

NPDES Permit No. PA 0051926

August 25, 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

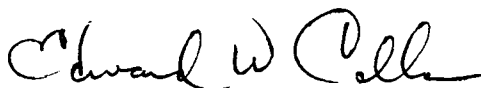
Subject: Limerick Station Discharge Monitoring Report (DMR)-July 2008

Attached please find the July 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 - Limerick Generating Station
Exelon Generation Company, LLC

Attachment: Discharge Monitoring Report (DMR)-July 2008

cc: EPA, Region III, 3WP50
DRBC
USNRC Document Control Desk

w/ attachment
w/ attachment
w/attachment

JEAS
NR


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	07	01		08	07	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	8.74	10.02		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	88				
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	INST. MAX 110	°F		1/WEEK	I-S
TOTAL RESIDUAL OXIDANTS	Sample Measurement	XXXX	XXXX		XXXX	XXXX	0.1				
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	0.2	MG/L		1/WEEK	GRAB
pH	Sample Measurement	XXXX	XXXX		8.2	XXXX	8.6				
	Permit Requirement	XXXX	XXXX	XXXX	6.0	XXXX	INST. MAX 9.0	STD UNITS		1/WEEK	GRAB
SPECTRUS CT1300	Sample Measurement	XXXX	XXXX		XXXX	<0.05	<0.05				
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	0.2	0.4	MG/L		1/WEEK	GRAB
TEMPERATURE (RIVER INTAKE)	Sample Measurement	XXXX	XXXX		XXXX	79	82				
	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 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 <i>EW</i>  SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE 610 718-2000 AREA CODE NUMBER	DATE 08 08 25 YEAR MO DAY	

EXPLANATION OF VIOLATIONS

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

For the MONTH July 2008

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	9.46					<0.05		
2	8.98	NR	83.1	0.12	8.32		<0.005	76.5
3	8.61							
4	9.42							
5	9.41							
6	10.02							
7	9.58					<0.05		
8	8.54							
9	9.41	NR	87.9	0.10	8.21		<0.005	78.8
10	8.10							
11	9.23							
12	9.48							
13	9.99							
14	8.05					<0.05		
15	9.49							
16	9.14	NR	84.1	0.10	8.24		<0.005	76.9
17	9.58							
18	9.02							
19	7.91							
20	8.24							
21	8.98							
22	7.85							
23	10.00	NR	87.9	0.11	8.63	<0.05	<0.005	81.8
24	7.34							
25	8.28							
26	7.95							
27	9.17							
28	8.18							
29	6.97	NR	87.6	0.095	8.40	<0.05	<0.005	79.3
30	7.28							
31	7.30							
Avg	8.74	NR	XXX	XXX	XXX	<0.05	<0.005	78.7
MAX	10.02	NR	87.9	0.12	8.63	<0.05	<0.005	81.8
MIN	XXX	XXX	XXX	XXX	8.21	XXX	XXX	XXX

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

Signature: *[Signature]*
 Telephone: (610) 748-2500

REMARKS: TSS is NET TSS

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.

OMB NO. 2040-0004.

Southeast Region Facsimile

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
MUNICIPALITY: LIMERICK TOWNSHIP	08	07
COUNTY: MONTGOMERY	01	31

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	261342	1038500	GPD	XXXX	XXXX	XXXX			1/WEEK	MEASURED
	Permit Requirement	MONITOR/REPORT	MONITOR/REPORT		XXXX	XXXX	XXXX				
TOTAL SUSPENDED SOLIDS	Sample Measurement	XXXX	XXXX	XXXX	XXXX	15	24	MG/L		2/MONTH	GRAB
	Permit Requirement	XXXX	XXXX		XXXX	30	100				
OIL AND GREASE	Sample Measurement	XXXX	XXXX	XXXX	XXXX	7	8	MG/L		2/MONTH	GRAB
	Permit Requirement	XXXX	XXXX		XXXX	XXXX	15				
	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 <i>EW</i>				TELEPHONE	DATE	
TYPE OR PRINT					<i>Edward W. Callan</i>				610	718-2000	08 08 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

FORM APPROVED.


OMB NO. 2040-0004.

Southeast Region Facsimile

* During discharge of wastewater if laundry drain collection system

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	07	01		08	07	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 MONTHLY	MAXIMUM DAILY	UNITS	MINIMUM INST	AVERAGE MONTHLY	MAXIMUM DAILY	UNITS			
FLOW	Sample Measurement	16822	31464	GPD	XXXX	XXXX	XXXX			1/WEEK	MEASURED
	Permit Requirement	MONITOR/REPORT	MONITOR/REPORT		XXXX	XXXX	XXXX				
TOTAL SUSPENDED SOLIDS	Sample Measurement	XXXX	XXXX	XXXX	XXXX	NR	NR	MG/L		*	GRAB
	Permit Requirement	XXXX	XXXX		XXXX	30	100				
OIL AND GREASE	Sample Measurement	XXXX	XXXX	XXXX	XXXX	NR	NR	MG/L		*	GRAB
	Permit Requirement	XXXX	XXXX		XXXX	15	20				
	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 08 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**

For the MONTH July 2008

Limerick Township
Montgomery County

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	180,000			0		
3	160,000			0		
4	210,000			0		
5	180,000			0		
6	160,000			0		
7	160,000			0		
8	200,000			0		
9	200,000	10	6	31464		
10	108,000			15732		
11	200,000			0		
12	160,000			15070		
13	160,000			0		
14	200,000			0		
15	160,000			0		
16	220,000			0		
17	380,900			0		
18	149,000			15996		
19	150,000			15467		
20	155,000			15467		
21	160,000			0		
22	160,000			0		
23	720,000	12	8	0		
24	320,000			0		
25	379,100			15335		
26	543,800			15467		
27	1,038,500			15467		
28	195,000	24	6	15467		
29	276,400			15467		
30	281,400			15467		
31	374,500			0		
AVG	261,342	15.3	6.7	16,822	NR	NR
MAX	1,038,500	24	8.0	31,464	NR	NR
MIN	XXX	XXX	XXX	XXX	XXX	XXX

Laboratory Name: M.J. Reider Assoc., Inc. for O&G In House? Yes
REMARKS: See attached for Outfall 201 TSS exceedance.

Signature: *R. G. G.*
 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

FORM APPROVED.

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

PA0051926

MP 401

OMB NO. 2040-0004.

ADDRESS: 200 EXELON WAY

PERMIT NUMBER

DISCHARGE NUMBER

Southeast Region Facsimile

KENNETT SQUARE, PA 19348

MONITORING PERIOD

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

SITE LOCATION: 3146 SANATOGA ROAD, POTTSTOWN, PA 19464

YEAR MO DAY TO

YEAR MO DAY

** Sample the spray pond.

MUNICIPALITY: LIMERICK TOWNSHIP

08 07 01

08 07 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 MONTHLY	MAXIMUM DAILY	UNITS	MINIMUM INST	AVERAGE MONTHLY	MAXIMUM DAILY	UNITS			
FLOW	Sample Measurement	10685	14400	GPD	XXXX	XXXX	XXXX				
	Permit Requirement	MONITOR/REPORT	MONITOR/REPORT		XXXX	XXXX	XXXX				XXXX
TOTAL PHOSPHORUS as P	Sample Measurement	XXXX	XXXX	XXXX	XXXX	0.27	0.43	MG/L		*1/WEEK	GRAB
	Permit Requirement	XXXX	XXXX		XXXX	MONITOR/REPORT	MONITOR/REPORT				
	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 *EC*

Edward W. Callan
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

610 718-2000

AREA CODE NUMBER

DATE

08 08 25

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** July 2008

DAY	FLOW GPD	Phosphorous Total
1	14400	
2	14400	
3	14400	
4	14400	
5	14400	
6	14400	
7	14400	0.22
8	14400	
9	14400	
10	14400	
11	14400	
12	14400	
13	7200	
14	7200	0.43
15	7200	
16	7200	
17	7200	
18	7200	
19	7200	
20	7200	
21	14400	0.18
22	14400	
23	14400	
24	14400	
25	14400	
26	7200	
27	14400	
28	15	0.24
29	15	
30	10	
31	7200	
Avg	10685	0.27
MAX	14400	0.43
MIN	XXX	XXX

Laboratory Name: M.J. Reider Assoc., Inc. In House? N/A Signature: *R. G. [Signature]*

REMARKS: _____ Telephone: (610) 718-2500

NPDES 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

FORM APPROVED.

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

PA0051926

002, 004, 022

OMB NO. 2040-0004.

ADDRESS: 200 EXELON WAY

PERMIT NUMBER

DISCHARGE NUMBER

Southeast Region Facsimile

KENNETT SQUARE, PA 19348

MONITORING PERIOD

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

SITE LOCATION: 3146 SANATOGA ROAD, POTTSTOWN, PA 19464

YEAR MO DAY TO

YEAR MO DAY

MUNICIPALITY: LIMERICK TOWNSHIP

08 07 01

08 07 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			
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 <i>EW</i>				TELEPHONE	DATE	
TYPE OR PRINT					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Edward W. Callan</i>				610	718-2000	08 08 25
COMMENT AND EXPLANATION OF ANY VIOLATIONS									AREA CODE	NUMBER	YEAR MO DAY

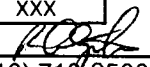
DISCHARGE MONITORING REPORT SUPPLEMENTAL FORM

For the **MONTH** July 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	NH ₃ N mg/l	Phos mg/l	Iron(dis) mg/l
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
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? Yes Signature: 
 REMARKS: Telephone: (610) 718-2500

NPDES 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

FORM APPROVED.
OMB NO. 2040-0004.

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 07 01

08 07 31

COUNTY: MONTGOMERY

NOTE: Read instructions before completing this form

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	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	MG/L			
	Permit Requirement	XXXX	XXXX		XXXX	XXXX	MONITOR REPORT				MONITOR REPORT
TEMPERATURE	Sample Measurement	XXXX	XXXX	XXXX	XXXX	XXXX	No Discharge	°F			
	Permit Requirement	XXXX	XXXX		XXXX	XXXX	XXXX				INST. MAX 110
TOTAL RESIDUAL OXIDANTS	Sample Measurement	XXXX	XXXX	XXXX	XXXX	XXXX	No Discharge	MG/L			
	Permit Requirement	XXXX	XXXX		XXXX	XXXX	XXXX				0.2
pH	Sample Measurement	XXXX	XXXX	XXXX	No Discharge	XXXX	No Discharge	STD UNITS			
	Permit Requirement	XXXX	XXXX		XXXX	6.0	XXXX				INST. MAX 9.0
SPECTRUS CT1300	Sample Measurement	XXXX	XXXX	XXXX	XXXX	No Discharge	No Discharge	MG/L			
	Permit Requirement	XXXX	XXXX		XXXX	XXXX	0.2				0.4
	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 <i>EW Callan</i>		TELEPHONE		DATE
TYPE OR PRINT							<i>Edward W. Callan</i> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		610	718-2000	08 08 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** July 2008

DAY	FLOW MGD	TEMP F	TSS mg/l	TRO mg/l	Spectrus CT 1300 mg/l	pH STD
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
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

FORM APPROVED.

OMB NO. 2040-0004.

Southeast Region Facsimile

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	07	01		08	07	31
COUNTY: MONTGOMERY	NOTE: Read instructions before completing this form						

* 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	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	MG/L			
	Permit Requirement	XXXX	XXXX		XXXX	MONITOR REPORT	MONITOR REPORT				*
TEMPERATURE	Sample Measurement	XXXX	XXXX	XXXX	XXXX	XXXX	No Discharge	°F			
	Permit Requirement	XXXX	XXXX		XXXX	XXXX	INST. MAX 110				*
TOTAL RESIDUAL OXIDANTS	Sample Measurement	XXXX	XXXX	XXXX	XXXX	XXXX	No Discharge	MG/L			
	Permit Requirement	XXXX	XXXX		XXXX	XXXX	0.2				*
pH	Sample Measurement	XXXX	XXXX	XXXX	No Discharge	XXXX	No Discharge	STD UNITS			
	Permit Requirement	XXXX	XXXX		XXXX	6.0	XXXX				INST. MAX 9.0
SPECTRUS CT1300	Sample Measurement	XXXX	XXXX	XXXX	XXXX	No Discharge	No Discharge	MG/L			
	Permit Requirement	XXXX	XXXX		XXXX	XXXX	0.2				0.4
	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 <i>EM</i>	TELEPHONE		DATE		
			610	718-2000		08	08
TYPE OR PRINT		<i>Edward W. Callan</i>	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** July 2008

DAY	FLOW MGD	TEMP F	TSS mg/l	TRO mg/l	Spectrus CT 1300 mg/l	pH STD
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
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

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, POTTSWOWN, PA 19464

YEAR MO DAY TO

YEAR MO DAY


MUNICIPALITY: LIMERICK TOWNSHIP

08 07 01

08 07 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			
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 <i>EWC</i>				TELEPHONE	DATE	
TYPE OR PRINT					 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				610	718-2000	08 08 25
COMMENT AND EXPLANATION OF ANY VIOLATIONS											

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

For the MONTH July 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
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
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? 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

FORM APPROVED.

OMB NO. 2040-0004.

Southeast Region Facsimile

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

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	07	01		08	07	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 MONTHLY	MAXIMUM DAILY	UNITS	MINIMUM INST	AVERAGE ANNUAL	MAXIMUM DAILY	UNITS						
FLOW	Sample Measurement	No Discharge	No Discharge		XXXX	XXXX	XXXX							
	Permit Requirement	MONITOR REPORT	MONITOR REPORT	MGD	XXXX	XXXX	XXXX	XXXX		*	ESTIMATED			
TOTAL SUSPENDED SOLIDS (3rd to 5th Year)	Sample Measurement	XXXX	XXXX		XXXX	No Discharge	No Discharge							
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	MONITOR REPORT	100	MG/L		*	COMPOSITE			
OIL AND GREASE	Sample Measurement	XXXX	XXXX		XXXX	No Discharge	No Discharge							
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	MONITOR REPORT	MONITOR REPORT	MG/L		*	GRAB			
IRON, DISSOLVED	Sample Measurement	XXXX	XXXX		XXXX	No Discharge	No Discharge							
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	MONITOR REPORT	MONITOR REPORT	MG/L		*	COMPOSITE			
IRON, TOTAL (3rd to 5th Year)	Sample Measurement	XXXX	XXXX		XXXX	No Discharge	No Discharge							
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	MONITOR REPORT	7.0	MG/L		*	COMPOSITE			
pH	Sample Measurement	XXXX	XXXX		No Discharge	XXXX	No Discharge							
	Permit Requirement	XXXX	XXXX	XXXX	MONITOR REPORT	XXXX	MONITOR REPORT	STD UNITS		*	GRAB			
TOTAL SUSPENDED SOLIDS (1st and 2nd Years)	Sample Measurement	XXXX	XXXX		XXXX	No Discharge	No Discharge							
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	MONITOR REPORT	MONITOR REPORT	MG/L		*	COMPOSITE			
IRON, TOTAL (1st and 2nd Years)	Sample Measurement	XXXX	XXXX		XXXX	No Discharge	No Discharge							
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	MONITOR REPORT	MONITOR REPORT	MG/L		*	COMPOSITE			
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 <i>EW</i>		TELEPHONE		DATE	
TYPE OR PRINT									610		718-2000		08 08 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

FORM APPROVED.
OMB NO. 2040-0004.

CLIENT: EXELON GENERATION COMPANY, LLC-CLIENT ID NO. 147686	PA0051926	013, 014, 015, 016, 017, 018, 019, 02
ADDRESS: 200 EXELON WAY	PERMIT NUMBER	DISCHARGE NUMBER
KENNETT SQUARE, PA 19348	MONITORING PERIOD	
SITE LOCATION: 3146 SANATOGA ROAD, POTTSTOWN, PA 19464	YEAR	MO
MUNICIPALITY: LIMERICK TOWNSHIP	08	07
COUNTY: MONTGOMERY	01	TO
	08	07
	31	DAY

Southeast Region Facsimile
Sample any one of these outfalls.

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	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 <i>ECW</i>	TELEPHONE		DATE		
TYPE OR PRINT								<i>Edward W. Callan</i>	610	718-2000	08	08	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

DISCHARGE MONITORING REPORT SUPPLEMENTAL FORM

For the **MONTH** July 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
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
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13								
14								
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16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
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? Yes Signature: *R. Reid*

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.

OMB NO. 2040-0004.

Southeast Region Facsimile

* Cooling tower drift loss, etc.

CLIENT: EXELON GENERATION COMPANY, LLC-CLIENT ID NO. 147686	PA0051926	021					
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	07	01		08	07	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	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 <i>EC</i>			TELEPHONE			DATE	
TYPE OR PRINT								<i>Edward W. Callan</i>			610	718-2000	08	08	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.

OMB NO. 2040-0004.

Southeast Region Facsimile

* Sample daily during the discharge
cooling towers through 020.

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	MO
MUNICIPALITY: LIMERICK TOWNSHIP	08	07
COUNTY: MONTGOMERY	01	31

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	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	100	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	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 <i>EW</i>		TELEPHONE		DATE			
TYPE OR PRINT							<i>Edward W. Callan</i> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		610		718-2000		08 08 25	
							AREA CODE		NUMBER		YEAR		MO DAY	

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

DISCHARGE MONITORING REPORT SUPPLEMENTAL FORM

For the MONTH July 2008

LIMERICK GENERATING STATION

Limerick Township
Montgomery County

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	NH3N mg/l	Phos mg/l	Iron(dis) mg/l
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
31												
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


FORM APPROVED.

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	07	01		08	07	31
COUNTY: MONTGOMERY	NOTE: Read instructions before completing this form						

OMB NO. 2040-0004.

Southeast Region Facsimile

* Sample during discharge from drain valve associated with the circulating water 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)				Edward W. Callan Plant Manager 			TELEPHONE		DATE		
TYPE OR PRINT					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			610	718-2000	08	08	25
								AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

**DISCHARGE MONITORING REPORT SUPPLEMENTAL FORM
LIMERICK GENERATING STATION**

Limerick Township
Montgomery County

For the MONTH July 2008


DAY	FLOW MGD	TSS mg/l	TRO mg/l	pH STD	Spectrus CT 1300 mg/l
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

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: Limerick Generating Station Environmental Laboratory

Address: 3146 Sanatoga Road
Pottstown, PA 19464

PERMIT NUMBER		MONITORING PERIOD Year/Month/Day						
PA 0051926		2008	July	01	TO	2008	July	31

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER ²
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

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 Edward W. Callan / Plant Manager **Phone:** (610) 718-2000

Date: 08/25/08

Signature of Principal Executive Officer or Authorized Agent

Edward W. Callan