

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,

A handwritten signature in cursive script, reading "Christopher M. Cooney". The signature is written in dark ink and is positioned above the printed name and title.

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

FORM



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.

| | | | | | | | | | | |
|---|-------------------|---------------|--|-----------------|----------------|--|---------------------|--|--|---|
| <p style="text-align: center;">Related ID#s (If Known)</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Client ID# 147686</td> <td style="width: 33%;">APS ID# 13951</td> <td style="width: 33%;"></td> </tr> <tr> <td>Site ID# 452264</td> <td>Auth ID# 13333</td> <td></td> </tr> <tr> <td>Facility ID# 479459</td> <td></td> <td></td> </tr> </table> | Client ID# 147686 | APS ID# 13951 | | Site ID# 452264 | Auth ID# 13333 | | Facility ID# 479459 | | | <p style="text-align: center;">DEP USE ONLY</p> <p style="text-align: center;">Date Received & General Notes</p> |
| Client ID# 147686 | APS ID# 13951 | | | | | | | | | |
| Site ID# 452264 | Auth ID# 13333 | | | | | | | | | |
| Facility ID# 479459 | | | | | | | | | | |

CLIENT INFORMATION

| | | | | |
|--|---|------------------------|----------------|----------------|
| DEP Client ID# 147686 | Client Type / Code LLC | | | |
| Organization Name or Registered Fictitious Name EXELON GENERATION CO, LLC | Employer ID# (EIN) Dun & Bradstreet ID# 23-064219 | | | |
| Individual Last Name | First Name | MI | Suffix | SSN |
| Additional Individual Last Name | First Name | MI | Suffix | SSN |
| Mailing Address Line 1 200 Exelon Way | | Mailing Address Line 2 | | |
| Address Last Line – City Kennett Square | | State PA | ZIP+4 19348 | Country USA |
| Client Contact Last Name Siglin | First Name Tracy | MI J | Suffix | |
| Client Contact Title Environmental Specialist | | Phone 610-765-5904 | Ext | |
| Email Address tracy.siglin@exeloncorp.com | | FAX 610-765-5807 | | |

SITE INFORMATION

| | | | | | |
|---|---|---|----------------------------------|--|-------|
| DEP Site ID# 452264 | Site Name EXELON GENERATION BRADSHAW RESERVOIR | | | | |
| EPA ID# | Estimated Number of Employees to be Present at Site | | | | |
| Description of Site | | | | | |
| County Name Bucks | Municipality Plumstead | City <input type="checkbox"/> | Boro <input type="checkbox"/> | Twp <input checked="" type="checkbox"/> | State |
| County Name | Municipality | City <input type="checkbox"/> | Boro <input type="checkbox"/> | Twp <input type="checkbox"/> | State |
| Site Location Line 1 Bradshaw and Moyer Roads | | Site Location Line 2 | | | |
| Site Location Last Line – City Plumstead | | State PA | ZIP+4 18923 | | |
| Detailed Written Directions to Site From PA Turnpike - Take Rte. 611 North. Make a right at the first traffic light after the end of the bypass. Go approximately 200 yards, and make a left onto Danboro Point Pleasant Pike. This road will take you to the Reservoir (several miles), just past Moyer Road. (see attached maps) | | | | | |
| Site Contact Last Name Mitten | First Name Seth | MI A | Suffix | | |
| Site Contact Title Environmental/Radwaste Supervisor | | Site Contact Firm Exelon Generation Co., LLC | | | |
| Mailing Address Line 1 3146 Sanatoga Road | | Mailing Address Line 2 SSB 2-1 | | | |
| Mailing Address Last Line – City Pottstown | | State PA | ZIP+4 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

Modification of Existing Facility

- | | | |
|--|------------------------------|--|
| 1. Will this project modify an existing facility, system, or activity? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 2. Will this project involve an addition to an existing facility, system, or activity? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

If "Yes", check all relevant facility types and provide DEP facility identification numbers below.

| Facility Type | DEP Fac ID# | Facility Type | DEP Fac ID# |
|---|-------------|--|-------------|
| <input type="checkbox"/> Air Emission Plant | | <input type="checkbox"/> Industrial Minerals Mining Operation | |
| <input type="checkbox"/> Beneficial Use (water) | | <input type="checkbox"/> Laboratory Location | |
| <input type="checkbox"/> Blasting Operation | | <input type="checkbox"/> Land Recycling Cleanup Location | |
| <input type="checkbox"/> Captive Hazardous Waste Operation | | <input type="checkbox"/> MineDrainageTrmt/LandRecyProjLocation | |
| <input type="checkbox"/> Coal Ash Beneficial Use Operation | | <input type="checkbox"/> Municipal Waste Operation | |
| <input type="checkbox"/> Coal Mining Operation | | <input type="checkbox"/> Oil & Gas Encroachment Location | |
| <input type="checkbox"/> Coal Pillar Location | | <input type="checkbox"/> Oil & Gas Location | |
| <input type="checkbox"/> Commercial Hazardous Waste Operation | | <input type="checkbox"/> Oil & Gas Water Poll Control Facility | |
| <input type="checkbox"/> Dam Location | | <input type="checkbox"/> Public Water Supply System | |
| <input type="checkbox"/> Deep Mine Safety Operation -Anthracite | | <input type="checkbox"/> Radiation Facility | |
| <input type="checkbox"/> Deep Mine Safety Operation -Bituminous | | <input type="checkbox"/> Residual Waste Operation | |
| <input type="checkbox"/> Deep Mine Safety Operation -Ind Minerals | | <input type="checkbox"/> Storage Tank Location | |
| <input type="checkbox"/> Encroachment Location (water, wetland) | | <input type="checkbox"/> Water Pollution Control Facility | |
| <input type="checkbox"/> Erosion & Sediment Control Facility | | <input type="checkbox"/> Water Resource | |
| <input type="checkbox"/> Explosive Storage Location | | <input type="checkbox"/> Other: | |

| Latitude/Longitude Point of Origin | Latitude | | | Longitude | | |
|---------------------------------------|----------|---------|---------|-----------|---------|---------|
| | Degrees | Minutes | Seconds | Degrees | Minutes | Seconds |
| | | | | | | |

| | | | |
|--|--|--------|--------|
| Horizontal Accuracy Measure | Feet | --or-- | Meters |
| Horizontal Reference Datum Code | <input type="checkbox"/> North American Datum of 1927 <input type="checkbox"/> North American Datum of 1983 <input type="checkbox"/> World Geodetic System of 1984 | | |

| | |
|--|--|
| Horizontal Collection Method Code | |
| Reference Point Code | |
| Altitude | Feet --or-- Meters |
| Altitude Datum Name | <input type="checkbox"/> The National Geodetic Vertical Datum of 1929 <input type="checkbox"/> 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 Perkiomen Creek | | | |
| Project Consultant Last Name | First Name | MI | Suffix |
| | | | |
| Project Consultant Title | | Consulting Firm | |
| | | | |
| Mailing Address Line 1 | | Mailing Address Line 2 | |
| | | | |
| Address Last Line – City | State | ZIP+4 | |
| | | | |

Phone Ext FAX Email Address

| Time Schedules | Project Milestone (Optional) |
|----------------|------------------------------|
| | |
| | |
| | |
| | |
| | |

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 exempted by Questions 2 or 3 below.

If "No", skip Questions 2 & 3 below as well as the following Land Use Information section.

For referenced list, see Appendix A attached to the GIF Instructions.

2. For an Air program authorization only. All other authorizations continue with Question 3 below. Will the permit authorize the construction of facilities outside an existing permitted area? ☐ Yes ☐ No

Note: If "Yes", you must complete the following Land Use Information section unless exempted by Question 3 below.

If "No", skip Question 3 below as well as the following Land Use Information section.

3. Have you attached or submitted municipal and county 'Early Opt Out' approval letters for the project? ☐ Yes ☐ No

Note: If "Yes" to Question 3, skip the following Land Use Information section. This should only be checked "Yes" if applicant is choosing the early opt-out option. Required approval letters described in the GIF Checklist 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 evidence of compliance with local comprehensive plans and zoning ordinances.

- | | | | | | |
|-----|---|--------------------------|-----|--------------------------|----|
| 1. | Is there a municipal comprehensive plan(s)? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. | Is there a county comprehensive plan(s)? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. | Is there a multi-municipal or multi-county comprehensive plan? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. | Is the proposed project consistent with these plans? If no plan(s) exists, answer "Yes". | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5. | Is there a municipal zoning ordinance(s)? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 6. | Is there a joint municipal zoning ordinance(s)? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 7. | Will the proposed project require a zoning approval (e.g., special exception, conditional approval, re-zoning, variance)? If zoning approval has already been received, attach documentation. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 8. | Are any zoning ordinances that are applicable to this project currently the subject of any type of legal proceeding? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 9. | Will the project be located on a site that has been or is being remediated under DEP's Land Recycling Program? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 10. | Will the project result in reclamation of abandoned mine lands through re-mining or as part of DEP's Reclaim PA Program? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 11. | Will the project be located in an agricultural security area or an area protected under an agricultural conservation easement? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 12. | Will the project be located in a Keystone Opportunity Zone or Enterprise Development Area? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 13. | Will the project be located in a Designated Growth Area as defined by the Municipalities Planning Code? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

COORDINATION INFORMATION

Note: 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

| | | | | | |
|--------|--|--------------------------|-----|--------------------------|----|
| 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3.3 | Will the oil- or gas-related project involve the construction and operation of industrial waste treatment facilities? (DEP Use/4z41) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4.0 | Will the project involve a construction activity that results in earth disturbance? If "Yes", specify the total disturbed acreage. (DEP Use/4x66) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4.0.1 | Total Disturbed Acreage | | | | |
| 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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 Description</i> . (DEP Use/4x62) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 7.0 | Will the project involve the construction and operation of industrial waste treatment facilities? (DEP Use/4x62) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 8.0.1 | Estimated Proposed Flow (gal/day) | | | | |
| 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 9.0.1 | Is Act 537 Approval Letter attached? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 10.0.1 | Gallons Per Year (residential septage) | | | | |
| 10.0.2 | Dry Tons Per Year (biosolids) | | | | |
| 11.0 | Does the project involve construction, modification or removal of a dam? If "Yes", identify the dam. (DEP Use/3140) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 11.0.1 | Dam Name | | | | |
| 12.0 | Will the project interfere with the flow from, or otherwise impact, a dam? If "Yes", identify the dam. (DEP Use/3140) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 12.0.1 | Dam Name | | | | |
| 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 13.0.1 | Enter all types & amounts of emissions; separate each set with semicolons. | | | | |

| | | | | | |
|---------|--|--------------------------|-----|--------------------------|----|
| 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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 | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 14.0.5 | Sub-Fac: Water Treatment Plant | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 14.0.6 | Sub-Fac: Source | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 14.0.7 | Sub-Fac: Pump Station | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 14.0.8 | Sub-Fac: Entry Point | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 14.0.9 | Sub-Fac: Transmission Main | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 14.0.10 | Sub-Fac: Storage Facility | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 15.0 | Will your project involve purchasing water in bulk, excluding during the construction period? If "Yes", name the provider. Also, indicate the daily number of employees or guests served. (DEP Use/4x81) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 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 name of supplier and attach letter from supplier stating that it will serve the project. (DEP Use/4x81) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 16.0.1 | Supplier's Name | | | | |
| 16.0.2 | Letter of Approval from Supplier is Attached | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 17.0 | Will this project involve a new or increased drinking water withdrawal from a stream or other water body? If "Yes", provide name of stream. (DEP Use/4x81) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 17.0.1 | Stream Name | | | | |
| 18.0 | Will the construction or operation of this project involve treatment, 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 20.0 | Does your project involve installation of a field constructed underground storage tank? If "Yes", list each Substance & its Capacity. Note: Applicant may need a Storage Tank Site Specific Installation Permit. (DEP Use/2570) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 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 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 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 Substance & its Capacity. Note: Applicant may need a Storage Tank Site Specific Installation Permit. (DEP Use/2570) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 22.0.1 | Enter all substances & capacity of each; separate each set with semicolons. | | | | |

- 23.0 Does your project involve installation of a storage tank at a new facility with a total AST capacity greater than 21,000 gallons? If "Yes", list each Substance & its Capacity. **Note:** Applicant may need a Storage Tank Site Specific Installation 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

Christopher H. Mudrick
Signature

Site Vice President,
Limerick Generating Station
Title

6/24/08
Date



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.

| Related ID#s (If Known) | | DEP USE ONLY |
|-------------------------|--------|-------------------------------|
| Client ID# | 147686 | Date Received & General Notes |
| Site ID# | 452264 | |
| Facility ID# | 479459 | |
| APS ID# | 13951 | |
| Auth ID# | 13333 | |

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 required to obtain a stormwater NPDES permit for any listed SIC code?

☐ YES (Answer question 3 below.)

☒ NO (Skip question 3.)

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

☐ YES ☐ 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 |
| | | |
| | | |

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

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? ☐ YES ☒ NO

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

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 ☒ NO

COMPLIANCE HISTORY REVIEW

Is the facility owner or operator in violation of any DEP regulation, permit, order or schedule of compliance at this or any other facility?

☐ YES ☒ NO

If "YES," list each permit, order and schedule of compliance and provide compliance status. Use additional sheets to provide information on all permits.

Permit Program

Permit No.

Brief Description of Noncompliance

Steps Taken to Achieve Compliance

Date(s) Compliance Achieved

Current Compliance Status

☒ In Compliance

☐ In Noncompliance

CERTIFICATION

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 gathered and evaluated 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 possibility of fine and imprisonment for knowing violations.

Christopher Mudrick

Site Vice President

Name (type or print legibly)

Official Title

Signature

Date

6/24/08

(Use corporate or professional seal as appropriate.)

Taken, sworn, and subscribed before me, this

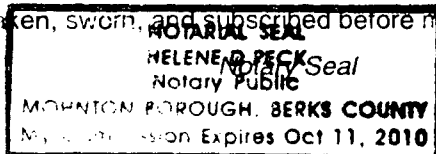
24th

day of

June

20

08



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.

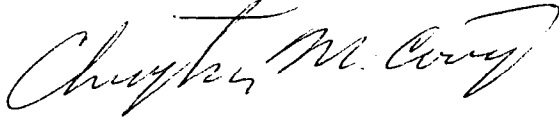
Acts 67 and 68, which amended the Municipalities Planning Code to support sound land use practices and planning efforts, direct state agencies to consider comprehensive plans and zoning ordinances when reviewing applications for permitting of facilities or infrastructure, and specify that state agencies 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,

A handwritten signature in cursive script, reading "Christopher M. Cooney".

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

FORM



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) | | DEP USE ONLY Date Received & General Notes |
| Client ID# 147686 | APS ID# 13951 | |
| Site ID# 452264 | Auth ID# 13333 | |
| Facility ID# 479459 | | |

CLIENT INFORMATION

| | | | |
|--|---------------------|---------------------------------|----------------------|
| DEP Client ID# 147686 | | Client Type / Code LLC | |
| Organization Name or Registered Fictitious Name EXELON GENERATION CO, LLC | | Employer ID# (EIN) 23-064219 | Dun & Bradstreet ID# |
| Individual Last Name | First Name | MI | Suffix SSN |
| Additional Individual Last Name | First Name | MI | Suffix SSN |
| Mailing Address Line 1 200 Exelon Way | | Mailing Address Line 2 | |
| Address Last Line – City Kennett Square | | State PA | ZIP+4 19348 |
| | | Country USA | |
| Client Contact Last Name Siglin | First Name Tracy | MI J | Suffix |
| Client Contact Title Environmental Specialist | | Phone 610-765-5904 | Ext |
| Email Address tracy.siglin@exeloncorp.com | | FAX 610-765-5807 | |

SITE INFORMATION

| | | | |
|---|---|---|----------------------------------|
| DEP Site ID# 452264 | Site Name EXELON GENERATION BRADSHAW RESERVOIR | | |
| EPA ID# | Estimated Number of Employees to be Present at Site | | |
| Description of Site | | | |
| County Name Bucks | Municipality Plumstead | City <input type="checkbox"/> | Boro <input type="checkbox"/> |
| | | Twp <input checked="" type="checkbox"/> | State |
| County Name | Municipality | City <input type="checkbox"/> | Boro <input type="checkbox"/> |
| | | Twp <input type="checkbox"/> | State |
| Site Location Line 1 Bradshaw and Moyer Roads | | Site Location Line 2 | |
| Site Location Last Line – City Plumstead | | State PA | ZIP+4 18923 |
| Detailed Written Directions to Site From PA Turnpike - Take Rte. 611 North. Make a right at the first traffic light after the end of the bypass. Go approximately 200 yards, and make a left onto Danboro Point Pleasant Pike. This road will take you to the Reservoir (several miles), just past Moyer Road. (see attached maps) | | | |
| Site Contact Last Name Mitten | First Name Seth | MI A | Suffix |
| Site Contact Title Environmental/Radwaste Supervisor | | Site Contact Firm Exelon Generation Co., LLC | |
| Mailing Address Line 1 3146 Sanatoga Road | | Mailing Address Line 2 SSB 2-1 | |
| Mailing Address Last Line – City Pottstown | | State PA | ZIP+4 19464 |

| Modification of Existing Facility | | Yes | No |
|--|---|--------------------------|-------------------------------------|
| 1. | Will this project modify an existing facility, system, or activity? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. | Will this project involve an addition to an existing facility, system, or activity? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes", check all relevant facility types and provide DEP facility identification numbers below. | | | |

| Facility Type | DEP Fac ID# | Facility Type | DEP Fac ID# |
|---|-------------|--|-------------|
| <input type="checkbox"/> Air Emission Plant | | <input type="checkbox"/> Industrial Minerals Mining Operation | |
| <input type="checkbox"/> Beneficial Use (water) | | <input type="checkbox"/> Laboratory Location | |
| <input type="checkbox"/> Blasting Operation | | <input type="checkbox"/> Land Recycling Cleanup Location | |
| <input type="checkbox"/> Captive Hazardous Waste Operation | | <input type="checkbox"/> MineDrainageTrmt/LandRecyProjLocation | |
| <input type="checkbox"/> Coal Ash Beneficial Use Operation | | <input type="checkbox"/> Municipal Waste Operation | |
| <input type="checkbox"/> Coal Mining Operation | | <input type="checkbox"/> Oil & Gas Encroachment Location | |
| <input type="checkbox"/> Coal Pillar Location | | <input type="checkbox"/> Oil & Gas Location | |
| <input type="checkbox"/> Commercial Hazardous Waste Operation | | <input type="checkbox"/> Oil & Gas Water Poll Control Facility | |
| <input type="checkbox"/> Dam Location | | <input type="checkbox"/> Public Water Supply System | |
| <input type="checkbox"/> Deep Mine Safety Operation -Anthracite | | <input type="checkbox"/> Radiation Facility | |
| <input type="checkbox"/> Deep Mine Safety Operation -Bituminous | | <input type="checkbox"/> Residual Waste Operation | |
| <input type="checkbox"/> Deep Mine Safety Operation -Ind Minerals | | <input type="checkbox"/> Storage Tank Location | |
| <input type="checkbox"/> Encroachment Location (water, wetland) | | <input type="checkbox"/> Water Pollution Control Facility | |
| <input type="checkbox"/> Erosion & Sediment Control Facility | | <input type="checkbox"/> Water Resource | |
| <input type="checkbox"/> Explosive Storage Location. | | <input type="checkbox"/> Other: | |

| Latitude/Longitude Point of Origin | Latitude | | | Longitude | | |
|---------------------------------------|----------|---------|---------|-----------|---------|---------|
| | Degrees | Minutes | Seconds | Degrees | Minutes | Seconds |
| | | | | | | |

| Horizontal Accuracy Measure | Feet | --or-- | Meters |
|---------------------------------|--------------------------|-------------------------------|--------|
| Horizontal Reference Datum Code | <input type="checkbox"/> | North American Datum of 1927 | |
| | <input type="checkbox"/> | North American Datum of 1983 | |
| | <input type="checkbox"/> | World Geodetic System of 1984 | |

Horizontal Collection Method CodeReference Point CodeAltitude Feet --or-- Meters

| | | |
|----------------------------|--------------------------|--|
| Altitude Datum Name | <input type="checkbox"/> | The National Geodetic Vertical Datum of 1929 |
| | <input type="checkbox"/> | The North American Vertical Datum of 1988 (NAVD88) |

Altitude (Vertical) Location Datum Collection Method CodeGeometric Type CodeData Collection Date _____

| | | | |
|--------------------------------|---------------|---|--------|
| Source Map Scale Number | Inch(es) | = | Feet |
| --or-- | Centimeter(s) | = | Meters |

| | | | |
|--|-------------------|-------------------------------|---------------|
| Project Name | | | |
| Bradshaw Reservoir | | | |
| Project Description | | | |
| NPDES permit renewal for discharge of Delaware River water from Bradshaw Reservoir to the East Branch Perkiomen Creek | | | |
| Project Consultant Last Name | First Name | MI | Suffix |
| Project Consultant Title | | Consulting Firm | |
| Mailing Address Line 1 | | Mailing Address Line 2 | |
| Address Last Line – City | | State | ZIP+4 |

Phone

Ext

FAX

Email Address

| Time Schedules | Project Milestone (Optional) |
|----------------|------------------------------|
| | |
| | |
| | |
| | |
| | |

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 exempted by Questions 2 or 3 below.

If "No", skip Questions 2 & 3 below as well as the following Land Use Information section.

For referenced list, see Appendix A attached to the GIF Instructions.

2. For an Air program authorization only. All other authorizations continue with Question 3 below. Will the permit authorize the construction of facilities outside an existing permitted area? ☐ Yes ☐ No

Note: If "Yes", you must complete the following Land Use Information section unless exempted by Question 3 below.

If "No", skip Question 3 below as well as the following Land Use Information section.

3. Have you attached or submitted municipal and county 'Early Opt Out' approval letters for the project? ☐ Yes ☐ No

Note: If "Yes" to Question 3, skip the following Land Use Information section. This should only be checked "Yes" if applicant is choosing the early opt-out option. Required approval letters described in the GIF Checklist 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 evidence of compliance with local comprehensive plans and zoning ordinances.

- | | | | | | |
|-----|---|--------------------------|-----|--------------------------|----|
| 1. | Is there a municipal comprehensive plan(s)? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. | Is there a county comprehensive plan(s)? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. | Is there a multi-municipal or multi-county comprehensive plan? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. | Is the proposed project consistent with these plans? If no plan(s) exists, answer "Yes". | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5. | Is there a municipal zoning ordinance(s)? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 6. | Is there a joint municipal zoning ordinance(s)? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 7. | Will the proposed project require a zoning approval (e.g., special exception, conditional approval, re-zoning, variance)? If zoning approval has already been received, attach documentation. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 8. | Are any zoning ordinances that are applicable to this project currently the subject of any type of legal proceeding? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 9. | Will the project be located on a site that has been or is being remediated under DEP's Land Recycling Program? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 10. | Will the project result in reclamation of abandoned mine lands through re-mining or as part of DEP's Reclaim PA Program? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 11. | Will the project be located in an agricultural security area or an area protected under an agricultural conservation easement? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 12. | Will the project be located in a Keystone Opportunity Zone or Enterprise Development Area? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 13. | Will the project be located in a Designated Growth Area as defined by the Municipalities Planning Code? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

COORDINATION INFORMATION

Note: 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

| | | | | | |
|--------|--|--------------------------|-----|--------------------------|----|
| 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3.3 | Will the oil- or gas-related project involve the construction and operation of industrial waste treatment facilities? (DEP Use/4z41) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4.0 | Will the project involve a construction activity that results in earth disturbance? If "Yes", specify the total disturbed acreage. (DEP Use/4x66) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4.0.1 | Total Disturbed Acreage | | | | |
| 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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 Description</i> . (DEP Use/4x62) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 7.0 | Will the project involve the construction and operation of industrial waste treatment facilities? (DEP Use/4x62) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 8.0.1 | Estimated Proposed Flow (gal/day) | | | | |
| 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 9.0.1 | Is Act 537 Approval Letter attached? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 10.0.1 | Gallons Per Year (residential septage) | | | | |
| 10.0.2 | Dry Tons Per Year (biosolids) | | | | |
| 11.0 | Does the project involve construction, modification or removal of a dam? If "Yes", identify the dam. (DEP Use/3140) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 11.0.1 | Dam Name | | | | |
| 12.0 | Will the project interfere with the flow from, or otherwise impact, a dam? If "Yes", identify the dam. (DEP Use/3140) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 12.0.1 | Dam Name | | | | |
| 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 13.0.1 | Enter all types & amounts of emissions; separate each set with semicolons. | | | | |

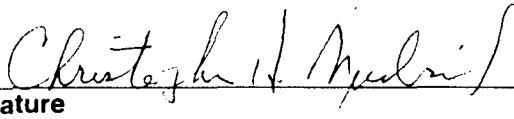
| | | | | | |
|---------|--|--------------------------|-----|--------------------------|----|
| 14.0 | Is an on-site drinking water supply (well), other than individual house wells, proposed for your project? If "Yes", indicate total number of people served and/or the total number of connections served, if applicable. Also, check all proposed sub-facilities. (DEP Use/4x81) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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 | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 14.0.5 | Sub-Fac: Water Treatment Plant | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 14.0.6 | Sub-Fac: Source | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 14.0.7 | Sub-Fac: Pump Station | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 14.0.8 | Sub-Fac: Entry Point | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 14.0.9 | Sub-Fac: Transmission Main | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 14.0.10 | Sub-Fac: Storage Facility | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 15.0 | Will your project involve purchasing water in bulk, excluding during the construction period? If "Yes", name the provider. Also, indicate the daily number of employees or guests served. (DEP Use/4x81) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 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 name of supplier and attach letter from supplier stating that it will serve the project. (DEP Use/4x81) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 16.0.1 | Supplier's Name | | | | |
| 16.0.2 | Letter of Approval from Supplier is Attached | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 17.0 | Will this project involve a new or increased drinking water withdrawal from a stream or other water body? If "Yes", provide name of stream. (DEP Use/4x81) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 17.0.1 | Stream Name | | | | |
| 18.0 | Will the construction or operation of this project involve treatment, 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 20.0 | Does your project involve installation of a field constructed underground storage tank? If "Yes", list each Substance & its Capacity. Note: Applicant may need a Storage Tank Site Specific Installation Permit. (DEP Use/2570) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 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 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 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 Substance & its Capacity. Note: Applicant may need a Storage Tank Site Specific Installation Permit. (DEP Use/2570) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 22.0.1 | Enter all substances & capacity of each; separate each set with semicolons. | | | | |

- 23.0 Does your project involve installation of a storage tank at a new facility with a total AST capacity greater than 21,000 gallons? If "Yes", list each Substance & its Capacity. **Note:** Applicant may need a Storage Tank Site Specific Installation 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

Signature 

Site Vice President,
Limerick Generating Station
Title

6/24/08
Date



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.

| Related ID#s (If Known) | | DEP USE ONLY |
|-------------------------|--------|-------------------------------|
| Client ID# | 147686 | Date Received & General Notes |
| Site ID# | 452264 | |
| Facility ID# | 479459 | |
| APS ID# | 13951 | |
| Auth ID# | 13333 | |

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 required to obtain a stormwater NPDES permit for any listed SIC code?

☐ YES (Answer question 3 below.)

☒ NO (Skip question 3.)

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

☐ YES ☐ 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 |
| | | |
| | | |

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

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? ☐ YES ☒ NO

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

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 ☒ NO

COMPLIANCE HISTORY REVIEW

Is the facility owner or operator in violation of any DEP regulation, permit, order or schedule of compliance at this or any other facility?

☐ YES ☒ NO

If "YES," list each permit, order and schedule of compliance and provide compliance status. Use additional sheets to provide information on all permits.

Permit Program

Permit No.

Brief Description of Noncompliance

Steps Taken to Achieve Compliance

Date(s) Compliance Achieved

Current Compliance Status

☒ In Compliance

☐ In Noncompliance

CERTIFICATION

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 gathered and evaluated 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 possibility of fine and imprisonment for knowing violations.

Christopher Mudrick

Site Vice President

Name (type or print legibly)

Official Title

Signature

Date

(Use corporate or professional seal as appropriate.)

Taken, sworn, and subscribed before me, this

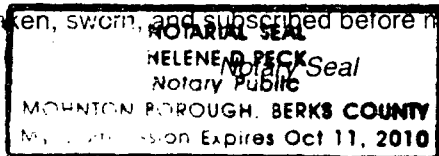
24th

day of

June

20

08



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.

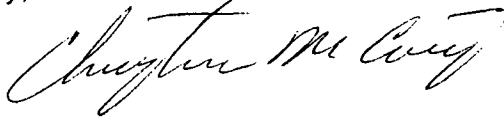
Acts 67 and 68, which amended the Municipalities Planning Code to support sound land use practices and planning efforts, direct state agencies to consider comprehensive plans and zoning ordinances when reviewing applications for permitting of facilities or infrastructure, and specify that state agencies 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,

A handwritten signature in cursive script, reading "Christopher M. Cooney".

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

FORM



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) <div style="display: flex; justify-content: space-between;"> <div> Client ID# 147686 Site ID# 452264 Facility ID# 479459 </div> <div> APS ID# 13951 Auth ID# 13333 </div> </div> | DEP USE ONLY Date Received & General Notes |
|--|--|

CLIENT INFORMATION

| | |
|---|---|
| DEP Client ID# 147686 | Client Type / Code LLC |
| Organization Name or Registered Fictitious Name EXELON GENERATION CO, LLC | Employer ID# (EIN) Dun & Bradstreet ID# 23-064219 |
| Individual Last Name | First Name MI Suffix SSN |
| Additional Individual Last Name | First Name MI Suffix SSN |
| Mailing Address Line 1 200 Exelon Way | |
| Mailing Address Line 2 | |
| Address Last Line – City Kennett Square | State ZIP+4 Country PA 19348 USA |
| Client Contact Last Name Siglin | First Name MI Suffix Tracy J |
| Client Contact Title Environmental Specialist | Phone Ext 610-765-5904 |
| Email Address tracy.siglin@exeloncorp.com | FAX 610-765-5807 |

SITE INFORMATION

| | |
|--|--|
| DEP Site ID# 452264 | Site Name EXELON GENERATION BRADSHAW RESERVOIR |
| EPA ID# | Estimated Number of Employees to be Present at Site |
| Description of Site | |
| County Name Bucks | Municipality Plumstead |
| City <input type="checkbox"/> | Boro <input type="checkbox"/> |
| Twp <input checked="" type="checkbox"/> | State |
| County Name | Municipality |
| City <input type="checkbox"/> | Boro <input type="checkbox"/> |
| Twp <input type="checkbox"/> | State |
| Site Location Line 1 Bradshaw and Moyer Roads | |
| Site Location Line 2 | |
| Site Location Last Line – City Plumstead | State ZIP+4 PA 18923 |
| Detailed Written Directions to Site From PA Turnpike - Take Rte. 611 North. Make a right at the first traffic light after the end of the bypass. Go approximately 200 yards, and make a left onto Danboro Point Pleasant Pike. This road will take you to the Reservoir (several miles), just past Moyer Road. (see attached maps) | |
| Site Contact Last Name Mitten | First Name MI Suffix Seth A |
| Site Contact Title Environmental/Radwaste Supervisor | Site Contact Firm Exelon Generation Co., LLC |
| Mailing Address Line 1 3146 Sanatoga Road | Mailing Address Line 2 SSB 2-1 |
| Mailing Address Last Line – City Pottstown | State ZIP+4 PA 19464 |

| | | | |
|---|------------|----------------------------|--|
| Phone 610-718-2500 | Ext | FAX 610-718-2721 | Email Address seth.mitten@exeloncorp.com |
| NAICS Codes (Two- & Three-Digit Codes – List All That Apply) 22-221 | | | 6-Digit Code (Optional) |
| Client to Site Relationship OWN OP | | | |

FACILITY INFORMATION

| | | |
|--|--------------------------|-------------------------------------|
| Modification of Existing Facility | Yes | No |
| 1. Will this project modify an existing facility, system, or activity? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Will this project involve an addition to an existing facility, system, or activity? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If "Yes", check all relevant facility types and provide DEP facility identification numbers below.

| Facility Type | DEP Fac ID# | Facility Type | DEP Fac ID# |
|---|-------------|--|-------------|
| <input type="checkbox"/> Air Emission Plant | | <input type="checkbox"/> Industrial Minerals Mining Operation | |
| <input type="checkbox"/> Beneficial Use (water) | | <input type="checkbox"/> Laboratory Location | |
| <input type="checkbox"/> Blasting Operation | | <input type="checkbox"/> Land Recycling Cleanup Location | |
| <input type="checkbox"/> Captive Hazardous Waste Operation | | <input type="checkbox"/> MineDrainageTrmt/LandRecyProjLocation | |
| <input type="checkbox"/> Coal Ash Beneficial Use Operation | | <input type="checkbox"/> Municipal Waste Operation | |
| <input type="checkbox"/> Coal Mining Operation | | <input type="checkbox"/> Oil & Gas Encroachment Location | |
| <input type="checkbox"/> Coal Pillar Location | | <input type="checkbox"/> Oil & Gas Location | |
| <input type="checkbox"/> Commercial Hazardous Waste Operation | | <input type="checkbox"/> Oil & Gas Water Poll Control Facility | |
| <input type="checkbox"/> Dam Location | | <input type="checkbox"/> Public Water Supply System | |
| <input type="checkbox"/> Deep Mine Safety Operation -Anthracite | | <input type="checkbox"/> Radiation Facility | |
| <input type="checkbox"/> Deep Mine Safety Operation -Bituminous | | <input type="checkbox"/> Residual Waste Operation | |
| <input type="checkbox"/> Deep Mine Safety Operation -Ind Minerals | | <input type="checkbox"/> Storage Tank Location | |
| <input type="checkbox"/> Encroachment Location (water, wetland) | | <input type="checkbox"/> Water Pollution Control Facility | |
| <input type="checkbox"/> Erosion & Sediment Control Facility | | <input type="checkbox"/> Water Resource | |
| <input type="checkbox"/> Explosive Storage Location | | <input type="checkbox"/> Other: | |

| Latitude/Longitude Point of Origin | Latitude | Longitude |
|--|--|-------------------------|
| | Degrees Minutes Seconds | Degrees Minutes Seconds |
| Horizontal Accuracy Measure | Feet | --or-- Meters |
| Horizontal Reference Datum Code | <input type="checkbox"/> North American Datum of 1927 <input type="checkbox"/> North American Datum of 1983 <input type="checkbox"/> World Geodetic System of 1984 | |
| Horizontal Collection Method Code | | |
| Reference Point Code | | |
| Altitude | Feet | --or-- Meters |
| Altitude Datum Name | <input type="checkbox"/> The National Geodetic Vertical Datum of 1929 <input type="checkbox"/> 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 Perkiomen Creek | | | |
| Project Consultant Last Name | First Name | MI | Suffix |
| Project Consultant Title | | Consulting Firm | |
| Mailing Address Line 1 | | Mailing Address Line 2 | |
| Address Last Line – City | | State | ZIP+4 |

Phone

Ext

FAX

Email Address

| Time Schedules | Project Milestone (Optional) |
|----------------|------------------------------|
| | |
| | |
| | |
| | |
| | |

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 exempted by Questions 2 or 3 below.

If "No", skip Questions 2 & 3 below as well as the following Land Use Information section.

For referenced list, see Appendix A attached to the GIF Instructions.

2. For an Air program authorization only. All other authorizations continue with Question 3 below. Will the permit authorize the construction of facilities outside an existing permitted area? ☐ Yes ☐ No

Note: If "Yes", you must complete the following Land Use Information section unless exempted by Question 3 below.

If "No", skip Question 3 below as well as the following Land Use Information section.

3. Have you attached or submitted municipal and county 'Early Opt Out' approval letters for the project? ☐ Yes ☐ No

Note: If "Yes" to Question 3, skip the following Land Use Information section. This should only be checked "Yes" if applicant is choosing the early opt-out option. Required approval letters described in the GIF Checklist 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 evidence of compliance with local comprehensive plans and zoning ordinances.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Is there a municipal comprehensive plan(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is there a county comprehensive plan(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is there a multi-municipal or multi-county comprehensive plan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Is the proposed project consistent with these plans? If no plan(s) exists, answer "Yes". | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Is there a municipal zoning ordinance(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Is there a joint municipal zoning ordinance(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Will the proposed project require a zoning approval (e.g., special exception, conditional approval, re-zoning, variance)? If zoning approval has already been received, attach documentation. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Are any zoning ordinances that are applicable to this project currently the subject of any type of legal proceeding? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Will the project be located on a site that has been or is being remediated under DEP's Land Recycling Program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Will the project result in reclamation of abandoned mine lands through re-mining or as part of DEP's Reclaim PA Program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Will the project be located in an agricultural security area or an area protected under an agricultural conservation easement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Will the project be located in a Keystone Opportunity Zone or Enterprise Development Area? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Will the project be located in a Designated Growth Area as defined by the Municipalities Planning Code? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

COORDINATION INFORMATION

Note: 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

| | | | | | |
|--------|--|--------------------------|-----|--------------------------|----|
| 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3.3 | Will the oil- or gas-related project involve the construction and operation of industrial waste treatment facilities? (DEP Use/4z41) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4.0 | Will the project involve a construction activity that results in earth disturbance? If "Yes", specify the total disturbed acreage. (DEP Use/4x66) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4.0.1 | Total Disturbed Acreage | | | | |
| 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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 Description</i> . (DEP Use/4x62) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 7.0 | Will the project involve the construction and operation of industrial waste treatment facilities? (DEP Use/4x62) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 8.0.1 | Estimated Proposed Flow (gal/day) | | | | |
| 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 9.0.1 | Is Act 537 Approval Letter attached? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 10.0.1 | Gallons Per Year (residential septage) | | | | |
| 10.0.2 | Dry Tons Per Year (biosolids) | | | | |
| 11.0 | Does the project involve construction, modification or removal of a dam? If "Yes", identify the dam. (DEP Use/3140) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 11.0.1 | Dam Name | | | | |
| 12.0 | Will the project interfere with the flow from, or otherwise impact, a dam? If "Yes", identify the dam. (DEP Use/3140) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 12.0.1 | Dam Name | | | | |
| 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 13.0.1 | Enter all types & amounts of emissions; separate each set with semicolons. | | | | |

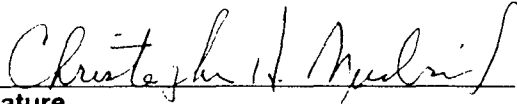
| | | | | | |
|---------|--|--------------------------|-----|--------------------------|----|
| 14.0 | Is an on-site drinking water supply (well), other than individual house wells, proposed for your project? If "Yes", indicate total number of people served and/or the total number of connections served, if applicable. Also, check all proposed sub-facilities. (DEP Use/4x81) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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 | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 14.0.5 | Sub-Fac: Water Treatment Plant | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 14.0.6 | Sub-Fac: Source | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 14.0.7 | Sub-Fac: Pump Station | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 14.0.8 | Sub-Fac: Entry Point | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 14.0.9 | Sub-Fac: Transmission Main | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 14.0.10 | Sub-Fac: Storage Facility | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 15.0 | Will your project involve purchasing water in bulk, excluding during the construction period? If "Yes", name the provider. Also, indicate the daily number of employees or guests served. (DEP Use/4x81) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 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 name of supplier and attach letter from supplier stating that it will serve the project. (DEP Use/4x81) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 16.0.1 | Supplier's Name | | | | |
| 16.0.2 | Letter of Approval from Supplier is Attached | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 17.0 | Will this project involve a new or increased drinking water withdrawal from a stream or other water body? If "Yes", provide name of stream. (DEP Use/4x81) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 17.0.1 | Stream Name | | | | |
| 18.0 | Will the construction or operation of this project involve treatment, 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 20.0 | Does your project involve installation of a field constructed underground storage tank? If "Yes", list each Substance & its Capacity. Note: Applicant may need a Storage Tank Site Specific Installation Permit. (DEP Use/2570) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 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 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) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 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 Substance & its Capacity. Note: Applicant may need a Storage Tank Site Specific Installation Permit. (DEP Use/2570) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 22.0.1 | Enter all substances & capacity of each; separate each set with semicolons. | | | | |

- 23.0 Does your project involve installation of a storage tank at a new facility with a total AST capacity greater than 21,000 gallons? If "Yes", list each Substance & its Capacity. **Note:** Applicant may need a Storage Tank Site Specific Installation 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


Signature

Site Vice President,
Limerick Generating Station
Title

6/24/08
Date

Application



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.

| Related ID#s (If Known) | | DEP USE ONLY |
|-------------------------|----------|-------------------------------|
| Client ID# | 147686 | Date Received & General Notes |
| Site ID# | 452264 | |
| Facility ID# | 479459 | |
| APS ID# | 13951 | |
| | Auth ID# | 13333 |

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 required to obtain a stormwater NPDES permit for any listed SIC code?

☐ YES (Answer question 3 below.)

☒ NO (Skip question 3.)

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

☐ YES ☐ 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 |
| | | |
| | | |

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

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? ☐ YES ☒ NO

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

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 ☒ NO

COMPLIANCE HISTORY REVIEW

Is the facility owner or operator in violation of any DEP regulation, permit, order or schedule of compliance at this or any other facility?

☐ YES ☒ NO

If "YES," list each permit, order and schedule of compliance and provide compliance status. Use additional sheets to provide information on all permits.

Permit Program

Permit No.

Brief Description of Noncompliance

Steps Taken to Achieve Compliance

Date(s) Compliance Achieved

Current Compliance Status

☒ In Compliance

☐ In Noncompliance

CERTIFICATION

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 gathered and evaluated 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 possibility of fine and imprisonment for knowing violations.

Christopher Mudrick

Site Vice President

Name (type or print legibly)

Official Title

Signature

Date

6/24/08

(Use corporate or professional seal as appropriate.)

Taken, sworn, and subscribed before me, this

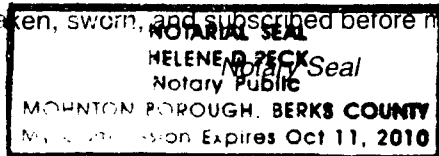
24th

day of

June

20

08



Limerick Generating Station
3146 Sanatoga Road
Pottstown, PA 19464

www.exeloncorp.com

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: T. Siglin - (MAROG Environmental files)-KSA w/ attachment
H. A. Ryan - S23-1 w/attachment
P. Cowan - KSA 3-1 w/o attachment
R. Alejnikov (LGS NPDES files) SSB 2-2 w/attachment
J. Toro – SSB 4-2 w/attachment
E. Callan – GML 5-1 w/o attachment
C. Mudrick– GML 5-1 w/o attachment
R. Kreider – SSB 2-4 w/attachment
T. Basso – SSB 2-2 w/o attachment
S. Mitten – SSB 2-2 w/o attachment

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PRIMARY FACILITY: LIMERICK GENERATING STATION

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

PA0051926

001

ADDRESS: 200 EXELON WAY

PERMIT NUMBER

DISCHARGE NUMBER

KENNETT SQUARE, PA 19348

MONITORING PERIOD

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: Read instructions before completing this form

FORM APPROVED.

OMB NO. 2040-0004.

Southeast Region Facsimile

* To calculate Credits see
Condition No. 14 on page 33.

| Parameter | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE | | |
|---|--------------------|--|------------------|-------|--------------------------|--------------------|------------------|-----------------------------------|-----------|-----------------------------|----------------|-------------|--|
| | | AVERAGE MONTHLY | MAXIMUM DAILY | UNITS | MINIMUM INST | AVERAGE MONTHLY | MAXIMUM DAILY | UNITS | | | | | |
| FLOW | Sample Measurement | 7.98 | 9.41 | | XXXX | XXXX | XXXX | | | | | | |
| | Permit Requirement | MONITOR REPORT | MONITOR REPORT | MGD | XXXX | XXXX | XXXX | XXXX | | 1/WEEK | MEASURED | | |
| TEMPERATURE (EFFLUENT) | Sample Measurement | XXXX | XXXX | | XXXX | XXXX | 76 | | | | | | |
| | Permit Requirement | XXXX | XXXX | XXXX | XXXX | XXXX | INST. MAX 110 | °F | | 1/WEEK | I-S | | |
| TOTAL RESIDUAL OXIDANTS | Sample Measurement | XXXX | XXXX | | XXXX | XXXX | 0.2 | | 1 | | | | |
| | Permit Requirement | XXXX | XXXX | XXXX | XXXX | XXXX | 0.2 | MG/L | | 1/WEEK | GRAB | | |
| pH | Sample Measurement | XXXX | XXXX | | 8.1 | XXXX | 8.3 | | | | | | |
| | Permit Requirement | XXXX | XXXX | XXXX | 6.0 | XXXX | INST. MAX 9.0 | STD UNITS | | 1/WEEK | GRAB | | |
| SPECTRUS CT1300 | Sample Measurement | XXXX | XXXX | | XXXX | <0.050 | <0.050 | | | | | | |
| | Permit Requirement | XXXX | XXXX | XXXX | XXXX | 0.2 | 0.4 | MG/L | | 1/WEEK | GRAB | | |
| TEMPERATURE (RIVER INTAKE) | Sample Measurement | XXXX | XXXX | | XXXX | 62 | 68 | | | | | | |
| | Permit Requirement | XXXX | XXXX | XXXX | XXXX | MONITOR REPORT | MONITOR REPORT | °F | | 1/WEEK | I-S | | |
| TOTAL SUSPENDED SOLIDS * | Sample Measurement | XXXX | XXXX | | XXXX | NR | NR | | | | | | |
| | Permit Requirement | XXXX | XXXX | XXXX | XXXX | 30 | 60 | MG/L | | 1/WEEK | 24 HC | | |
| CADMIUM TOTAL | Sample Measurement | XXXX | XXXX | | XXXX | <0.005 | <0.005 | | | | | | |
| | Permit Requirement | XXXX | XXXX | XXXX | XXXX | MONITOR REPORT | MONITOR REPORT | MG/L | | 2/MONTH | 24 HC | | |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Christopher H. Mudrick, V.P. Limerick Generating Station | | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years) | | | | | | Edward W. Callan Plant Manager | | TELEPHONE | | DATE | |
| TYPE OR PRINT | | | | | | | | 610 | | 718-2000 | | 08 06 25 | |
| | | | | | | | | AREA CODE | | NUMBER | | YEAR MO DAY | |

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

PERMIT EXPIRES 3/31/2011

SUBMIT RENEWAL BY 9/30/2010

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 (2100). 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 SUPPLEMENTAL FORM

For the MONTH

May

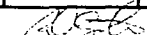
2008

LIMERICK GENERATING STATION

Limerick Township
Montgomery County

| DAY | FLOW MGD | TSS mg/l | TEMP(eff) F | TRO mg/l | pH STD | Spectrus CT 1300 mg/l | Cadmium, Total mg/l | TEMP(in) F | |
|-----|-------------|-------------|----------------|-------------|-----------|--------------------------|------------------------|---------------|--|
| 1 | 8.24 | | | | | | | | |
| 2 | 7.43 | | | | | | | | |
| 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 | | | | | <0.050 | | | |
| 14 | 8.22 | NR | 72.2 | 0.16 | 8.15 | | <0.005 | 59.9 | |
| 15 | 7.54 | | | | | | | | |
| 16 | 8.81 | | | | | | | | |
| 17 | 7.36 | | | | | | | | |
| 18 | 8.08 | | | | | | | | |
| 19 | 8.02 | | | | | <0.050 | | | |
| 20 | 9.41 | | | | | | | | |
| 21 | 9.23 | NR | 73.5 | 0.16 | 8.33 | | <0.005 | 56.0 | |
| 22 | 9.13 | | | | | | | | |
| 23 | 7.72 | | | | | | | | |
| 24 | 7.11 | | | | | | | | |
| 25 | 8.39 | | | | | | | | |
| 26 | 8.00 | | | | | | | | |
| 27 | 9.05 | | | | | <0.050 | | | |
| 28 | 7.96 | NR | 74.6 | 0.075 | 8.07 | | <0.005 | 67.8 | |
| 29 | 7.83 | | | | | | | | |
| 30 | 7.86 | | | | | | | | |
| 31 | 8.98 | | | | | | | | |
| Avg | 7.98 | NR | XXX | XXX | XXX | <0.050 | <0.005 | 61.5 | |
| MAX | 9.41 | NR | 76.2 | 0.16 | 8.33 | <0.050 | <0.005 | 67.8 | |
| MIN | XXX | XXX | XXX | XXX | 8.07 | XXX | XXX | XXX | |

Laboratory Name : M.J. Reider Assoc., Inc. In House? Yes

Signature: 

REMARKS: TSS is NET TSS

Telephone: (610) 718-2500

NPDES permit PA0051926 for outfall 001

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PRIMARY FACILITY: LIMERICK GENERATING STATION

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

PA0051926

MP 201

ADDRESS: 200 EXELON WAY

PERMIT NUMBER

DISCHARGE NUMBER

KENNETT SQUARE, PA 19348

MONITORING PERIOD

SITE LOCATION: 3146 SANATOGA ROAD, POTTSTOWN, PA 19464

YEAR MO DAY
08 05 01

TO YEAR MO DAY
08 05 31

MUNICIPALITY: LIMERICK TOWNSHIP

COUNTY: MONTGOMERY

NOTE: Read instructions before completing this form

| Parameter | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|--|--------------------|-------|--------------------------|--------------------|---------------|-------|-----------|-----------------------------|----------------|
| | | AVERAGE MONTHLY | MAXIMUM DAILY | UNITS | MINIMUM INST | AVERAGE MONTHLY | MAXIMUM DAILY | UNITS | | | |
| FLOW | Sample Measurement | 170258 | 230000 | GPD | XXXX | XXXX | XXXX | | | | |
| | Permit Requirement | MONITOR/ REPORT | MONITOR/ REPORT | | XXXX | XXXX | XXXX | | XXXX | | 1/WEEK |
| TOTAL SUSPENDED SOLIDS | Sample Measurement | XXXX | XXXX | XXXX | XXXX | 22 | 31 | | | | |
| | Permit Requirement | XXXX | XXXX | | XXXX | 30 | 100 | | MG/L | | 2/MONTH |
| OIL AND GREASE | Sample Measurement | XXXX | XXXX | XXXX | XXXX | 2 | 5 | | | | |
| | Permit Requirement | XXXX | XXXX | | XXXX | 15 | 20 | | MG/L | | 2/MONTH |
| | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | |
| | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | |
| | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | |
| | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | |
| | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | |
| | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | |
| NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER Christopher H. Mudrick, V.P. Limerick Generating Station | | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years) | | | | | | | | | |
| TYPE OR PRINT | | Edward W. Callan Plant Manager | | | | TELEPHONE | | | | DATE | |
| | | 610 718-2000 | | | | 08 06 25 | | | | | |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | | AREA CODE | | | | NUMBER | |
| | | | | | | YEAR MO DAY | | | | | |

COMMENT AND EXPLANATION OF ANY VIOLATIONS

PERMIT EXPIRES 3/31/2011

SUBMIT RENEWAL BY 9/30/2010

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PRIMARY FACILITY: LIMERICK GENERATING STATION

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

PA0051926

MP 301

ADDRESS: 200 EXELON WAY

PERMIT NUMBER

DISCHARGE NUMBER

KENNETT SQUARE, PA 19348

MONITORING PERIOD

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: Read instructions before completing this form

FORM APPROVED.

OMB NO. 2040-0004.

Southeast Region Facsimile

* During discharge of wastewater f
laundry drain collection system

| Parameter | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE | |
|---|-----------------------|--|--------------------|-------|--------------------------|--|---------------|-------|------------------|-----------------------------|----------------|--|
| | | AVERAGE MONTHLY | MAXIMUM DAILY | UNITS | MINIMUM INST | AVERAGE MONTHLY | MAXIMUM DAILY | UNITS | | | | |
| FLOW | Sample Measurement | 16203 | 30934 | | XXXX | XXXX | XXXX | | | | | |
| | Permit Requirement | MONITOR/ REPORT | MONITOR/ REPORT | GPD | XXXX | XXXX | XXXX | XXXX | | 1/WEEK | MEASURED | |
| TOTAL SUSPENDED SOLIDS | Sample Measurement | XXXX | XXXX | | XXXX | NR | NR | | | | | |
| | Permit Requirement | XXXX | XXXX | XXXX | XXXX | 30 | 100 | MG/L | | * | GRAB | |
| OIL AND GREASE | Sample Measurement | XXXX | XXXX | | XXXX | NR | NR | | | | | |
| | Permit Requirement | XXXX | XXXX | XXXX | XXXX | 15 | 20 | MG/L | | * | GRAB | |
| | Sample Measurement | | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | | |
| | Sample Measurement | | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | | |
| | Sample Measurement | | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | | |
| | Sample Measurement | | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | | |
| | Sample Measurement | | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | | |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Christopher H. Mudrick, V.P. Limerick Generating Station | | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years) | | | | Edward W. Callan Plant Manager | | | TELEPHONE | | DATE | |
| TYPE OR PRINT | | | | | | 610 718-2000 | | | 08 06 25 | | | |
| | | | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | AREA CODE NUMBER | | YEAR MO DAY | |

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

PERMIT EXPIRES 3/31/2011

SUBMIT RENEWAL BY 9/30/2010

DISCHARGE MONITORING REPORT SUPPLEMENTAL FORM

LIMERICK GENERATING STATION

Limerick Township
Montgomery County

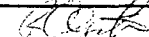
For the MONTH

May

2008

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

Laboratory Name: M.J. Reider Assoc., Inc. for O&G In House? Yes

Signature: 

REMARKS:

See attached for Outfall 201 TSS exceedance.

Telephone: (610) 718-2500

NPDES permit PA0051926 for outfall 201, 301

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PRIMARY FACILITY: LIMERICK GENERATING STATION

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

PA0051926

MP 401

ADDRESS: 200 EXELON WAY

PERMIT NUMBER

DISCHARGE NUMBER

KENNETT SQUARE, PA 19348

MONITORING PERIOD

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: Read instructions before completing this form

FORM APPROVED.

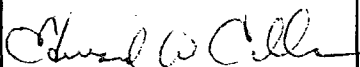
OMB NO. 2040-0004.

Southeast Region Facsimile

* Sample shall be collected during the di
from the overflow location at the pond.

** Sample the spray pond.

| Parameter | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|-----------------------|---------------------|--------------------|-------|--------------------------|--------------------|--------------------|-------|-----------|-----------------------------|----------------|
| | | AVERAGE MONTHLY | MAXIMUM DAILY | UNITS | MINIMUM INST | AVERAGE MONTHLY | MAXIMUM DAILY | UNITS | | | |
| FLOW | Sample Measurement | 12821 | 21600 | GPD | XXXX | XXXX | XXXX | XXXX | | | |
| | Permit Requirement | MONITOR/ REPORT | MONITOR/ REPORT | | XXXX | XXXX | XXXX | | | * | MEASURED |
| TOTAL PHOSPHORUS as P ** | Sample Measurement | XXXX | XXXX | XXXX | XXXX | 0.23 | 0.37 | MG/L | | | |
| | Permit Requirement | XXXX | XXXX | | XXXX | MONITOR/ REPORT | MONITOR/ REPORT | | | *1/WEEK | GRAB |
| | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | |
| | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | |
| | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | |
| | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | |
| | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | |
| | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | |
| | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | |

| | | | | |
|---|--|--|---|---------------------------------|
| NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER Christopher H. Mudrick, V.P. Limerick Generating Station TYPE OR PRINT | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years) | Edward W. Callan Plant Manager  SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE 610 718-2000 AREA CODE NUMBER | DATE 08 06 25 YEAR MO DAY |
| | | | | |

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

PERMIT EXPIRES 3/31/2011

SUBMIT RENEWAL BY 9/30/2010

DISCHARGE MONITORING REPORT SUPPLEMENTAL FORM

LIMERICK GENERATING STATION

Limerick Township
Montgomery CountyFor the **MONTH** May 2008

| DAY | FLOW GPD | Phosphorous Total |
|-----|-------------|----------------------|
| 1 | 14400 | |
| 2 | 7200 | |
| 3 | 7200 | |
| 4 | 7200 | |
| 5 | 14400 | 0.16 |
| 6 | 14400 | |
| 7 | 4320 | |
| 8 | 4320 | |
| 9 | 14400 | |
| 10 | 14400 | |
| 11 | 14400 | |
| 12 | 14400 | 0.37 |
| 13 | 14400 | |
| 14 | 14400 | |
| 15 | 14400 | |
| 16 | 14400 | |
| 17 | 14400 | |
| 18 | 14400 | |
| 19 | 14400 | 0.21 |
| 20 | 14400 | |
| 21 | 14400 | |
| 22 | 14400 | |
| 23 | 14400 | |
| 24 | 7200 | |
| 25 | 7200 | |
| 26 | 21600 | |
| 27 | 14400 | 0.18 |
| 28 | 14400 | |
| 29 | 14400 | |
| 30 | 14400 | |
| 31 | 14400 | |
| Avg | 12821 | 0.23 |
| MAX | 21600 | 0.37 |
| MIN | XXX | XXX |

Laboratory Name : M.J. Reider Assoc., Inc.In House? N/ASignature: **REMARKS:**Telephone: (610) 718-2500NPDES permit **PA0051926** for outfall **401**

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PRIMARY FACILITY: LIMERICK GENERATING STATION

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

PA0051926

002, 004, 022

ADDRESS: 200 EXELON WAY

PERMIT NUMBER

DISCHARGE NUMBER

KENNETT SQUARE, PA 19348

MONITORING PERIOD

SITE LOCATION: 3146 SANATOGA ROAD, POTTSTOWN, PA 19464

YEAR MO DAY
08 05 01

YEAR MO DAY
08 05 31

MUNICIPALITY: LIMERICK TOWNSHIP

COUNTY: MONTGOMERY

NOTE: Read instructions before completing this form

FORM APPROVED.

OMB NO. 2040-0004.

Southeast Region Facsimile

* To calculate Credits see

Condition No. 14 on page 33.

| Parameter | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE | | |
|---|--------------------|--|---------|-------|--------------------------|---------|-------------------|-----------------------------------|--------|-----------------------|-------------|-------------|--|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | | | |
| C-BIOCHEMICAL OXYGEN DEMAND (5-DAY) | Sample Measurement | XXXX | XXXX | | XXXX | XXXX | NR | | | | | | |
| | Permit Requirement | XXXX | XXXX | XXXX | XXXX | XXXX | REPORT DAILY MAX. | MG/L | | 1 PER YEAR | 1 GRAB | | |
| | | | | | | | | | | | | | |
| CHEMICAL OXYGEN DEMAND | Sample Measurement | XXXX | XXXX | | XXXX | XXXX | NR | | | | | | |
| | Permit Requirement | XXXX | XXXX | XXXX | XXXX | XXXX | REPORT DAILY MAX. | MG/L | | 1 PER YEAR | 1 GRAB | | |
| | | | | | | | | | | | | | |
| OIL AND GREASE | Sample Measurement | XXXX | XXXX | | XXXX | XXXX | NR | | | | | | |
| | Permit Requirement | XXXX | XXXX | XXXX | XXXX | XXXX | REPORT DAILY MAX. | MG/L | | 1 PER YEAR | 1 GRAB | | |
| | | | | | | | | | | | | | |
| pH | Sample Measurement | XXXX | XXXX | | XXXX | XXXX | NR | | | | | | |
| | Permit Requirement | XXXX | XXXX | XXXX | XXXX | XXXX | REPORT DAILY MAX. | STD UNITS | | 1 PER YEAR | 1 GRAB | | |
| | | | | | | | | | | | | | |
| TOTAL SUSPENDED SOLIDS (TSS) | Sample Measurement | XXXX | XXXX | | XXXX | XXXX | NR | | | | | | |
| | Permit Requirement | XXXX | XXXX | XXXX | XXXX | XXXX | REPORT DAILY MAX. | MG/L | | 1 PER YEAR | 1 GRAB | | |
| | | | | | | | | | | | | | |
| TOTAL KJELDAHL NITROGEN (TKN) | Sample Measurement | XXXX | XXXX | | XXXX | XXXX | NR | | | | | | |
| | Permit Requirement | XXXX | XXXX | XXXX | XXXX | XXXX | REPORT DAILY MAX. | MG/L | | 1 PER YEAR | 1 GRAB | | |
| | | | | | | | | | | | | | |
| TOTAL PHOSPHORUS | Sample Measurement | XXXX | XXXX | | XXXX | XXXX | NR | | | | | | |
| | Permit Requirement | XXXX | XXXX | XXXX | XXXX | XXXX | REPORT DAILY MAX. | MG/L | | 1 PER YEAR | 1 GRAB | | |
| | | | | | | | | | | | | | |
| IRON (DISSOLVED) | Sample Measurement | XXXX | XXXX | | XXXX | XXXX | NR | | | | | | |
| | Permit Requirement | XXXX | XXXX | XXXX | XXXX | XXXX | REPORT DAILY MAX. | MG/L | | 1 PER YEAR | 1 GRAB | | |
| | | | | | | | | | | | | | |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Christopher H. Mudrick, V.P. Limerick Generating Station | | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years) | | | | | | Edward W. Callan Plant Manager | | TELEPHONE | | DATE | |
| TYPE OR PRINT | | | | | | | | 610 | | 718-2000 | | 08 06 25 | |
| | | | | | | | | AREA CODE | | NUMBER | | YEAR MO DAY | |

COMMENT AND EXPLANATION OF ANY VIOLATIONS

PERMIT EXPIRES 3/31/2011

SUBMIT RENEWAL BY 9/30/2010

DISCHARGE MONITORING REPORT SUPPLEMENTAL FORM

For the MONTH May 2008

LIMERICK GENERATING STATION

Limerick Township
Montgomery County

| DAY | CBOD ₅ mg/l | COD mg/l | O&G mg/l | pH STD | TSS mg/l | NH3N mg/l | Phos mg/l | Iron(dis) mg/l |
|-----|---------------------------|-------------|-------------|-----------|-------------|--------------|--------------|-------------------|
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| 30 | | | | | | | | |
| 31 | | | | | | | | |
| Avg | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| MAX | NR | NR | NR | NR | NR | NR | NR | NR |
| MIN | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |

Laboratory Name M.J. Reider Assoc., Inc. In House? YesSignature: **REMARKS:**Telephone: (610) 718-2500NPDES permit PA0051926 for outfalls 002, 004, 022

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PRIMARY FACILITY: LIMERICK GENERATING STATION

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

PA0051926

003

ADDRESS: 200 EXELON WAY

PERMIT NUMBER

DISCHARGE NUMBER

KENNETT SQUARE, PA 19348

MONITORING PERIOD

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: Read instructions before completing this form

FORM APPROVED.

OMB NO. 2040-0004.

Southeast Region Facsimile

* Sample during discharge from drain valve associated with the circulating water at Turbine Unit 1.

| Parameter | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE | |
|--|--------------------|--|----------------|-------|--------------------------|-----------------|----------------|-----------|------------------|-----------------------|-------------|--|
| | | AVERAGE MONTHLY | MAXIMUM DAILY | UNITS | MINIMUM INST | AVERAGE MONTHLY | MAXIMUM DAILY | UNITS | | | | |
| FLOW | Sample Measurement | No Discharge | No Discharge | | XXXX | XXXX | XXXX | | | | | |
| | Permit Requirement | MONITOR REPORT | MONITOR REPORT | MGD | XXXX | XXXX | XXXX | XXXX | | * | CALCULATED | |
| TOTAL SUSPENDED SOLIDS | Sample Measurement | XXXX | XXXX | | XXXX | No Discharge | No Discharge | | | | | |
| | Permit Requirement | XXXX | XXXX | XXXX | XXXX | MONITOR REPORT | MONITOR REPORT | MG/L | | * | GRAB | |
| TEMPERATURE | Sample Measurement | XXXX | XXXX | | XXXX | XXXX | No Discharge | | | | | |
| | Permit Requirement | XXXX | XXXX | XXXX | XXXX | XXXX | INST. MAX 110 | °F | | * | I-S | |
| TOTAL RESIDUAL OXIDANTS | Sample Measurement | XXXX | XXXX | | XXXX | XXXX | No Discharge | | | | | |
| | Permit Requirement | XXXX | XXXX | XXXX | XXXX | XXXX | 0.2 | MG/L | | * | GRAB | |
| pH | Sample Measurement | XXXX | XXXX | | No Discharge | XXXX | No Discharge | | | | | |
| | Permit Requirement | XXXX | XXXX | XXXX | 6.0 | XXXX | INST. MAX 9.0 | STD UNITS | | * | GRAB | |
| SPECTRUS CT1300 | Sample Measurement | XXXX | XXXX | | XXXX | No Discharge | No Discharge | | | | | |
| | Permit Requirement | XXXX | XXXX | XXXX | XXXX | 0.2 | 0.4 | MG/L | | * | GRAB | |
| | Sample Measurement | | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | | |
| | Sample Measurement | | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | | |
| NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER Christopher H. Mudrick, V.P. Limerick Generating Station | | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years) | | | | | | | TELEPHONE | | DATE | |
| TYPE OR PRINT | | Edward W. Callan Plant Manager | | | | | | | 610 718-2000 | | 08 06 25 | |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | | | | | AREA CODE NUMBER | | YEAR MO DAY | |

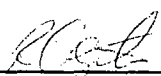
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT SUPPLEMENTAL FORM
LIMERICK GENERATING STATION

Limerick Township
 Montgomery County

For the **MONTH** May 2008

| DAY | FLOW MGD | TEMP F | TSS mg/l | TRO mg/l | Spectrus CT 1300 mg/l | pH STD |
|------------|--------------|--------------|--------------|--------------|--------------------------|--------------|
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| 29 | | | | | | |
| 30 | | | | | | |
| 31 | | | | | | |
| Avg | No Discharge | XXX | No Discharge | XXX | No Discharge | XXX |
| MAX | No Discharge | No Discharge | No Discharge | No Discharge | No Discharge | No Discharge |
| MIN | XXX | XXX | XXX | XXX | XXX | No Discharge |

Laboratory Name N/A In House? Yes Signature: 
 REMARKS: Telephone: (610) 718-2500

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PRIMARY FACILITY: LIMERICK GENERATING STATION

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

PA0051926

005

ADDRESS: 200 EXELON WAY

PERMIT NUMBER

DISCHARGE NUMBER

KENNETT SQUARE, PA 19348

MONITORING PERIOD

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: Read instructions before completing this form

FORM APPROVED.

OMB NO. 2040-0004.

Southeast Region Facsimile

* Sample during discharge from drain valve associated with the circulating water at Turbine Unit 2.

| Parameter | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE | |
|---|--------------------|--|----------------|-------|--------------------------|--|----------------|-----------|------------------|-----------------------|-------------|--|
| | | AVERAGE MONTHLY | MAXIMUM DAILY | UNITS | MINIMUM INST | AVERAGE MONTHLY | MAXIMUM DAILY | UNITS | | | | |
| FLOW | Sample Measurement | No Discharge | No Discharge | | XXXX | XXXX | XXXX | | | | | |
| | Permit Requirement | MONITOR REPORT | MONITOR REPORT | MGD | XXXX | XXXX | XXXX | XXXX | | * | CALCULATED | |
| TOTAL SUSPENDED SOLIDS | Sample Measurement | XXXX | XXXX | | XXXX | No Discharge | No Discharge | | | | | |
| | Permit Requirement | XXXX | XXXX | XXXX | XXXX | MONITOR REPORT | MONITOR REPORT | MG/L | | * | GRAB | |
| TEMPERATURE | Sample Measurement | XXXX | XXXX | | XXXX | XXXX | No Discharge | | | | | |
| | Permit Requirement | XXXX | XXXX | XXXX | XXXX | XXXX | INST. MAX 110 | °F | | * | I-S | |
| TOTAL RESIDUAL OXIDANTS | Sample Measurement | XXXX | XXXX | | XXXX | XXXX | No Discharge | | | | | |
| | Permit Requirement | XXXX | XXXX | XXXX | XXXX | XXXX | 0.2 | MG/L | | * | GRAB | |
| pH | Sample Measurement | XXXX | XXXX | | No Discharge | XXXX | No Discharge | | | | | |
| | Permit Requirement | XXXX | XXXX | XXXX | 6.0 | XXXX | INST. MAX 9.0 | STD UNITS | | * | GRAB | |
| SPECTRUS CT1300 | Sample Measurement | XXXX | XXXX | | XXXX | No Discharge | No Discharge | | | | | |
| | Permit Requirement | XXXX | XXXX | XXXX | XXXX | 0.2 | 0.4 | MG/L | | * | GRAB | |
| | Sample Measurement | | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | | |
| | Sample Measurement | | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | | |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Christopher H. Mudrick, V.P. Limerick Generating Station | | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years) | | | | Edward W. Callan Plant Manager | | | TELEPHONE | | DATE | |
| TYPE OR PRINT | | | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | 610 718-2000 | | 08 06 25 | |
| | | | | | | | | | AREA CODE NUMBER | | YEAR MO DAY | |

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

PERMIT EXPIRES 3/31/2011

SUBMIT RENEWAL BY 9/30/2010

DISCHARGE MONITORING REPORT SUPPLEMENTAL FORM
LIMERICK GENERATING STATION

Limerick Township
 Montgomery County

For the **MONTH** May 2008

| DAY | FLOW MGD | TEMP F | TSS mg/l | TRO mg/l | Spectrus CT 1300 mg/l | pH STD |
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| Avg | No Discharge | XXX | No Discharge | XXX | No Discharge | XXX |
| MAX | No Discharge | No Discharge | No Discharge | No Discharge | No Discharge | No Discharge |
| MIN | XXX | XXX | XXX | XXX | XXX | No Discharge |

Laboratory Name N/A In House? Yes

Signature: 

REMARKS:

Telephone: (610) 718-2500

NPDES permit **PA0051926** for outfall 005

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PRIMARY FACILITY: LIMERICK GENERATING STATION

FORM APPROVED.

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

PA0051926

006, 007, 008, 009

OMB NO. 2040-0004.

ADDRESS: 200 EXELON WAY

PERMIT NUMBER

DISCHARGE NUMBER

Southeast Region Facsimile

KENNETT SQUARE, PA 19348

MONITORING PERIOD

Sample any one of these outfalls.

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: Read instructions before completing this form

| Parameter | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE | | | | | | |
|--|--------------------|--|---------|--------------|--------------------------|----------|-------------------|-----------|--------|-----------------------|-------------|------|-----|----|--|-----|--|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | YEAR | MO | DAY | | | | |
| C-BIOCHEMICAL OXYGEN DEMAND (5-DAY) | Sample Measurement | XXXX | XXXX | XXXX | XXXX | XXXX | NR | MG/L | | 1 PER YEAR | 1 GRAB | | | | | | |
| | Permit Requirement | XXXX | XXXX | | XXXX | XXXX | REPORT DAILY MAX. | | | | | | | | | | |
| CHEMICAL OXYGEN DEMAND | Sample Measurement | XXXX | XXXX | XXXX | XXXX | XXXX | NR | MG/L | | 1 PER YEAR | 1 GRAB | | | | | | |
| | Permit Requirement | XXXX | XXXX | | XXXX | XXXX | REPORT DAILY MAX. | | | | | | | | | | |
| OIL AND GREASE | Sample Measurement | XXXX | XXXX | XXXX | XXXX | XXXX | NR | MG/L | | 1 PER YEAR | 1 GRAB | | | | | | |
| | Permit Requirement | XXXX | XXXX | | XXXX | XXXX | REPORT DAILY MAX. | | | | | | | | | | |
| pH | Sample Measurement | XXXX | XXXX | XXXX | XXXX | XXXX | NR | STD UNITS | | 1 PER YEAR | 1 GRAB | | | | | | |
| | Permit Requirement | XXXX | XXXX | | XXXX | XXXX | REPORT DAILY MAX. | | | | | | | | | | |
| TOTAL SUSPENDED SOLIDS (TSS) | Sample Measurement | XXXX | XXXX | XXXX | XXXX | XXXX | NR | MG/L | | 1 PER YEAR | 1 GRAB | | | | | | |
| | Permit Requirement | XXXX | XXXX | | XXXX | XXXX | REPORT DAILY MAX. | | | | | | | | | | |
| TOTAL KJELDAHL NITROGEN (TKN) | Sample Measurement | XXXX | XXXX | XXXX | XXXX | XXXX | NR | MG/L | | 1 PER YEAR | 1 GRAB | | | | | | |
| | Permit Requirement | XXXX | XXXX | | XXXX | XXXX | REPORT DAILY MAX. | | | | | | | | | | |
| TOTAL PHOSPHORUS | Sample Measurement | XXXX | XXXX | XXXX | XXXX | XXXX | NR | MG/L | | 1 PER YEAR | 1 GRAB | | | | | | |
| | Permit Requirement | XXXX | XXXX | | XXXX | XXXX | REPORT DAILY MAX. | | | | | | | | | | |
| IRON (DISSOLVED) | Sample Measurement | XXXX | XXXX | XXXX | XXXX | XXXX | NR | MG/L | | 1 PER YEAR | 1 GRAB | | | | | | |
| | Permit Requirement | XXXX | XXXX | | XXXX | XXXX | REPORT DAILY MAX. | | | | | | | | | | |
| NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER Christopher H. Mudrick, V.P. Limerick Generating Station | | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years) | | | | | | | | | | | | | | | |
| TYPE OR PRINT | | Edward W. Callan Plant Manager  SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | | | | | | | | | | | | | |
| | | TELEPHONE | | 610 718-2000 | | 08 06 25 | | AREA CODE | | NUMBER | | YEAR | | MO | | DAY | |

COMMENT AND EXPLANATION OF ANY VIOLATIONS

PERMIT EXPIRES 3/31/2011

SUBMIT RENEWAL BY 9/30/2010

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

For the **MONTH** May 2008

| DAY | CBOD ₅ mg/l | COD mg/l | O&G mg/l | pH STD | TSS mg/l | NH ₃ N mg/l | Phos mg/l | Iron(dis) mg/l |
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| Avg | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx |
| MAX | NR | NR | NR | NR | NR | NR | NR | NR |
| MIN | xxx | xxx | xxx | xxx | xxx | xxx | xxx | xxx |

Laboratory Name M.J. Reider Assoc., Inc. In House? Yes Signature: *[Signature]*
REMARKS: Telephone: (610) 718-2500

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PRIMARY FACILITY: LIMERICK GENERATING STATION

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

PA0051926

012

ADDRESS: 200 EXELON WAY

PERMIT NUMBER

DISCHARGE NUMBER

KENNETT SQUARE, PA 19348

MONITORING PERIOD

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: Read instructions before completing this form

FORM APPROVED.

OMB NO. 2040-0004.

Southeast Region Facsimile

* Sample daily during discharge from
dredging. A composite during dredging.

| Parameter | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE | | |
|---|-----------------------|--|-------------------|-------|--------------------------|--|----------------|--------------|-----------|-----------------------------|-------------------|--------|--|
| | | AVERAGE MONTHLY | MAXIMUM DAILY | UNITS | MINIMUM INST | AVERAGE ANNUAL | MAXIMUM DAILY | UNITS | | | | | |
| FLOW | Sample Measurement | No Discharge | No Discharge | MGD | XXXX | XXXX | XXXX | | | | | | |
| | Permit Requirement | MONITOR REPORT | MONITOR REPORT | | XXXX | XXXX | XXXX | | | | XXXX | | |
| TOTAL SUSPENDED SOLIDS (3rd to 5th Year) | Sample Measurement | XXXX | XXXX | XXXX | XXXX | No Discharge | No Discharge | MG/L | | | | | |
| | Permit Requirement | XXXX | XXXX | | XXXX | MONITOR REPORT | 100 | | | | | | |
| OIL AND GREASE | Sample Measurement | XXXX | XXXX | XXXX | XXXX | No Discharge | No Discharge | MG/L | | | | | |
| | Permit Requirement | XXXX | XXXX | | XXXX | MONITOR REPORT | MONITOR REPORT | | | | | | |
| IRON, DISSOLVED | Sample Measurement | XXXX | XXXX | XXXX | XXXX | No Discharge | No Discharge | MG/L | | | | | |
| | Permit Requirement | XXXX | XXXX | | XXXX | MONITOR REPORT | MONITOR REPORT | | | | | | |
| IRON, TOTAL (3rd to 5th Year) | Sample Measurement | XXXX | XXXX | XXXX | XXXX | No Discharge | No Discharge | MG/L | | | | | |
| | Permit Requirement | XXXX | XXXX | | XXXX | MONITOR REPORT | 7.0 | | | | | | |
| pH | Sample Measurement | XXXX | XXXX | XXXX | No Discharge | XXXX | No Discharge | STD UNITS | | | | | |
| | Permit Requirement | XXXX | XXXX | | XXXX | MONITOR REPORT | XXXX | | | | MONITOR REPORT | | |
| TOTAL SUSPENDED SOLIDS (1st and 2nd Years) | Sample Measurement | XXXX | XXXX | XXXX | XXXX | No Discharge | No Discharge | MG/L | | | | | |
| | Permit Requirement | XXXX | XXXX | | XXXX | MONITOR REPORT | MONITOR REPORT | | | | | | |
| IRON, TOTAL (1st and 2nd Years) | Sample Measurement | XXXX | XXXX | XXXX | XXXX | No Discharge | No Discharge | MG/L | | | | | |
| | Permit Requirement | XXXX | XXXX | | XXXX | MONITOR REPORT | MONITOR REPORT | | | | | | |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Christopher H. Mudrick, V.P. Limerick Generating Station | | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years) | | | | | | | | | | | |
| TYPE OR PRINT | | | | | | Edward W. Callan Plant Manager | | | | TELEPHONE | | DATE | |
| | | | | | | 610 718-2000 | | | | 08 06 25 | | | |
| | | | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | | AREA CODE | | NUMBER | |
| | | | | | | | | | | YEAR | | MO DAY | |

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

PERMIT EXPIRES 3/31/2011

SUBMIT RENEWAL BY 9/30/2010

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PRIMARY FACILITY: LIMERICK GENERATING STATION

FORM APPROVED.

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

PA0051926

013, 014, 015, 016, 017, 018, 019, 02

OMB NO. 2040-0004.

ADDRESS: 200 EXELON WAY

PERMIT NUMBER

DISCHARGE NUMBER

Southeast Region Facsimile

KENNETT SQUARE, PA 19348

MONITORING PERIOD

Sample any one of these outfalls.

SITE LOCATION: 3146 SANATOGA ROAD, POTTSTOWN, PA 19464

YEAR

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MUNICIPALITY: LIMERICK TOWNSHIP

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COUNTY: MONTGOMERY

NOTE: Read instructions before completing this form

| Parameter | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|--|---------|-------|--------------------------|--|-------------------|-----------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| C-BIOCHEMICAL OXYGEN DEMAND (5-DAY) | Sample Measurement | XXXX | XXXX | XXXX | XXXX | XXXX | NR | MG/L | | 1 PER YEAR | 1 GRAB |
| | Permit Requirement | XXXX | XXXX | | XXXX | XXXX | REPORT DAILY MAX. | | | | |
| CHEMICAL OXYGEN DEMAND | Sample Measurement | XXXX | XXXX | XXXX | XXXX | XXXX | NR | MG/L | | 1 PER YEAR | 1 GRAB |
| | Permit Requirement | XXXX | XXXX | | XXXX | XXXX | REPORT DAILY MAX. | | | | |
| OIL AND GREASE | Sample Measurement | XXXX | XXXX | XXXX | XXXX | XXXX | NR | MG/L | | 1 PER YEAR | 1 GRAB |
| | Permit Requirement | XXXX | XXXX | | XXXX | XXXX | REPORT DAILY MAX. | | | | |
| pH | Sample Measurement | XXXX | XXXX | XXXX | XXXX | XXXX | NR | STD UNITS | | 1 PER YEAR | 1 GRAB |
| | Permit Requirement | XXXX | XXXX | | XXXX | XXXX | REPORT DAILY MAX. | | | | |
| TOTAL SUSPENDED SOLIDS (TSS) | Sample Measurement | XXXX | XXXX | XXXX | XXXX | XXXX | NR | MG/L | | 1 PER YEAR | 1 GRAB |
| | Permit Requirement | XXXX | XXXX | | XXXX | XXXX | REPORT DAILY MAX. | | | | |
| TOTAL KJELDAHL NITROGEN (TKN) | Sample Measurement | XXXX | XXXX | XXXX | XXXX | XXXX | NR | MG/L | | 1 PER YEAR | 1 GRAB |
| | Permit Requirement | XXXX | XXXX | | XXXX | XXXX | REPORT DAILY MAX. | | | | |
| TOTAL PHOSPHORUS | Sample Measurement | XXXX | XXXX | XXXX | XXXX | XXXX | NR | MG/L | | 1 PER YEAR | 1 GRAB |
| | Permit Requirement | XXXX | XXXX | | XXXX | XXXX | REPORT DAILY MAX. | | | | |
| IRON (DISSOLVED) | Sample Measurement | XXXX | XXXX | XXXX | XXXX | XXXX | NR | MG/L | | 1 PER YEAR | 1 GRAB |
| | Permit Requirement | XXXX | XXXX | | XXXX | XXXX | REPORT DAILY MAX. | | | | |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Christopher H. Mudrick, V.P. Limerick Generating Station | | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years) | | | | Edward W. Callan Plant Manager | | TELEPHONE | | DATE | |
| TYPE OR PRINT | | | | | | 610 | | 718-2000 | | 08 06 25 | |
| | | | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA CODE | | NUMBER | |

COMMENT AND EXPLANATION OF ANY VIOLATIONS

DISCHARGE MONITORING REPORT SUPPLEMENTAL FORM
LIMERICK GENERATING STATION

Limerick Township
 Montgomery County

For the **MONTH** May 2008

| DAY | CBOD ₅ mg/l | COD mg/l | O&G mg/l | pH STD | TSS mg/l | NH3N mg/l | Phos mg/l | Iron(dis) mg/l |
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| Avg | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| MAX | NR | NR | NR | NR | NR | NR | NR | NR |
| MIN | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |

Laboratory Name M.J. Reider Assoc., Inc. In House? Yes Signature: [Signature]
 REMARKS: Telephone: (610) 718-2500

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PRIMARY FACILITY: LIMERICK GENERATING STATION

FORM APPROVED.

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

PA0051926

021

OMB NO. 2040-0004.

ADDRESS: 200 EXELON WAY

PERMIT NUMBER

DISCHARGE NUMBER

Southeast Region Facsimile

KENNETT SQUARE, PA 19348

MONITORING PERIOD

* Cooling tower drift loss, etc.

SITE LOCATION: 3146 SANATOGA ROAD, POTTSTOWN, PA 19464

YEAR MO DAY
08 05 01

YEAR MO DAY
08 05 31

MUNICIPALITY: LIMERICK TOWNSHIP

COUNTY: MONTGOMERY

NOTE: Read instructions before completing this form

| Parameter | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE | | |
|---|--------------------|--|---------|-------|--------------------------|---------|-------------------|-----------------------------------|--------|-----------------------|-------------|-------------|--|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | | | |
| C-BIOCHEMICAL OXYGEN DEMAND (5-DAY) | Sample Measurement | XXXX | XXXX | | XXXX | XXXX | No Discharge | | | | | | |
| | Permit Requirement | XXXX | XXXX | XXXX | XXXX | XXXX | REPORT DAILY MAX. | MG/L | | 1 PER YEAR | 1 GRAB | | |
| CHEMICAL OXYGEN DEMAND | Sample Measurement | XXXX | XXXX | | XXXX | XXXX | No Discharge | | | | | | |
| | Permit Requirement | XXXX | XXXX | XXXX | XXXX | XXXX | REPORT DAILY MAX. | MG/L | | 1 PER YEAR | 1 GRAB | | |
| OIL AND GREASE | Sample Measurement | XXXX | XXXX | | XXXX | XXXX | No Discharge | | | | | | |
| | Permit Requirement | XXXX | XXXX | XXXX | XXXX | XXXX | REPORT DAILY MAX. | MG/L | | 1 PER YEAR | 1 GRAB | | |
| pH | Sample Measurement | XXXX | XXXX | | XXXX | XXXX | No Discharge | | | | | | |
| | Permit Requirement | XXXX | XXXX | XXXX | XXXX | XXXX | REPORT DAILY MAX. | STD UNITS | | 1 PER YEAR | 1 GRAB | | |
| TOTAL SUSPENDED SOLIDS (TSS) | Sample Measurement | XXXX | XXXX | | XXXX | XXXX | No Discharge | | | | | | |
| | Permit Requirement | XXXX | XXXX | XXXX | XXXX | XXXX | REPORT DAILY MAX. | MG/L | | 1 PER YEAR | 1 GRAB | | |
| TOTAL KJELDAHL NITROGEN (TKN) | Sample Measurement | XXXX | XXXX | | XXXX | XXXX | No Discharge | | | | | | |
| | Permit Requirement | XXXX | XXXX | XXXX | XXXX | XXXX | REPORT DAILY MAX. | MG/L | | 1 PER YEAR | 1 GRAB | | |
| TOTAL PHOSPHORUS | Sample Measurement | XXXX | XXXX | | XXXX | XXXX | No Discharge | | | | | | |
| | Permit Requirement | XXXX | XXXX | XXXX | XXXX | XXXX | REPORT DAILY MAX. | MG/L | | 1 PER YEAR | 1 GRAB | | |
| IRON (DISSOLVED) | Sample Measurement | XXXX | XXXX | | XXXX | XXXX | No Discharge | | | | | | |
| | Permit Requirement | XXXX | XXXX | XXXX | XXXX | XXXX | REPORT DAILY MAX. | MG/L | | 1 PER YEAR | 1 GRAB | | |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Christopher H. Mudrick, V.P. Limerick Generating Station | | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years) | | | | | | Edward W. Callan Plant Manager | | TELEPHONE | | DATE | |
| TYPE OR PRINT | | | | | | | | 610 | | 718-2000 | | 08 06 25 | |
| | | | | | | | | AREA CODE | | NUMBER | | YEAR MO DAY | |

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

PERMIT EXPIRES 3/31/2011

SUBMIT RENEWAL BY 9/30/2010

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PRIMARY FACILITY: LIMERICK GENERATING STATION

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

PA0051926

020

ADDRESS: 200 EXELON WAY

PERMIT NUMBER

DISCHARGE NUMBER

KENNETT SQUARE, PA 19348

MONITORING PERIOD

SITE LOCATION: 3146 SANATOGA ROAD, POTTSTOWN, PA 19464

YEAR

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MUNICIPALITY: LIMERICK TOWNSHIP

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COUNTY: MONTGOMERY

NOTE: Read instructions before completing this form

FORM APPROVED.

OMB NO. 2040-0004.

Southeast Region Facsimile

* Sample daily during the discharge
cooling towers through 020.

| Parameter | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|--|----------------|-------|--------------------------|--|---------------|-----------|--------|-----------------------|-------------|
| | | AVERAGE MONTHLY | MAXIMUM DAILY | UNITS | MINIMUM INST | AVERAGE MONTHLY | MAXIMUM DAILY | UNITS | | | |
| FLOW | Sample Measurement | No Discharge | No Discharge | MGD | XXXX | XXXX | XXXX | | | | |
| | Permit Requirement | MONITOR/REPORT | MONITOR/REPORT | | XXXX | XXXX | XXXX | | | | XXXX |
| TOTAL SUSPENDED SOLIDS | Sample Measurement | XXXX | XXXX | XXXX | XXXX | No Discharge | No Discharge | | | | |
| | Permit Requirement | XXXX | XXXX | | XXXX | MONITOR/REPORT | 100 | | | | MG/L |
| pH | Sample Measurement | XXXX | XXXX | XXXX | No Discharge | XXXX | No Discharge | | | | |
| | Permit Requirement | XXXX | XXXX | | XXXX | INST. MAX. 9.0 | MG/L | | | | |
| | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | |
| | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | |
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| | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | |
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER Christopher H. Mudrick, V.P. Limerick Generating Station | | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years) | | | | Edward W. Callan Plant Manager | | TELEPHONE | | DATE | |
| TYPE OR PRINT | | | | | | 610 718-2000 | | 08 06 25 | | | |
| | | | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA CODE | | NUMBER | |

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

PERMIT EXPIRES 3/31/2011

SUBMIT RENEWAL BY 9/30/2010

DISCHARGE MONITORING REPORT SUPPLEMENTAL FORM
LIMERICK GENERATING STATION

Limerick Township
Montgomery County

For the MONTH May 2008

| DAY | 020 | | | | 021 | | | | | | | |
|------------|--------------|---------------------|--------------|--------------|---------------------------|--------------|--------------|--------------|--------------|---------------------------|--------------|-------------------|
| | FLOW GPD | Susp Solids mg/l | TEMP F | pH STD | CBOD ₅ mg/l | COD mg/l | O&G mg/l | pH STD | TSS mg/l | NH ₃ N mg/l | Phos mg/l | Iron(dis) mg/l |
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| Avg | No Discharge | No Discharge | No Discharge | No Discharge | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |
| MAX | No Discharge | XXX | No Discharge | No Discharge | No Discharge | No Discharge | No Discharge | No Discharge | No Discharge | No Discharge | No Discharge | No Discharge |
| MIN | No Discharge | XXX | XXX | No Discharge | XXX | XXX | XXX | XXX | XXX | XXX | XXX | XXX |

Laboratory Name M.J. Reider Assoc., Inc. In House? Yes Signature: [Signature]
REMARKS: Telephone: (610) 718-2500

NPDES permit PA0051926 for outfall 020,021

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PRIMARY FACILITY: LIMERICK GENERATING STATION

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

PA0051926

023

ADDRESS: 200 EXELON WAY

PERMIT NUMBER

DISCHARGE NUMBER

KENNETT SQUARE, PA 19348

MONITORING PERIOD

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: Read instructions before completing this form

FORM APPROVED.

OMB NO. 2040-0004.

Southeast Region Facsimile

* Sample during discharge from drain valve associated with the circulating water a Turbine Unit 1.

| Parameter | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|--|----------------|-------------|--------------------------|-----------------|---------------|-----------|--------|-----------------------|-------------|
| | | AVERAGE MONTHLY | MAXIMUM DAILY | UNITS | MINIMUM INST | AVERAGE MONTHLY | MAXIMUM DAILY | UNITS | | | |
| FLOW | Sample Measurement | No Discharge | No Discharge | | XXXX | XXXX | XXXX | | | | |
| | Permit Requirement | MONITOR REPORT | MONITOR REPORT | MGD | XXXX | XXXX | XXXX | XXXX | | * | MEASURED |
| TOTAL SUSPENDED SOLIDS ** | Sample Measurement | XXXX | XXXX | | XXXX | No Discharge | No Discharge | | | | |
| | Permit Requirement | XXXX | XXXX | XXXX | XXXX | MONITOR REPORT | 100 | MG/L | | * | GRAB |
| TOTAL RESIDUAL OXIDANTS | Sample Measurement | XXXX | XXXX | | XXXX | XXXX | No Discharge | | | | |
| | Permit Requirement | XXXX | XXXX | XXXX | XXXX | XXXX | 0.2 | MG/L | | * | GRAB |
| pH | Sample Measurement | XXXX | XXXX | | No Discharge | XXXX | No Discharge | | | | |
| | Permit Requirement | XXXX | XXXX | XXXX | 6.0 | XXXX | INST. MAX 9.0 | STD UNITS | | * | GRAB |
| SPECTRUS CT1300 | Sample Measurement | XXXX | XXXX | | XXXX | No Discharge | No Discharge | | | | |
| | Permit Requirement | XXXX | XXXX | XXXX | XXXX | 0.2 | 0.4 | MG/L | | * | GRAB |
| | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | |
| | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | |
| | Sample Measurement | | | | | | | | | | |
| | Permit Requirement | | | | | | | | | | |
| NAME/TITLE/PRINCIPAL EXECUTIVE OFFICER Christopher H. Mudrick, V.P. Limerick Generating Station | | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years) | | | | | | | | | |
| TYPE OR PRINT | | Edward W. Callan Plant Manager  SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | | | | | | | |
| | | TELEPHONE | | DATE | | | | | | | |
| 610 | | 718-2000 | | 08 06 25 | | | | | | | |
| AREA CODE | | NUMBER | | YEAR MO DAY | | | | | | | |

COMMENT AND EXPLANATION OF ANY VIOLATIONS

PERMIT EXPIRES 3/31/2011

SUBMIT RENEWAL BY 9/30/2010

DISCHARGE MONITORING REPORT SUPPLEMENTAL FORM
LIMERICK GENERATING STATION

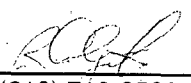
Limerick Township
 Montgomery County

For the **MONTH** May 2008

| DAY | FLOW MGD | TSS mg/l | TRO mg/l | pH STD | Spectrus CT 1300 mg/l |
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| Avg | No Discharge | No Discharge | xxx | xxx | No Discharge |
| MAX | No Discharge | No Discharge | No Discharge | No Discharge | No Discharge |
| MIN | xxx | xxx | xxx | No Discharge | xxx |
| Laboratory Name : | | | N/A | | |

REMARKS:

Yes

Signature: 

Telephone: (610) 718-2500



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

| | | | | | | | |
|--|--|------------------------|--|--|-----|----------------------------------|----------------|
| Permittee Name: <u>Limerick Generating Station Environmental Laboratory</u> | | | | | | | |
| Address: <u>3146 Sanatoga Road</u> | | | | | | | |
| <u>Pottstown, PA 19464</u> | | | | | | | |
| PERMIT NUMBER | | | | MONITORING PERIOD Year/Month/Day | | | |
| PA 0051926 | | | | 2008 | May | 01 | TO 2008 May 31 |
| PARAMETER | | ANALYSIS METHOD | | LAB NAME | | LAB ID NUMBER² | |
| Spectrus CT-1300 | | GE Methyl Orange | | LGS Environmental Lab | | 46-01028 | |
| pH | | Electrometric | | LGS Environmental Lab | | 46-01028 | |
| Total Residual Oxidants | | Amperometric Titration | | LGS Environmental Lab | | 46-01028 | |
| Cadmium | | EPA 200.7 | | 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 | |
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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 possibility 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
Limerick Generating Station
P.O. Box 2300
Pottstown, PA 19464

Nuclear

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

