
MUNICIPÀLITY		ICK TOWNSH		····		08	05	01		08	05	31	-	le the spray pond			-
COUNTY:	MONTGO									L	·			before completing		m	
						J T											
Paramete	r		QUANT.	ITY OR LOAD	JING		Qt	JALITY OR	CONC	ENTRATIC)N		NO. EX	FREQUENCY OF	1	AMPLE FYPE	
			AVERAGE	MAXIMUM		MEN	I.MUM	AVERA	<u>^</u> F	T			1	ANALYSIS			
			MONTHLY	DAILY		1	1.HOH NST	MONTH		MAXIMUN	1 DAILY				1		1
			HONTING	DAIDI	UNITS							UNITS	<u> </u>				
		Sample	1.2821	21600		vy (XXX	XXXX	,	XX	vv	l					
FLOW	Me	asurement Permit			-		12171	LAAT	<u>`</u>	<u> </u>		4	 				
	Po	quirement	MONITOR/ REPORT	MONITOR/ REPORT	GPD		cxx	XXXX	,	XX	v.,	xxxx		÷	MET	CUDE	
	Ke	Sample	REPORT	REFORT	GFD		<u></u>		<u>`</u>	^	<u>^^</u>		<u> </u>		- PIELP	ASURE	. <u></u>
TOTAL PHOSHOP	US Me	asurement	XXXX	XXXX		XX	XXX	0.23	3	0.	37						
as P	**	Permit						MONITO		MONI		1			<u>+</u>		
	Re	quirement	XXXX	XXXX	XXXX		XXX	REPOR			ORT	MG/L		*1/WEEK	(GRAB	
		Sample								1		1			1	·····	
	Me	asurement		ļ								1					
		Permit]]					
	Re	quirement								<u> </u>		ļ					
	Mo	Sample asurèment															
	Ме	Permit		<u></u>	4					┼		-			+		
	Re	quirement		ļ				[
		Sample															
. •	Me	asurement															
	•	Permit							_]			Ţ.		
	Re	guirement						[·····				<u> </u>		
	21.2	Sample asurement															
	Ме	Permit			4	<u> </u>		 		<u> </u>		4					
	Re	quirement															
		Sample										1		······	+		
	Me	asurement															
		Permit		ļ	I I	{		[1					
		quirement Sample		<u> </u>	<u> </u>	+		 		<u> </u>		 	+				
	. Ме	asurement										l		Į	1		
		Permit		<u> </u>	1	<u>}</u>		<u> </u>		<u>+</u>		1		t	+		
	Re	quirement										1					
HAME/TITLE PRINCIPA	EXECUTIVE OF	FFICER		DER PENALTY OF								•	1	TELEPHONE		DATE	
Christopher H.		V.P.	AM FAMILIAR W	ITH THE INFOR	MATTON SUB	ATTTED HER	EIN AND BA	ASED ON MY E	dward	W. Calla	n						
Limerick Gener	ating Sta	tion	THE INFORMATI	WITH THE INFOR NOSE INDIVIDUAN NON, T BELIEW	E THE SUE	MITTED IN	FORMATION	IS TRUE.	lant 1	Manager (A)	9						
		· ·	ACCURATE AND	COMPLETE. I	AM AWARE	тнат тні	ERE ARE S	IGNIFICANT									
				OR SUBMITTING					-N	wall (. 1	$\hat{O}()$	610	718-2000	08	06	25
				(Penalties u					-du	want (\mathcal{N}	_ملكل				1	
TYPE	OR PRINT		to \$10,000 ar	nd or maximum				ths and 5_S	IGNATU	RE OF PRINC	CIPAL EXÈ	CUTIVE	AREA				
			years)					. 0	FFICER	OR AUTHOR	ZED AGEN	r	CODE	NUMBER	YEAR	MO	. DAY
COMMENT AND	EXPLANAT	ION OF ANY	VIOLATION	IS (Reference	all attachm	ents here)											
·								PERMIT EX	PIRES	5 3	8/31/20	11		SUBMIT RENEWAL B	Y 9/3	0/20	10
EPA FORM 3320-1 (F	Rev. 9-88) prev	ious edition may	be Used.		(REPLACES	EPA FORM		MAY NOT BE U					-	Page 4 of 1			

Re 30 (CD05WOM)256-13C

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DISCHARGE MONITORING REPORT SUPPLIMENTAL FORM LIMERICK GENERATING STATION

Limerick Township Montgomery County

DAY	FLOW	Phosphorous	
	GPD	Total	
1	14400	-	
2	7200		
3	7200		
4	7200		
5	14400	0.	16
6	14400		
7	4320		
8	4320		٦
9	14400		7
10	14400		
11	14400		-1
12	14400	0	.37
13	14400		-1
14	14400		-1
15	14400		-1
16	14400	the second se	
17	14400		-1
18	14400	the second s	-1
19	14400	······································	.21
20	14400		-1
21	14400	the second s	_
22	14400	the second se	-
23	14400	the second s	-
24	7200	the second s	
25	7200		
26	21600		
27	14400	the second s).18
28	14400		
29	14400		
30	14400		
31	14400		
Avg	and the second	0.23	
MA)	The second se	0.23	
MIN			
	oratory Name	XXX	

For the	MONTH	May	2008

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In House?

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N/A Signature:

Telephone: (610) 718-2500

NPDES permit PA0051926 for outfall 401

REMARKS:

Facility Name / Location if different)

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

PRIMARY	HARY FACILITY: LIMERICK GENERATING STATION ENT: EXELON GENERATION COMPANY, LLC-CLIENT ID NO. 147686 PA0051926 002, 004, 02 RESS 200 EXELON WAY PERMIT NUMBER DISCHARGE NUME													FORM APPROVED.			
CLIENT:	EXELON GEN	ERATION COMP.	ANY, LLC-CLII	ENT ID NO. 1	L47686	F	A005192	6		002	, 004,	022		OMB NO. 2040-00	04.		
ADDRESS	200 EXELON	I WAY				PEF	MIT NUM	BER		DISC	HARGE N	UMBER		Southéast Region	Facsi	mile	
	KENNETT SC	UARE, PA 1	9348					MONIT	ORING P	PERIOD				* To calculate C	redits	see	
SITE LOC	ATION: 314	6 SANATOGA	ROAD, POTTS	TOWN, PA 19	9464	YEAR	MO	DAY	TO	YEAR	MO	DAY		Condition No. 14	on pa	ge 33	•
MUNICIPA	LITY: LIM	ERICK TOWNS	HIP			08	05	01		08	05	31					
COUNTY:	MON	TGOMERY							-		NOTE: F	lead inst	ructions	before completing	this fo	rm	
Para	ameter		QUANT	ITY OR LOAD	DING		Qt	JALITY C	R CONC	ENTRATIC	N		NO. EX	FREQUENCY OF ANALYSIS	S	AMPLE TYPE	
			AVERAGE	MAXIMUM	UNITS	MIN	IMUM	AVEF	RAGE	MAXI	MUM	UNITS					
C-BIOCHE OXYGEN D		Sample Measurement	xxxx	xxxx		XX	xx	XX	XX .	N							
(5-DAY)		. Permit Requirement	xxxx	хххх	XXXX	XX	xx	· XX	xx	REP DAILY		MG/L		1 PER YEAR		1 GRAB	
CHEMICAL DEMAND	OXYGEN	Sample Measurement Permit	xxxx	xxxx	Į	XX	XX	XX	XX	N REP				1 PER			
DEMAND		Requirement Sample	XXXX	XXXX	XXXX				XX	1		MG/L		I PER YEAR		GFAB	
OIL AND	GREASE	Measurement Permit	XXXX	XXXX		XXXX XXX			XX	N ŘEP		-		1 PER		1	
		Requirement Sample	XXXX	<u> </u>	XXXX	XXXXXXXX				DAILY		MG/L		YEAR		GRAB	·
рН	-	Measurement Permit Requirement	XXXX	XXXX XXXX	XXXX		xx		XX XX	NR REPORT DAILY MAX.		STD UNITS		1 PER YEAR		1 GRAB	
TOTAL SU:	SPENDED	Sample Measurement	XXXX	XXXX		XX		XX		N		UNITS		YEAR	1	GRAD	
SOLIDS (TS		Permit Requirement	xxxx	XXXX	xxxx	XX	xx	XX	xx		REPORT DAILY MAX. M			1 PER YEAR		l GRAB	
TOTAL KJ	1	Sample Measurement	XXXX .	XXXX		· XY	xx	XX	xx	N							
NITROGEN	(TKN)	Permit Requirement Sample		XXXX	XXXX	XX	XX	xx	<u>xx</u>	REP DAILY		MG/L		1 PER YEAR		1 GRAB	
TOTAL PH	osphorus	Measurement Permit	XXXX	XXXX		XX	XX .	XX	XX	N REP	R ORT	4	·	1 PER	<u> </u>	1	
		Requirement Sample	XXXX	XXXX	XXXX	XX	XX	XX	XX	DAILY	MAX.	MG/L		YEAR		GRAB	
IRON (DI	SSOLVED)	Measurement Permit	XXXX	XXXX	VVVV	XXXX XXXX R X XXXX XXXX DAI								1 PER		1	
Christoph	RINCIPAL EXECUTI Per H. Mudri Generating	ck, V.P.	AM FAMILIAR W INQUIRY OF TH THE INFORMAT	XXXX DER PENALTY OF ATTH THE INFORMOSE INDIVIDUAL ION, 1 BELIEV COMPLETE, I	MATION SUBM LS IMMEDIAT /E THE SUB	I HAVE PERS LITTED HERS ELY RESPON MITTED IN	SONALLY EX SIN AND BA SIBLE FOR FORMATION	AMINED AND ASED ON MY OBTAINING IS TRUE,	Edward	DAILY W. Calla Manager		MG/L		TELEPHONE		GRAB DATE	
	•		PENALTIES FO POSSIBILITY C U.S.C. §1319.	DR SUBMITTING DF FINE AND H (Penalties u	G FALSE MPRISONMENT nder these	INFORMATIO SEE 18 L statutes m	N, INCLU U.S.C. §10 Nay includ	DING THE 01 AND 33 e fines up	Colu	ndli	\sim	l	610	718-2000	08	06	25
	TYPE OR PRIN	ΨT	to \$10,000 ar years)	nd or maximum	ımprisonmen	nt of betw	veen 6 mor	nths and 5		RE OF PRINC	AREA CODE	NUMBER	YEAR	мо	DAY		

COMMENT AND EXPLANATION OF ANY VIOLATIONS

EPA FORM 3320-1 (Rev. 9-88) previous edition may be Used.

PERMIT EXPIRES (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

3/31/2011

SUBMIT RENEWAL BY 9/30/2010 Page 5 of 13

Re 30 (CD05WQM)256-13D

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DISCHARGE MONITORING REPORT SUPPLIMENTAL FORM LIMERICK GENERATING STATION Limerick Township Montgomery County

CBOD ₅	COD	O&G	pH	TSS	NH3N	Phos	Iron(dis)
mg/l	mg/l	mg/l	STD	mg/l	mg/l	mg/l	mg/l
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XXX	XXX	XXX	l xxx	1 xxx	XXX	XXX	XXX
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RKS:				-		Telephone:	
				XXX XXX <td></td> <td>XXX XXX XXX<td>XXX XXX XXX</td></td>		XXX XXX <td>XXX XXX XXX</td>	XXX XXX

NPDES permit PA0051926 for outfalls 002, 004, 022

For the MONTH May 2008

Facility Name / Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PRIMARY	FACILITY:	LIMERICK GEN	VERATING ST	ATION									FORM A	APPROVED.			
CLIENT:	EXELON GEN	NERATION COMP	NY, LLC-CLI	ENT ID NO. 1	47686	I	A005192	6			003		OMB N	0. 2040-0004.			
ADDRESS:	200 EXELO	N WAY				PEF	MIT NUM	IBER		DISCH	IARGE N	UMBER	Southe	east Region Facsi	lmile		
	KENNETT S	QUARE, PA 1	9348					MONITO	RING F	ERIOD			* Sampl	e during discharg	e from	drain	valv
SITE LOC	ATION: 31	46 SANATOGA H	ROAD, POTTS	TOWN, PA 19	464	YEAR	MO	DAY	TO	YEAR	MO	DÁY	assoc	iated with the ci	rculati	ng wa	ter a
MUNICIPA	LITY: LI	MERICK TOWNS	IIP			08	05	01		08	05	31	Turbi	ne Unit 1.		_	
COUNTY :		NTGOMERY					· · ·	<u> </u>			NOTE: R	ead inst	ructions	before completing	this for	m	
	umeter		OILANT	ITY OR LOAD	TNG	, [0	UALITY OF	CONC	ENTRATIO			NO.	FREQUENCY		AMPLE	
, faib	anecci		QUART				¥						EX	OF		TYPE	
			AVERAGE MONTHLY	MAXIMUM DAILY	UNITS		IMUM IST	AVER. MONTI		MAXIMUM	1 DAILY	UNITS					
		Sample	No	No				1		1							
FLOW		Measurement	Discharge	Discharge		X	XXX	XXX	X	XX	XX						
		Permit Requirement	MONITOR REPORT	MONITOR REPORT	MGD	XX	(XX	XXX	x	XX	XX	XXXX		*	CAL	CULAT	ED
TOTAL SUS	COUNTER	Sample	XXXX	XXXX	ļ		XXX	No Disc	harge	No Dis	charge		1				
SOLIDS	SPENDED	Neasurement Permit Requirement	XXXX	XXXX	XXXX	<u> </u>	XXX	MONITOR	REPORI	MONITOR	REPORT	MG/L		*	1	GRAB	
		Sample								No Dia		1107 10	<u> </u>				
TEMPERAT	URE	Measurement Permit	XXXX	XXXX		X)	XX	XXX	X	NO Discharge							
		Requirement	XXXX	XXXX	XXXX	X2	XXXX		x	11	10	°F		*		I-S	
TOTAL RE	CIDUN	Sample	XXXX	XXXX			XXXX		~ ~ ~	No Dis	charge						
OXIDANTS		Measurement Permit	<u></u>		ł	^A	<u> </u>	XXX							+		
		Requirement	XXXX	XXXX	· XXXX	X)	XXX	XXX	x	0.2 No Discharge		MG/L	1	*		GRAB	
		Sample Measurement	XXXX	XXXX		No Dis	scharge	XXX	x								
рH		Permit								INST.		STD					
	•	Requirement	XXXX	XXXX	XXXX	6	.0	XXX	X	9.	. 0	UNITS		*		GRAB	
		Sample Measurement	· XXXX	XXXX		XX	CXX	No Disc	harge	No Dis	charge)		
SPECTRUS	CT1300	Permit			1	ļ		<u> </u>				ł		<u></u>	+		
		Requirement	XXXX	XXXX	XXXX	X2	XXX	0.	2	0.	. 4	MG/L		*		GRAB	
		Sample								· · · ·							
		Measurement Permit	· · · · · · · · · · · · · · · · · · ·	<u> </u>	ł			╂-────		<u> </u>			<u> </u>				· ·
		Requirement			ļ					ļ							1
		Sample		+	<u> </u>			+		<u> </u>					+		
1		Measurement		l						1		}					
		Permit]							1			1		
		Requirement		I		l		1		<u> </u>		L					
	RINCIPAL EXECUT			IDER PENALTY OF					Edward	M Calla	-			TELEPHONE		DATE	
	er H. Mudr Generating		INQUIRY OF TH	VITH THE INFORM HOSE INDIVIDUAL ION, I BELIEV	S IMMEDIAT	ELY RESPON	ISTBLE FOR	OBTAINING	Plant N	Manager 🤇	, 2,						
intiler i ck	Generating	Station								W - C	X]						
	1					WARE THAT THERE ARE SIGNIFICANT							6.1.0	210 0000			
	1		PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33							610	718-2000	08	06	25			
			U.S.C. §1319.	U.S.C. §1319. (Penalties under these statutes may include :					~ 06~	and l	いしょ	l'	2052				. [
	TYPE OR PRI	E N/I'	to \$10,000 an years)	nd or maximum	imprisonme	nt of betw	ween 6 mo	-		RE OF PRINC			AREA CODE	NUMBER	YEAR	мо	' DAY
COMMENT	AND EXPLA	NATION OF AN	Y VIOLATION	NS (Reference	all attachm	ents here)											

EPA FORM 3320-1 (Rev. 9-88) previous edition may be Used.

PERMIT EXPIRES (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED) 3/31/2011

SUBMIT RENEWAL BY 9/30/2010 Page 6 of 13

Re 30 (CD05WQM)256-13E

DISCHARGE MONITORING REPORT SUPPLIMENTAL FORM LIMERICK GENERATING STATION Limerick Township Montgomery County

YAY	FLOW MGD	TEMP F	TSS mg/l	TRO mg/l	Spectrus CT 1300 mg/l	pH STD	
1			- ing/i		l mgn		
2							
3				·····			
4							
5							
6							
7							
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9							
10						· · · · · · · ·	·
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13					<u> </u>		
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17			· · · · · · · · · · · · · · · · · · ·				
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21							
22							
23						· · ·	
24							
25							
26							
27							
28							
29							
30							
31							
	No Discharge	XXX	No Discharge	XXX	No Discharge	XXX	
	No Discharge				No Discharge	No Discharge	
MIN		XXX	XXX	XXX	XXX	No Discharge	20. 4
aha	ratory Name	N	/A	In House?	Yes	Signature:	KI CH

NPDES permit PA0051926 for outfall 003

2008

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Facility Name / Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PRIMARY	FACILITY:	LIMERICK GE	NERATING ST	ATION									FORM	APPROVED.			
CLIENT:	EXELON GE	NERATION COMP	ANY, LLC-CLIP	ENT ID NO. 1	47686	1	PA005192	6		[005		OMBN	0. 2040-0004.			
ADDRESS	:200 EXELC	N WAY				PEI	RMIT NUM	IBER		DISCH	HARGE N	UMBER	Southe	east Region Facs	imile		• •
	KENNETT S	QUARE, PA 1	9348					MONITO	RING F	PERIOD			* Sampl	e during discharg	ge from di	ain	valv
SITE LO	·····	46 SANATOGA		TOWN, PA 19	464	YEAR	· MO	DAY	ТО	YEAR	MO	DAY	assoc	iated with the ci	irculating	, wat	er a
MUNICIP	ALITY: LI	MERICK TOWNS	HIP			08	05	01	·	08	05	31	Turbi	ne Unit 2.			
COUNTY:	MC	NTGOMERY			······	· · · · ·			I	L	NOTE: R	ead inst:	ructions	before completing	this form		
Par	ameter	1	OUANT	ITY OR LOAD	ING	í	0	JALITY O	R CONC	ENTRATIC)N		NO.	FREQUENCY	SAM	IPLE	
101			200-00										EX	OF		PE	
		·						·		· · · · · · · · · · · · · · · · · · ·				ANALYSIS			
			AVERAGE	MAXIMUM		•	IMUM	AVER		MAXTMUN	M DAILY						
].	MONTHLY	DAILY	UNITS	11	1ST	MONT	HLY			UNITS					
:		Sample .	No	No									1				
FLOW		Measurement	Discharge	Discharge		XX	XXX ·	XX	XX	XX	XX						
	1	Permit	MONITOR	MONITOR													
		Requirement Sample	REPORT	REPORT	MGD	X2	KXX	XX	XX	XX	XX	XXXX		*	CALCU	LATE	<u>. D</u> .
TOTAL SU	SPENDED	Measurement	XXXX	XXXX		X2	XXX	No Dis	charge	No Dis	charge						1
SOLIDS		Permit						MONTTOP	PEDOP	MONITOR		1			· · ·		
		Requirement	XXXX	XXXX	XXXX	X2	XXX	MONTTOR		MONŢTOR		MG/L		*	GR	LAB	
		Sample	XXXX	XXXX		. v.	XXX	XX	vv	No Dis	charge						- 1
TEMPERA:	TURE	Measurement Permit	ЛАЛА		{	A	2.12			INST	MAX	ł .			- <u> </u>		<u> </u>
		Requirement	XXXX	XXXX	XXXX	X	XXX	XX	XX	11	10	°F	l ·	*	I	- S	
		Sample								No Dis	charge						
TOTAL RI OXIDANTS		Measurement Permit	XXXX	XXXX ·		X	XXX	XX	XX			4					
OĂT DANT:	5	Requirement	XXXX	XXXX	XXXX	x	XXX	XX	xx	0.	. 2	MG/L	·	*	GR	LAB	
1		Sample				No Die	scharge	<u> </u>		· · · · · · · · · · · · · · · · · · ·	charge		h				
рН		Measurement	XXXX	XXXX		NO DI		XX	XX	NO DIS	charge						
P		Permit	Ì								. MAX	STD					
		Requirement	XXXX	XXXX	XXXX	6	.0	XX	XX.	9	.0	UNITS		*	GF	RAB	
		Sample Measurement	XXXX	XXXX		- x	xxx	No Dis	charge	No Dis	charge				ļ		
SPECTRUS	S CT1300	Permit						<u> </u>		┼────				······			
		Requirement	XXXX	XXXX .	XXXX	• X2	XXX-	0.	2	· 0	. 4	MG/L		*	GF	AB	
		Sample															
		Measurement Permit				<u> </u>		<u> </u>				4				-	
· .		Requirement															
•		Sample									,	<u> </u>					
		Measurement	· ·		Į			<u> </u>							_		
• •		Permit															
	PRINCIPAL FXECU	Requirement	I CERTIEV IN	DER PENALTY OF	ር.አም- ውዘላው 1	HAVE DED	SONALLY EX	AM UNICO - ÁNIO	r	L		L		L		ATE	
· · · · · · · · · · · · · · · · · · ·	her H. Mudr		AM FAMILIAR W	TH THE INFORM	MATION SUBM	ITTED HER	EJN AND B	ASED ON MY	Edward	W. Calla	n		Į	TELEPHONE			
Limerick	Generating	Station	INQUIRY OF TH	IOSE INDIVIDUAL ION, I BELIEV	S IMMEDIAT	ELY RESPON	NSIBLE FOR	OBTAINING	Plant I	Manager (S	TA		· ·				
				COMPLETE. I				10 1000,		~			1		1 1.		1
		2		OR SUBMITTING					-NI	1		NON	610	718-2000	08	06	25
· ·				F FINE AND IN (Penalties u					CJ.	in l'	iX	.UL					
1	TYPE OR PR	(NT)		nd or maximum	imprisonme	nt of bet	ween 6 mon	nths and 5		RE OF PRINC			AREA				
L			years)						OFFICER	OR AUTHOR	IZED AGEN	т	CODE	NUMBER	YEAR I	мо	DAY
COMMENT	'AND EXPL	ANATION OF AN	Y VIOLATION	IS (Reference a	ill attachm	ents hare)	ł										
								PERMIT D		6 <u> </u>	3/31/20	11	-	SUBMIT RENEWAL B		/201	0
		B) previous edition may	be Used.		(REPLACES	EPA FORM	T-40 WHICH	MAY NOT BE	USED)				•	Page 7 of 1	.3		
Re 30 (CD05	5WQM)256-13F																
		•															

DISCHARGE MONITORING REPORT SUPPLIMENTAL FORM LIMERICK GENERATING STATION Limerick Township Montgomery County

NPDES permit PA0051926 for outfall 005

DAY	FLOW MGD	TEMP F	TSS mg/l	TRO mg/l	Spectrus CT 1300 mg/l	pH STD	
1	ž						
2							•
3							
4							
5							,
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26			,				
27			•.				•
28							
29							
30							
31		•					
	No Discharge		No Discharge	XXX	No Discharge	XXX	
	No Discharge	e No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	
MIN		XXX	XXX	XXX	XXX	No Discharge	DON D
	ratory Nam	ieN	/A • • •	In House?	Yes	Signature:	KAK
<u>REM</u>	ARKS:				· · · · · · · · · · · · · · · · · · ·		(610) 718-2500

For the MONTH May

2008

Facility Name / Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PRIMARY	FACILITY:	LIMERICK GEN	NERATING ST	ATION									FORM	APPROVED.			· .
CLIENT:	EXELON GEN	ERATION COMPA	NY, LLC-CLI	ENT ID NO. 1	47686	F	PA005192	6		006, 0	07, 00	8, 009	OMB N	0. 2040-0004.			
ADDRESS:	200 EXELO	N WAY				PEF	MIT NUM	IBER		DISCH	IARGE N	UMBER	South	east Region Facsi	imile		
	KENNETT S	QUARE, PA 19	9348	•				MONITO	RING F	ERIOD			Sample	e any one of the	se outfa	lls.	
SITE LOC	ATION: 314	16 SANATOGA P	ROAD, POTTS	TOWN, PA 1	9464	YEAR	MO	DAY	то	YEAR	MO	DAY					
MUNICIPA	LITY: LIN	ERICK TOWNSH	HIP			08	· 05	01		. 08	05	31]			×.	
COUNTY:	MOI	TGOMERY									NOTE: F	Read inst	ructions	before completing	this for	m	
' Par	ameter		QUANT	ITY OR LOAD	ING		· Q	JALITY O	R CONC	ENTRATIO	N		NO.	FREQUENCY		MPLE	
								. 				· · · · · · · · · · · · · · · · · · ·	EX	OF ANALYSIS		YPE	
			AVERAGE	MAXIMUM	UNITS	MIN	I MUM	AVER	AGE	MAXI	MUM	UNITS					
C-BIOCHE	1	Sample Measurement	XXXX	XXXX		XX	xx	XXX	KX	· NI	R						
OXYGEN D (5-DAY)	EMAND	Permit			1.					REP		1		1 PER		1	
() DAT/		Requirement	XXXX	XXXX	XXXX	XX	XX	XX	XX	DAILY	MAX.	MG/L		YEAR	(GRAB'	
CHEMICAL	OXYGEN	Sample Measurement	XXXX	XXXX		XX	XX	XXX	хx	. N	R]					
DEMAND		Permit	~~~~	XXXX	XXXX	~~~	xx	XX	~~	REP	,	MG/L		1 PER		1	
		Requirement Sample	XXXX			AA			<u>^^</u>	DAILY	MAA.	FIG/L		YEAR		GRAB	
OIL AND	GREASE ·	Measurement	XXXX .	XXXX	1	XX	XX	XX	xx	N							
	• •	Permit Requirement	XXXX	XXXX	XXXX	XX	xxx	XX	xx	REP DAILY		MG/L		1 PER YEAR		1 GRAB	
		Sample Measurement	XXXX	XXXX		XX	XXX	XX	·	N							
рн		Permit			1					REP		STD		1 PER	-	1	
		Eequirement Sample	XXXX	XXXX	XXXX	XX	XXX	XX	XX	DAILY	MAX.	UNITS	ļ	YEAR		GRAB	
TOTAL SU	SPENDED	Measurement	xxxx	XXXX		XX	xx	xx	xx	N	R						
SOLIDS (T	SS)	Permit			1					REP				1 ·PER		1	
	•	Requirement Sample	XXXX	XXXX	XXXX	XX	(XX)	XX	XX	DAILY	MAX.	MG/L		YEAR		GRAB	
TOTAL KJ	ELDAHL	Measurement	XXXX	XXXX		XX	XXX	· xx	xx	'N	R	· ·					
NITROGEN	I (TKN)	Permit		l	1					REP				1 PER		1	
		Requirement Sample	XXXX	· XXXX	. XXXX	X.2	XXX	XX	xx	DAILY	MAX.	MG/L		YEAR		GRAB	
TOTAL PH	OSPHORUS	Measurement	XXXX	XXXX		XX	XXX	XX	XX	N	R		-1.				
	0511101005	Permit Requirement	XXXX	XXXX	XXXX	, vy	xxx	· xx	~~	REP		MG/L		1 PER		1	
		Sample			ЛЛЛЛ			<u>^</u>	<u>^^</u>	DAILY	MAA.	1107.0		YEAR		GRAB	
1	SSOLVED)	Measurement	XXXX	XXXX	4	XX	XXX	XX	XX	N		4					
	÷	Permit Requirement	XXXX	XXXX	XXXX	xy	xxx	XX	xx	REP DAILY		MG/L		1 PER YEAR		1 GRAB	
NAME/TITLE	RINCIPAL EXECUT			DER PENALTY OF		L		- <u>-</u>		<u></u>		1.1071	1	TELEPHONE	_	DATE	
Christop	her H. Mudri	ick, V.P. '	AM FAMILIAR W	WITH THE INFOR	MATION SUBM	ITTED HER	ETN AND B	ASED ON MY	Edward	W. Callar	n						
Limerick	Generating		THE INFORMAT.	VITH THE INFOR NOSE INDIVIDUAL ION, I BELIEV	E THE SUB	MITTED IN	FORMATION	IS TRUE,	Plant I	lanager)	f-						
			ACCURATE AND PENALTIES FO	OR SUBMITTING	FALSE	INFORMATIC	N, INCL	JDING THE		Λ.	\square	00	610	718-2000	08	06	25
			POSSIBILITY C U.S.C. §1319.	OF FINE AND I (Penalties u					CH.	- Vin)(🗸	lla	<u> </u>				
	TYPE OR PRI		to \$10,000 ar	nd or maximum					01010100	RE OF PRINC			AREA	MERCEN			
COMMENT	AND EVELA	NATION OF AN	years)	10					OFFICER	OR AUTHORI	ZED AGEN	ΥΤ 	CODE	NUMBER	YEAR	MO	DAY
COMPLENT	MUD EVELTY	NATION OF AN	I VIULATIU	10 .							121.100						
							· · · · · ·	PERMIT 1	TVLIKE	ა ქ	/31/20	111		SUBMIT RENEWAL B	¥ 973	0/20	10

EPA FORM 3320-1 (Rev. 9-88) previous edition may be Used.

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

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Re 30 (CD05WQM)256-13G

DISCHARGE MONITORING REPORT SUPPLIMENTAL FORM LIMERICK GENERATING STATION Limerick Township Montgomery County

PAY	CBOD ₅	COD	0&G	рН	TSS	NH3N	Phos	Iron(dis)
	mg/l	mg/l	mg/l	STD		mg/l	mg/l	mg/l
1							ļ	· · · · · · · · · · · · · · · · · · ·
2							↓	
3						· · · · · · · · · · · · · · · · · · ·		<u> </u>
4							· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
5		<i>.</i>						<u> </u>
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27				[]				
28				1				
29			1	1 1				-
30	·		1					
31			1	· · ·			1	
vg	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	NR	NŖ	NR	NR	NR	NR	NR	NR
мімҐ	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	atory Name		Reider Asso		In House?	Yes	Signature	

NPDES permit PA0051926 for outfalls 006, 007, 008, 009

2008

Facility Name / Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PRIMARY FACILITY	: LIMERICK GE	NERATING ST	ATION									FORM A	APPROVED.			
CLIENT: EXELON G	ENERATION COMP	NY, LLC-CLII	ENT ID NO. 1	47686	E	PA005192	26			012		OMB NO). 2040-0004.			
ADDRESS 200 EXEL	LON WAY				PEF	RMIT NUM	1BER		DISCH	IARGE N	UMBER	Southe	ast Region Facsi	imile		
KENNETT	SQUARE, PA 1	9348					MONITO	RING F	PERIOD		_]* Sample	a daily during di	scharge	from	1
SITE LOCATION: 3	146 SANATOGA	ROAD, POTTS	TOWN, PA 19	464	YEAR	MO	DAY	то	YEAR	MO	DAY	dredg	ing. A composite	during	dređ	ging
MUNICIPALITY: L	IMERICK TOWNS	HIP			08	05	01		08	05	31	5				
COUNTY: M	IONTGOMERY		· · · · · · · · · · · · · · · · · · ·		ļ					NOTE: R	ead inst	ructions	before completing	this for	m	
Parameter		QUANT	ITY OR LOAD	ING		Q	UALITY OF	CONC	ENTRATIO	N		NO. EX	FREQUENCY OF ANALYSIS		MPLE	
		AVERAGE MONTHLY	MAXIMUM DAILY	UNITS		IMUM IST	AVER/ ANNU		MAXIMUM	I DAILY	UNITS		MAN1313			
	Sample	No	No					•						1		
FLOW	Measurement	Discharge	Discharge		· XX	CXX	XXX	.x	XX	XX	4					
	Permit	MONITOR	MONITOR													
	Requirement	REPORT	REPORT	MGD	X	<u>XX</u>	XXX	<u>x</u>	XX	XX	XXXX		*	EST	IMATI	ED
TOTAL SUSPENDED	Sample Measurement	xxxx	XXXX		<u>x</u> >	<u> </u>	No Disc	harge	No Dis	charge						
(3rd to 5th Year)	Permit Requirement	XXXX	XXXX	XXXX		(XX	MONITOR	REPORT	10	۱n	MG/L		*	COM	POSI	τF
	Sample							1			11071	╂╂			10.01.	
OIL AND GREASE	Measurement	XXXX	XXXX		X>	(XX	No Disc	harge	No Dis	charge						
OTE AND BREASE	Permit Requirement	XXXX	XXXX	хххх	X)	(XX	MONITOR	REPORI	MONITOR	REPORT	MG/L		*	(GRAB	
IRON, DISSOLVED	Sample Measurement	XXXX	XXXX		XX	XXX	No Disc	harge	No Dis	charge						
IKON, DISSOLVED	Permit Requirement	XXXX	XXXX	XXXX	XX	«xx	MONITOR	REPORT	MONITOR	REPORT	MG/L		*	COM	POSI	TE
IRON, TOTAL	Sample Measurement	XXXX	XXXX		XX	KXX	No Disc	harge	No Dis	charge			<u> </u>			
(3rd to 5th Year)	Permit Requirement	XXXX	XXXX	XXXX	× N	xxx	MONITOR	REPORT	7.	0.	MG/L		*	CON	POSI'	me
	Sample				t			·	1.		10711	┼╾╌┥			FOST.	16
pH	Measurement	XXXX	XXXX		NO DIS	scharge	XXX	X	No Dis	charge		1				
P11	Permit Requirement	. xxxx	XXXX	XXXX	1	ITOR PORT	XXX	x	MONI REP		STD UNITS		*	(GRAB	
TOTAL SUSPENDED	Sample Measurement	XXXX	XXXX		XX	«xx	No Disc	harge	No Dis	charge						
(1st and 2nd Years)	Permit Requirement	XXXX	XXXX	XXXX	XX	(XX	MONITOR	REPORT	MONITOR	REPORI	MG/L		*	COM	IPOSI'	ΤE
IRON, TOTAL	Sample Measurement	XXXX	хххх		XX	XXX	No Disc	harge	No Dis	charge						
(1st and 2nd Years)	Permit Requirement	XXXX	XXXX	XXXX	XX	xxx	MONITOR	REPORT	MONITOR	REPORI	MG/L		*	CON	IPOSI'	ТЕ
NAME/TITLE PEINCIPAL EXEC	TUTIVE OFFICER		DER PENALTY OF										TELEPHONE		DATE	
Christopher H. Muc Limerick Generatir		S IMMEDIAT E THE SUE AM AWARE FALSE IPRISONMENT	ELY RESPON MITTED IN THAT THE INFORMATIC SEE 18 U	NSIBLE FOF NFORMATION ERE ARE (DN, INCL) U.S.C. §10	SIGNIFICANT UDING THE 001 AND 33	Edward Plant 1	W. Callan Manager		00	610	718-2000	08	06	25		
TYPE OR P		to \$10,000 ar years)	(Penalties un nd or maximum	imprisonme	nt of betw	ween 6 mo	nths and 5		RE OF PRINC			AREA CODE	NUMBER	YEAR	мо	DAY
COMMENT AND EXPI	LANATION OF AN	Y VIOLATION	NS (Reference a	all attachm	ents hero)		PERMIT E	XPIRE	s 3	/31/20	11		SUBMIT RENEWAL B	Y 9/7	0/20	10

EPA FORM 3320-1 (Rev. 9-88) previous edition may be Used.

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

Re 30 (CD05WQM)256-13H

Facility Name / Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PRIMARY FAC	ILTTY:	LIMERICK GEN	ERATING ST	ATION									FORM .	APPROVED.			
CLIENT: EXE	LON GEN	ERATION COMPA	NY, LLC-CLIE	INT ID NO. 1	47686	F	A005192	6	013, 014	, 015, 016	, 017, 0	18, 019, 03	OMB N	0. 2040-0004.			
ADDRESS: 200	EXELON	WAY				PEF	MIT NUM	BER		DISCH	HARGE N	UMBER	Southe	east Region Facsi	mile		
		UARE, PA 19	348					MONITO	RING P	ERIOD			Sample	any one of thes	e outfa	lls.	
		6 SANATOGA R		TOWN, PA 19	9464	YEAR	MO	DAY	ТО	YEAR	MO	DAY					
MUNICIPALIT		ERICK TOWNSH				08	05	01		08	05	31					
COUNTY :	MON	TGOMERY									NOTE: I	Read instr	ructions	before completing	this for	m	
Paramet	ter		OUANT	ITY OR LOAD	ING		Q	JALITY O	R CONCE	ENTRATIO	N	· · ·	NO.	FREQUENCY	Sł	MPLE	
							-				5		EX	OF ANALYSIS		ГҮРЕ	
			AVERAGE	MAXIMUM	UNITS	MIN	I MUM	AVER	AGE	MAXI	IMUM	UNITS					
C-BIOCHEMICA	AL	Sample Measurement	XXXX	XXXX		XX	xx	XX	xx		R						
OXYGEN DEMAN	ND	Permit			1					REP		1		1 PER	·	1	
(5-DAY)		Requirement	XXXX	XXXX	XXXX	XX	XXX	XX	xx	DAILY		MG/L		YEAR		GRAB	
		Sample						1	·······	1		1			1		
CHEMICAL OXY	YGEN	Measurement	XXXX	XXXX	4	XX	XXX	XX	XX	N REP		4		1 555		1	
DEMAND		Permit Requirement	XXXX	XXXX	XXXX	X>	XX	XX	· ·	DAILY		MG/L		1 PER YEAR		GRAB	
		Sample								0.1101							
OIL AND GREA	ASE	Measurement	XXXX	XXXX		XX	XXX	XX	XX	N							
		Permit Requirement	XXXX	XXXX	XXXX		xxx	XX	xx	REP DAILY	ORT	MG/L		1 PER YEAR		1 GRAB	
		Sample	MIMA		1			1		DAIDI	TIAA.			, I LAR	+	GIAD	
рн		Measurement	XXXX	XXXX		XX	XXX	XX	XX		R						
Pri.		Permit Requirement	XXXX	XXXX	XXXX	xx	xxx	XX	vv	REP DAILY	ORT	STD UNITS		1 PER YEAR		1 GRAB	
		Sample	Ann		Anna		17111			. DAIDI	PIAA.	011113		ILAK		GRAD	
TOTAL SUSPEN	NDED	Measurement	XXXX	XXXX		XX	KXX	XX	XX	: N	R						
SOLIDS (TSS)		Permit									ORT		· .	1 PER		1	
		Requirement	XXXX	XXXX	XXXX	XX	(XX	· XX	XX	DAILY	MAX.	MG/L		YEAR		GRAB	
TOTAL KJELDA	AHI.	Sample Measurement	xxxx	XXXX		x:	xxx	XX	xx	N	R						
NITROGEN (TI		Permit			1			1			ORT	4	<u> </u>	1 PER		1	
		Requirement	XXXX	XXXX	XXXX	XX	XXX	XX	XX	DAILY	MAX.	MG/L		YEAR		GRAB	
		Sample Measurement	XXXX	xxxx	1	x	xxx	XX	xx	N	IR		· ·				
TOTAL PHOSPH	HORUS	Permit			-			<u>†</u>			ORT	-		1 PER		1	
		Requirement	XXXX	XXXX	XXXX	X	<u>XXX</u>	XX	XX	· DAILY	MAX.	MG/L		YEAR		GRAB	
		Sample	XXXX	XXXX			xxx	xx	vv	• N	TD .						-
IRON (DISSO	LVED)	Measurement . Permit			· · ·	~~~		^^		PORT	-{		1 PER	-	1		
		Requirement	XXXX	XXXX	XXXX	x	XXX	XX	XX	DAILY		MG/L		YEAR		GRAB	
NAME TITLE PRINCE				DER PENALTY OF										TELEPHONE		DATE	
Christopher			AM FAMILIAR W	VITH THE INFOR HOSE INDIVIDUA TON, I BELIEV	MATION SUB LS IMMEDIAT	HITTED HER ELY RESPON	EIN AND B NSIBLE FOR	ASED ON MY OBTAINING	Edward	W. Calla Manager #	n 1/24						
Limerick Gen	ierating	Station									5/4	•					
				COMPLETE. I OR SUBMITTIN						0	\sim	Dev)	610	718-2000	08	06	25
			POSSIBILITY C	OF FINE AND I	MPRISONMENT	SEE 18	U.S.Ç. §1	001 AND 31		. VI	Э(—	W_	010	/10-2000		00	ر ک ^ر
	PE OR PRI	Trib		(Penalties u nd or maximum					STONATEUR	RE OF PRIN	CIPAL FY		AREA				
	LE ON TRI	••	years)	,						OR AUTHOR			CODE	NUMBER	YEAR	MO	DAY
COMMENT AND	D EXPLA	NATION OF AN	Y VIOLATION	NS .					·	•••			* · · · · · ·	······································		•••••	•

EPA FORM 3320-1 (Rev. 9-88) previous edition may be Used.

PERMIT EXPIRES (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED) 3/31/2011

Re 30 (CD05WQM)256-13R

DISCHARGE MONITORING REPORT SUPPLIMENTAL FORM LIMERICK GENERATING STATION

Limerick Township Montgomery County

DAY	CBOD ₅	COD	0&G	рН	TSS	NH3N	Phos	lron(dis)		
	mg/l	mg/l	mg/l	STD	mg/l	mg/l	mg/l	mg/l		
1	1									
2										
3										
4										
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15										
16					<u>†</u>					
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19					1		<u> </u>			
20					1		<u> </u>			
21					<u>†</u>					
22							<u> </u>	· · · · · ·		
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25							<u>├───</u>	{		
26					<u>+</u>		<u> </u>			
27							<u> </u>			
28		_								
29		_			<u> </u>		<u> </u>			
30							ł			
31					+		┝			
Avg	xxx	· · · · · · · · · · · · · · · · · · · ·	~~~	VVV						
AVG MAX		XXX	XXX	XXX	XXX	XXX	XXX.	XXX		
	NR	NR	NR	NR	NR	NR	NR	NR		
MIN	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	A	
₋abor	ratory Name	M.J. F	Reider Assoc	:, inc.	In House?	Yes	Signature:	2000	1-	

NPDES permit PA0051926 for outfalls 013, 014, 015, 016, 017, 018, 019, 030

For the **MONTH** May

2008

Facility Name / Location if different)

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

PRIMARY FACILITY: LIMERICK GENERATING STATION PA0051926 OMB NO. 2040-0004. CLIENT: EXELON GENERATION COMPANY, LLC-CLIENT ID NO. 147686 021 ADDRESS 200 EXELON WAY PERMIT NUMBER DISCHARGE NUMBER Southeast Region Facsimile **KENNETT SOUARE, PA 19348** MONITORING PERIOD * Cooling tower drift loss, etc. МО DAY SITE LOCATION: 3146 SANATOGA ROAD, POTTSTOWN, PA 19464 YEAR MO DAY TO YEAR MUNICIPALITY: LIMERICK TOWNSHIP 08 05 01 08 05 31 COUNTY: MONTGOMERY NOTE: Read instructions before completing this form FREOUENCY QUALITY OR CONCENTRATION SAMPLE Parameter OUANTITY OR LOADING NO. ΕX OF TYPE ANALYSIS AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS Sample C-BIOCHÉMICAL No Discharge Measurement XXXX XXXX XXXX XXXX OXYGEN DEMAND REPORT Permit 1 PER 1 (5-DAY) Requirement XXXX XXXX XXXX XXXX XXXX DAILY MAX. YEAR GRAB MG/L Sample No Discharge XXXX XXXX XXXX XXXX CHEMICAL OXYGEN Measurement DEMAND Permit REPORT 1 PER 1 XXXX XXXX XXXX XXXX XXXX Requirement DAILY MAX. MG/L GEAB YEAR Sample No Discharge XXXX XXXX Measurement XXXX XXXX OIL AND GREASE Permit REPORT 1 PER 1 XXXX XXXX XXXX XXXX XXXX Requirement DAILY MAX. MG/L YEAR GRAB Sample No Discharge XXXX XXXX XXXX XXXX Measurement pН REPORT STD Permit 1 PER T XXXX XXXX XXXX XXXX XXXX UNITS Requirement DAILY MAX. YEAR GRAB Sample No Discharge XXXX XXXX XXXX XXXX TOTAL SUSPENDED Measurement SOLIDS (TSS) Permit REPORT 1 PER 1 Requirement XXXX XXXX XXXX XXXX XXXX DAILY MAX. MG/L YEAR GRAŚ Sample No Discharge TOTAL KJELDAHL XXXX XXXX Measurement XXXX XXXX NITROGEN (TKN) Permit REPORT 1 PER 1 XXXX XXXX XXXX XXXX XXXX Requirement DAILY MAX. MG/L YEAR GRAB Sample No Discharge Measurement XXXX XXXX XXXX XXXX TOTAL PHOSPHORUS REPORT Permit 1 PER 1 XXXX XXXX XXXX Requirement XXXX XXXX DAILY MAX. MG/L GRAB YEAR Sample No Discharge XXXX XXXX XXXX XXXX Measurement IRON (DÍSSOLVED) Permit REPORT 1 PER 1 XXXX XXXX XXXX XXXX XXXX Requirement DAILY MAX MG/L YEAR GRAB 1 CERTIFY UNDER PENALTY OF LAW THAT 1 HAVE PERSONALLY EXAMINED AND DATE NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY Edward W. Callan Christopher H. Mudrick, V.P. AM FAMILIAR WITH THE INFORMATION CONTENT RESPONSIBLE FOR OBTAINING Plant Manager Limerick Generating Station THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE. ACCURATE AND COMPLETE. I AN AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE 610 718-2000 80 06 POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. \$1001 AND 3 . U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and ÄREA TYPE OR PRINT SIGNATURE OF PRINCIPAL EXECUTIVE years) CODE NUMBER YEAR MO OFFICER OR AUTHORIZED AGENT COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

EPA FORM 3320-1 (Rev. 9-88) previous edition may be Used.

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

PERMIT EXPIRES

3/31/2011

25

DAY

FORM APPROVED.

Re 30 (CD05WQM)256-13R

Facility Name / Location if different)

PRIMARY FACTLITY: LIMERICK GENERATING STATION

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

FORM APPROVED.

CLIENT: EXELON G	ENERATION COMP	NY, LLC-CLIE	ENT ID NO. 1	47686		PA005192	6		020			OMB NO. 2040-00	04.		
ADDRESS: 200 EXEL					PE	RMIT NUM	BER	DISCHA	RGE N	UMBER		Southeast Region	Facsin	nile	
KENNETT	SQUARE, PA 1	9348					MONITORING	PERIOD				* Sample daily du	ring th	e dis	scharg
SITE LOCATION: 3			TOWN, PA 19	9464	YEAR	MO	DAY TO	YEAR	MO	DAY		cooling towers	throug	h 020).
	IMERICK TOWNS				08	05	01	08 /	05	31		-		,	
	ONTGOMERY			·		· · · · · · · · · · · · · · · · · · ·		N	OTE: R	ead inst	ructions	before completing	this for	m	
Parameter		OUANT	ITY OR LOAD	TNG	, 	01	JALITY OR CONC	FNTRATION			NO.	FREQUENCY	<u> </u>	AMPLE	
r ul unic cer	-	QUILIT	· · ·			2.				.	EX	OF ANALYSIS		TYPE	
		AVERAGE MONTHLY	MAXIMUM DAILY	UNITS		IIMUM NST	AVERAGE MONTHLY	MAXIMUM	DAILY	UNITS					
	Sample	NO	No	0.111.0						0	<u> </u>		<u>+</u>		
TL 011	Measurement	Discharge	Discharge		X	XXX	XXXX	XXXX	Х						
FLOW	Permit	MONITOR/	MONITOR/										T		
	Requirement	REPORT	REPORT	MGD	X	XXX	XXXX	XXXX	X	XXXX		. *	CAL	CULAT	ED
	Sample														
TOTAL SUSPENDED	Neasurement Permit	XXXX	XXXX		Χ.	XXX	No Discharge MONITOR/	No Discl	harge		<u> </u>		<u> </u>		
SOLIDS	Requirement	XXXX	XXXX	XXXX	x	XXX	REPORT	100	•	MG/L		*		GRAB	
	Sample				<u> </u>			100		110713			+	JICID	
рН	Measurement	XXXX	XXXX		No Di	scharge	XXXX	No Discl]					
pn	Permit							INST. 1							
	Requirement	XXXX	XXXX	XXXX	6	5.0	XXXX	9.0)	MG/L	ļ	*		GRAB	
	Sample Measurement														
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	Requirement							_							
NAME (TITLE PETHCIPAL EXEC	UTIVE OFFICES		DER PENALTY OF									TELEPHONE		DATE	
Christopher H. Mud		AM FAMILIAR W	TTH THE INFOR	MATION SUB	MITTED HER	REIN AND BA	ASED ON MY Edward	W. Callan	',					i '	
Limerick Generatin	ng Station	THE INFORMAT	ION, I BELIE	E THE SU	BMTTTED I	NFORMATION	OBTAINING Plant IS TRUE,	Manager Sh	¥					1 '	
			COMPLETE. 1						\cap	6 . 1)					
-			OR SUBMITTING					$ \rangle \rangle$	$\sqrt{-1}$		610	718-2000	08	06	25
	-	U.S.C. §1319.	(Penalties u	nder these	statutes	may includ	e fines up 🔾 🗸	ward h	JL .	Ile_	-				
TYPE OR P	RINT	to \$10,000 an years)	nd or maximum	imprisonme	nt of bet	ween 6 mor		IRE OF PRINCI			AREA	4 NEBARRO	VEAD	MO	Dev
		1	10 (5)					OR AUTHORIZ	ED AGEN	P	LODE	NUMBER	YEAR	MO	DAY
COMMENT AND EXPI	LANATION OF AN	Y VIOLATION	vs (Reteren	ce all a	t tachinei	nts here									
					_		PERMIT EXPIRE	s <u>3/</u>	31/20	11	-	SUBMIT RENEWAL BY		30/20	110
EPA FORM 3320-1 (Rev. 9-		/ be Used.		(REPLACES	EPA FORM	T-40 WHICH	MAY NOT BE USED)			-		Page 12 of 1 3	\$		
Re 30 (CD05WQM)256-13J															

DISCHARGE MONITORING REPORT SUPPLIMENTAL FORM LIMERICK GENERATING STATION Limerick Township Montgomery County

For the MONTH 2008 May

ſ		020)	1			02	 I			.;	
DAY	FLOW S	Susp Solids	TEMP	рН	CBOD ₅	COD	O&G	рН	TSS	NH3N	Phos	Iron(dis)
	GPD	mg/I	F	STD	mg/l	mg/I	mg/l	STD	mg/l	mg/l	mg/l	mg/l
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the second se	No Discharge	No Discharge	No Discharge	No Discharge	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	No Discharge	XXX									No Discharge	
	No Discharge		XXX	No Discharge		XXX	XXX	XXX	XXX	XXX	XXX	XXX
Labo	pratory Name	·	M.J. Reider			In House?	Yes	Signature:			L	L
REN	ARKS:								(610) 718-2			

NPDES permit PA0051926 for outfall 020,021

Facility Name / Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PRIMARY FACILITY:	LIMERICK GEN	NERATING ST	ATION									FORM A	APPROVED.			
CLIENT: EXELON GEN	NERATION COMPA	NY, LLC-CLI	ENT ID NO. 1	47686	. E	A005192	6	Τ		023		OMB NO). 2040-0004.			
ADDRESS: 200 EXELO	N WAY				PEF	MIT NUN	1BER	1	DISCH	ARGE N	UMBER	Southe	ast Region Facsi	mile		
KENNETT S	QUARE, PA 1	9348					MONIT	ORING P	ERIOD	····		* Sample	e during discharg	e from	drain	ı val [,]
SITE LOCATION: 31	46 SANATOGA H	ROAD, POTTS	TOWN, PA 19	9464	YEAR	MO	DAY	ТО	YEAR	MO	DAY	assoc	iated with the ci	rculati	ng wa	ater a
MUNICIPALITY: LI	MERICK TOWNSH	HIP			08	05	01	1	08	05	31	Turbi	ne Unit 1.			
	NTGOMERY					·		4	.	NOTE: R	ead inst	ructions	before completing	this for	m	
Parameter		OTTANT	ITY OR LOAD	TNC	, 			R CONCI	ENTRATIC			NO.	FREQUENCY		AMPLE	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
		QUAN				¥						EX	OF		TYPE	-
		AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	ł	IMUM IST		RAGE FHLY	MAXIMUN	1 DAILY	UNITS					
·	Sample	No	No		•							1		1		
FLOW	Measurement	Dischargé	Discharge		XX	XX	XX	XX	XX	XX						
DOW	Permit	MONITOR	MONITOR													
	Requirement	REPORT	REPORT	MGD	Xž	XX	XX	XX	XX	XX	XXXX		*	MEA	ASURE	ED
TOTAL SUSPENDED	Sample Measurement	XXXX	XXXX		· x>	XX	No Dis	charge	No Dis	charge						
SOLIDS **	Permit			1			MONTTOF	REPORT			1			-		
·	Requirement	XXXX	XXXX	XXXX	XX	XX	MONTTOP	. KEPORI	10	00	MG/L		*		GRAB.	
TOTAL RESIDUAL	Sample Measurement	XXXX	· XXXX		- - xx	xx	l xx	xx	No Dis	charge						
DXIDANTS	Permit			1 .			10				1			1		
	Requirement	XXXX	XXXX	XXXX	XX	XX	X	XX	0.	. 2	MG/L		` *		GRAB	
- U	Sample Measurement	XXXX	XXXX		Nọ Dis	charge	XX	XX	No Dis	charge			· ··			
pH 	Permit Requirement	XXXX	XXXX	xxxx	. 6	.0	XX	XXX	INST 9	. MAX .0	STD UNITS		*		GRAB	
	Sample			1			No Dis	charge	No Dis	charge						
SPECTRUS CT1300	Measurement Permit	XXXX	XXXX	4	X	XX					4					
	Requirement	XXXX	XXXX	XXXX	xy	xx	.0	.2	0	А	MG/L		*		GRAB	
	Sample						<u> </u>				1107,15				GIGAD	
	Measurement															
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	Requirement	· · · ·		ļ	ļ				· .							
	Sample															
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	Sample		1	1			1				<u> </u>			1		
	Measurement			-											•	
	Permit		· · ·		1						1					
	Requirement				<u> </u>			· · · ·			<u> </u>		·	<u> </u>		
<u>ume title benetical execut</u> Christopher H. Mudr Limerick Generating	ick, V.P.	AM FAMTLIAR P INQUIRY OF TH THE INFORMAT ACCURATE AND PENALTIES FO	DER PENALTY OF WITH THE INFORM HOSE INDIVIDUAL IGN, I BELIEV COMPLETE. I OR SUBMITTING OF FINE AND IN	MATION SUBN LS IMMEDIAT E THE SUF AM AWARE FALSE	HITTED HER ELY RESPON MITTED IN THAT THI INFORMATIC	EIN AND E ISIBLE FOR FORMATION ERE ARE IN, INCL	ASED ON M OBTAININ IS TRUE SIGNIFICAN UDING TH	Y Edward G Plant N F	W. Calla Managèr /0	n Dt	(D:-	610	TELEPHONE 718-2000	08	date 06	25
TYPE OR PR		nder these imprisonme	statutes a	may inclu	le fines u	5 SIGNATUR	RE OF PRINC OR AUTHORI			AREA	NUMBER	YEAR	MO	DAY		

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

Page 13 of 13

EPA FORM	3320-1 (R	ev. 9-88)	previous	edition	may be	Used.
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Re 30 (CD05WQM)256-13K

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DISCHARGE MONITORING REPORT SUPPLIMENTAL FORM LIMERICK GENERATING STATION

Limerick Township Montgomery County

DAY	FLOW	TSS	TRO	pH	Spectrus CT 1300 mg/l				
	MGD	mg/l	mg/I	STD	mg/l				
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Avg	No Discharge	No Discharge		XXX	No Discharge				
МАХ		No Discharge			No Discharge				
MIN	XXX	XXX	XXX	No Discharge	XXX				
	ratory Name :		N/A	•					
REMARKS.									

For the MONTH May

2008

Signature: Telephone: (610) 718-2500

Yes

NPDES permit PA0051926 for outfall 023



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION • BUREAU OF WATER STANDARDS AND FACILITY REGULATION

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: Limerick Generating Station Environmental Laboratory											
Address:	3146 Sanatoga Road										
	Pottstown, F										
	<u></u>										
PERMIT NUMBER			MONITORING PERIOD Year/Month/Day						* *		
PA 0051926			2008	Мау	01	то	2008	Мау	31		
		· · · · · · · · · · · · · · · · · · ·	•								
PARAMETER ANALYSIS METHOD				LAB NAM	E		LABI	D NUMBE	R ²		
Spectrus CT-1300		GE Methyl Orange	LGS Environmental Lab			46-01028					
pН		Electrometric	LGS Environmental Lab			46-01028					
Total Residual Oxidants		Amperometric Titration	LGS Environmental Lab				46-01028				
Cadmium		EPA 200.7	M.J. Re	M.J. Reider Associates, Inc.			06-00003				
Total Suspended Solids		SM2540D	M.J. Reider Associates, Inc.				06-00003				
Oil and Grease		EPA 1664	M.J. Reider Associates, Inc.				06-00003				
Phosphorous		SM4500P-E	M.J. Reider Associates, Inc.				06-00003				
				•							
				•							

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Phone: (610) 718-2000

Signature of Principal Executive Officer or Authorized Agent

Edward W. Callan / Plant Manager

Date: 06/25/08

Exelon Nuclear

Exelon Nuclear Limerick Generating Station P.O. Box 2300 Pottstown, PA 19464

> U.S. Nuclear Regulatory Commission ATTN: Document Control Desk Washington, D.C. 20555