Limerick Generating Station
3146 Sanatoga Road
Pottstown, PA 19464

www.exeloncorp.com

Exelon Nuclear

June 26, 2008

Mr. Sohan Garg
Department of Environmental Protection
2 East Main Street
Norristown, PA 19401

Re: Bradshaw Reservoir NPDES Permit PA0052221 Renewal

Dear Mr. Garg:

Enclosed are five (5) copies, including the original and one for the Delaware River Basin Commission, of the completed NPDES permit renewal application for Bradshaw Reservoir. Also enclosed is the General Information Form-Authorization Application (8000-PM-IT0001, Rev 06/07/2002), evidence of the municipal and county notifications, and a check (# 5908407) in the amount of $ 500 for the application fee.

As was supplied in the last renewal application, and per a telephone conversation between Mr. Philip Wenrich of your staff and Mr.Tracy Siglin of our Corporate Environmental Affairs Group, data from the 2003 to 2008 Discharge Monitoring Reports have been submitted in lieu of additional sampling. The data have been incorporated in Modules 4 and 5.

If you have any questions or require additional information, please contact Mr. Robert Alejnikov at 610-718-2513 or Mr. Seth Mitten at 610-718-2500. Either of these individuals should also be contacted for a site visit to review the application and answer any questions the PADEP may have concerning the operation of the Water Diversion System.

Sincerely;

Christopher H. Mudrick

Christopher H. Mudrick
Vice President Limerick Generating Station

Cc: U.S. Nuclear Regulatory Commission, Document Control Desk
(Docket Nos. 50-352 and 50-353 & License Nos. NPF-39 and NPF-85)
H. J. Miller, Administrator, USNRC, Region 1
USNRC Senior Resident Inspector, LGS

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Bcc:		
	H.A. Ryan	w/o attachment
	C.H. Mudrick	" "
	E.W. Callan	" "
	C.M. Cooney	" "
	S.A. Mitten	" "
	P.R Weyhmuller	" "
	R.P. Alejnikov	w/ attachment
	C.B. Wyler	" "
	T.J. Siglin	" "
	CCD	" "

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

APPLICATION FOR NPDES PERMIT FOR INDUSTRIAL DISCHARGERS

APPLICANT'S ✓ CHECKLIST

APPLICANT NAME	*Exelon Generation Co., LLC*

Please check the following list to make sure that you have included all the required information. Place a checkmark in the column provided for all items completed and/or provided.

Failure to provide all of the requested information will delay the processing of the application and may result in the application being placed on hold with no action, or will be considered withdrawn and the application file closed.

	Item	Check If Included	DEP Use Only
1.	General Information Form (8000-PM-IT0001)	☒	
2.	One original and (2) copies of application package submitted [original must be notarized]	☒	
3.	Additional copy for Erie and Allegheny counties (if required)	☐	
4.	Additional copy for the river basin commission (if required)	☒	
5.	Application Fee - $500	☒	
6.	Proper evidence of Act 14 municipality and county notification	☒	
7.	Proof of local newspaper public notice (for new and substantially changed discharges only)	☐	
8.	Topographic Map	☒	
9.	Industrial Wastewater - Module 1	☒	
10.	Wastewater Treatment Technologies - Module 2	☒	
11.	Sources Of Wastewater sheet(s) - Module 3	☒	
12.	Analysis Results Table(s) - Modules 4-9	☒	
13.	Hazardous Substance Table - Module 10	☒	
14.	Toxic Chemicals (Optional) - Module 11	☒	
15.	Stormwater (if required) - Module 12	☒	
16.	Stormwater Sampling Data Table (if required) - Module 13	☒	
17.	No Exposure Certification (if required) - Module 14	☒	
18.	Other:	☐	

CHECKLIST

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

GENERAL INFORMATION FORM -- AUTHORIZATION APPLICATION APPLICANT'S CHECKLIST

This final checklist is to assist the applicant in assuring that all requests for responses, contacts, additional documentation, etc. have been addressed. Please check the following list to make sure that you have included all the required information. Failure to provide all of the requested information will delay the processing of the application and may result in the application being placed on hold with no action, or will be considered withdrawn and the application file closed. This applicant's checklist need not be returned to DEP with your completed application.

REQUIREMENTS

☒ **1. ATTACHMENTS.** The completion of the GIF may require the submission of some or all of the following. Where appropriate, include the appropriate attachment(s) with the completed GIF.

- ☒ **a) Site Information, Written Directions to Site** - Attach additional sheets as necessary.
- ☒ **b) Facility Information, Latitude/Longitude** – Attach additional sheets as necessary.
- ☒ **c) Project Information, Project Description** – Attach additional sheets as necessary.
- ☐ **d) Project Information, Time Schedules** -- Attach additional sheets as necessary.
- ☒ **e) Land Use Information** – If the project has already received local planning approvals, building permits or special exemptions or conditional approvals to the local zoning ordinance, attach such documentation if possible. If the site is "grand-fathered" as a pre-existing use or a vested right, document that information as well. If the early opt-out option is being used, attach approval letters from local municipality(ies) and county(ies) where project is being proposed. For more information on this, see the GIF Instructions and the Department's policy on the land use review process for permitting – Document ID: 012-0200-001.
- ☐ **f) Coordination Information** - If land is disturbed, it may be the applicant's responsibility to also notify the PA Historical and Museum Commission, Bureau of Historic Preservation, 400 North Street, Floor 2, Harrisburg, PA 17120-0093, (717) 787-3362.

  PHMC notification is required for:

  1) purposes of construction activities for Individual NPDES permits disturbing 10 or more acres; and
  2) Erosion & Sediment Control permits.

  General NPDES permits disturbing 10 or more acres are exempt from PHMC notification. For additional information, see Cultural Resource Notice instructions to determine whether submission of information to PHMC is required for this permit application.
- ☐ **g) Coordination Information, Question 9.0.1** – Attach copy– Act 537 Approval Letter. Note: Approval required prior to 105/NPDES approval.
- ☐ **h) Coordination Information, Question 16.0.2** – Attach copy - Public Water Supplier's Agreement Letter to Serve the Project.

☐ **2. CONTACTS MADE.** According to information provided in the Coordination Information section, the appropriate DEP office may need to be contacted; as well as some agencies outside DEP. See the Instructions document for appropriate contact per coordination question.

In addition to contacts referenced above, prior to proceeding with any project, DEP encourages applicants to be in touch with municipal and county governments to get information on and secure, if possible, any local permits or approvals that might be required for the project. By doing so, potential conflicts at the local level can be resolved prior to application submission to DEP.

☐ **3. BEFORE YOU DIG -- CONTACT.** Pennsylvania One Call System at 1-800-242-1776.

☒ **4. APPLICATION SUBMITTED.** Application has been completed and properly signed according to instructions and type codes; and will be submitted to the appropriate DEP office.

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
Client ID#	147686	APS ID#	13951	Date Received & General Notes
Site ID#	452264	Auth ID#	13333	
Facility ID#	479459			

CLIENT INFORMATION

DEP Client ID#	Client Type / Code
147686	LLC

Organization Name or Registered Fictitious Name	Employer ID# (EIN)	Dun & Bradstreet ID#
EXELON GENERATION CO, LLC	23-064219	

Individual Last Name	First Name	MI	Suffix	SSN

Additional Individual Last Name	First Name	MI	Suffix	SSN

Mailing Address Line 1	Mailing Address Line 2
200 Exelon Way	

Address Last Line – City	State	ZIP+4	Country
Kennett Square	PA	19348	USA

Client Contact Last Name	First Name	MI	Suffix
Siglin	Tracy	J	

Client Contact Title	Phone	Ext
Environmental Specialist	610-765-5904	

Email Address	FAX
tracy.siglin@exeloncorp.com	610-765-5807

SITE INFORMATION

DEP Site ID#	Site Name
452264	EXELON GENERATION BRADSHAW RESERVOIR

EPA ID#

Estimated Number of Employees to be Present at Site

Description of Site

County Name	Municipality	City	Boro	Twp	State
Bucks	Plumstead	☐	☐	☒	
County Name	**Municipality**	**City**	**Boro**	**Twp**	**State**
		☐	☐	☐	

Site Location Line 1	Site Location Line 2
Bradshaw and Moyer Roads	

Site Location Last Line – City	State	ZIP+4
Plumstead	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	First Name	MI	Suffix
Mitten	Seth	A	

Site Contact Title	Site Contact Firm
Environmental/Radwaste Supervisor	Exelon Generation Co., LLC

Mailing Address Line 1	Mailing Address Line 2
3146 Sanatoga Road	SSB 2-1

Mailing Address Last Line – City	State	ZIP+4
Pottstown	PA	19464

Phone	Ext	FAX	Email Address
610-718-2500		610-718-2721	seth.mitten@exeloncorp.com

NAICS Codes (Two- & Three-Digit Codes – List All That Apply) **6-Digit Code** (Optional)
22-221

Client to Site Relationship
OWN OP

FACILITY INFORMATION

Modification of Existing Facility	Yes	No
1. Will this project modify an existing facility, system, or activity?	☐	☒
2. Will this project involve an addition to an existing facility, system, or activity?	☐	☒

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

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

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

Horizontal Accuracy Measure Feet --*or*-- Meters

Horizontal Reference Datum Code
☐ North American Datum of 1927
☐ North American Datum of 1983
☐ World Geodetic System of 1984

Horizontal Collection Method Code

Reference Point Code

Altitude Feet --*or*-- Meters

Altitude Datum Name
☐ The National Geodetic Vertical Datum of 1929
☐ The North American Vertical Datum of 1988 (NAVD88)

Altitude (Vertical) Location Datum Collection Method Code

Geometric Type Code

Data Collection Date

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

PROJECT INFORMATION

Project Name
Bradshaw Reservoir

Project Description
NPDES permit renewal for discharge of Delaware River water from Bradshaw Reservoir to the East Branch 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)?**	☐	Yes	☐	No
2.	**Is there a county comprehensive plan(s)?**	☐	Yes	☐	No
3.	**Is there a multi-municipal or multi-county comprehensive plan?**	☐	Yes	☐	No
4.	**Is the proposed project consistent with these plans?** If no plan(s) exists, answer "Yes".	☐	Yes	☐	No
5.	**Is there a municipal zoning ordinance(s)?**	☐	Yes	☐	No
6.	**Is there a joint municipal zoning ordinance(s)?**	☐	Yes	☐	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.	☐	Yes	☐	No
8.	**Are any zoning ordinances that are applicable to this project currently the subject of any type of legal proceeding?**	☐	Yes	☐	No
9.	**Will the project be located on a site that has been or is being remediated under DEP's Land Recycling Program?**	☐	Yes	☐	No
10.	**Will the project result in reclamation of abandoned mine lands through re-mining or as part of DEP's Reclaim PA Program?**	☐	Yes	☐	No
11.	**Will the project be located in an agricultural security area or an area protected under an agricultural conservation easement?**	☐	Yes	☐	No
12.	**Will the project be located in a Keystone Opportunity Zone or Enterprise Development Area?**	☐	Yes	☐	No
13.	**Will the project be located in a Designated Growth Area as defined by the Municipalities Planning Code?**	☐	Yes	☐	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)	☐	Yes	☐	No
1.1	**Will this coal mining project involve coal preparation/ processing activities in which the total amount of coal prepared/processed will be equal to or greater than 200 tons/day?** (DEP Use/4x70)	☐	Yes	☐	No
1.2	**Will this coal mining project involve coal preparation/ processing activities in which the total amount of coal prepared/processed will be greater than 50,000 tons/year?** (DEP Use/4x70)	☐	Yes	☐	No
1.3	**Will this coal mining project involve coal preparation/ processing activities in which thermal coal dryers or pneumatic coal cleaners will be used?** (DEP Use/4x70)	☐	Yes	☐	No
1.4	**For this coal mining project, will sewage treatment facilities be constructed and treated waste water discharged to surface waters?** (DEP Use/4x62)	☐	Yes	☐	No
1.5	**Will this coal mining project involve the construction of a permanent impoundment meeting one or more of the following criteria: (1) a contributory drainage area exceeding 100 acres; (2) a depth of water measured by the upstream toe of the dam at maximum storage elevation exceeding 15 feet; (3) an impounding capacity at maximum storage elevation exceeding 50 acre-feet?** (DEP Use/3140)	☐	Yes	☐	No
1.6	**Will this coal mining project involve underground coal mining to be conducted within 500 feet of an oil or gas well?** (DEP Use/4z41)	☐	Yes	☐	No
2.0	**Is this a non-coal (industrial minerals) mining project?** If "Yes", respond to 2.1-2.6. If "No", skip to Question 3.0. (DEP Use/48y1)	☐	Yes	☐	No
2.1	**Will this non-coal (industrial minerals) mining project involve the crushing and screening of non-coal minerals other than sand and gravel?** (DEP Use/4x70)	☐	Yes	☐	No
2.2	**Will this non-coal (industrial minerals) mining project involve the crushing and/or screening of sand and gravel with the exception of wet sand and gravel operations (screening only) and dry sand and gravel operations with a capacity of less than 150 tons/hour of unconsolidated materials?** (DEP Use/4x70)	☐	Yes	☐	No
2.3	**Will this non-coal (industrial minerals) mining project involve the construction, operation and/or modification of a portable non-metallic (i.e., non-coal) minerals processing plant under the authority of the General Permit for Portable Non-metallic Mineral Processing Plants (i.e., BAQ-PGPA/GP-3)?** (DEP Use/4x70)	☐	Yes	☐	No
2.4	**For this non-coal (industrial minerals) mining project, will sewage treatment facilities be constructed and treated waste water discharged to surface waters?** (DEP Use/4x62)	☐	Yes	☐	No
2.5	**Will this non-coal (industrial minerals) mining project involve the construction of a permanent impoundment meeting one or more of the following criteria: (1) a contributory drainage area exceeding 100 acres; (2) a depth of water measured by the upstream toe of the dam at maximum storage elevation exceeding 15 feet; (3) an impounding capacity at maximum storage elevation exceeding 50 acre-feet?** (DEP Use/3140)	☐	Yes	☐	No

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

14.0	**Is an on-site drinking water supply (well), other than individual house wells, proposed for your project?** If "Yes", indicate total number of people served and/or the total number of connections served, if applicable. Also, check all proposed sub-facilities. (DEP Use/4x81)	☐	Yes	☐	No
	14.0.1 Number of Persons Served				
	14.0.2 Number of Employee/Guests				
	14.0.3 Number of Connections				
	14.0.4 Sub-Fac: Distribution System	☐	Yes	☐	No
	14.0.5 Sub-Fac: Water Treatment Plant	☐	Yes	☐	No
	14.0.6 Sub-Fac: Source	☐	Yes	☐	No
	14.0.7 Sub-Fac: Pump Station	☐	Yes	☐	No
	14.0.8 Sub-Fac: Entry Point	☐	Yes	☐	No
	14.0.9 Sub-Fac: Transmission Main	☐	Yes	☐	No
	14.0.10 Sub-Fac: Storage Facility	☐	Yes	☐	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)	☐	Yes	☐	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)	☐	Yes	☐	No
	16.0.1 Supplier's Name				
	16.0.2 Letter of Approval from Supplier is Attached	☐	Yes	☐	No
17.0	***Will this project involve a new or increased drinking water withdrawal from a stream or other water body?*** If "Yes", provide name of stream. (DEP Use/4x81)	☐	Yes	☐	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)	☐	Yes	☐	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)	☐	Yes	☐	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)	☐	Yes	☐	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)	☐	Yes	☐	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)	☐	Yes	☐	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	Title	Date
Christopher H. Mudrick	Site Vice President, Limerick Generating Station	6/24/08

Applicant Name:

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

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

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

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

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

Christopher M. Mudrick — 6/24/08

Signature — **Date**

(Use corporate or professional seal as appropriate.)

Taken, sworn, and subscribed before me, this 24th day of June 20 08

NOTARIAL SEAL
HELENE D. PECK
Notary Public
MOHNTON BOROUGH, BERKS COUNTY
My Commission Expires Oct 11, 2010

Notary Seal

Helene D. Peck

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

INDUSTRIAL WASTEWATER MODULE 1

Before completing this form, read the step-by-step instructions provided in Appendix 1.

APPLICANT NAME	Exelon Generation Bradshaw Reservoir

1. Line Drawing. Attach a line drawing and water balance of flow through the facility. (See instructions)

2. OUTFALLS AND ASSOCIATED WASTEWATER TREATMENT TECHNOLOGIES

   Complete Module 2 identifying the treatment processes associated with each outfall.

3. SOURCES OF WASTEWATER

   Attach a separate Module 3 for every outfall.

   Indicate the number of Module 3s attached.

4. REQUIRED AND OPTIONAL ANALYSIS

   a. Summary of Required Analysis

Outfall Number	Discharge Contains (see Instructions)						Pollutants or Pollutant Groups which must be sampled for and analyzed	Required Number of Sample Events (see instructions)
	Process Waste	NCCW	Sanitary Waste	Misc. Waste	GW Cleanup	Stormwater		
DSN001	☐	☐	☐	☒	☐	☐	Per discussion with PADEP 2003 through 4/2008 DMR data is being submitted in lieu of additional sampling.	
	☐	☐	☐	☐	☐	☐		
	☐	☐	☐	☐	☐	☐		
	☐	☐	☐	☐	☐	☐		
	☐	☐	☐	☐	☐	☐		
	☐	☐	☐	☐	☐	☐		

   b. Complete the modules for the Pollutant(s) or Pollutant Group(s) identified above. A separate module must be submitted for each process wastewater and combined (process wastewater and stormwater) outfall identified in the application. List the number of modules for each Pollutant Group submitted with this application.

_____ Module 4 - Pollutant Group 1

_____ Module 5 - Pollutant Group 2 - Metals

_____ Module 6 - Pollutant Group 3 - Volatile

_____ Module 7 - Pollutant Group 4 - Acids

_____ Module 8 - Pollutant Group 5 - Base/Neutral

Module 9 - Pollutant Group 6 - Pesticides

c. Optional Site-Specific Data

Additional modules may be attached to provide any of the optional site-specific information discussed in Appendix 2. (The modules should be used to report intake water quality, upstream background or ambient water quality, and parameter-specific coefficient of effluent variability. Space is provided at the top of the module to provide description of sampling points used.)

Optional data is attached to application. ☐ YES ☒ NO

5. PREPAREDNESS, PREVENTION, AND CONTINGENCY (PPC) PLANNING.

Does the facility have a PPC plan?

☐ YES ☒ NO

Does the facility have any other related plans, such as a Pollution Incident Prevention (PIP) Plan, Spill Prevention Control and Counter Measure (SPCC) Plan or BMP Plan?

☐ YES ☒ NO

If "YES," identify and indicate date(s) implemented.

Type of Plan	Date Implemented

DEP may require the plan(s) be submitted with this application.

6. OTHER INFORMATION (OPTIONAL): Attach additional sheets describing any additional environmental pollution control programs which may affect the discharges which are underway or which are planned. Indicate whether each program is now underway or planned, and indicate the actual or planned schedules.

☐ MARK "X" IF DESCRIPTION OF ADDITIONAL INFORMATION IS ATTACHED

Applicant Name: Exelon Generation Bradshaw Reservoir

7. INFORMATION AND ANALYSIS OF EFFLUENT QUALITY FOR OTHER POTENTIALLY TOXIC POLLUTANTS

a. Information on Chemical Additives

(Read instructions carefully and use the tabular format to present the required information)

Outfall	Chemical Substance or Compound Trade Names or Specific Ingredients	Manufacturer Name and Address	Average & Maximum Usage Rate lbs/day	Concentration			Lowest Possible Analytical Detection Level (µg/L)	Whole Product 96 Hr LC50 (mg/L) and species[1]	Whole Product 48 Hr LC50 (mg/L) and species[1]
				In-system	Effluent	Units			
N/A	N/A								

(1) If LC50 Data for whole product is not available, data for the individual active ingredients may be provided.

Applicant Name: Exelon Generation Bradshaw Reservoir

b. Specific Substances which must be identified if Known or Expected to be Present

(Read instructions carefully and use the tabular format and additional pages, where necessary, to present the required information)

Outfall	Chemical Substance or Compound	Reason for Presence in Discharge	Average Effluent Concentration (µg/L)	Analytical Detection Level (µg/L)
N/A	N/A			

c. Are any Table 2 substances identified for which a spill reporting exemption is requested? ☐ YES ☐ NO
If "YES," complete the Hazardous Substance Table.

d. Any other toxic chemicals known or expected to be present in the discharge.
Report any additional significant detections in effluent samples on the Other Toxic Chemicals sheets.

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

WASTEWATER TREATMENT TECHNOLOGIES
MODULE 2

APPLICANT NAME	Exelon Generation Bradshaw Reservoir	
Outfall Number	Treatment Unit Description (list in sequence)	Method for Handling and Disposal of Solid or Liquid Residue Resulting from Treatment (list in sequence)
DSN001	Disinfection (ozone)	N/A

Applicant Name: Exelon Generation

Outfall: DSN001

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DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION

SOURCES OF WASTEWATER
MODULE 3

Before completing this form, read the step-by-step instructions provided in Appendix 1.

APPLICANT NAME	Exelon Generation Bradshaw Reservoir
OUTFALL NUMBER	DSN001

1. Process Wastewater

a. Describe process and type of wastewater.

Not applicable

b. Production Rate.

Referring to the instructions in Appendix 1 for this question, complete a Module 15, Production Rate, for each process subject to an effluent limitation listed in 40 CFR Subchapter N (Parts 400-471). Indicate the number of completed Module 15s attached to this application.

c. Discharge Occurs. _____ hrs/day; _____ days/wk; _____ days/yr; _____ months/yr.

During which months?

Report the discharge rate as:

The maximum daily discharge rate.	_____	MGD
The monthly average discharge rate.	_____	MGD
The long-term average discharge rate.	_____	MGD

For batch discharges report:

Number of decant cycles.	_____	Cycles/day
Length of each decant cycle.	_____	MIN.
Average decant discharge rate.	_____	GPM

2. All Other Wastewater Contributing to this Outfall

a. Describe the wastewater.

Delaware River Water diverted to Bradshaw Reservoir

b. Source(s). Delaware River

c. Discharge Occurs. 24 hrs/day; 7 days/wk; 365 days/yr; 12 months/yr.

During which months?

Report the discharge rate as:

The maximum daily discharge rate.	40	MGD
The monthly average discharge rate.	38	MGD
The long-term average discharge rate.	18.76	MGD

For batch discharges report:

Number of decant cycles.	_____	Cycles/day
Length of each decant cycle.	_____	MIN.
Average decant discharge rate.	_____	GPM

3. Total Process, Miscellaneous Noncontact Cooling, and Sanitary Wastewater

a. Source(s). Delaware River

b. Discharge Occurs. 24 hrs/day; 7 days/wk; 365 days/yr; 12 months/yr.
During which months?

Report the discharge rate as:

The maximum daily discharge rate.	40	MGD
The monthly average discharge rate.	38	MGD
The long-term average discharge rate.	18.76	MGD

4. Stormwater

Complete Module 12 or Module 14 for the stormwater contribution.

Applicant Name: **Exelon Generation Bradshaw**

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

ANALYSIS RESULTS TABLE POLLUTANT GROUP 1
MODULE 4

Before completing this form, read the step-by-step instructions provided in Appendix 1.

APPLICANT NAME	Exelon Generation Bradshaw Reservoir

- ☒ **Outfall Number** 001 (Show location of sampling point on Line Drawing)
- ☐ Intake Sampling Results - Optional (Specify Source: _____)
- ☐ Background Sampling Results - Optional (Specify Location of Sample: _____)
- ☐ Treatment Facility Influent Sampling Results (Show location of sampling point on Line Drawing)
- ☐ New Discharge (Basis for Information: _____)
- ☐ Bypass or Sewer System Overflow (Describe: _____)

POLLUTANT GROUP 1	1. LEVEL PRESENT					2. UNITS		3. Coefficient of Effluent Variability (CV)
	a. Maximum Daily Value		b. Average of Analysis		c. No. of Analysis	a. Concentration	b. Mass	
	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				
Biochemical Oxygen Demand, BOD								
Chemical Oxygen Demand, COD								
Hardness ($CaCO_3$)								
Total Suspended Solids, TSS								
Total Dissolved Solids, TDS								
Ammonia as N								
Nitrate-Nitrite (as N)								
Total Kjeldahl Nitrogen (TKN)								
Phosphorus (as P), Total								
Temperature winter	Value		Value					
Temperature summer	Value		Value					
pH	Min. 6.93	Max. 8.53			128	Standard units	Standard units	

1.a. Maximum Daily Value - Report the **highest** daily value or daily average value from the last year of data. Report both mass and concentration.

1.b. Average of Analysis - The average of all values within the last year and report both the mass and concentration.

1.c. A minimum of 3 Sampling Events required for process wastewater discharges, and a minimum of 1 Sampling Event for all other discharges, treatment facility influent, intake water and background.

Applicant Name: **Exelon Generation Bradshaw**

POLLUTANT GROUP 1	Believed Absent	1. MDL Used* (µg/L)	2. EPA Method Number Used	3. Level Present					4. Units		5. Coefficient of Effluent Variability (CV)
				a. Max Daily Value		b. Average of Analysis		c. Number of Analysis			
				Concentration	Mass	Concentration	Mass		Concentration	Mass	
Color	☐				See Attach. 1-mass loading	Fecal Coliform-arithmetic avg. of geo. mean	See Attach. 1-mass loading				
Fecal Coliform	☐	1	SM9222D	600		44 (GEO MEAN)		128	Colonies/100 ml		
Fluoride	☐										
Oil and Grease	☐										
Bromide	☐										
Chlorine, Total Residual	☐										
Sulfate	☐										
Sulfide	☐										
Sulfite	☐										
Surfactants	☐										
Aluminum, Total	☐	0.02	EPA200.8	0.23	35.99	0.14	21.90	5	mg/l	lb/day	
Barium, Total	☐										
Boron, Total	☐										
Cobalt, Total	☐										
Iron, Total	☐	0.02	EPA200.7	0.48	75.1	0.24	37.55	5	mg/l	lb/day	
Iron, Dissolved	☐	0.02	EPA200.7	0.06	9.39	0.05	7.82	5	mg/l	lb/day	
Manganese, Total	☐										
Radioactivity (Total Alpha and Beta)	☐										
Total Organic Carbon, TOC	☐										
Radium, Total	☐										
Magnesium	☐										
Molybdenum	☐										
Tin, Total	☐										
Titanium, Total	☐										

3. If other data is available (i.e., DMR data, etc.), the past year of data may be used to determine 3a, 3b, 3c, and 5.

3.a. Maximum Daily Value – Report the **highest** daily value or daily average value from the last year of data. Report both mass and concentration.

3.b. Average of Analysis – Determine the average of all samples taken within the past year. Report both mass and concentration.

3.c. A minimum of 3 Sampling Events required for process wastewater discharges, and a minimum of 1 Sampling Event for all other discharges, treatment facility influent, intake water and background.

* It is in the applicant's interest to achieve the lowest level of detection possible. This will minimize uncertainty and therefore the need for additional analysis or potential for establishing a large number of effluent limits and/or monitoring requirements in the final NPDES permit.

Applicant Name: **Exelon Generation Bradshaw**

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

ANALYSIS RESULTS TABLE POLLUTANT GROUP 2
MODULE 5

Before completing this form, read the step-by-step instructions provided in Appendix 1.

APPLICANT NAME	Exelon Generation Bradshaw Reservoir

- ☒ **Outfall Number 001** (Show location of sampling point on Line Drawing)
- ☐ Intake Sampling Results - Optional (Specify Source: _____)
- ☐ Background Sampling Results - Optional (Specify Location: _____)
- ☐ Treatment Facility Influent Sampling Results (Show location of sampling point on Line Drawing)
- ☐ New Discharge (Basis for Information: _____)
- ☐ Bypass or Sewer System Overflow (Describe: _____)

POLLUTANT GROUP 2 Metals		1. MDL Used* (µg/L)	2. EPA Method Number Used	3. Level Present					4. Units		5. Coefficient of Effluent Variability (CV)
				a. Max Daily Value		b. Average of Analysis		c. Number of Analysis			
				Concentration	Mass	Concentration	Mass		Concentration	Mass	
1M	Antimony, Total										
2M	Arsenic, Total										
3M	Beryllium, Total										
4M	Cadmium, Total	0.005	EPA 200.8	NQ (0.005 mg/l)		NQ (0.005 mg/l)		5	mg/l	lb/day	
5M	Chromium III										
5M	Chromium VI	0.01	SM3500 CR-B	NQ (0.01 mg/l)		NQ (0.01 mg/l)		5	mg/l	lb/day	
6M	Copper, Total	0.005	EPA 200.8	NQ (0.005 mg/l)		NQ (0.005 mg/l)		5	mg/l	lb/day	
7M	Lead, Total	0.01	EPA 200.8	NQ (0.01 mg/l)		NQ (0.01 mg/l)		5	mg/l	lb/day	
8M	Mercury, Total	0.0002	EPA 245.1	NQ (0.0002 mg/l)		NQ (0.0002 mg/l)		5	mg/l	lb/day	
9M	Nickel, Total	0.005	EPA 200.8	NQ (0.005 mg/l)		NQ (0.005 mg/l)		5	mg/l	lb/day	
10M	Selenium, Total										
11M	Silver, Total	0.005	EPA 200.8	NQ (0.005 mg/l)		NQ (0.005 mg/l)		5	mg/l	lb/day	

3. If other data is available (i.e., DMR data, etc.), the past year of data may be used to determine 3a, 3b, 3c, and 5.

3.a. Maximum Daily Value – Report the highest daily value or daily average value from the last year of data. Report both mass and concentration.

3.b. Average of Analysis – Determine the average of all samples taken within the past year. Report both mass and concentration.

3.c. A minimum of 3 Sampling Events required for process wastewater discharges, and a minimum of 1 Sampling Event for all other discharges, treatment facility influent, intake water and background.

* It is in the applicant's interest to achieve the lowest level of detection possible. This will minimize uncertainty and therefore the need for additional analysis or potential for establishing a large number of effluent limits and/or monitoring requirements in the final NPDES permit.

Applicant Name: **Exelon Generation Bradshaw**

POLLUTANT GROUP 2 Metals		1. MDL Used* (µg/L)	2. EPA Method Number Used	3. Level Present				c. Number of Analysis	4. Units		5. Coefficient of Effluent Variability (CV)
				a. Max Daily Value		b. Average of Analysis					
				Concentration	Mass	Concentration	Mass		Concentration	Mass	
12M	Thallium, Total										
13M	Zinc, Total	0.005	EPA 200.8	0.015	2.35	0.01	1.56	5	mg/l	lb/day	
14M	Cyanide, Total										
14M	Cyanide, Free	0.005	DEP 1	0.008	1.25	0.003	0.469	5	mg/l	lb/day	
15M	Phenols, Total	0.01	EPA 420.4	0.013	2.03	0.003	0.469	5	mg/l	lb/day	

3. If other data is available (i.e., DMR data, etc.), the past year of data may be used to determine 3a, 3b, 3c, and 5.

3.a. Maximum Daily Value – Report the highest daily value or daily average value from the last year of data. Report both mass and concentration.

3.b. Average of Analysis – Determine the average of all samples taken within the past year. Report both mass and concentration.

3.c. A minimum of 3 Sampling Events required for process wastewater discharges, and a minimum of 1 Sampling Event for all other discharges, treatment facility influent, intake water and background.

It is in the applicant's interest to achieve the lowest level of detection possible. This will minimize uncertainty and therefore the need for additional analysis or potential for establishing a large number of effluent limits and/or monitoring requirements in the final NPDES permit.

Applicant Name: Exelon Generation Bradshaw

COMMONWEALTH OF PENNSYLVANIA
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ANALYSIS RESULTS TABLE POLLUTANT GROUP 3
MODULE 6

Before completing this form, read the step-by-step instructions provided in Appendix 1.

APPLICANT NAME | **Exelon Generation Bradshaw Reservoir**

- ☒ **Outfall Number Not Applicable** (Show location of sampling point on Line Drawing)
- ☐ Intake Sampling Results - Optional (Specify Source: _____)
- ☐ Background Sampling Results - Optional (Specify Location: _____)
- ☐ Treatment Facility Influent Sampling Results (Show location of sampling point on Line Drawing)
- ☐ New Discharge (Basis for Information: _____)
- ☐ Bypass or Sewer System Overflow (Describe: _____)

POLLUTANT GROUP 3 Volitales		1. MDL Used* (µg/L)	2. EPA Method Number Used	3. Level Present					4. Units		5. Coefficient of Effluent Variability (CV)
				a. Max Daily Value		b. Average of Analysis		c. Number of Analysis			
				Concentration	Mass	Concentration	Mass		Concentration	Mass	
1V	Acrolein										
2V	Acrylonitrile										
3V	Benzene										
5V	Bromoform										
6V	Carbon Tetrachloride										
7V	Chlorobenzene										
8V	Chlorodibromomethane										
9V	Chloroethane										
10V	2-Chloroethylvinyl Ether										

3. If other data is available (i.e., DMR data, etc.), the past year of data may be used to determine 3a, 3b, 3c, and 5.

3.a. Maximum Daily Value – Report the highest daily value or daily average value from the last year of data. Report both mass and concentration.

3.b. Average of Analysis – Determine the average of all samples taken within the past year. Report both mass and concentration.

3.c. A minimum of 3 Sampling Events required for process wastewater discharges, and a minimum of 1 Sampling Event for all other discharges, treatment facility influent, intake water and background.

* It is in the applicant's interest to achieve the lowest level of detection possible. This will minimize uncertainty and therefore the need for additional analysis or potential for establishing a large number of effluent limits and/or monitoring requirements in the final NPDES permit.

Applicant Name: Exelon Generation Bradshaw

POLLUTANT GROUP 3 Volitales		1. MDL Used* (µg/L)	2. EPA Method Number Used	3. Level Present					4. Units		5. Coefficient of Effluent Variability (CV)
				a. Max Daily Value		b. Average of Analysis		c. Number of Analysis			
				Concentration	Mass	Concentration	Mass		Concentration	Mass	
11V	Chloroform										
12V	Dichlorobromomethane										
14V	1,1-Dichloroethane										
15V	1,2-Dichloroethane										
16V	1,1-Dichloroethylene										
17V	1,2 Dichloropropane										
18V	1, 3-Dichloropropylene										
19V	Ethylebenzene										
20V	Methyl Bromide										
21V	Methyl Chloride										
22V	Methylene Chloride										
23V	1,1,2,2-Tetrachloroethane										
24V	Tetrachloroethylene										
25V	Toluene										
26V	1,2-Trans-dichloroethylene										
27V	1,1,1-Trichloroethane										
28V	1,1,2-Trichloroethane										
29V	Trichloroethylene										
31V	Vinyl Chloride										

3. If other data is available (i.e., DMR data, etc.), the past year of data may be used to determine 3a, 3b, 3c, and 5.

3.a. Maximum Daily Value – Report the highest daily value or daily average value from the last year of data. Report both mass and concentration.

3.b. Average of Analysis – Determine the average of all samples taken within the past year. Report both mass and concentration.

3.c. A minimum of 3 Sampling Events required for process wastewater discharges, and a minimum of 1 Sampling Event for all other discharges, treatment facility influent, intake water and background.

* It is in the applicant's interest to achieve the lowest level of detection possible. This will minimize uncertainty and therefore the need for additional analysis or potential for establishing a large number of effluent limits and/or monitoring requirements in the final NPDES permit.

Applicant Name: Exelon Generation Bradshaw

COMMONWEALTH OF PENNSYLVANIA
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BUREAU OF WATER STANDARDS AND FACILITY REGULATION

ANALYSIS RESULTS TABLE POLLUTANT GROUP 4
MODULE 7

Before completing this form, read the step-by-step instructions provided in Appendix 1.

APPLICANT NAME	Exelon Generation Bradshaw Reservoir

- ☒ **Outfall Number Not Applicable** (Show location of sampling point on Line Drawing)
- ☐ Intake Sampling Results - Optional (Specify Source: _____)
- ☐ Upstream Background Sampling Results - Optional (Specify Location: _____)
- ☐ Treatment Facility Influent Sampling Results (Show location of sampling point on Line Drawing)
- ☐ New Discharge (Basis for Information: _____)
- ☐ Bypass or Sewer System Overflow (Describe: _____)

POLLUTANT GROUP 4 Acid Compounds		1. MDL Used* (µg/L)	2. EPA Method Number Used	3. Level Present					4. Units		5. Coefficient of Effluent Variability (CV)
				a. Max Daily Value		b. Average of Analysis		c. Number of Analysis			
				Concentration	Mass	Concentration	Mass		Concentration	Mass	
1A	2-Chlorophenol										
2A	2,4-Dichlorophenol										
3A	2,4-Dimethylphenol										
4A	4,6-Dinitro-o-cresol										
5A	2,4-Dinitrophenol										
6A	2-Nitrophenol										
7A	4-Nitrophenol										
8A	P-chloro-m-cresol										
9A	Pentachlorophenol										
10A	Phenol										
11A	2,4,6-Trichlorophenol										

3. If other data is available (i.e., DMR data, etc.), the past year of data may be used to determine 3a, 3b, 3c, and 5.
3.a. Maximum Daily Value – Report the **highest** daily value or daily average value from the last year of data. Report both mass and concentration.
3.b. Average of Analysis – Determine the average of all samples taken within the past year. Report both mass and concentration.
3.c. A minimum of 3 Sampling Events required for process wastewater discharges, and a minimum of 1 Sampling Event for all other discharges, treatment facility influent, intake water and background.

* It is in the applicant's interest to achieve the lowest level of detection possible. This will minimize uncertainty and therefore the need for additional analysis or the potential for establishing a large number of effluent limits and/or monitoring requirements in the final NPDES permit.

Applicant Name: **Exelon Generation Bradshaw**

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

ANALYSIS RESULTS TABLE POLLUTANT GROUP 5
MODULE 8

Before completing this form, read the step-by-step instructions provided in Appendix 1.

APPLICANT NAME	Exelon Generation Bradshaw Reservoir

- ☒ **Outfall Number Not Applicable** (Show location of sampling point on Line Drawing)
- ☐ Water Supply Sampling Results - Optional (Specify Source: _____)
- ☐ Background Sampling Results - Optional (Specify Location: _____)
- ☐ Treatment Facility Influent Sampling Results (Show location of sampling point on Line Drawing)
- ☐ New Discharge (Basis for Information: _____)
- ☐ Bypass or Sewer System Overflow (Describe: _____)

POLLUTANT GROUP 5 Base Compounds		1. MDL Used* (µg/L)	2. EPA Method Number Used	3. Level Present					4. Units		5. Coefficient of Effluent Variability (CV)
				a. Max Daily Value		b. Annual Average of Analysis		c. Number of Analysis			
				Concentration	Mass	Concentration	Mass		Concentration	Mass	
1B	Acenaphthene										
2B	Acenaphthylene										
3B	Anthracene										
4B	Benzidine										
5B	Benzo(*a*)anthracene										
6B	Benzo(*a*)pyrene										
7B	3,4-Benzofluoranthene										
8B	Benzo(*ghi*)perylene										
9B	Benzo(*k*)fluoranthene										
10B	Bis(2-*Chloro-ethoxy*)methane										
11B	Bis(*2-Chloroethyl*)ether										
12B	Bis(*2-Chloro-isopropyl*)ether										
13B	Bis(*2-Ethylhexyl*)phthalate										
14B	4-Bromophenyl Phenyl Ether										
15B	Butylbenzyl Phthalate										
16B	2-Chloronaphthalene										
17B	4-Chlorophenyl Phenyl Ether										

3.a. Maximum Daily Value – Report the **highest** daily value or daily average value from the last year of data. Report both mass and concentration.
3.b. Average of Analysis – Determine the average of all samples taken within the past year. Report both mass and concentration.
3.c. A minimum of 3 Sampling Events required for process wastewater discharges, and a minimum of 1 Sampling Event for all other discharges, treatment facility influent, intake water and background.

* It is in the applicant's interest to achieve the lowest level of detection possible. This will minimize uncertainty and therefore the need for additional analysis or the potential for establishing a large number of effluent limits and/or monitoring requirements in the final NPDES permit.

Applicant Name: **Exelon Generation Bradshaw**

POLLUTANT GROUP 5 Base Compounds		1. MDL Used* (µg/L)	2. EPA Method Number Used	3. Level Present					4. Units		5. Coefficient of Effluent Variability (CV)
				a. Max Daily Value		b. Annual Average of Analysis		c. Number of Analysis			
				Concentration	Mass	Concentration	Mass		Concentration	Mass	
18B	Chrysene										
19B	Dibenzo(*a,h*)anthracene										
20B	1,2-Dichlorobenzene										
21B	1,3- Dichlorobenzene										
22B	1,4- Dichlorobenzene										
23B	3,3'-Dichlorobenzidine										
24B	Diethyl Phthalate										
25B	Dimethyl Phthalate										
26B	Di-n-butyl Phthalate										
27B	2,4-Dinitrotoluene										
28B	2,6-Dinitrotoluene										
29B	Di-n-octyl Phthalate										
30B	1,2-Diphenylhydrazine (as *Azobenzene*)										
31B	Fluoranthene										
32B	Fluorene										
33B	Hexachlorobenzene										
34B	Hexechlorobutadiene										
35B	Hexachlorocyclopentadiene										
36B	Hexachloroethane										
37B	Indeno(*1,2,3-cd*)pyrene										
38B	Isophorone										
39B	Naphthalene										
40B	Nitrobenzene										
41B	N-Nitrosodimethylamine										
42B	N-Nitrosodi-n-propylamine										
43B	N-Nitrosodiphenylamine										
44B	Phenanthrene										
45B	Pyrene										
46B	1,2,4-Trichlorobenzene										

3.a. Maximum Daily Value – Report the **highest** daily value or daily average value from the last year of data. Report both mass and concentration.
3.b. Average of Analysis – Determine the average of all samples taken within the past year. Report both mass and concentration.
3.c. A minimum of 3 Sampling Events required for process wastewater discharges, and a minimum of 1 Sampling Event for all other discharges, treatment facility influent, intake water and background.

* It is in the applicant's interest to achieve the lowest level of detection possible. This will minimize uncertainty and therefore the need for additional analysis or the potential for establishing a large number of effluent limits and/or monitoring requirements in the final NPDES permit.

Applicant Name: **Exelon Generation Bradshaw**

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ANALYSIS RESULTS TABLE POLLUTANT GROUP 6
MODULE 9

Before completing this form, read the step-by-step instructions provided in Appendix 1.

APPLICANT NAME	Exelon Generation Bradshaw Reservoir

- ☒ **Outfall Number Not Applicable** (Show location of sampling point on Line Drawing)
- ☐ Intake Sampling Results - Optional (Specify Source: _____)
- ☐ Upstream Background Sampling Results - Optional (Specify Location: _____)
- ☐ Treatment Facility Influent Sampling Results (Show location of sampling point on Line Drawing)
- ☐ New Discharge (Basis for Information: _____)
- ☐ Bypass or Sewer System Overflow (Describe: _____)

POLLUTANT GROUP 6 Pesticides		1. MDL Used* (µg/L)	2. EPA Method Number Used	3. Level Present					4. Units		5. Coefficient of Effluent Variability (CV)
				a. Max Daily Value		b. Average of Analysis		c. Number of Analysis			
				Concentration	Mass	Concentration	Mass		Concentration	Mass	
1P	Aldrin										
2P	Alpha-BHC										
3P	Beta-BHC										
4P	Gamma-BHC										
5P	Delta-BHC										
6P	Chlordane										
7P	4,4'-DDT										
8P	4,4'-DDE										
9P	4,4'-DDD										
10P	Dieldrin										
11P	Alpha-endosulfan										

3. If other data is available (i.e., DMR data, etc.), the past year of data may be used to determine 3a, 3b, 3c, and 5.
3.a. Maximum Daily Value – Report the **highest** daily value or daily average value from the last year of data. Report both mass and concentration.
3.b. Average of Analysis – Determine the average of all samples taken within the past year. Report both mass and concentration.
3.c. A minimum of 3 Sampling Events required for process wastewater discharges, and a minimum of 1 Sampling Event for all other discharges, treatment facility influent, intake water and background.

* It is in the applicant's interest to achieve the lowest level of detection possible. This will minimize uncertainty and therefore the need for additional analysis or the potential for establishing a large number of effluent limits and/or monitoring requirements in the final NPDES permit.

Applicant Name: **Exelon Generation Bradshaw**

POLLUTANT GROUP 6	Pesticides	1. MDL Used* (µg/L)	2. EPA Method Number Used	3. Level Present					4. Units		5. Coefficient of Effluent Variability (CV)
				a. Max Daily Value		b. Average of Analysis		c. Number of Analysis			
				Concentration	Mass	Concentration	Mass		Concentration	Mass	
12P	Beta-endosulfan										
13P	Endosulfan Sulfate										
14P	Endrin										
15P	Endrin Aldehyde										
16P	Heptachlor										
17P	Heptachlor Epoxide										
18P	PCB-1242										
19P	PCB-1254										
20P	PCB-1221										
21P	PCB-1232										
22P	PCB-1248										
23P	PCB-1260										
24P	PCB-1016										
25P	Toxaphene										
26P	DIOXIN: 2,3,7, 8-Tetrachlorodibenzo-P-Dioxin (TCDD)			Describe Results:							

3. If other data is available (i.e., DMR data, etc.), the past year of data may be used to determine 3a, 3b, 3c, and 5.

3.a. Maximum Daily Value – Report the highest daily value or daily average value from the last year of data. Report both mass and concentration.

3.b. Average of Analysis – Determine the average of all samples taken within the past year. Report both mass and concentration.

3.c. A minimum of 3 Sampling Events required for process wastewater discharges, and a minimum of 1 Sampling Event for all other discharges, treatment facility influent, intake water and background.

* It is in the applicant's interest to achieve the lowest level of detection possible. This will minimize uncertainty and therefore the need for additional analysis or potential for establishing a large number of effluent limits and/or monitoring requirements in the final NPDES permit.

Applicant Name: **Exelon Generation Bradshaw**

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
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HAZARDOUS SUBSTANCE TABLE
MODULE 10

Before completing this form, read the step-by-step instructions provided in Appendix 1.

APPLICANT NAME	**Exelon Generation Bradshaw Reservoir**

1. Name of Table 3 Substance	2. Outfall	3. Amount Per Outfall			4. Origin and Source	5. Treatment Provided		
		Quantity lb/24 hrs	Frequency	Duration		a	b	c
Not Applicable						☐	☐	☐
						☐	☐	☐
						☐	☐	☐
						☐	☐	☐
						☐	☐	☐
						☐	☐	☐
						☐	☐	☐
						☐	☐	☐
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						☐	☐	☐
						☐	☐	☐
						☐	☐	☐
						☐	☐	☐
						☐	☐	☐
						☐	☐	☐
						☐	☐	☐
						☐	☐	☐

Applicant Name: Exelon Generation Bradshaw Reservoir

Outfall:

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OTHER TOXIC CHEMICALS
MODULE 11

Before completing this form, read the step-by-step instructions provided in Appendix 1.

Applicant Name	Exelon Generation Bradshaw Reservoir
Outfall Number	

1. GC/MS "Five Peaks" pollutants (see Appendix 1)

Group Number (3 - 6)	Chemical Substance or Compound Name	MDL (µg/L)	Average Effluent Concentration (µg/L)	Maximum Effluent Concentration (µg/L)	No. Samples Positive / No. analyzed
N/A					/
					/
					/
					/
					/

2. Other Chemicals

Substance	Reason for Presence in Discharge	Average Concentration (µg/L)	Indicate if Presence is Known (K) or Suspected (S)

☐ If additional peaks were not available for one or more groups with the method used check here and attach an explanation of why the method was selected.

Provide additional sheets as necessary.

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STORMWATER MODULE 12

Before completing this form, read the step-by-step instructions provided in Appendix 1.

APPLICANT NAME	Exelon Generation Bradshaw Reservoir

1. Site Plan and Stormwater Runoff. Attach a copy of your facility's site plan. (See instructions)

   DEP strongly recommends the separation of stormwater and other wastewaters.

2. Description of Potential Pollutant Sources and Controls

   a. For each stormwater outfall, provide an estimate of the area (include units) drained to the outfall, and a list of potential pollutant(s) and sources for the outfall.

Outfall Number	Total Area Drained (provide units)	Potential Pollutant(s) and Sources
Not Applicable		

   b. Describe Best Management Practices and nonstructural controls used to prevent potential pollutants in stormwater.

   c. For each stormwater outfall, provide the location and description of existing structural control measures to reduce pollutants in stormwater runoff; and a description of the treatment the stormwater receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Control Measures

3. Non-stormwater Discharges

   a. All non-stormwater discharges from these outfall(s) are identified in the Industrial Wastewater section of this application for the outfall.

   ☐ YES ☐ NO

   b. Provide a description of the method used, the date of any testing, and the on-site drainage points that were directly observed during a test.

4. Significant Leaks or Spills

   Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last 3 years, including the approximate date and location of the spill or leak, and the type and amount of material released.

5. PREPAREDNESS, PREVENTION, AND CONTINGENCY (PPC) PLANNING.

Does the facility have a PPC plan? ☐ YES ☐ NO

Does the facility have any other related plans, such as a Pollution Incident Prevention (PIP) Plan, Spill Prevention Control and Counter Measure (SPCC) Plan or Stormwater BMP Plan? ☐ YES ☐ NO

If "YES," identify and indicate date(s) implemented.

Type of Plan	Date Implemented

DEP may require the plan(s) be submitted with this application.

6. Additional Stormwater Information Submission

a. Could all sampling be performed as required? ☐ YES ☐ NO (Explain below)

b. Complete a Stormwater Sampling Data Table (Module 13) for each outfall containing stormwater. Indicate the total number of tables submitted.

Outfall: N/A

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STORMWATER SAMPLING DATA TABLE
MODULE 13

Before completing this form, read the step-by-step instructions provided in Appendix 1.

APPLICANT NAME	**Exelon Generation Bradshaw Reservoir**		
OUTFALL NUMBER	N/A	**REPRESENTATIVE OUTFALL NUMBER(S)**	

1. Provide the results of at least one analysis for every pollutant in this table. See Appendix 1.

Pollutant	CAS Number (if available)	Maximum Values (include units) Grab Sample Taken During First 30 Minutes	Average Values (include units) Grab Sample Taken During First 30 Minutes	Number of Storm Events Sampled	Sources of Pollutants
Oil and Grease					
Biological Oxygen Demand (BODS)					
Chemical Oxygen Demand (COD)					
Total Suspended Solids (TSS)					
Total Kjeldahl Nitrogen					
Nitrate plus Nitrite Nitrogen					
Total Phosphorus					
pH (min./Max.)					

2. List each pollutant that is limited by an ELG which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). See the instructions for additional details and requirements.

Pollutant	CAS Number (if available)	Maximum Values (include units) Grab Sample Taken During First 30 Minutes	Average Values (include units) Grab Sample Taken During First 30 Minutes	Number of Storm Events Sampled	Sources of Pollutants

3. List each pollutant shown in Table 3 and Pollutant Groups 1-6 that is known or believed to be present. (See Appendix 1.)

Pollutant	CAS Number (if available)	Maximum Values (include units) Grab Sample Taken During First 30 Minutes	Average Values (include units) Grab Sample Taken During First 30 Minutes	Number of Storm Events Sampled	Sources of Pollutants

4. Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable event	5. Maximum flow rate during rain event (gallons per minute or specify units)	6. Total flow from rain event (gallons or specify units	7. Season Sample Was taken	8. Form of Precipitation (rainfall, snowmelt)

5. Provide a description of the method of flow measurement or estimate.

Applicant Name: Exelon Generation Bradshaw Reservoir

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NO EXPOSURE CERTIFICATION FOR DISCHARGES OF STORMWATER ASSOCIATED WITH INDUSTRIAL ACTIVITIES MODULE 14

Before completing this form, read the step-by-step instructions provided in Appendix 1.

APPLICANT NAME	Exelon Generation Bradshaw Reservoir

FACILITY INFORMATION

Total size of facility associated with industrial activity. Not Applicable Acres

Has any paving or roofing over a formerly exposed, pervious area been completed in order to qualify for the no exposure exclusion? ☐ YES ☐ NO

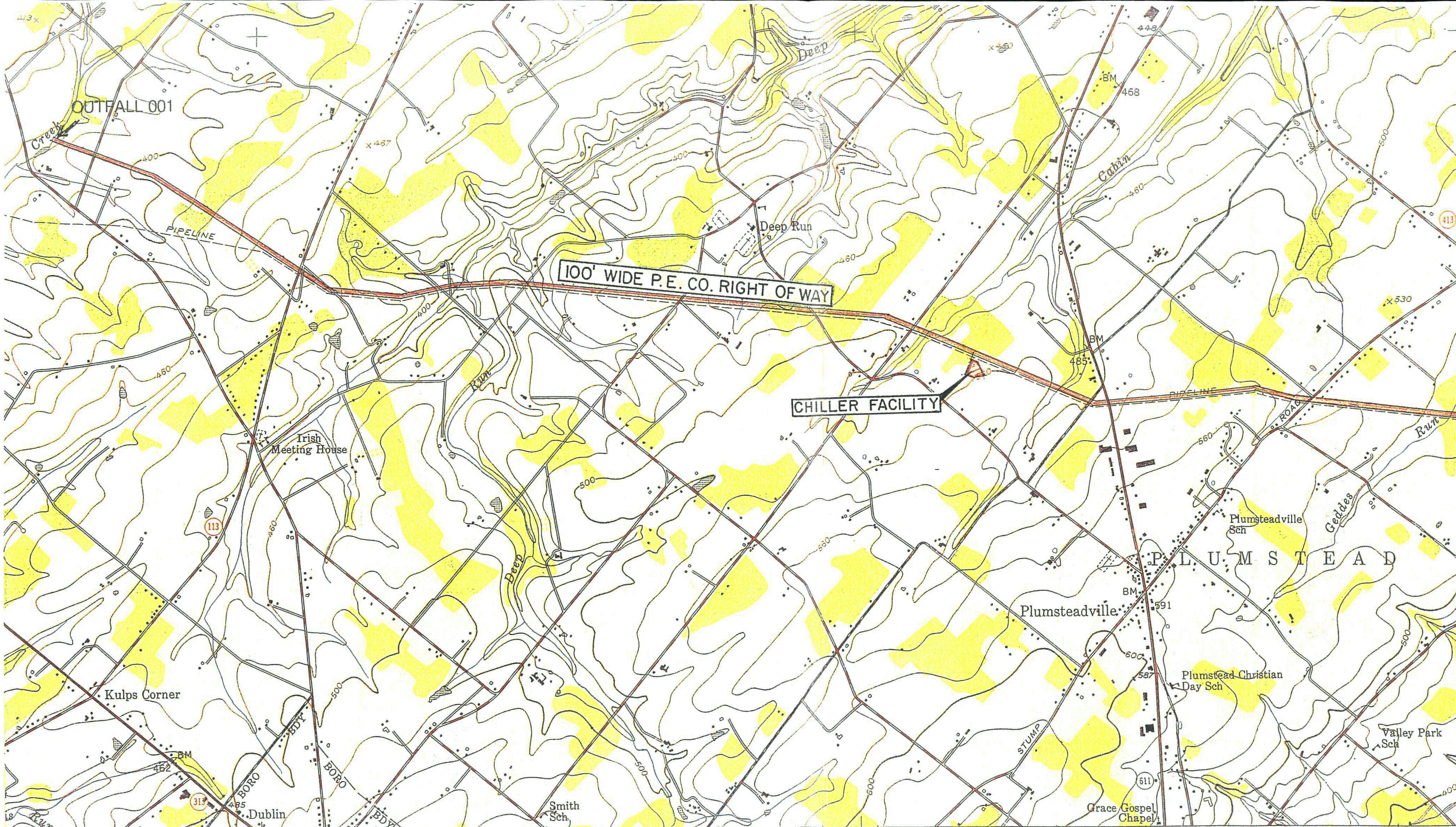
If "YES," indicate approximately how much area was paved or roofed over. Completing this question does not disqualify the site from the no exposure exclusion. However, DEP may use this information in considering whether stormwater discharges from the site are likely to have an adverse impact on water quality.

Area Covered (Acres) _____

EXPOSURE CHECKLIST

Are any of the following materials or activities exposed to precipitation, now or in the foreseeable future? If "YES" to any of these questions, the facility is not eligible for the no exposure exclusion.

1.	Using, storing or cleaning industrial machinery or equipment, and areas where residuals from using, storing or cleaning industrial machinery or equipment remain and are exposed to stormwater.	☐ YES	☐ NO
2.	Materials or residuals on the ground or in stormwater inlets from spills/leaks.	☐ YES	☐ NO
3.	Materials or products from past industrial activity.	☐ YES	☐ NO
4.	Material handling equipment (except adequately maintained vehicles).	☐ YES	☐ NO
5.	Materials or products during loading/unloading or transporting activities.	☐ YES	☐ NO
6.	Materials or products stored outdoors (except final products intended for outside use (e.g., new cars) where exposure to stormwater does not result in the discharge or pollutants).	☐ YES	☐ NO
7.	Materials contained in open, deteriorated or leaking storage drums, barrels, tanks, and similar containers.	☐ YES	☐ NO
8.	Materials or products handled/stored on roads or railways owned or maintained by the discharger.	☐ YES	☐ NO
9.	Waste material (except waste in covered, non-leaking containers (e.g., dumpsters)).	☐ YES	☐ NO
10.	Application or disposal of process wastewater (unless otherwise permitted).	☐ YES	☐ NO
11.	Particulate matter or visible deposits of residuals from roof stacks and/or vents not otherwise regulated (i.e., under an air quality control permit) and evident in the stormwater outflow.	☐ YES	☐ NO



40°22'30" 75°07'30"

12'30" 6.3 MI. TO U.S. 202

(DOYLESTOWN) 5964 I SW

DOYLESTOWN 4.6 MI. HORSHAM 14 MI.

INTERIOR—GEOLOGICAL SURVEY, RESTON, VIRGINIA—1974

(BUCKINGHAM) 5964 I SE

SCALE 1:24000

1 ½ 0 1 MILE

1000 0 1000 2000 3000 4000 5000 6000 7000 FEET

1 .5 0 1 KILOMETER

CONTOUR INTERVAL 20 FEET
NATIONAL GEODETIC VERTICAL DATUM OF 1929

MN GN
10° 178 MILS
0°07' 2 MILS

UTM GRID AND 1973 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

ROAD CLASSIFICATION

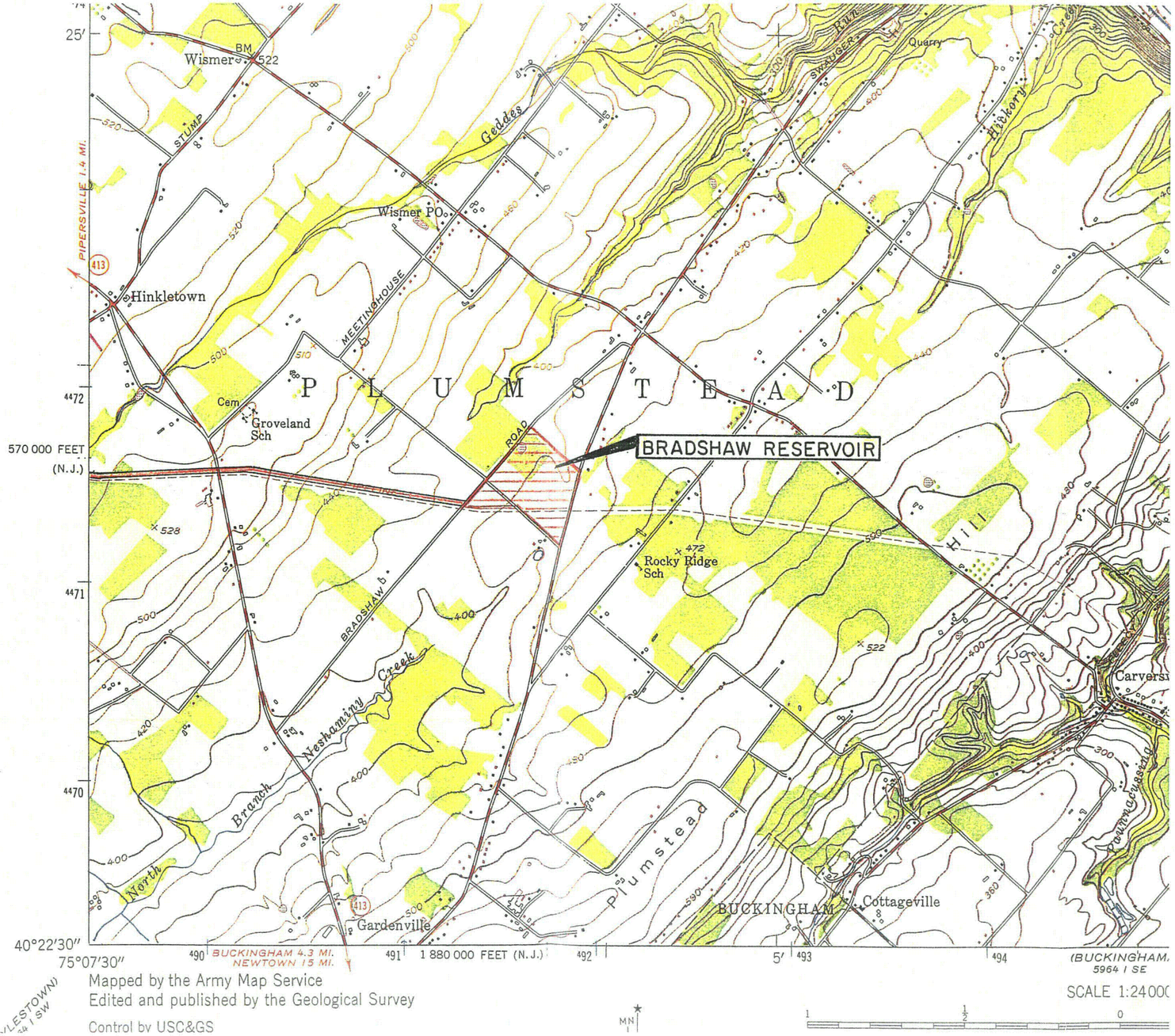
Heavy-duty .... Light-duty
Medium-duty .... Unimproved dirt
U. S. Route State Route

PENNSYLVANIA
QUADRANGLE LOCATION

BEDMINSTER, PA.
N4022.5—W7507.5/7.5
1957
PHOTOREVISED 1968 AND 1973
AMS 5964 I NW—SERIES V831

FOR SALE BY U. S. GEOLOGICAL SURVEY, RESTON, VIRGINIA 22092
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

Revisions shown in purple compiled by the Geological Survey in cooperation with State of Pennsylvania agencies from aerial photographs taken 1968 and 1973. This information not field checked



Mapped by the Army Map Service
Edited and published by the Geological Survey

Control by USC&GS

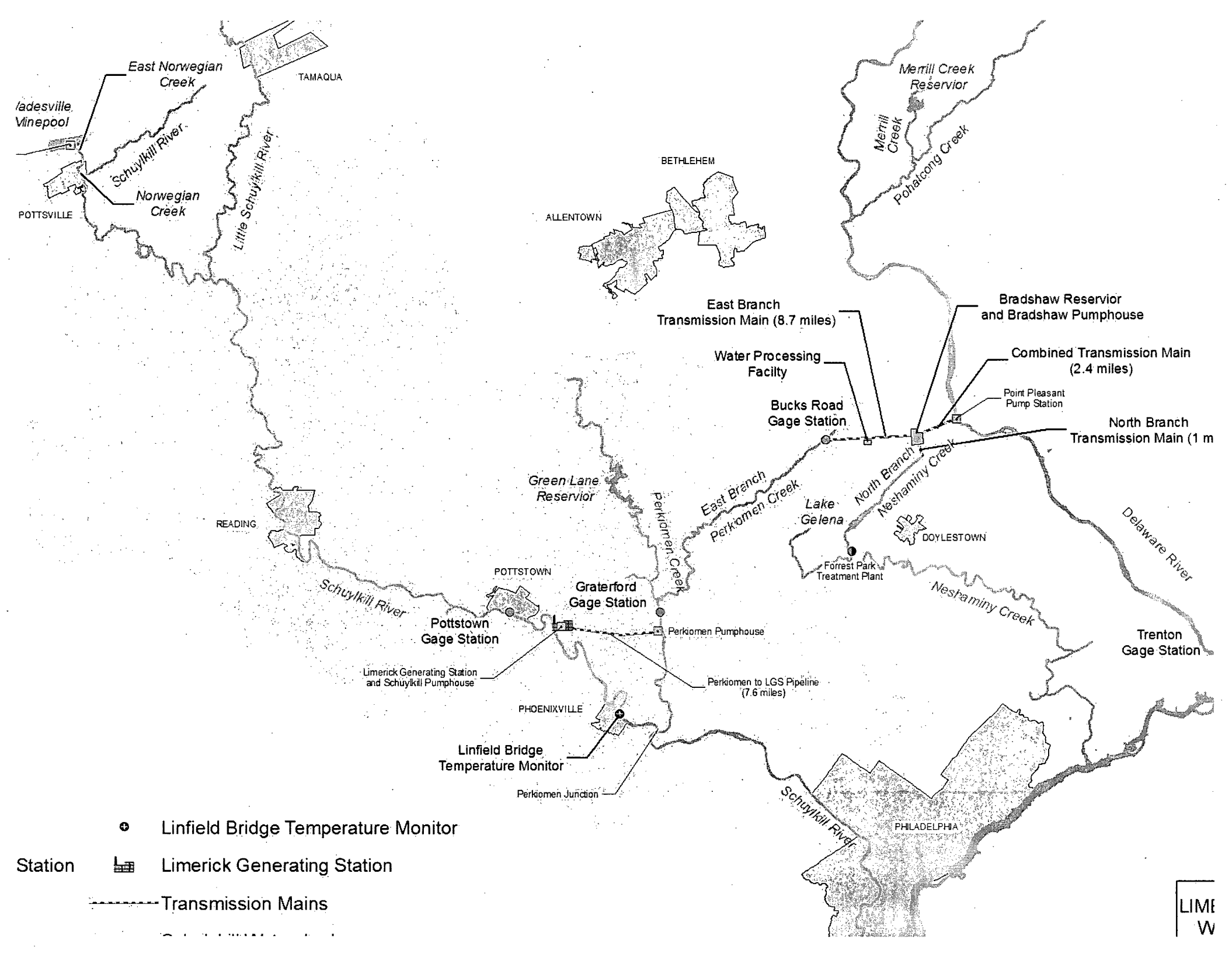
LUMBERVILLE, PA.—N. J.

N4022.5—W7500/7.5

1955

PHOTOREVISED 1968 AND 1973

AMS 5964 I NE—SERIES V831


East Norwegian Creek
TAMAQUA
Schuylkill River
Little Schuylkill River
Norwegian Creek
POTTSVILLE
BETHLEHEM
ALLENTOWN
Merrill Creek Reservior
Merrill Creek
Pohatcong Creek
East Branch Transmission Main (8.7 miles)
Bradshaw Reservior and Bradshaw Pumphouse
Water Processing Facilty
Combined Transmission Main (2.4 miles)
Point Pleasant Pump Station
Bucks Road Gage Station
North Branch Transmission Main (1 m
Green Lane Reservior
Perkiomen Creek
East Branch Perkiomen Creek
North Branch Neshaminy Creek
Lake Gelena
DOYLESTOWN
Delaware River
READING
Forrest Park Treatment Plant
POTTSTOWN
Graterford Gage Station
Schuylkill River
Neshaminy Creek
Pottstown Gage Station
Perkiomen Pumphouse
Trenton Gage Station
Limerick Generating Station and Schuylkill Pumphouse
Perkiomen to LGS Pipeline (7.6 miles)
PHOENIXVILLE
Linfield Bridge Temperature Monitor
Perkiomen Junction
Schuylkill River
PHILADELPHIA
Linfield Bridge Temperature Monitor
Station
Limerick Generating Station
Transmission Mains

Attachment 1

Date	Hexachrome	copper (total)	Cyanide (free)	Lead (total)	Silver (total)	Iron (total)	Mercury (total)
2003	<0.01	<0.005	0.008	<0.05	<0.005	0.3	<0.0002
2004	<0.01	<0.005	0.006	<0.01	<0.005	0.48	<0.0002
2005	<0.01	<0.01	<0.005	<0.01	<0.005	0.07	<0.0002
2006	<0.01	<0.005	<0.005	<0.01	<0.005	0.25	<0.0002
2007	<0.01	<0.005	<0.005	<0.01	<0.005	0.08	<0.0002
Average	NQ (0.01 mg/L)	NQ (0.005 mg/L)	0.003 mg/L	NQ (0.01 mg/L)	NQ (0.005 mg/L)	0.24	NQ (0.0002 mg/L)
Maximum			0.008 mg/L			0.48	
* Average Mass Loading			0.469 lb/day			37.55 lb/day	
*Maximum Mass Loading			1.25 lb/day			75.10 lb/day	

Date	Phenolics (total)	Zinc (total)	Iron (dissolved)	Aluminum (total)	cadmium (total)	nickel (total)
2003	<0.01	0.015	0.06	0.23	<0.005	<0.005
2004	<0.01	0.01	0.06	0.23	<0.005	<0.005
2005	<0.01	0.008	0.03	0.04	<0.005	<0.005
2006	<0.01	0.008	0.06	0.15	<0.005	<0.005
2007	0.013	0.011	0.02	0.06	<0.005	<0.005
Average	0.003 mg/L	0.01	0.05	0.14	NQ (0.005 mg/L)	NQ (0.005 mg/L)
Maximum	0.013 mg/L	0.015	0.06	0.23		
*Average Mass Loading	0.469 lb/day	1.56 lb/day	7.82 lb/day	21.90 lb/day		
*Maximum Mass Loading	2.03 lb/day	2.35 lb/day	9.39 lb/day	35.99 lb/day		

* Average flow rate for mass discharge calculations = 18.76 MGD

Date	Average Flow	Maximum Flow	pH	Dissolved Oxygen	Fecal coliform
Jan-03	6.95	7.90			
Feb-03	9.65				
Mar-03	6.19	30.60			
Apr-03	8.29	36.60			
May-03	35.72	39.40	7.52	11.8	0
			7.51	12.5	2
			7.58	12.9	0
			7.51	14.9	0
			7.61	12.2	0
Jun-03	18.87	37.00	7.21	10.7	100
			7.23	11.8	32
			7.03	13.0	46
			6.99	12.2	180
			6.96	12.6	160
Jul-03	37.61	40.40	7.87	13.2	0
			7.66	13.0	11
			7.56	12.2	9
			7.46	11.9	2
			7.65	11.3	90
			7.51	12.6	13
Aug-03	22.34	33.10	7.65	8.9	340
			7.84	9.7	230
			7.47	11.4	19
			7.46	10.6	50
			7.39	9.3	16
Sep-03	19.20	22.70	7.31	10.6	45
			7.79	9.9	27
			7.81	10.1	14
			7.26	9.6	240
			7.52	9.6	80
Oct-03	15.31	19.80			
Nov-03	6.74	7.10			
Dec-03	6.71	7.10			
Maximum	37.61	40.40	7.87	14.9	340
*Average	16.13	23.48		11.5	66
Minimum	6.19	7.10	6.96	8.9	0

* For Fecal coliform, the average value is the arithmetic average of the geometric mean

Date	Average Flow	Maximum Flow	pH	Dissolved Oxygen	Fecal coliform
Jan-03	6.95	7.90			
Feb-03	9.65				
Mar-03	6.19	30.60			
Apr-03	8.29	36.60			
May-03	35.72	39.40	7.52	11.8	0
			7.51	12.5	2
			7.58	12.9	0
			7.51	14.9	0
			7.61	12.2	0
Jun-03	18.87	37.00	7.21	10.7	100
			7.23	11.8	32
			7.03	13.0	46
			6.99	12.2	180
			6.96	12.6	160
Jul-03	37.61	40.40	7.87	13.2	0
			7.66	13.0	11
			7.56	12.2	9
			7.46	11.9	2
			7.65	11.3	90
			7.51	12.6	13
Aug-03	22.34	33.10	7.65	8.9	340
			7.84	9.7	230
			7.47	11.4	19
			7.46	10.6	50
			7.39	9.3	16
Sep-03	19.20	22.70	7.31	10.6	45
			7.79	9.9	27
			7.81	10.1	14
			7.26	9.6	240
			7.52	9.6	80
Oct-03	15.31	19.80			
Nov-03	6.74	7.10			
Dec-03	6.71	7.10			
Maximum	37.61	40.40	7.87	14.9	340
*Average	16.13	23.48		11.5	66
Minimum	6.19	7.10	6.96	8.9	0

* For Fecal coliform, the average value is the arithmetic average of the geometric mean

Date	Average Flow	Maximum Flow	pH	Dissolved Oxygen	Fecal coliform
Jan-04	6.95	7.90			
Feb-04	6.61	7.90			
Mar-04	6.80	6.80			
Apr-04	9.68	21.30			
May-04	18.45	18.80	7.55	10.7	7
			7.53	10.4	13
			7.70	10.2	40
			7.57	9.2	28
			7.86	9.5	28
Jun-04	18.45	18.80	7.33	11.0	10
			7.87	10.7	12
			7.85	9.8	2
			7.52	9.3	6
			7.94	9.9	8
Jul-04	20.39	22.60	7.89	8.6	0
			7.65	9.4	90
			7.91	9.5	6
			7.82	9.4	4
			7.86	9.6	4
Aug-04	22.35	22.70	7.99	8.7	9
			8.34	9.9	0
			7.94	9.3	0
			7.31	9.7	90
			7.89	10.3	450
Sep-04	15.28	23.00	7.67	11.0	70
			7.75	9.9	14
			7.47	9.6	38
			7.42	9.0	54
			7.37	9.0	12
Oct-04	14.25	20.00			
Nov-04	7.09	7.60			
Dec-04	6.76	7.00			
Maximum	22.35	23.00	8.34	11.0	450
*Average	12.76	15.37		9.7	40
Minimum	6.61	6.80	7.31	8.6	0

* For Fecal coliform, the average value is the arithmetic average of the geometric mean

Date	Average Flow	Maximum Flow	pH	Dissolved Oxygen	Fecal coliform
Jan-05	6.92	7.90			
Feb-05	6.69	6.80			
Mar-05	6.67	6.80			
Apr-05	6.5	7.00			
May-05	8.5	20.60	7.41	13.9	6
			7.51	12.7	4
			8.05	12.6	2
			7.71	12.8	2
			7.69	12.1	22
Jun-05	6.87	6.90	7.87	11.4	6
			7.69	11.2	18
			7.86	10.6	6
			7.76	10.3	8
			7.64	9.3	4
Jul-05	6.96	7.70	7.31	9.1	10
			6.98	9.0	12
			7.14	8.2	18
			7.66	8.8	58
			6.93	9.3	2
Aug-05	11.6	23.30	7.79	8.5	4
			8.25	8.3	6
			7.84	9.3	12
			7.70	8.1	14
			8.23	8.3	46
Sep-05	23.07	23.30	7.58	10.9	16
			7.76	9.1	20
			7.68	8.8	16
			7.67	9.9	20
			7.60	10.0	26
Oct-05	9.74	23.30			
Nov-05	10.41	22.60			
Dec-05	6.56	6.80			
Maximum	23.07	23.30	8.25	13.9	58
*Average	9.21	13.58		10.1	14
Minimum	6.50	6.80	6.93	8.1	2

* For Fecal coliform, the average value is the arithmetic average of the geometric mean

Date	Average Flow	Maximum Flow	pH	Dissolved Oxygen	Fecal coliform
Jan-06	6.22	6.70			
Feb-06	6.63	6.70			
Mar-06	9.27	23.30			
Apr-06	6.88	14.00			
May-06	13.20	23.30	7.65	11.1	6
			7.94	9.3	2
			7.47	10.3	12
			7.85	11.3	10
			7.70	10.6	2
Jun-06	5.87	6.90	7.75	9.0	7
			7.95	10.6	15
			7.62	10.0	7
			7.65	10.5	10
			7.80	9.4	3
Jul-06	7.17	13.40	7.74	9.6	470
			7.91	9.4	88
			8.04	8.4	23
			8.04	8.9	7
			7.87	8.6	48
Aug-06	7.98	22.60	8.23	8.1	12
			8.02	8.3	15
			8.19	8.1	8
			8.06	9.0	22
			8.08	8.5	3
Sep-06	6.69	6.80	8.07	9.6	34
			7.83	9.8	49
			7.73	9.8	28
			7.87	9.9	32
			7.84	10.0	40
Oct-06	6.67	7.90			
Nov-06	6.57	7.10			
Dec-06	6.72	7.40			
Maximum	13.20	23.30	8.23	11.3	470
*Average	7.49	12.18		9.5	38
Minimum	5.87	6.70	7.47	8.1	2

* For Fecal coliform, the average value is the arithmetic average of the geometric mean

Date	Average Flow	Maximum Flow	pH	Dissolved Oxygen	Fecal coliform
Jan-07	6.67	7.10			
Feb-07	7.41	20.80			
Mar-07	6.39	6.80			
Apr-07	6.40	8.10			
May-07	6.57	22.60	8.53	12.5	0
			8.39	12.0	2
			8.37	10.5	2
			7.74	11.7	0
			7.77	9.7	5
Jun-07	6.79	9.00	7.44	8.9	40
			7.83	9.4	40
			7.89	8.9	8
			8.24	8.3	37
			8.06	9.6	13
Jul-07	12.77	22.60	7.90	9.1	2
			7.90	9.1	2
			8.31	8.7	7
			8.06	9.1	3
			7.81	10.1	7
Aug-07	20.75	21.20	8.03	8.4	10
			7.98	9.8	600
			7.96	8.6	8
			7.99	9.7	600
			7.92	10.7	76
			7.96	9.0	40
			8.05	9.1	23
Sep-07	20.80	21.20	8.13	8.4	23
			7.93	9.6	10
			7.83	9.2	5
			7.92	8.8	5
			7.91	9.8	0
Oct-07	19.35	38.00			
Nov-07	6.76	7.70			
Dec-07	6.77	8.00			
Maximum	20.80	38.00	8.53	12.5	600
*Average	10.62	16.09		9.6	58
Minimum	6.39	6.80	7.44	8.3	0

* For Fecal coliform, the average value is the arithmetic average of the geometric mean

Date	Average Flow	Maximum Flow
Jan-08	6.82	7.00
Feb-08	6.22	6.80
Mar-08	6.11	7.20
Apr-08	7.25	10.40
Maximum	7.25	10.40
Average	6.60	7.85
Minimum	6.11	6.80

Limerick Generating Station
3146 Sanatoga Road
Pottstown, PA 19464

www.exeloncorp.com

Exelon Nuclear

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,

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

Limerick Generating Station
3146 Sanatoga Road
Pottstown, PA 19464

www.exeloncorp.com

Exelon Nuclear

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.

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

Sincerely,

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

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Cooney, C.M. SSB2-1
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Wyler, C.B. SSB4-5
Alejnikov, R.P. SSB2-1
USNRC Correspondence Control Desk

Limerick Generating Station
3146 Sanatoga Road
Pottstown, PA 19464

www.exeloncorp.com

Exelon Nuclear

June 20, 2008

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.

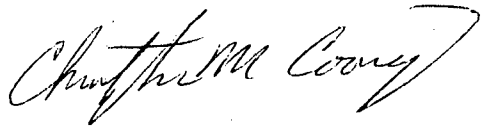
Acts 67 and 68, which amended the Municipalities Planning Code to support sound land use practices and planning efforts, direct state agencies to consider comprehensive plans and zoning ordinances when reviewing applications for permitting of facilities or infrastructure, and specify that state agencies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

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

Sincerely,



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

Bcc: Ryan, H.A.
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Mitten, S.A. SSB2-1
Wyler, C.B. SSB4-5
Alejnikov, R.P. SSB2-1
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Sent To: Mr. Eric P. Schaffhausen, Chairman
Street, Apt. No.; or PO Box No.: Board of Supervisors
City, State, ZIP+4: Bedminster Township
Bedminster Municipal Township Building
P.O. Box 92
3112 Bedminster Road

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DOYLESTOWN PA 18901

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06/24/2008

Sent To: Mr. James F. Cawley, Esq., Chairman
Street, Apt. No.; or PO Box No.: Bucks County Board of Commissioners
City, State, ZIP+4: Bucks County Courthouse
Doylestown, PA 18901

PS Form

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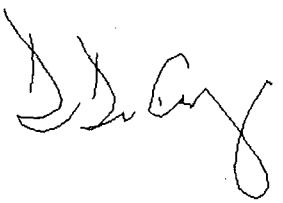
UNITED STATES POSTAL SERVICE.

Date: 06/29/2008

Robert Alejnikov:

The following is in response to your 06/28/2008 request for delivery information on your Certified item number 7007 3020 0001 6084 1939. The delivery record shows that this item was delivered on 06/27/2008 at 11:18 AM in PLUMSTEADVILLE, PA 18949. The scanned image of the recipient information is provided below.

Signature of Recipient: 

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Sincerely,

United States Postal Service

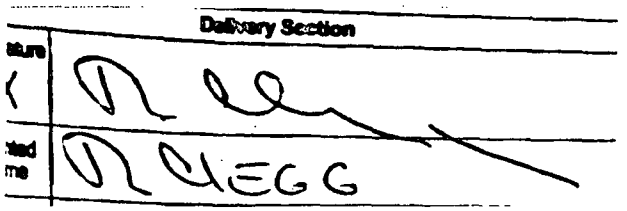
UNITED STATES POSTAL SERVICE

Date: 06/25/2008

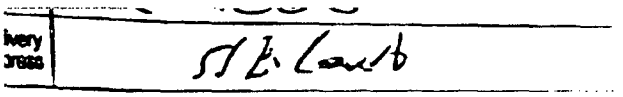
Robert Alejnikov:

The following is in response to your 06/25/2008 request for delivery information on your Certified item number 7006 3450 0000 7320 6359. The delivery record shows that this item was delivered on 06/25/2008 at 07:13 AM in DOYLESTOWN, PA 18901 to R CLEGG. The scanned image of the recipient information is provided below.

Signature of Recipient:



Address of Recipient:



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Sincerely,

United States Postal Service

UNITED STATES POSTAL SERVICE.

Date: 06/26/2008

Robert Alejnikov:

The following is in response to your 06/26/2008 request for delivery information on your Certified item number 7006 3450 0000 7320 6335. The delivery record shows that this item was delivered on 06/25/2008 at 10:22 AM in BEDMINSTER, PA 18910. The scanned image of the recipient information is provided below.

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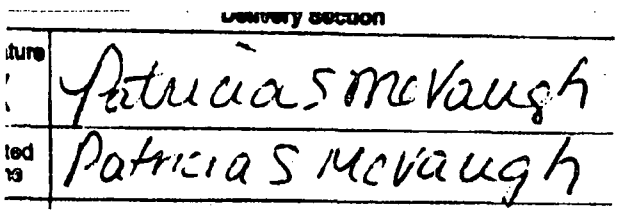

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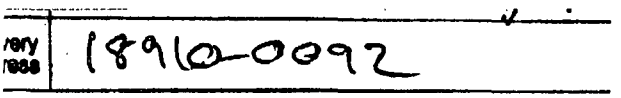


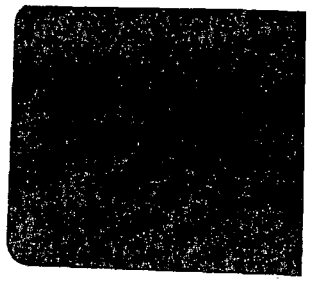
Thank you for selecting the Postal Service for your mailing needs. If you require additional assistance, please contact your local Post Office or postal representative.

Sincerely,

United States Postal Service

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

Exelon Nuclear



U.S. Nuclear Regulatory Commission
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