Rec'd 9/15/05

Pennsylvania Department of Environmental Protection

2 Public Square
Wilkes-Barre, PA 18711-0790
September 9, 2005

Northeast Regional Office

570-826-2511
Fax 570-830-3016

Mr. Britt T. McKinney
VP-Nuclear Site Operations
PPL Susquehanna, LLC
769 Salem Boulevard
Berwick, PA 18603-0467

Re: Industrial Waste
PPL Susquehanna, LLC
NPDES Permit No. PA 0047325
Authorization ID No. 578109
Salem Township, Luzerne County

Dear Mr. McKinney:

It has come to my attention that the above referenced NPDES permit, issued on August 5, 2005 by the Department, contained incorrect information on page 9. Outfall 079 was referenced as outfall 001 in the line of text immediately below the Effluent Limitations Table. A new page 9 has been created for your permit. Please note that the new page also includes current changes to the Chesapeake Bay Tributary Nutrient Reduction Strategy monitoring and reporting requirements. The page also includes additional footnotes that have been added to the form over the past few weeks. The corresponding discharge monitoring report page has also been revised to reflect the changes. Please replace these pages in your permit. I apologize for any inconvenience this may have caused.

Should you have any questions, please contact me at the above number to discuss your concerns.

Sincerely,

Brian F. Busher, P.E.
Sanitary Engineer
Water Management Program

Enclosures

PART A - EFFLUENT LIMITATIONS, MONITORING, RECORDKEEPING, AND REPORTING REQUIREMENTS

I. For Outfall 079, **Latitude** 41°05'30", **Longitude** 76°08'30", **River Mile Index**_____, **Stream Code**_____

which receives wastewater from sewage treatment plant

a. The permittee is authorized to discharge during the period from September 1, 2005 through August 31, 2010.

b. Based on the anticipated wastewater characteristics and flows described in the permit application and its supporting documents and/or amendments, the following effluent limitations and monitoring requirements apply (see also Additional Requirements, Footnotes and Supplemental Information).

Discharge Parameter	Effluent Limitations						Monitoring Requirements	
	Mass Units (lbs) (1)		Concentrations (mg/L)				Minimum (6) Measurement Frequency	Required (8) Sample Type
	Monthly(3)	Annual(4)	Minimum	Average Monthly	Maximum			
Ammonia-N	Report		XXX	Report	XXX		2/Month(7)	8 Hr. Comp.
Kjeldahl -N	Report		XXX	Report	XXX		2/Month	8 Hr. Comp.
Nitrate-Nitrite as N	Report		XXX	Report	XXX		2/Month	8 Hr. Comp.
Total Nitrogen(5)	Report	Report	XXX	Report	XXX		2/Month	Calculate
Total Phosphorus	Report	Report	XXX	Report	XXX		2/Month(7)	8 Hr. Comp.

Samples taken in compliance with the monitoring requirements specified above shall be taken at the following location(s): Outfall 079

1. When sampling to determine compliance with mass effluent limitations, the discharge flow at the time of sampling must be measured and recorded.
2. Daily Discharge = Daily Flow x Daily Sample Concentration x 8.34
3. Monthly Mass Load = (The sum of the Daily Discharge / n) x (Number of Days In Month), where n is the number of samples per month.
4. Annual Mass Load = The sum of the Monthly Mass Loads, taken over the last 12 months.
5. Total Nitrogen = Kjeldahl-N + Nitrate-N + Nitrite-N
6. This is the minimum number of sampling events required. Permittees are encouraged, and it may be advantageous in demonstrating compliance, to perform more than the minimum number of sampling events required.
7. If an effluent limit on Ammonia-N or Total Phosphorous, established elsewhere in this permit, requires sampling more frequently than 2/month, that sampling frequency must be observed. The results of this 2/month sampling for nutrients may be used; however, to fulfill the number of samples required at the higher frequency.
8. Required sample type is to be consistent with current permitting requirements.
9. Test Methods:

Parameter	*40CFR Part 136, Table 1B*
1. Kjeldahl nitrogen as nitrogen	31
2. Nitrate-Nitrite as nitrogen	39
3. Phosphorus	50
4. Ammonia as nitrogen	4
5. Total Nitrogen = Kjeldahl-N + Nitrate-Nitrite as nitrogen	

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME PPL Susquehanna, LLC.

ADDRESS 769 Salem Boulevard

Berwick, PA 18063-0467

FACILITY

LOCATION Salem Township, Luzerne County

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

(2-16)	(17-19)
PA-0047325	079
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 9-30-85

Permit Issued/Effective Date: September 1, 2005

Permit Expiration Date: August 31, 2010

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) MONTHLY	ANNUAL	UNITS	(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
Ammonia-N	SAMPLE MEASUREMENT		******	Lbs	******		******				
	PERMIT REQUIREMENT	Report Monthly Load	******		******	Report 30 Day Avg.	******	Mg/L		2/Month	8 Hr. Comp.
Kjeldahl-N	SAMPLE MEASUREMENT		******	Lbs	******		******				
	PERMIT REQUIREMENT	Report Monthly Load	******		******	Report 30 Day Avg.	******	Mg/L		2/Month	8 Hr. Comp.
Nitrate-Nitrite as N	SAMPLE MEASUREMENT		******	Lbs	******		******				
	PERMIT REQUIREMENT	Report Monthly Load	******		******	Report 30 Day Avg.	******	Mg/L		2/Month	8 Hr. Comp.
Total Nitrogen	SAMPLE MEASUREMENT			Lbs	******		******				
	PERMIT REQUIREMENT	Report Monthly Load	Report An Ms Load		******	Report 30 Day Avg.	******	Mg/L		2/Month	Calculate
Total Phosphorus	SAMPLE MEASUREMENT			Lbs	******		******				
	PERMIT REQUIREMENT	Report Monthly Load	Report An Ms Load		******	Report 30 Day Avg.	******	Mg/L		2/Month	8 Hr. Comp.
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

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 USC §1001 AND 33 USC §1319 *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME PPL Susquehanna, LLC.

ADDRESS 769 Salem Boulevard

Berwick, PA 18063-0467

FACILITY

LOCATION Salem Township, Luzerne County

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

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
PA-0047325	079

Form Approved.
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MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) MONTHLY	ANNUAL	UNITS	(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (46-53) MINIMUM	(54-61) AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
Ammonia-N	SAMPLE MEASUREMENT		******	Lbs/							
	PERMIT REQUIREMENT	Report Monthly Load	******		Report	Report 30 Day Avg.	Report Daily Max.	Mg/L		2/Month	8 Hr. Comp.
Kjeldhal-N	SAMPLE MEASUREMENT		******	Lbs/							
	PERMIT REQUIREMENT	Report Monthly Load	******		Report	Report 30 Day Avg.	Report Daily Max.	Mg/L		2/Month	8 Hr. Comp.
Nitrite-N	SAMPLE MEASUREMENT		******	Lbs/							
	PERMIT REQUIREMENT	Report Monthly Load	******		Report	Report 30 Day Avg.	Report Daily Max.	Mg/L		2/Month	8 Hr. Comp.
Nitrate-N	SAMPLE MEASUREMENT		******	Lbs/							
	PERMIT REQUIREMENT	Report Monthly Load	******		Report	Report 30 Day Avg.	Report Daily Max.	Mg/L		2/Month	8 Hr. Comp.
Total Nitrogen	SAMPLE MEASUREMENT			Lbs/							
	PERMIT REQUIREMENT	Report Monthly Load	Report An Ms Load		Report	Report 30 Day Avg.	Report Daily Max.	Mg/L		2/Month	Calculate
Total Phosphorus	SAMPLE MEASUREMENT			Lbs/							
	PERMIT REQUIREMENT	Report Monthly Load	Report An Ms Load		Report	Report 30 Day Avg.	Report Daily Max.	Mg/L		2/Month	8 Hr. Comp.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

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 USC §1001 AND 33 USC §1319 *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

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AREA CODE	NUMBER	YEAR	MO	DAY

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

OLD

Permit No. PA-0047325

PART A - EFFLUENT LIMITATIONS, MONITORING, RECORDKEEPING, AND REPORTING REQUIREMENTS

I. **For Outfall** 079, **Latitude** 41°05'30", **Longitude** 76°08'30", **River Mile Index**_____, **Stream Code**_____

which receives wastewater from _____

a. The permittee is authorized to discharge during the period from September 1, 2005 through August 31, 2010.

b. Based on the anticipated wastewater characteristics and flows described in the permit application and its supporting documents and/or amendments, the following effluent limitations and monitoring requirements apply (see also Additional Requirements, Footnotes and Supplemental Information).

Discharge Parameter	Effluent Limitations						Monitoring Requirements	
	Mass Units (lbs/day) (1)		Concentrations (mg/L)				Minimum (6) Measurement Frequency	Required Sample Type
	Monthly(3)	Annual(4)	Minimum	Average Monthly	Maximum			
Ammonia-N	Report		Report	Report	Report		2/Month	8 Hr. Comp.
Kjeldahl -N	Report		Report	Report	Report		2/Month	8 Hr. Comp.
Nitrite-N	Report		Report	Report	Report		2/Month	8 Hr. Comp.
Nitrate-N	Report		Report	Report	Report		2/Month	8 Hr. Comp.
Total Nitrogen(5)	Report	Report	Report	Report	Report		2/Month	Calculate
Total Phosphorus	Report	Report	Report	Report	Report		2/Month	8 Hr. Comp.

Samples taken in compliance with the monitoring requirements specified above shall be taken at the following location(s): Outfall 001

1. When sampling to determine compliance with mass effluent limitations, the discharge flow at the time of sampling must be measured and recorded.
2. Daily Discharge = Daily Flow * Daily Sample Concentration * 8.34
3. Monthly Mass Load = The sum of the Daily Discharge / n) * (Number of Days In Month), where n is the number of samples per month.
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5. Total Nitrogen = Kjeldahl-N + Nitrate-N + Nitrite-N
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7. Test Methods:

Parameter	*40CFR Part 136, Table 1B*
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