

Exelon

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,

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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



Facility Name / Location if different)

PRIMARY FACTLITY. LIMEBICK GENERATING STATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PRIMARY F	FACILITY	: LIMERICK GEN	ERATING ST	NOITA										FORM APPROVED.			
CLIENT:	EXELON G	ENERATION COMPA	NY, LLC-CLIE	ENT ID NO. 1	47686	I	PA005192	26			001			OMB NO. 2040-00	04.		
ADDRESS	200 EXEL	ON WAY				PEF	NUN TIMS	IBER		DISCH	ARGE N	UMBER		Southeast Region	Facsin	uile	
	KENNETT	SQUARE, PA 19	348					MONITOR	ING F	ERIOD				* To calculate C	redits	see	
SITE LOCA	ATION: 3	146 SANATOGA P	OAD, POTTS	TOWN, PA 1	9464	YEAR	MO	DAY	то	YEAR	MO	DAY		Condition No. 14	on pag	re 33	•
MUNICIPAI	LITY: L	IMERICK TOWNSH	IIP		_	08	07	01		08	07	31		. ,			
COUNTY:	M	IONTGOMERY									NOTE: R	ead inst	ructions	before completing	this for	rm.	
Para	meter		QUANT	ITY OR LOAD	DING		Q	UALITY OR	CONC	ENTRATIO	N		NO. EX	FREQUENCY OF		AMPLE TYPE	
			AVERAGE MONTHLY	MAXIMUM DAILY	UNITS		IMUM IST	AVERAC MONTHI		MAXIMUM	DAILY	UNITS		ANALYSIS			
		Sample	8.74	10.02				VVVV			17.37				1		
FLOW		Measurement		+	{		XX	XXXX		XX					+		
		Permit Requirement	MONITOR REPORT	MONITOR REPORT	MGD	XX	xx	XXXX		XX	xx	XXXX		1/WEEK	ME.	ASURE	D
		Sample															
TEMPERATU (EFFLUENT)	IRE	Measurement	XXXX	XXXX		XX	XX	XXXX		8							
(EFFLUENT)		Permit Requirement	XXXX	XXXX	XXXX	xy	xx	XXXX		INST. 11		°F		1/WEEK		I-S	
	·····	Sample													 -	1 0	
TOTAL RES	IDUAL	Measurement	XXXX	XXXX	ļ	XX	CXX	XXXX		0.	1						
OXIDANTS		Permit Requirement	XXXX	XXXX	XXXX	xx	xx	XXXX		о.	2	MG/L		1/WEEK		GRAB	
		Sample	AAAA		141141		<u></u>				2	MG/L				GRAD	
рн		Measurement	XXXX	XXXX		8	.2	XXXX		8.							
P.1		Permit	XXXX	xxxx	XXXX	6	0	~~~~		INST.		STD		1 (617574		2010	
		Requirement Sample	AAAA				.0	XXXX		· 9.	<u>u</u>	UNITS		1/WEEK	+	GRAB	
appomptio	0001 2 0 0	Measurement	XXXX	XXXX		Xک	XXX	<0.05	5	<0.	05						
SPECTRUS	CT1300	Permit Reguirement	XXXX	xxxx	xxxx	XX	XXX	0.2		0.	4	MG/L		1/WEEK		GRAB	
TEMPERATU		Sample															
(RIVER IN		Measurement Permit	XXXX	XXXX	4		XXX	79		8				······			
1	,	Requirement	XXXX	XXXX	XXXX	X2	XXX	MONITOR R	EPORT	MONITOR	REPORT	°F		1/WEEK	1	I-S	
TOTAL OUE	DENDED	Measurement	XXXX	XXXX			xx										
TOTAL SUS SOLIDS *	PENDED	Permit Requirement			4	A		NR		N							
SOLIDS -		Sample	XXXX	XXXX	XXXX	X2	XXX	30		6	0	MG/L		1/WEEK	2	24 HC	
		Measurement	vvvv	VVVV				.0.00	r.		0.05				1		
CADMIUM,	TOTAL	Permit Requirement	XXXX	XXXX	4	X	(XX	<0.00		<0.		ł			+		
		Sample	XXXX	XXXX	XXXX	XX	XXX	MONITOR R	EPORI	MONITOR	REPORT	MG/L		2/MONTH	2	24 HC	
Christophe	er H. Mud	ng Station	AM FAMILIAR W INQUIRY OF TH THE INFORMATI ACCURATE AND PENALTIES FO POSSIBILITY O	DER PENALTY OF AITH THE INFORM NOSE INDIVIDUAL ION, I BELIEV COMPLETE. I DR SUBMITTING OF FINE AND II	MATION SUBN LS IMMEDIAT 'E THE SUE AM AWARE S FALSE MPRISONMENT'	MITTED HER ELY RESPON SMITTED IN THAT THI INFORMATIC SEE 18 U	EIN AND B SIBLE FOR FORMATION ERE ARE (DN, INCL J.S.C. §10	ASED ON MY EC R OBTAINING P I IS TRUE, SIGNIFICANT UDING THE 001 AND 33	lward	W. Callar Manager A		02	610	TELEPHONE . 718-2000	08	DATE 08	25
	TYPE OR P	RINT		(Penalties u nd or maximum				onths and 5 _{S1}		RE OF PRINC			AREA CODE	NUMBER	YEAR	мо	DAY

EXPLANATION OF VIOLATIONS

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

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

3/31/2011

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Limerick Township Montgomery County

DAY	FLOW	TSS	TEMP(eff)	TRO mg/l	рН	Spectrus CT 1300 mg/l	Cadmium, Total	TEMP(in)	
	MGD	mg/l	F	mg/l	SID			1997 - F alifield	2.600 CO 8723.002
1	9.46					<0.05		ļ	
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							L	
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							1	
22	7.85								
23	10.00	NR	87.9	0.11	8.63	<0.05	<0.005	5 81.8	3
24	7.34								
25	8.28							1	1
26	7.95							1	1
27	9.17						1	1	1
28	8.18		I						
29	6.97	NR	87.6	0.095	8.40	<0.05	<0.005	79.3	3
30	7.28		1		1		1	1	
31	7.30		1			· · · · · · · · · · · · · · · · · · ·	<u> </u>		1
Avg	8.74	NR	XXX	XXX	XXX	<0.05	<0.005	78.7	
MAX		NR	87.9	0.12	8.63	<0.05	<0.005	81.8	1
MIN		ХХХ	XXX	XXX	8.21	XXX	XXX	XXX	1
	oratory Name :		Reider Asso		In House?			RCC	ζ

REMARKS: TSS is NET TSS

Telephone: (610) 748-2500

NPDES permit PA0051926 for outfall 001

2008

Facility Name / Location if different)

PRIMARY FACILITY: LIMERICK GENERATING STATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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DISCHARGE MONITORING REPORT (DMR)

PRIMARY	FACILITY:	LIMERICK GEN	ERATING ST	ATION						-				FORM APPROVED.			
		ERATION COMPA			47686	F	A005192	6			MP 201			OMB NO. 2040-00	04.	•	
	200 EXELO					PEF	RMIT NUM	BER		DISCH	ARGE N	JMBER		Southeast Region	Facsim	ile	
	the second s	QUARE, PA 19	348						ORING F	PERIOD							
		6 SANATOGA R		TOWN. PA 19	9464	YEAR	MO	DAY	TO	YEAR	MO	DAY					
MUNICIPA		ERICK TOWNSH				08	07	01		08	07	31					
COUNTY:		TGOMERY							1				uctions	before completing	this for	m	
						J Y ^{-,}								FREQUENCY		MPLE	
Pari	ameter		QUANT.	ITY OR LOAD	JING		Qu	JALITI U	IR CONC.	ENTRATIO			NO. EX	OF ANALYSIS		YPE	
			AVERAGE	MAXIMUM		MIN	IMUM	AVEF	RAGE	MAXIMUN					1		
			MONTHLY	DAILY	UNITS	IN	IST	MONT	THLY		1 0/11 01	UNITS					
		Sample Measurement	261342	1038500	1	XX	KXX	XX	xx	XX	XX						
FLOW		Permit	MONITOR/	MONITOR/													
		Requirement	REPORT	REPORT	GPD	XX	XXX	XX	XX	XX	XX	XXXX		1/WEEK	ME?	SURE	D
0070100		Sample							-		4					•	
TOTAL SU SOLIDS	SPENDED	Measurement Permit	XXXX	XXXX	-	X	(XX	1	<u> </u>	2	4						
SOLIDS		Requirement	XXXX	XXXX	XXXX	XX	XXX	3	0	10	00	MG/L		2/MONTH		GRAB	
		Sample		1				1									
OIL AND	GREASE	Measurement	XXXX	XXXX	4	<u> </u>	CXX	i	7		3	ł					
		Permit Requirement	XXXX	xxxx	XXXX	XX	кхх	1	5	2	0	MG/L		2/month		GRAB	
	i	Sample						<u> </u>									
		Measurement			1												
		Permit															
	· · · · · · · · · · · · · · · · · · ·	Requirement Sample			<u> </u>	┟							┼───		╉────		
		Measurement															
		Permit			1							1			1		
		Requirement															
		Sample	-			{		ļ									
		Measurement Permit .			-		······	<u> </u>				4	·····		- 		
		Requirement															
	1	Sample			1				·					· · · · · · · · · · · · · · · · · · ·	1	•	
		Measurement		ļ	4			ļ					ļ	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
		Permit Requirement															
	1	Sample		+	+	<u> </u>				+	- <u>,</u>	<u> </u>	1		1		
		Measurement		L	_			L		1							
		Permit															
		Requirement	T CERTEN IN	I IDER PENALTY OF		T HAVE DEP	SONNEY F		1			L			+	DATE	
Christop	PRINCIPAL EXECUT her H. Mudri Generating	ick, V.P.	AM FAMILIAR N INQUIRY OF T	WITH THE INFOR HOSE INDIVIDUA	MATION SUB LS IMMEDIAT	MITTED HER	EIN AND B NSIBLE FOR	ASED ON M OBTAINING	YEdward GPlant	W. Calla Manager	n 41			TELEPHONE		DATE	
			ACCURATE AND PENALTIES F POSSIBILITY (TON, I BELIE COMPLETE, I OR SUBMITTING OF FINE AND I (Penalties u	AM AWARE G FALSE	THAT THE INFORMATIC SEE 18	ERE ARE S DN, INCLU U.S.C. §10	SIGNIFICAN UDING 'THI 001 AND 33		lum D	ωC	el	610	718-2000	08	08	25
	TYPE OR PRI		to \$10,000 a years)	nd or maximum					5 SIGNATU	RE OF PRING			AREA CODE	NUMBER	YEAR	MO.	DAY
COMMENT	AND EXPLA	NATION OF AN	Y VIOLATIO	NS													
EPA FORM :	3320-1 (Rev. 9-88	previous edition may	v be Used.		(REPLACES	EPA FORM	T-40 WHICH	PERMIT MAY NOT BE		s	3/31/20	11	_	SUBMIT RENEWAL B Page 2 of 1		0/20	10

Re 30 (CD05WQM)256-13A

Facility Name / Location if different)

PRIMARY FACILITY: LIMERICK GENERATING STATION

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

PRIMARY FACILITY:	LIMERICK GEN	NERATING ST	ATION									I	FORM APPROVED.			
CLIENT: EXELON GE	NERATION COMPA	NY, LLC-CLI	ENT ID NO. 1	47686	I	PA005192	6			MP 301		(MB NO. 2040-00	004.		
ADDRESS 200 EXEL	ON WAY				PEF	MIT NUM	BER		DISCH	ARGE N	UMBER	5	Southeast Regior	n Facsi	mile	
KENNETT	SQUARE, PA 1	9348					MONIT	ORING E	PERIOD		·		During discharg	ie of wa	astewa	ter f
SITE LOCATION: 3:			TOWN, PA 19	9464	YEAR	MO	DAY	то	YEAR	MO	DAY		laundry drain			
	IMERICK TOWNSH				08	07	01		08	07	31					
	ONTGOMERY							1				l	before completing	this fo	****	
					J											<u> </u>
Parameter		QUANT	ITY OR LOAD	01NG		Q1	JALITY C	OR CONC	ENTRATIO	N		NO. EX	FREQUENCY OF ANALYSIS		AMPLE TYPE	
		AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	1	IMUM IST	AVE MONT		MAXIMUM	1 DAILY	UNITS					
	Sample		24.4.6.4													
FLOW	Measurement	16822	31464	4	X2	XXX		XX	XX	XX	1	┝───┼				
	Permit Requirement	MONITOR/ REPORT	MONITOR/ REPORT	GPD	x	xx	xx	xx	xx	xx	XXXX		1/WEEK	МЕ	LASURE	'n
	Sample										701111		1/ 1/1/2/201		1100111	
TOTAL SUSPENDED	Measurement	XXXX	XXXX		XX	XXX	N	R	N	R						
SOLIDS	Permit			1							1					
	Requirement	XXXX	XXXX	XXXX	X)	(XX	3	0	10	00	MG/L		*	<u> </u>	GRAB	
	Sample	XXXX	XXXX			XXX		R	N	D						
OIL AND GREASE	Measurement Permit	лллл		ł					1	<u> </u>	{	+				
	Requirement	XXXX	XXXX	XXXX	x	XXX	1 1	5	2	0	MG/L		*		GRAB	
	Sample								<u>+</u>				·····			
	Measurement								1							
	Permit			1					1		1					
·	Requirement															
	Sample				1											
	Measurement			4	·		<u> </u>					+				
	Permit				ļ											
	Requirement Sample						<u> </u>		<u> </u>		ļ					
	Measurement															
	Permit						<u>├</u>		+		ł	†				····-
	Requirement		1		1											
	Sample		1	1	1		1					11		1		
	Measurement				L											
	Permit															
	Requirement				ļ		·		+		ļ	┝───┥				
	Sample Measurement						1		1							
	Permit				<u> </u>		ł		+		1	├				
	Requirement															
NAME/TITLE PRINCIPAL EXECU		I CERTIFY UN	DER PENALTY OF	LAW THAT	I HAVE PER	SONALLY EX	AMINED ANI	3	- -		4	tt	TELEPHONE		DATE	
Christopher H. Mud Limerick Generating	rick, V.P.	INQUIRY OF TH THE INFORMAT ACCURATE AND PENALTIES FO	VITH THE INFOR HOSE INDIVIDUAN ION, I BELIEV COMPLETE. I OR SUBMITTING	LS IMMEDIAT VE THE SUE AM AWARE 3 FALSE	ELY RESPON MITTED IN THAT THE INFORMATIC	NSIBLE FOF IFORMATION ERE ARE S DN, INCL	OBTAINING IS TRUE SIGNIFICAN JDING TH	G Plant 1	W. Calla Manager		0	610	718-2000	08	08	25
TYPE OR PE	RINT	U.S.C. §1319. to \$10,000 au	OF FINE AND II (Penalties u nd or maximum	nder these	statutes	may includ	le fines u	5 SIGNATU	RE OF PRIN			AREA				
		years)						OFFICER	OR AUTHOR	IZED AGEN	г	CODE	NUMBER	YEAR	MO	DAY

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

		previous		

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

3/31/2011

Re 30 (CD05WQM)256-13B

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July

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Limerick Township Montgomery County

		201	1. 1. 201 - 191 10:20		301	
Day	FLOW GPD	TSS mg/l	O&G <i>mg/l</i>	FLOW GPD	TSS mg/l	O&G <i>mg/</i> I
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
abor	ratory Name: M.J. Reider	Assoc., Inc.for O&G	In House? Yes	Signature:	RCC	• • • • • • • • • • • • • • • • • • • •

REMARKS:

See attached for Outfall 201 TSS exceedance.

Telephone: (610) 718-2500

NPDES permit PA0051926 for outfall 201, 301

Facility Name / Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

-		(: LIMERICK GEN		ATION						()			FORM	APPROVED.			
		ENERATION COMPA			47686	, I	A005192	6	·	Г	MP 401		7	0. 2040-0004.			
ADDRESS:							RMIT NUM				IARGE N		-	ast Region Facsi	mile		
		SQUARE, PA 19	9348					MONITO	RING E	<u> </u>			-	e shall be collec		ing t	he di
SITE LOC	ATION:	146 SANATOGA F	ROAD, POTTS	TOWN, PA 19	9464	YEAR	MO	DAY	TO	YEAR	MO	DAY	from	the overflow loca	tion at	the	pond.
MUNICIP	LITY: 1	LIMERICK TOWNSH	IIP			08	07	01		08	07	31	** Samp	le the spray pond			
COUNTY :	P	MONTGOMERY					1	المحمدة في بين سيا		h	NOTE: R	ead inst	ructions	before completing	this for	m	
	ameter		OTTANET	ITY OR LOAD	TNC	1	10	JALITY OF	CONC	ENTER TO	M		NO.	FREQUENCY	57	MPLE	
141	hieter		QUALT			[¥`						EX	OF		YPE	
			AVERAGE MONTHLY	MAXIMUM DAILY	UNITS		IMUM IST	AVER. MONTI		MAXIMUM	I DAILY	UNITS					
FLOW		Sample Measurement	10685	14400		XX	xx.	XXX	x	XX	XX						-
FLOW		Permit Requirement	MONITOR/ REPORT	MONITOR/ REPORT	GPD		(XX	XXX	х	XX	xx	XXXX		*	MEA	SURE	D
TOTAL PH		Sample Measurement	XXXX	xxxx		X	XX	0.2	7	0.	43			· · · · · · · · · · · · · · · · · · ·			
as P	**	Requirement	XXXX	xxxx	XXXX	XX	XXX	MONIT REPC		MONI REP		MG/L		*1/WEEK	(GRAB	
		Sample Measurement				 											
		Permit Requirement				ļ									<u> </u>		
		Sample Measurement Permit								<u> </u>				·	ļ		
		Requirement														-	
		Sample Measurement															
		Permit Requirement	· ·												1		
		Sample Measurement	• • • • • • • • • • • • • • • • • • •												1		
		Permit Requirement			1							1		· · · · · · · · · · · · · · · · · · ·	<u> </u>	-	
		Sample Measurement												· ·			
		Permit Requirement															
		Sample Measurement															
		Permit Requirement			L												
Christop	ner H. Mu	CUTIVE OFFICER drick, V.P. ng Station	AM FAMILIAR W INQUIRY OF TH THE INFORMAT ACCURATE AND	DER PENALTY OF WITH THE INFOR BOSE INDIVIDUA ION, I BELIEN COMPLETE. I	MATION SUBN LS IMMEDIAT YE THE SUB AM AWARE	AITTED HER ELY RESPO MITTED IN THAT TH	EIN AND BANSIBLE FOR NFORMATION ERE ARE S	ASED ON MY OBTAINING IS TRUE, IGNIFICANT	Edward Plant I	W. Callan Manager	n 34			TELEPHONE		DATE	
			POSSIBILITY C U.S.C. §1319.	DR SUBMITTIN(DF FINE AND I (Penalties u nd or maximum	MPRISONMENT nder these	SEE 18 statutes	U.S.C. §10 may includ	01 AND 33 e fines up	Co	word	ω	2h	610 AREA	718-2000 ·	08	08	25
	TYPE OR I	PK LNT	years)		Tubi Teonue	nt of Det	ween 6 moi			RE OF PRINC OR AUTHORI			CODE	NUMBER	YEAR	мо	DAY

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

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

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

SUBMIT RENEWAL BY 9/30/2010 Page 4 of 13 .

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Re 30 (CD05WQM)256-13C

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

DA'I	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	1.4400		
11	14400		
12	14400		
13	7200]
14	7200	0.43]
15	7200)]
16	7200)	· ·
17	7200]
18	7200]
19	7200]
20	7200		
21	1440	0.18	
22	144Ŭ	D.	
23	1440	0]
24	1440	Ũ]
25	1440	0	
26	720	0]
27	1440	Û	
28	1	5 0.24	4
29	1	Ĵ	
30		0]
31	730	0]
Avg	10685	0.27]
MAX	14400	0.43]
MIN	XXX	ХХХ	
1	pratory Name	•	M.J. Reider Assoc

NPDES permit PA0051926 for outfall 401

For the MONTH July 200)8	
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In House?

N/A

Signature:

Telephone: (610) 718-2500

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

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

ADDRESS 200 EXELON KENNETT SQU SITE LOCATION: 3146 NUNICIPALITY: LIME COUNTY: MONT Parameter	VARE, PA 19 SANATOGA R RICK TOWNSH				PERMIT NUM	IBER	DISCHARGE	MIMBED	1	Southeast Region	Facsim	ilo.	
SITE LOCATION: 3146 MUNICIPALITY: LIME COUNTY: MONT	SANATOGA R RICK TOWNSH						DIDCHINCOL	NOMBER	J	Soucheast Region	I GODIN	TTG	
MUNICIPALITY: LIME COUNTY: MONT	RICK TOWNSH	OAD. POTTS				MONITORING P	ÉRIOD		1	* To calculate C	redits	see	
COUNTY: MONT			TOWN, PA 19	464	YEAR MO	DAY TO	YEAR MC	DAY		Condition No. 14	on pag	e 33	•
	COMPAN	IP .			08 07	01	08 07	31	1				
Parameter	GOMERI						NOTE	Read inst	ructions	before completing	this for		
	I	QUANT	ITY OR LOAD	ING	Q	UALITY OR CONCE	ENTRATION		NO.	FREQUENCY	SZ	MPLE	2
' F									EX	OF	1 5	ГҮРЕ	
					· · · · · · · · · · · · · · · · · · ·	1			1	ANALYSIS	1		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
C-BIOCHEMICAL	Sample												
OXYGEN DEMAND	Measurement	XXXX	XXXX		XXXX	XXXX	NR		L				
(5-DAY)	Permit			•			REPORT			1 PER		1	
F	Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	DAILY MAX.	MG/L		YEAR	(GRAB	
CHEMICAL OXYGEN	Sample	XXXX	XXXX		xxxx		ND						
DEMAND	Measurement Permit					XXXX	NR REPORT	·		1 PER		1	
	Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	DAILY MAX.	MG/L		YEAR		GRAB	
	Sample	~								1 Line		0.010	
OIL AND GREASE	Measurement	XXXX	XXXX		XXXX	XXXX	NR						
	Permit						REPORT			1 PER		1	
F	Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	DAILY MAX.	MG/L	L	YEAR		GRAB	
	Sample Measurement	xxxx	XXXX		XXXX	XXXX	NR						
pH Hq	Permit		- mun		mm		REPORT	STD		1 PER	+	1	·
F	Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	DAILY MAX.	UNITS		YEAR		GRAB	
	Sample	•									1		
	Measurement	XXXX	XXXX		XXXX	XXXX	NR						
SOLIDS (TSS)	Permit						REPORT			1 PER		1	
F	Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	DAILY MAX	MG/L		YEAR		GRAB	
TOTAL KJELDAHL	Sample	XXXX	XXXX	1	xxxx	VVVV	ND			· · ·			
NITROGEN (TKN)	Measurement Permit	ллал				XXXX	NR REPORT			1 PER		1	
	Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	DAILY MAX	MG/L		YEAR		GRAB	
	Sample				······································				1	1 LAR		Grand	
TOTAL PHOSPHORUS	Measurement	XXXX	XXXX		XXXX	XXXX	NR						
	Permit						REPORT			1 PER	1	1	
F F	Requirement Sample	XXXX	XXXX	XXXX	XXXX	XXXX	DAILY MAX	MG/L		YEAR		GRAB	
	Sample Measurement	XXXX	xxxx		XXXX	XXXX	NR						
IRON (DÍSSOLVED)	Permit					лллл	REPORT		 	1 PER		1	
L I	Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	DAILY MAX	MG/L		YEAR		GRAB	
NAME/TITLE PRINCIPAL EXECUTIVE					HAVE PERSONALLY EX					TELEPHONE		DATE	Г
Christopher H. Mudrich	k, V.P.	AM FAMILIAR W	ITH THE INFORM	ATION SUBM	ITTED HEREIN AND B	ASED ON MY Edward	W. Callan						
Limerick Generating St	tation	THE INFORMATI	ION, I BELIEV	E THE SUB	LLY RESPONSIBLE FOR MITTED INFORMATION	ASED ON MY'Edward OBTAINING Plant M IS TRUE,	anager KA						
		ACCURATE AND	COMPLETE. I	AM AWARE	THAT THERE ARE	IGNIFICANT			1				
					INFORMATION, INCL SEE 18 U.S.C. §10		. /	n n n	610	718-2000	08	08	25
					statutes may includ		p(.)(1
TYPE OR PRINT		to \$10,000 ar			t of between 6 mo	nths and 5 SIGNATUR	RE OF PRINCIPAL		AREA				1
COMMENT AND EXPLANA		years)				OFFICER	OR AUTHORIZED A	GENT	CODE	NUMBER	YEAR	MO	DAY

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

Re 30 (CD05WQM)256-13D

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

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

FORM APPROVED.

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Limerick Township Montgomery County

DAY	CBOD ₅	COD	0&G	pH	TSS	NH3N	Phos	iron(dis)
[mg/l	mg/l	mg/l	STD ST	<i>mg/l</i>	mg∕l	mg/l	mg/l
1				[
2								
3								
4								
5								
6								
7								
8								
9				1	1			[
10					[
11	1				1	· · · · · · · · · · · · · · · · · · ·		
12				1	<u>↓ </u>			i
13					1			
14								
15				1		<u> </u>		
16								
17					1		t	
18								
19				1				
20				1	1		<u> </u>	t
21								t
22		· · · · · · · · · · · · · · · · · · ·					1	t
23				t	1		<u> </u>	†
24					1		t	t
25				1	1		1	†
26				1	†			†
27				1	+		<u> </u>	†
28					<u> </u>			t
29				1			1	[
30					1		1	†
31	,			1	1		1	<u> </u>
Avg	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AAX	NR	NR	NR	NR	NR	NR	NR	NR
MIN	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	ratory Name		Reider Asso		In House?	Yes	Signature:	
	ARKS:			· ·	-		Telephone:	(610) 718

NPDES permit PA0051926 for outfalls 002, 004, 022

2008

Facility Name / Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PRIMARY	FACILIT	Y: LIMERICK GEN	ERATING ST	ATION									FORM A	APPROVED.	•		
CLIENT:	EXELON	GENERATION COMPA	NY, LLC-CLI	ENT ID NO. 1	47686		PA005192	6			003		OMB NO	0. 2040-0004.			
ADDRESS	200 EXE	LON WAY				PEI	RMIT NUM	BER		DISC	HARGE N	UMBER	Southe	ast Region Facsi	mile		
	KENNETT	SQUARE, PA 19	348					MONITO	RING F	PERIOD			* Sample	e during discharg	e from o	irain	valv
SITE LOC	CATION:	3146 SANATOGA R	OAD, POTTS	TOWN, PA 19	464	YEAR	MO	DAY	то	YEAR	MO	DAY	assoc	iated with the ci	rculatio	ng wa	ter a
MUNICIPA	and the second	LIMERICK TOWNSH				08	07	01		08	07	31	Turbi	ne Unit 1.			
COUNTY:		MONTGOMERY									NOTE: R	ead inst	ructions	before completing	this for	m	
Par	ameter		QUANT	ITY OR LOAD	ING		QU	JALITY O	R CONCI	ENTRATIC	DN		NO. EX	FREQUENCY OF ANALYSIS	1	MPLE	
			AVERAGE MONTHLY	MAXIMUM DAILY	UNITS		IMUM NST	AVER MONT		MAXIMU	M DAILY	UNITS		ANAL1915			
		Sample Measurement	No Discharge	No Discharge		x	XXX	XX	xx	XX	xx						
FLOW		Permit Requirement	MONITOR REPORT	MONITOR REPORT	MGD	x	XXX	XX	xx	• XX	xx	xxxx		*	CALC	CULAT	ED
TOTAL SU	SPENDED	Sample Measurement	XXXX		X	xxx	No Dis	charge	No Dis	charge			····				
SOLIDS		Permit Requirement	XXXX	XXXX	x	xxx	MONITOR	REPORT	MONITOR	REPORT	MG/L		*	(GRAB		
TEMPERAT	URE	Sample Measurement	XXXX		X	XXX	XX	xx		charge	1		· ·				
		Permit Requirement Sample	XXXX	хххх	XXXX	X	XXX	XX	xx	1	10	°F		*		I-S	
TOTAL RE OXIDANTS	1	Measurement Permit	XXXX	хххх		X:	XXX	XX	xx	No Dis	charge	ł					
	1	Requirement	XXXX	XXXX	XXXX	x	xxx	XX	XX	0	. 2	MG/L		*		GRAB	
рН		Sample Measurement	XXXX	XXXX		NO Di	scharge	XX	xx	No Dis	scharge						
pir		Permit Requirement	xxxx	хххх	XXXX	6	.0	XX	xx		. MAX .0	STD UNITS		*		GRAB	
SPECTRUS	CT1300	Sample Measurement Permit	xxxx	xxxx		X	xxx	No Dis	charge	No Dis	charge	ļ		· ·			
	<u> </u>	Requirement Sample	xxxx	XXXX	XXXX	x	xxx	0.	2	0	.4	MG/L		*		GRAB	
		Measurement Permit Requirement					·····				. <u> </u>						
		Sample Measurement									······································						
		Permit Requirement	T CEDATEN IN	IDER PENALTY OF		T HAVE DET	SUNALLY	AMINED ANT	1							DATE	
Christop	her H. Mu	ECUTIVE OFFICER adrick, V.P. ing Station	AM FAMILIAR U INQUIRY OF TH THE INFORMAT ACCURATE AND PENALTIES F	VITH THE INFOR HOSE INDIVIDUAL TON, I BELIEV COMPLETE. I OR SUBMITTING	MATION SUB LS IMMEDIAT 'E THE SUB AM AWARE S FALSE	MITTED HEF PELY RESPO BMITTED I THAT TH INFORMATI	REIN AND B NSIBLE FOR NFORMATION ERE ARE S ON, INCLU	ASED ON MY OBTAINING IS TRUE, SIGNIFICAN JDING THE	Edward Plant 1	W. Calla Manager	an 447	$D_{\alpha}\rho$	610	TELEPHONE 718-2000	08	08	25
	TYPE OR	PRINT	U.S.C. §1319.	OF FINE AND I (Penalties u nd or maximum	nder these	statutes	may includ	e fines up	SIGNATU	RE OF PRIN OR AUTHOR			AREA CODE	NUMBER	YEAR	мо	DAY

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

3/31/2011

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

DAY	FLOW	TEMP	TSS	TRO	Spectrus CT 1300 mg/l	рН STD
	MGD		mg/l	mg/l	mg/l	SID
2						
3					L	
4					·	
5					•	
6						
7						
8						
9						
10						
11						
12				·		
13						
14						
15						
16						
17						
18						
19						
20						1
21				······		
22	A constant					
23	-		1			· · · · · · · · · · · · · · · · · · ·
24						1
25				······		<u> </u>
26	1					
27		1				
28					······································	
29					· · · · · · · · · · · · · · · · · · ·	1
30			<u> </u>		··	<u> </u>
31		· · · ·			<u> </u>	
	No Discharge	XXX	No Discharge	XXX	No Discharge	XXX
		No Discharge		No Discharge		No Discharge
MIN		XXX	XXX	XXX	XXX	No Discharge
	pratory Name		I/A	In House?	Yes	Signature
REM	ARKS:		· · · · ·			Telephone
	ANNO.			,		reiephone

NPDES permit PA0051926 for outfall 003

Facility Name / Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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PRIMARY	FACILITY:	LIMERICK GEN	NERATING ST	ATION									FORM	APPROVED.			
CLIENT:	EXELON GEI	NERATION COMPA	NY, LLC-CLIE	SNT ID NO. 1	47686	E	A005192	26			005		OMB N	0. 2040-0004.			
ADDRESS:	200 EXELC	N WAY				PEF	MIT NUN	IBER		DISCH	LARGE N	UMBER	Southe	east Region Facsi	imile		
-	KENNETT S	SQUARE, PA 19	9348					MONITOR	RING F	ERIOD			* Sampl	e during discharg	e from	drain	valv
SITE LOC	ATION: 31	46 SANATOGA H	ROAD, POTTS	TOWN, PA 19	464	YEAR	MO	DAY	то	YEAR	MO	DAY	assoc	iated with the ci	rculati	ng wa	ter a
MUNICIPA	LITY: LI	MERICK TOWNSH	HIP			08	07	01		08	07	31	Turbi	ne Unit 2.		-	
COUNTY:	MO	NTGOMERY						4		J	NOTE: R	ead inst	ructions	before completing	this for	m	
Para	ameter		QUANT	ITY OR LOAD	ING	i	Q	UALITY OR	CONCI	ENTRATIO			NO.	FREQUENCY	SZ	MPLE	
													EX	OF ANALYSIS	9	ΓΥΡΕ	
			AVERAGE MONTHLY	MAXIMUM DAILY	UNITS		IMUM IST	AVERA MONTH		MAXIMUM	DAILY	UNITS					
		Sample	No	No				·								_	
FLOW		Measurement	Discharge	Discharge		X2		XXXX	<u> </u>	XX	XX	1					
		Permit Requirement	MONITOR REPORT	MONITOR REPORT	MGD	XX	XX	xxx	x	XX	xx	XXXX		*	CAL	CULAT	ED
TOTAL SU	SPENDED	Sample Measurement	XXXX	xxxx		XX	xx	No Disch	narge	No Dis	charge						
SOLIDS	·	Permit Requirement	XXXX	XXXX	XXXX	XX		MONITOR I	REPORT	MONITOR	REPORT	MG/L		*	(GRAB	
TEMPERAT	URE	Sample Measurement	xxxx	XXXX		X)	(XX	xxx	x	No Dis	-						
		Permit Requirement	xxxx	XXXX	XXXX	XX	(XX	XXX	x	INST. 11		°F		*		I-S	
TOTAL RE		Sample Measurement	xxxx	XXXX		x	(XX	XXX	x	No Dis	charge						
OXIDANTS		Permit Requirement	xxxx	xxxx	хххх	XX	XXX	XXX	x	0.	2	MG/L		*		GRAB	
рН		Sample Measurement	XXXX	xxxx		No Dig	scharge	XXX	x	No Dis							
_		Permit Requirement	XXXX	xxxx	XXXX	6	. 0	XXX	x	INST. 9.		STD UNITS		*		GRAB	
SPECTRUS	СТ1300	Sample Measurement	xxxx	xxxx		XX	xxx	No Discl	narge	No Dis	charge						
		Permit Requirement	xxxx	XXXX	xxxx	· X2	xx	0.2		0.	4	MG/L		*		GRAB	
		Sample Measurement															
		Permit															
		Requirement											ļ				
		Measurement		· ·						1							
		Permit		1	1							1					
		Requirement															
Christoph	RINCIPAL EXECU- Ner H. Mudr Generating	ick, V.P.	AM FAMILIAR W INQUIRY OF TH THE INFORMATI	DER PENALTY OF MITH THE INFORM MOSE INDIVIDUAL ION, I BELIEV COMPLETE. I	MATION SUBM S IMMEDIAT E THE SUB	NITTED HER ELY RESPON MITTED IN	EIN AND B SIBLE FOR FORMATION	ASED ON MYE R OBTAINING E IS TRUE,	Edward Plant N	W. Callan Manager A	n 4			TELEPHONE		DATE	
			POSSIBILITY C U.S.C. §1319.	OR SUBMITTING OF FINE AND IN (Penalties u	APRISONMENT	SEE 18 U	U.S.C. §1 may includ	001 AND 33 de fines up	S.	mand l		lla	610 AREA	718-2000	08	80	25
	TYPE OR PR		years)	nd or maximum	-			1-		OR AUTHORI			CODE	NUMBER	YEAR	мо	DAY
COMMENT	AND EXPLA	ANATION OF AN	Y VIULATION	NS (Reference a	all attachm	ents here)											

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

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

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Limerick Township Montgomery County

DAY	FLOW MGD	TEMP	TSS mg/l	TRO mg/l	Spectrus CT 1300 mg/l	pH STD
1						
2						
_						
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						
	No Discharge	XXX	No Discharge		No Discharge	XXX
IAX	No Discharge	No Discharge				
lIN	XXX	XXX	XXX	ХХХ	XXX	No Discharge
.abo	ratory Name	N	/A	In House?	Yes	Signature
RFM	ARKS:	<u> </u>	·····	•		Telephone

NPDES permit PA0051926 for outfall 005

For the MONTH July

2008

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Facility	Name / Loca	tion if differ	ent)			DISCHAR	GE MONIT	FORING REPORT	(DMR)						
PRIMARY	FACILITY:	LIMERICK GEN	VERATING ST	ATION							FORM	APPROVED.			
CLIENT:	EXELON GEN	ERATION COMPA	NY, LLC-CLIP	ENT ID NO. 1	47686	F	A005192	6	006, 007	, 008, 009	OMB N	0. 2040-0004.			
ADDRESS:	200 EXELO	N WAY				PEF	MIT NUM	BER	DISCHAR	GE NUMBER	South	east Region Facsi	imile		
	KENNETT S	QUARE, PA 19	9348					MONITORING	PERIOD		Sample	e any one of the	se outfa	lls.	
SITE LOC	ATION: 314	16 SANATOGA F	OAD, POTTS	TOWN, PA 1	9464	YEAR	MO	DAY TO	YEAR	MO DAY	1				
MUNICIPA	LITY: LIN	ERICK TOWNSH	IIP			08 -	07	01	08	07 31	1				
COUNTY:	MOI	TGOMERY							NO	FE: Read inst	ructions	before completing	this for	m	
Para	ameter		QUANT	ITY OR LOAD	ING		QU	ALITY OR CON	CENTRATION		NO. EX	FREQUENCY OF ANALYSIS		AMPLE FYPE	-
			AVERAGE	MAXIMUM	UNITS	MIN	IMUM	AVERAGE	MAXIMU	M UNITS					
C-BIOCHE	MICAL	Sample	XXXX	XXXX			XX	XXXX	ND						
OXYGEN D	EMAND	Measurement Permit			1	A			NR REPORT			1 PER		1	
(5-DAY)		Requirement	XXXX	xxxx	XXXX	XX	xx	XXXX	DAILY MA			YEAR		GRAB	
		Sample								1107 1					
CHEMICAL	OXYGEN	Measurement	XXXX	XXXX		· XX	XX	. XXXX	NR						
DEMAND		Permit	XXXX	XXXX	XXXX		xx	XXXX .	REPORT			1 PER		1	
	· · · · · · · · · · · · · · · · · · ·	Requirement Sample		5444		A		·	DAILY MA	X. MG/L		YEAR		GRAB	
OIL AND	GREASE	Measurement	XXXX	XXXX		XX	XX ·	XXXX	NR						
011	Gittanon	Permit	XXXX	VVVV	XXXX				REPORT			1 PER		1	
		Requirement Sample		XXXX		~~~~	XX	XXXX	DAILY MA	X. MG/L		YEAR		GRAB	
рН		Measurement	· XXXX	XXXX		XX	XX	XXXX	NR						
Ъш		Permit			1				REPORT			1 PER		1	
		Requirement Sample	XXXX	XXXX	XXXX	XX	XX	XXXX	DAILY MA	X. UNITS		YEAR		GRAB	
TOTAL SU	SPENDED	Measurement	XXXX	XXXX		XX	хx	XXXX	NR			· · .			
SOLIDS (T	SS)	Permit			1				REPORT	2		1 PER		1	
		Requirement	XXXX	XXXX	XXXX	XX	XX	XXXX	DAILY MA	X. MG/L		YEAR		GRAB	
TOTAL KJ	FLDAHI.	Sample Measurement	XXXX	XXXX		x x	xx	XXXX	NR						
NITROGEN		Permit		- Anner	1			MMM	REPORT			1 PER	+	1	
		Requirement	XXXX	XXXX	XXXX	XX	XX	XXXX	DAILY MA	X. MG/L		YEAR		GRAB	
		Sample Measurement	XXXX	XXXX		·	xx	XXXX	NR						
TOTAL PH	OSPHORUS	Permit						mm	REPORT			1 PER		1	
		Requirement	XXXX	XXXX	XXXX	XX	XX	XXXX	DAILY MA	X. MG/L		YEAR		GRAB	
		Sample	XXXX	XXXX		v	xx	XXXX	. NR						
IRON (DI	SSOLVĘD)	Measurement Permit	AAAA						REPORT			1 PER		1	
		Requirement	XXXX	XXXX	XXXX	XX	XXX	XXXX	DAILY MA			YEAR		GRAB	
	RINCIPAL EXECUT:			DER PENALTY OF								TELEPHONE		DATE	
	er H. Mudri Generating		INQUIRY OF TH THE INFORMATI	ATH THE INFOR HOSE INDIVIDUAN HON, I BELIEV COMPLETE. I	LS IMMEDIAT THE SUB	ELY RESPON MITTED IN	SIBLE FOR		1-W. Callan Manager	,				*	
			PENALTIES FO POSSIBILITY O U.S.C. §1319.	OR SUBMITTING OF FINE AND IN (Penalties u	FALSE MPRISONMENT nder these	INFORMATIC SEE 18 U statutes r	N, INCLU J.S.C. §10 nay includ	DING THE 01 AND 33 e fines up	wordi) Cille	610 AREA	718-2000	08	08	25
COMMENT	TYPE OR PRI	NT NATION OF AN	years)	nd or maximum	1mpr1sonmer	it of betv	veen 6 mor	DIGIUII	URE OF PRINCIPA R OR AUTHORIZED		CODE	NUMBER	YEAR	MO	DAY

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

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

SUBMIT RENEWAL BY 9/30/2010 Page 8 of 13

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

151 6	0005	COD	O&G	pH STD	TSS	NH3N	Phos	Iron(dis)	•
	mg/1	mg/l	mg/l	510	mg/l	rng/l	mg/l	mg/I	
1		{			·····				
2									
4									
5	╺───┼──┼								
6									
7									
8									
9					+			<u> </u>	
10					· [t	<u> </u>	
11					1	,	<u> </u>	<u> </u>	
12					1		1	<u> </u>	
13					1		<u> </u>	<u> </u>	
14		····			1		<u> </u>	†	1
15					1			1	1
16				<u> </u>	1		1	1	1
17				· · · ·			1		1
18									1
19									1
20]
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22			1						l
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25			<u></u>			· ·]
26			<u> </u>	· · · · · · · · · · · · · · · · · · ·		ļ	1		1
27				<u> </u>		L	<u> </u>		1
28			+			ļ	<u></u>		1
29		<u> </u>	<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	ļ	<u> </u>		4
30 31		ļ	·	<u> </u>		ļ	+		4
Construction of the local division of the			+	<u></u>		<u> </u>	<u></u>		
Avg	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
	NR	NR	NR	NR	NR	NR	NR	NR	-
	XXX	XXX	XXX	XXX	xxx	XXX	xxx	XXX	
	itory Name RKS :	: M.J.	Reider Asso	c., Inc.	In House?	Yes	Signature Telephone	: DG=	

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

Facility Name / Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PRIMARY FACILITY:	LIMERICK GEN	NERATING ST	ATION				,					FORM	APPROVED.			
CLIENT: EXELON GEN	VERATION COMP	NY, LLC-CLI	ENT ID NO. 1	47686	J	PA005192	6			012		OMB N	0. 2040-0004.			
ADDRESS: 200 EXELO	N WAY				PEI	RMIT NUN	IBER		DISC	HARGE N	UMBER	Southe	ast Region Facsi	mile		
KENNETT S	QUARE, PA 1	9348					MONITO	RING F	ERIOD			* Sampl	e daily during dia	scharge	from	1
SITE LOCATION: 31	46 SANATOGA H	ROAD, POTTS	TOWN, PA 19	464	YEAR	MO	DAY	TO	YEAR	MO	DAY	dredg	ing. A composite	during	dred	ging.
MUNICIPALITY: LI	MERICK TOWNSH	HIP			08	07	01		08	07	31]				
COUNTY: MO	NTGOMERY									NOTE: R	ead inst	ructions	before completing t	this for	m	
Parameter		QUANT	ITY OR LOAD	ING		Q	UALITY OF	CONCI	ENTRATIC	DN	•.	NO. EX	FREQUENCY OF		AMPLE FYPE	
		AVERAGE MONTHLY	MAXIMUM DAILY	UNITS		IMUM NST	AVER/ ANNU		MAXIMUN	A DAILY	UNITS		ANALYSIS			
FLOW	Sample Measurement	No Discharge	No Discharge		XX	xxx	XXX	x	XX	xx						
	Permit Requirement	MONITOR REPORT	MONITOR REPORT	MGD	XX	KXX	xxx	x	XX	xx	xxxx		*	EST	IMATI	ED
TOTAL SUSPENDED	Sample Measurement Permit	XXXX	xxxx		X2	xxx	No Disc		ļ	charge						
(3rd to 5th Year)	Sth Year) Requirement XXXX XXXX X Sample Sample Image: Sample state						MONITOR	REPORT	10	00	MG/L		*	COM	POSI	ГE
OIL AND GREASE	Sample AND GREASE Measurement XXXX XXXX					XXX	No Disc	harge	NO Dis	charge						
	AND GREASE Permit Requirement XXXX XXXX Sample				xx	xxx _	MONITOR	REPORT	MONITOR	REPORT	MG/L		*		GRAB	
IRON, DISSOLVED	Measurement	XXXX	XXXX		X	xxx	No Disc	harge	No Dis	charge						
	Permit Requirement	XXXX	xxxx	XXXX	, xx	XXX	MONITOR	REPORT	MONITOR	REPORT	MG/L		*	COM	IPOSI	ГE
IRON, TOTAL	Sample Measurement	xxxx	xxxx		X	xxx	No Disc	harge	No Dis	charge	ļ					
(3rd to 5th Year)	Permit Requirement	XXXX	xxxx	XXXX	X	xxx	MONITOR	REPORT	7	. 0	MG/L		*	COM	IPOSI'	ΓE
рн	Sample Measurement Permit	хххх	XXXX			scharge	XXX	<u>x</u>	<u> </u>	charge ITOR	STD			ļ	<u> </u>	
	Requirement	XXXX	XXXX	XXXX		PORT	XXX	X		ORT	UNITS		*		GRAB	
TOTAL SUSPENDED	Sample Measurement	хххх	хххх		· x:	xxx	No Disc	harge	No Dis	charge					<u></u>	
(1st and 2nd Years)	Permit					xxx	MONITOR		ł		MG/L		*	COM	IPOST	ΓЕ
IRON, TOTAL	Measurement	XXXX	XXXX		x	xxx	No Disc	harge	No Dis	charge						
(1st and 2nd Years)	Permit Requirement	хххх	XXXX	хххх	L	XXX	<u> </u>	REPORT	MONITOR	REPORT	MG/L		*	CON	IPOSI	тE
NAME/TITLE PRINCIPAL PRECUT Christopher H. Mudr Limerick Generating	ick, V.P.	AM FAMILIAR W INQUIRY OF TH THE INFORMAT ACCURATE AND PENALTIES FO POSSTBILITY C	DER PENALTY OF NTH THE INFORM OSE INDIVIDUAL ION, I BELIEV COMPLETE. I OR SUBMITTING OF FINE AND IM	AATION SUBM S IMMEDIAT E THE SUB AM AWARE FALSE IPRISONMENT	ITTED HER ELY RESPO MITTED IN THAT TH INFORMATIC SEE 18	EIN AND E NSIBLE FOR NFORMATION ERE ARE DN, INCL U.S.C. §1	ASED ON MY OBTAINING IS TRUE, SIGNIFICANT UDING THE 001 AND 33	Edward Plant M	W. Calla Manager		000	610	TELEPHONE 718-2000	08	date 08	25
TYPE OR PRI	LNT		(Penalties u nd or maximum				nths and 5		RE OF PRING			AREA CODE	NUMBER .	YEAR	мо	DAY

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

Re 30 (CD05WQM)256-13H

3/31/2011

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Facility Name / Location if different)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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DISCHARGE MONITORING REPORT (DMR)

PRIMARY FACILITY			TATION									FORM 2	APPROVED.			
CLIENT: EXELON G				47686	PZ	005192	6	013, 014	; 015, 016	, 017, 0	18, 019, 03		0. 2040-0004.			
ADDRESS 200 EXEL	ON WAY				PERM	AIT NUM	IBER		DISC	HARGE N	UMBER	Southe	east Region Facsi	mile		
KENNETT	SQUARE, PA 1	9348					MONITO	DRING P	ERIOD			Sample	any one of thes	e outfa	alls.	
SITE LOCATION: 3	146 SANATOGA	ROAD, POTTS	STOWN, PA 1	9464	YEAR	MO	DAY	TO	YEAR	MO	DAY					
MUNICIPALITY: L	IMERICK TOWNS	HIP			08	07	01		08	07	31					
COUNTY: M	ONTGOMERY									NOTE: F	lead instr	uctions	before completing	this for	rm.	
Parameter		QUANT	ITY OR LOAD	DING		Q	UALITY C	R CONCI	ENTRATIC	N	1	NO. EX	FREQUENCY OF ANALYSIS		AMPLE TYPE	·
		AVERAGE	MAXIMUM	UNITS	MINI	MUM	AVEF	AGE	MAX	EMUM	UNITS					
C-BIOCHEMICAL OXYGEN DEMAND	Sample Measurement	XXXX	XXXX		XXX	X	XX	xx	N	R						
(5-DAY)	Permit Requirement	xxxx	хххх	XXXX	XXX	X	xx	xx	REP DAILY	ORT MAX.	MG/L		1 PER YEAR		1 · GRAB	
CHEMICAL OXYGEN DEMAND	Sample <u>Measurement</u> Permit	xxxx	xxxx		XX>	(X	xx	xx		R			1 PER	<u> </u>	1	
	Requirement Sample	XXXX		XXXX	XXX	(X	XX	XX	DAILY		MG/L		YEAR		GRAB	
OIL AND GREASE	Measurement Permit	XXXX	XXXX	-	XXX	XX	XX	XX		R ORT	-		1 PER	+	1	
	Requirement Sample	XXXX	XXXX	XXXX	XXX		XX		DAILY		MG/L		YEAR		GRAB	
ЪH	Measurement Permit Requirement	XXXX XXXX	XXXX XXXX	XXXX			XX XX			ORT MAX	STD UNITS		1 PER YEAR		1 GRAB	
TOTAL SUSPENDED	Sample Measurement	XXXX	XXXX		XXX		XX			IR	011110		TLAN	+	GIGAD	
SOLIDS (TSS)	Permit Requirement	XXXX	XXXX	XXXX	(XX	(X	xx	xx	REF DAILY	PORT MAX.	MG/L		1 PER YEAR		1 GRAB	
TOTAL KJELDAHL	Sample Measurement	XXXX	XXXX		XXX	(X	XX	XX		IR			1.000			
NITROGEN (TKN)	Permit Requirement Sample	XXXX	XXXX	XXXX	XX2	(X	XX	XX	DAILY	ORT MAX.	MG/L		1 PER YEAR	<u> </u>	1 GRAB	
TOTAL PHOSPHORUS	Masquromont	XXXX			XX2	(X	XX	XX		IR PORT	4		1 PER	<u> </u>	1	<u> </u>
	Requirement Sample	XXXX	XXXX	XXXX	XX			<u>xx</u>	DAILY		MG/L		YEAR	+	GRAB	
IRON (DISSOLVED)	Neasurement Permit Requirement	1	XXXX XXXX	XXXX				xx xx		IR PORT	MG/L		1 PER	┼──	1	
NAME/TITLE PRINCIPAL EXEC Christopher H. Muc Limerick Generatin	UTIVE OFFICER Irick, V.P.	I CERTIFY UN AM FAMILIAR I INQUIRY OF TH THE INFORMAT	NDER PENALTY OF WITH THE INFOR HOSE INDIVIDUA TON, I BELIEV COMPLETE, I	LAW THAT MATION SUEN LS IMMEDIAT VE THE SUE	HAVE PERSO HITTED HERE ELY RESPONS MITTED INF	ONALLY EX IN AND B IBLE FOR ORMATION	AMINED AND ASED ON MY OBTAINING IS TRUE,	Edward Plant N					YEAR TELEPHONE	-	GRAB DATE	
TYPE OR P	RINT	PENALTIES F POSSIBILITY (U.S.C. §1319.	OR SUBMITTING OF FINE AND I (Penalties u nd or maximum	G FALSE MPRISONMENT nder these	INFORMATION SEE 18 U. statutes ma	I, INCL S.C. §1(ay includ	UDING THE DO1 AND 30 He fines up	C/	RE OF PININ			610 AREA	718-2000	08	08	2
		years)							OR AUTHOR			CODE	NUMBER	YEAR	MO	DA

COMMENT AND EXPLANATION OF ANY VIOLATIONS

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

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

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DISCHARGE MONITORING REPORT SUPPLIMENTAL FORM LIMERICK GENERATING STATION Limerick Township

For the **MONTH** July

Montgomery County

۱۲	CBOD ₅	COD	O&G	рН	TSS	NH3N	Phos	Iron(dis)
	mg/l	mg/l	mg/l	STD	mg/l	™g/l	mg/l	mg/l
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vg	XXX	ххх	XXX	xxx	XXX	XXX	XXX	XXX
	NR	NR	NR	NR NR	NR	NR	NR	NR
IN	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	tory Name		Reider Assoc		In House?	Yes	Signature:	
2010	RKS:		ICIUCI ASSU	., IIIU.		162	Telephone:	100

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

Facility Name / Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PRIMARY FA	ACILITY:	LIMERICK GEN	ERATING ST	ATION									FORM	APPROVED.			
CLIENT: EX	ELON GENI	ERATION COMPA	NY, LLC-CLIP	INT ID NO. 1	47686	E	A005192	6			021		OMB N	0. 2040-0004.			
ADDRESS: 20	00 EXELON	WAY				PEF	NUM TIM	BER	Γ	DISCH.	ARGE N	UMBER	Southe	east Region Facsi	mile		
KE	ENNETT SO	UARE, PA 19	9348					MONITORING	PE	RIOD			* Cooli	ing tower drift 1	.085, et	.c.	
SITE LOCAT	TION: 314	6 SANATOGA F	ROAD, POTTS	TOWN, PA 19	9464	YEAR	MO	DAY TO	Т	YEAR	MO	DAY					
MUNICIPALI	TTY: LIM	ERICK TOWNSH	IIP			08	07	01		08	07	31					
COUNTY:	MON	TGOMERY					A			A	NOTE: R	ead inst:	ructions	before completing	this for	m	
Parame	eter		OUANT	ITY OR LOAD	TNG	, 	01	JALITY OR CON	ICE				NO.	FREQUENCY		AMPLE	
													EX	OF	1	FYPE	
			AVERAGE	MAXIMUM	UNITS	MIN	IMUM	AVERAGE		MAXI	MUM	UNITS					
C-BIOCHEMIC		Sample Measurement	XXXX	XXXX		XX	xx	XXXX		No Disc	harge						
(5-DAY)		Permit Requirement	XXXX	XXXX	XXXX	XX	xx	xxxx		REPC DAILY		MG/L		1 PER YEAR		1 GRAB	
CHEMICAL ON	DXYGEN	Sample Measurement	XXXX	XXXX		XX	xx	XXXX		No Disc							
DEMAND		Permit Requirement Sample	xxxx	· xxxx	XX	xx	xxxx		REPC DAILY		MG/L		1 PER YEAR		1 GRAB		
OIL AND GRE	EASE	Measurement Permit	xxxx	-	X>	XX	хххх	_	No Disc				1 PER	ļ	1		
		Requirement Sample	XXXX	XXXX	XXXX	<u></u> XX	XXX	XXXX	_	DAILY	MAX.	MG/L	· ·	YEAR		GRAB	
на		Measurement Permit	XXXX	XXXX	-	XX	(XX	XXXX	-+	No Disc REPC		STD		1 PER		1.	
		Requirement Sample	XXXX	XXXX	XXXX		XXX	XXXX		DAILY No Disc		UNITS		YEAR		GRAB	
TOTAL SUSPE		Measurement	XXXX	XXXX		XX	CXX	XXXX				1					
SOLIDS (T\$S))	Permit Requirement	XXXX		xxxx	XX	xx	xxxx		REPC DAILY		MG/L		1 PER YEAR	1	1 GRAB	
TOTAL KJELI NITROGEN (1		Sample Measurement Permit	xxxx	xxxx	-	<u>xx</u>	(XX	XXXX		No Disc		1		1.000		1	
NTIROGEN (11(1)	Requirement Sample	XXXX		XXXX	xx	(XX)	<u>xxxx</u>		DAILY	MAX.	MG/L		1 PER YEAR		GRAB	
TOTAL PHOSI	PHORUS	Measurement Permit	XXXX	XXXX		X	XXX	XXXX	-+	No Disc	-	-		1 PER		1	
		Requirement	XXXX	XXXX	XXXX	XX		XXXX		DAILY	MAX.	·MG/L		YEAR		GRAB	
IRON (DISSO	SOLVED)	Sample Measurement Permit	xxxx	xxxx		<u>xx</u>	KXX	xxxx		No Disc		1		1.222			
		Requirement	XXXX	XXXX	XXXX	X2	xxx	XXXX		REPC DAILY		MG/L		1 PER YEAR		1 GRAB	
<u>HAME/TITLE PRIM</u> Christopher Limerick Ge:	r H. Mudri	ck, V.P. Station	AM FAMILIAR W INQUIRY OF TH THE INFORMATI ACCURATE AND PENALTIES FO POSSIBILITY O	OSE INDIVIDUAI ON, I BELIEV COMPLETE. I OR SUBMITTING F FINE AND IN	MATION SUBN LS IMMEDIAT VE THE SUE AM AWARE G FALSE MPRISONMENT	ITTED HER ELY RESPON MITTED IN THAT THI INFORMATIC SEE 18 0	EIN AND B NSIBLE FOR NFORMATION ERE ARE S DN, INCLU J.S.C. §10	ASED ON MY Edwar OBTAINING Plant IS TRUE, TIGNIFICANT DDING THE 01 AND 33	:d W : Ма	N. Callan nager g_{μ}	*	000	610	TELEPHONE 718-2000	08	DATE 08	25
	TYPE OR PRIN		years)	nd or maximum	imprisonme	nt of bet	ween 6 moi	nths and 5 SIGNA		OF PRINC			AREA CODE	NUMBER	YEAR	мо	DAY

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

3/31/2011

9/30/2010

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Facility Name / Location if different)

PRIMARY FACILITY: LIMERICK GENERATING STATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

FORM APPROVED.

SUBMIT RENEWAL BY 9/30/2010

Page 12 of 13

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DISCHARGE MONITORING REPORT (DMR)

CLIENT:	EXELON	GENERATION COMPA	NY, LLC-CLIP	47686	ı	PA005192	6			020]	OMB NO. 2040-00	04.			
ADDRESS:						PEI	RMIT NUM	BER	1	DISC	HARGE N	UMBER	1	Southeast Region	Facsim	ile	
	KENNETT	SQUARE, PA 19	348					MONIT	ORING E	PERIOD			1	* Sample daily du	ring th	e đis	charc
		3146 SANATOGA R		TOWN, PA 19	464	YEAR	MO	DAY	то	YEAR	MO	DAY	1	cooling towers	throug	h 020	+.
		LIMERICK TOWNSH				08	07	01	1	08	07	31	1				
COUNTY:		MONTGOMERY			· ·				-		NOTE: F	lead inst	ructions	before completing	this for	m	
Para	meter	1.	OUANT	ITY OR LOAD	ING		Q	JALITY C	OR CONC	ENTRATIC	DN N	····	NO.	FREQUENCY	SI	MPLE	
, , , , , , , , , , , , , , , , , , ,			•				-						EX	OF	1 5	TYPE	
				r		 		r		T		<u></u>	4	ANALYSIS			1
			AVERAGE	MAXIMUM			IIMUM	1	RAGE	MAXIMU	M DAILY						
			MONTHLY	DAILY	UNITS		NST -	MON'	THLY	_		UNITS					
1		Sample	No	Nö									1				
FLOW		Measurement	Discharge	Discharge		X	XXX	XX	XX	XX	XX	4	L				
LOW		Permit	MONITOR/	MONITOR/													
		Requirement	REPORT	REPORT	MGD	X	<u> </u>	XX	XXX	XX	XX	XXXX		*	CALO	CULAT	ED
TOTAL CU		Sample						No Die	abaraa	No Die	charge						
TOTAL SUS	PENDED	Measurement Permit	XXXX	XXXX		A	XXX		TOR/	No Dis	charge	4		<u> </u>			
SOLIDS		Requirement	XXXX	XXXX	XXXX	x	XXX		PORT	1	00	MG/L		*		GRAB	- 1
		Sample											1	1			
		Measurement	XXXX	XXXX		No Di	scharge	XX	XXX	No Dis	charge]					
рН		Permit									MAX.	1					
		Requirement	XXXX	· XXXX	XXXX	6	.0	X>		9	.0	MG/L	ļ	*	· · · · · · · · · · · · · · · · · · ·	GRAB	
		Sample												· ·			
		Measurement Permit				<u> </u>						-			+		
		Requirement															
		Sample								1		1		1	+		
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		Permit															_]
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		Sample															
		Measurement						·									
		Permit				1											
		Requirement Sample		<u> </u>		┼───				+			+		+		
		Measurement				1							1				
		Permit		†	1			1		1		1			1		
		Requirement				1											
		Sample															
		Measurement		l	1					 		4	 	ļ			
		Permit											1				
}		Requirement	I OFFICIENT UN	DER PENALTY OF	1.210 001120	L UNVE DEI							+		+	DATE	
		GENTIVE OFFICER udrick, V.P.	AM PAMTLIAR 1	TTH THE INFOR	MATTON SUB	NTOTED HER	REEN AND R	ASED ON M	VEdward	W. Calla	in			TELEPHONE		DATE	
		ing Station	INQUIRY OF TH	HOSE INDIVIDUAL	S IMMEDIAT	ELY RESPO	NSIBLE FOR	OBTAININ	GPlant	Manager 🍂	35						
		5	THE INFORMAT.	ION, I BELIEV COMPLETE. I	E THE SUE	SMITTED I	NFORMATION	IS TRUE		1.0							1 '
				OR SUBMITTING							. /	Y.A	610	718-2000	08	08	25
			POSSIBILITY C	OF FINE AND I	IPRISONMENT	SEE 18	U.S.C. §1	001 AND 3		' n	λ	000		,10 2000		00	
	mater op	DD tum		(Penalties u nd or maximum					· · · ·	ward	$\omega \subseteq$	Illa	AREA				
	TYPE OR	PRIMT	years)	ng or maximum	TUDE I SOUNG	IL OF DEL	ween o ne	neus and	SIGNATU	RE OF PRIN OR AUTHOR			CODE	NUMBER	YEAR	мо	DAY
L		PLANATION OF AN		10 ID . 5													

PERMIT EXPIRES

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

3/31/2011

VIOLATIONS (Reference all attachments here)

EPA FORM 3320-1	(Rev.	9-88)	previous	edition	may	be	Used
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For the MONTH July 2008

Limerick Township Montgomery County

vioniç	gomery Cou				001										
		020			021										
DAY	FLOW GPD	Susp Solids mg/l	TEMP F	pH STD	CBOD₅ mg/l	COD mg/l	O&G mg/l	pH STD	TSS mg/l	NH3N mg/l	Phos mg/l	Iron(dis) mg/l			
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	No Discharge	No Discharge	No Discharge	No Discharge	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx			
	No Discharge	XXX	the second se				No Discharge								
	No Discharge		XXX	No Discharge		XXX	XXX	XXX	XXX	XXX	XXX	XXX			
	pratory Name		M.J. Reider			In House?	Yes	Signature:		\mathcal{A}^{nn}					
	IARKS:								(610) 718-2			·			

NPDES permit PA0051926 for outfall 020,021

Facility Name / Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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Page 13 of 13

DISCHARGE MONITORING REPORT (DMR)

PRIMARY	FACILITY:							FORM APPROVED.											
CLIENT:	EXELON GE	PA0051926 023						OMB NO. 2040-0004.											
ADDRESS:	DRESS 200 EXELON WAY							PERMIT NUMBER DISCHARGE NUMBER						Southeast Region Facsimile					
KENNETT SQUARE, PA 19348						MONITORING PERIOD							* Sample during discharge from drain valu						
	SITE LOCATION: 3146 SANATOGA ROAD, POTTSTOWN, PA 19464							DAY	то	YEAR MO DAY			associ	iated with the ci	rculati	ng wa	ter a		
MUNICIPA		MERICK TOWNSI				08	07	01	-	08	07	31	-	ne Unit 1.					
COUNTY :		NTGOMERY				1		 ,		L	NOTE: R	ead inst	J ructions	before completing	this for	m			
Para	ameter QUANTITY OR LOADING						QUALITY OR CONCENTRATION						NO.	FREQUENCY	Si	SAMPLE			
												EX	OF ANALYSIS		TYPE				
			AVERAGE MONTHLY	MAXIMUM DAILY	UNITS		IMUM IST		ERAGE NTHLY	MAXIMUN	4 DAILY	UNITS							
		Sample	No	No		1				<u> </u>		1							
FLOW		Measurement	Discharge	Discharge		XX	XXXX		XXX	XX	XX	l							
THOM	1	Permit	MONITOR	MONITOR								1	1 1						
		Requirement	REPORT	REPORT	MGD	Xک	XX	Х	XXXX	XX	XX	XXXX		*	ME	ASURE	D		
TOTAL SU	SUGNIDED	Sample	XXXX	XXXX		XXXX		No Di	scharge	No Dis	charge								
SOLIDS **	1	Measurement Permit				XXXX N						{	├ ── ┼	· · · · · · · · · · · · · · · · · · ·					
		Requirement	XXXX	XXXX	XXXX			MONITC	MONITOR REPORT		100 No Discharge			*	G	GRAB			
		Sample		1															
TOTAL RE	F	Measurement	XXXX	XXXX		XXXX XXXX		Х	XXXX	no pricearge									
		Permit Requirement	XXXX	XXXX	XXXX			xxxx		0.2		MG/L		*		GRAB			
	1	Sample	mm		777777								┥────┤		`	JNAD			
На	•	Measurement	XXXX	XXXX		No Discharge		X	XXXX	No Discha									
		Permit			1			1			. MAX	STD							
		Requirement	XXXX	XXXX	XXXX	6	.0	<u> </u>	XXX	9	. 0	UNITS		*	(GRAB			
		Sample Measurement	xxxx	XXXX		· x>	xxx	No Di	ischarge	No Dis	charge								
SPECTRUS	CT1300	Permit						1								·			
		Requirement	xxxx	XXXX	XXXX	x	xxx		0.2	0	. 4	MG/L		*		GRAB			
		Sample								<u> </u>			++	· · · · · · · · · · · · · · · · · · ·		51415			
		Measurement																	
		Permit																	
		Requirement Sample			· · ·	<u> </u>						<u> </u>							
		Measurement								1					1				
	ļ	Permit	i		1			1		1		1	├ ─── †		+				
		Requirement																	
		Sample																	
		Measurement Permit		<u> </u>	4	· · · ·				<u> </u>									
		Requirement		1															
NAME/TITLE P	RINCIPAL EXECU		I CERTIFY UN	DER PENALTY OF	LAW THAT	I HAVE PER	SONALLY E	KAMINED A	ND	<u> </u>		I	╁───┸	TELEPHONE	+	DATE			
	her H. Mudr									W. Calla	n			TEBETHONE					
Limerick	Generating	Station	THE INFORMAT	VITH THE INFOR HOSE INDIVIDUAL ION, I BELIEV	S IMMEDIAT	ELY RESPON	VSIBLE FOR	COBTAINI	NG Plant N	lanager 🎢	38								
			ACCURATE AND	COMPLETE. 1	AM AWARE	тнат тні	ERE ARE :	SIGNIFICA	NT	,,,	•								
				OR SUBMITTING					· ^	\sim	1.1	610	718-2000	08	08	25			
	POSSIBILITY OF FINE AND IMPRISONMENT U.S.C. §1319. (Penalties under these						may includ	le fines	up au		(λ)	.OV.	Į				l		
	TYPE OR PR	TYPE OR PRINT to \$10,000			imprisonme	nt of bet	ween 6 mo	nths and	5 SIGNATUR	RE OF PRIN	CIPAL EXE	CUTIVE	AREA						
L	2		years)				OFFICER OR AUTHORIZED AGENT						CODE	NUMBER	YEAR	MO	DAY		
COMMENT	AND EXPLA	NATION OF AN	Y VIOLATION	NS															
								PERMIT	EXPIRES	5	3/31/20	11	5	SUBMIT RENEWAL B	Y 9/3	30/20	10		

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

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

Re 30 (CD05WQM)256-13K

;

Limerick Township Montgomery County

YAC	FLOW MGD	TSS mg/l	TRO mg/l	pH STD	Spectrus CT 1300 mg/l	
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Avg	No Discharge	No Discharge		XXX	No Discharge	
MAX	No Discharge	÷	No Discharge	No Discharge		
MIN [XXX	XXX	xxx	No Discharge	XXX	
ahor	atory Name :		N/A			Yes

Signature: Telephone: (610) 718-2500

For the MONTH

2008

July

NPDES permit PA0051926 for outfall 023

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name:	Permittee Name: Limerick Generating Station Environmental Laboratory											
Address:	ss: <u>3146 Sanatoga Road</u>											
	Pottstown, F	PA 19464										
								·				
	PERMITI	NUMBER	MONITORING PERIOD Year/Month/Day									
	PA 00	51926	2008	July	01	то	2008	July	31			
PARAMET	ER	ANALYSIS METHOD			IE	6 52	LABI	D NUMBE	R ²			
Spectrus CT-1300	an sinn an sin sin a	GE Methyl Orange	LGS	LGS Environmental Lab			46-01028					
рН		Electrometric	LGS	LGS Environmental Lab			46-01028					
			·				· · · · ·					
Total Residual Oxid	lants	Amperometric Titration	LGS Environmental Lab				46-01028					
Cadmium		EPA 200.7	M.J. Re	ider Assoc	iates, Inc.		06-00003					
Total Suspended S	olids	SM2540D	M.J. Reider Associates, Inc.				06-00003					
Oil and Grease		EPA 1664	M.J. Re	ider Assoc	iates, Inc.		06-00003					
Phosphorous		SM4500P-E	M.J. Re	ider Assoc	iates, Inc.		06-00003					
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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Phone: (610) 718-2000

Signature of Principal Executive Officer or Authorized Agent

Edward W. Callan / Plant Manager

Date: 08/25/08

Coward W Calla