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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

IS HQ FILE COPY

Form Approved  
OMB NO. 154-R0273

Pennsylvania Power & Light Company  
Susquehanna Steam Electric Station  
P. O. Box 467  
Berwick, PA 18603

Salem Township Page 1 of 2  
Luzerne County

Sewage Treatment Plant

*Flow recorder out of service 7/1-7/13,  
and not calibrated until 9/1.*

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.

PA ST	0027448 PERMIT NUMBER	079 DIS	4952 SIC	41°05'23" LATITUDE	76°08'16" LONGITUDE
REPORTING PERIOD FROM		TO			
8   3   0   7   0   1 YEAR   NO   DAY		8   3   0   7   3   1 YEAR   NO   DAY			

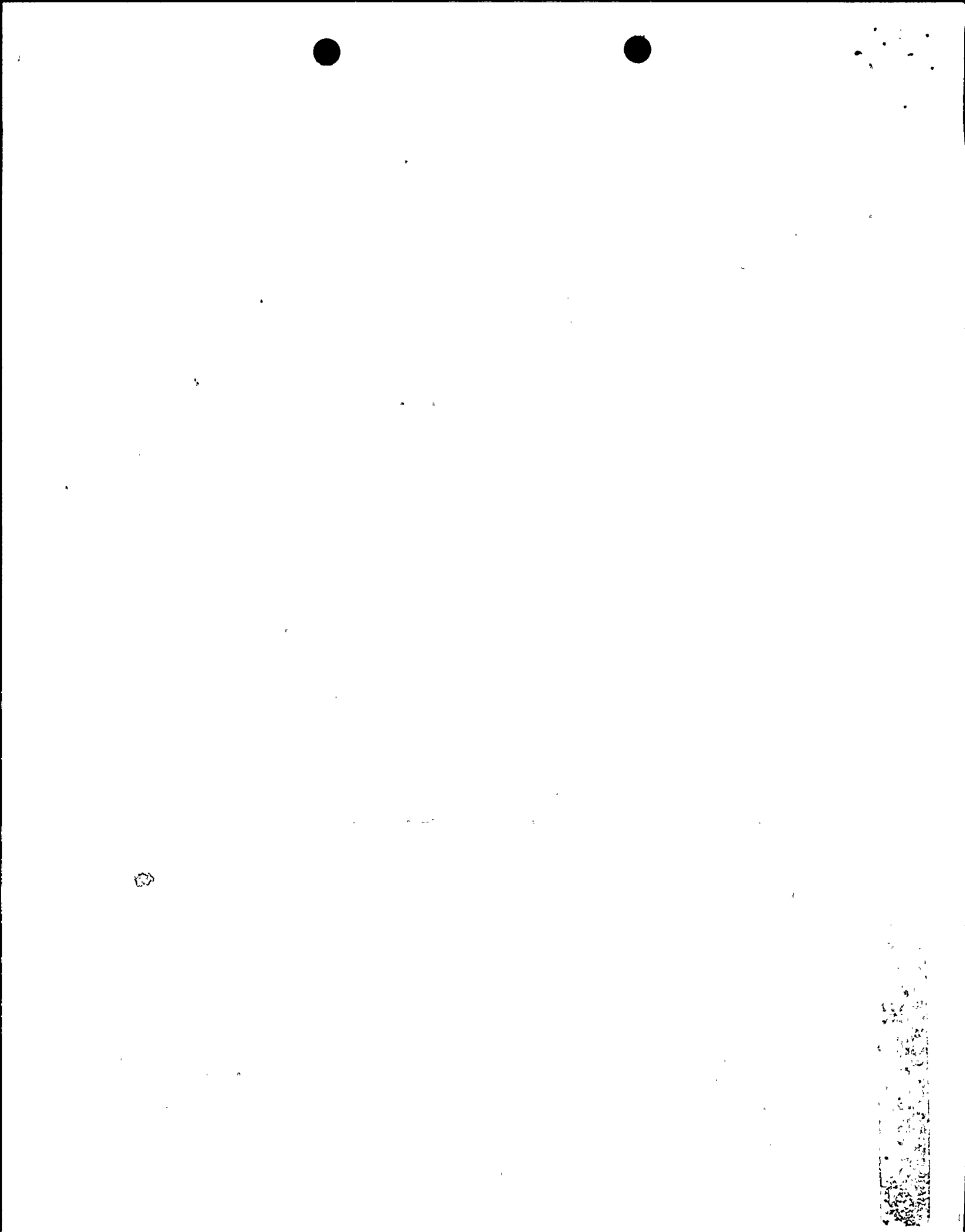
PARAMETER		QUANTITY				UNITS	CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		MINIMUM	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	REPORTED	0.050	0.050	0.050		----	----	----		----	Estimated	(see above)	
	PERMIT CONDITION	N.A.	0.045	N.A.	MGD	----	----	----		----	Daily	Pump or Weir Rate	
BOD(5 day)	REPORTED	***	19.2	***	Lbs/Day	----	46	----		----	1/Month	8 hr. composite	
	PERMIT CONDITION	N.A.	11.3	N.A.	Day	----	30	N.A.	Mg/1	----	1/Month	8 hr. Composite	
T.S.S.	REPORTED	***	20.0	***	Lbs/Day	----	48	----		----	1/Month	8 hr. composite	
	PERMIT CONDITION	N.A.	11.3	N.A.	Day	----	30	N.A.	Mg/1	----	1/Month	8 hr. Composite	
Fecal Coliform 10/1 thru 4/30	REPORTED	***	***	***	----	----	***	***	No./100m1	*	***	***	
	PERMIT CONDITION	***	***	***	----	----	N.A.	2,000/100m1	N.A.	100m1	1/Month	Grab	
Fecal Coliform 5/1 thru 9/30	REPORTED	***	***	***	----	----	***	23	***	0	1/Month	Grab	
	PERMIT CONDITION	***	***	***	----	----	N.A.	200/100m1	1,000/100m1	No./100m1	1/Month	Grab	
pH	REPORTED	***	***	***	----	----	6.2	7.0	7.5	Std.	0	Daily	Grab
	PERMIT CONDITION	***	***	***	----	----	6.0	N.A.	9.0	Units	0	Daily	Grab
Chlorine Residual	REPORTED	***	***	***	----	----	0.1	1.0	3.0			Daily	Grab
	PERMIT CONDITION	***	***	***	----	----	N.A.	N.A.	N.A.	Mg/1		Daily	Grab
Percent Removal BOD <sub>5</sub>	REPORTED	----	84.2	----			***	***	***			1/Month	8 hr. composite
	PERMIT CONDITION	N.A.	85	N.A.	%		***	***	***			1/Month	8 hr. Composite

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE
Kauffman, John	Exec. V.P.-Operations	8   3   0   9   0   6 YEAR   NO   DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

*[Signature]*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DE25  
1/1



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

Form Approved  
OMB NO. 154-R0073

Pennsylvania Power & Light Company  
Susquehanna Steam Electric Station  
P. O. Box 467  
Berwick, PA 18603

Salem Township  
Luzerne County

Page 2 of 2

Sewage Treatment Plant

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.

PA ST 16-181 0027448 PERMIT NUMBER

117-100 079 DIS 4952 SIC

130-211 122-23 124-23 8 3 0 7 0 1 REPORTING PERIOD FROM YEAR MO DAY

126-271 128-281 130-311 8 3 0 7 3 1 TO YEAR MO DAY

41°05'23" 76°08'16"  
LATITUDE LONGITUDE

PARAMETER	REPORTED	QUANTITY				UNITS	NO. EX	CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS			MINIMUM	AVERAGE	MAXIMUM	UNITS		
Percent Removal Total Suspended Solids	REPORTED	---	90.7	---		-	----	----	----		1/Month	8 hr. composite	
	PERMIT CONDITION	N.A.	85	N.A.	%		----	----	----		1/Month	8 hr. Composite	
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER: Kauffman, John T.  
TITLE OF THE OFFICER: Exec. V.P. - Operations  
DATE: 8 3 0 9 0 1 6  
YEAR MO DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

*John T. Kauffman*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

NAME PENNSYLVANIA P & L - SUSQUHUNNA  
 ADDRESS TWO NORTH NINTH STREET  
 ALLENTOWN PA 18101

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

PA0047325 PERMIT NUMBER  
 041 A DISCHARGE NUMBER

Form Approved OMB No. 2040-0004 Expires 2-29-84  
 F - FINAL LIMITS COOLING TOWER BLOWDOWN OUTFALL

FACILITY  
 LOCATION

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
83	07	01	83	07	31
(20-21)	(22-21)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: J.T. KAUFFMAN, EXEC. VICE PRES

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			(46-53) (54-51)		NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 5 0 N/A UPSTREAM MONITORING	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	---	N/A	---	---
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	---	DEG-F	---	SEE PERMIT
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 6 0 N/A DOWNSTREAM MONITOR	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	---	N/A	---	---
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	87	DEG-F	---	SEE PERMIT
									INST-MX			
FEMP DIFF. BETWEEN SAMPLE AND UPSTREAM 00018 6 0 N/A DOWNSTREAM MONITOR	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	---	N/A	---	---
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	5.0	DEG-F	---	SEE PERMIT
									INST-MX			
PH 00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	7.9	*****	*****	*****	8.6	0	Daily	Grab
	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	*****	*****	9.0	SU	DAILY	GRAB
					MINIMUM				MAXIMUM			
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	25.6	*****	*****	76.0	0	Daily	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	200	MG/L	DAILY	GRAB
									DAILY MX			
IRON, TOTAL (AS FE) 01045 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.87	*****	*****	3.98	0	Weekly	Gr
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	7.0	MG/L	WEEKLY	GRAB
									DAILY MX			
FLOW, IN CONDUIT OR THRU TREATMENT PLAN 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	> 10.08	> 10.08	*****	*****	*****	*****	*****	*****	*	Daily	Record
	PERMIT REQUIREMENT	14.4	*****	MGD	*****	*****	*****	*****	*****	*****	DAILY	RCORDR
		AVERAGE										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Kauffman, John T.  
 Executive Vice President-Operations  
 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 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.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
*J. Kauffman*

TELEPHONE 215 770-5842  
 DATE 83 9 6  
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 EFFLUENT QUALITY NEED NOT EXCEED THE QUALITY OF THE RAW WATER SUPPLY.  
 CHLORINE MONITORED WHEN ADDED. SEE PERMIT FOR OTHER CHLORINE, IRON & TSS DISCHARGE SPECS.  
 FOR THIS AND ALL OTHER PIPES: NO PCB'S SHALL BE DISCHARGED.

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

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

Form Approved OMB No. 2040-0004 Expires 2-29-84

NAME PENNSYLVANIA P & L - SUSQUHUNNA  
 ADDRESS TWO NORTH NINTH STREET  
ALLENTOWN PA 18101

PA0047325  
 PERMIT NUMBER

041 A  
 DISCHARGE NUMBER

F - FINAL LIMITS  
 COOLING TOWER BLOWDOWN OUTFALL

FACILITY \_\_\_\_\_  
 LOCATION \_\_\_\_\_

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
83	07	01	83	07	31
(120-21)	(122-23)	(124-25)	(126-27)	(128-29)	(130-31)

NOTE: Read instructions before completing this form.

ATTN: J.T. KAUFFMAN, EXEC. VICE PRES

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
CHLORINE, FREE AVAILABLE 50064 1 0		0.6	2.1	LBS/DY	*****	< 0.08	0.30	MG/L	0	Daily Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.0 DAILY AV.	5.0 DAILY MX		*****	0.2 DAILY AV.	0.5 DAILY MX			DAILY GRAB
TEMPERATURE RATE OF CHANGE DEG. F/HOUR 74029 0 N/A	SAMPLE MEASUREMENT	---	---	DEG F/HOUR	*****	*****	*****	*****	---	---
DOWNSTREAM MONITOR	PERMIT REQUIREMENT	*****	N/A 2.0 INST. MX	N/A	*****	*****	*****	*****	---	SEE PERMIT
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Kauffman, John T.  
 Executive Vice President-Operations  
 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 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.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
*J. Kauffman*

TELEPHONE 215 770-5842  
 DATE 83 9 6  
 AREA CODE NUMBER YEAR MO DAY

EFFLUENT QUALITY NEED NOT EXCEED THE QUALITY OF THE RAW WATER SUPPLY.  
 CHLORINE MONITORED WHEN ADDED. SEE PERMIT FOR OTHER CHLORINE, IRON & TSS DISCHARGE SPECS.  
 FOR THIS AND ALL OTHER PIPES: NO PCB'S SHALL BE DISCHARGED.

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

F - FINAL LIMITS  
OUTFALL 042

ONLY ONE DISCHARGE WAS MADE FROM  
THIS OUTFALL DURING MONTH.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME PENNSYLVANIA P & L - SUSQUHUNNA  
ADDRESS TWO NORTH NINTH STREET  
ALLENTOWN PA 18101

FACILITY \_\_\_\_\_  
LOCATION \_\_\_\_\_

PA0047325  
PERMIT NUMBER

042 A  
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
83	07	01	83	07	31
(20-31)	(22-29)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: J.T. KAUFFMAN, EXEC. VICE PRES

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH		*****	*****	*****	7.6	*****	7.6	0	1/Month	Grab
00400 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU	TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED		1.73	1.73		*****	14.8	14.8	0	1/Month	Grab
00530 1 0 EFFLUENT GROSS VALUE		5.75 DAILY AV	19.18 DAILY MX	LBS/DY	*****	30 DAILY AV	100 DAILY MX	MG/L	ONCE/MONTH	GRAB
OIL AND GREASE FREON EXTRACTION - GRAV.		0.34	0.34		*****	2.9	2.9	0	1/Month	Grab
00556 1 0 (1) EFFLUENT GROSS VALUE		2.88 DAILY AV	3.84 DAILY MX	LBS/DY	*****	15 DAILY AV	20 DAILY MX	MG/L	ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLAN		0.014	0.014		*****	*****	*****	*****	*	Daily Measrd.
50050 1 0 EFFLUENT GROSS VALU		0.023 AVERAGE	*****	MGD	*****	*****	*****	*****	*	DAILY MEASRD
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Kauffman, John T. Executive Vice President- Operations	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 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 <i>J.T. Kauffman</i>	TELEPHONE 215 770-5842	DATE 8 3 9 6	
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all applicable laws)  
THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.

(1) We also have EPA approval to use a MODIFIED PARTITION - IR METHOD.

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

NAME PENNSYLVANIA P & L - SUSQUHUNNA  
 ADDRESS TWO NORTH NINTH STREET  
ALLENTOWN PA 18101

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

(2-16) PA0047325 (17-19) 043 A  
 PERMIT NUMBER DISCHARGE NUMBER

F - FINAL LIMITS  
 UNIT 1 TURBINE BUILDING - 043  
 Form Approved  
 OMB No. 2040-0004  
 Expires 2-29-84

FACILITY \_\_\_\_\_  
 LOCATION \_\_\_\_\_

MONITORING PERIOD  
 FROM YEAR 83 MO 07 DAY 01 TO YEAR 83 MO 07 DAY 31  
(12-31) (12-31) (12-31) (12-31) (12-31) (12-31)

NOTE: Read instructions before completing this form.

ATTN: J.T. KAUFFMAN, EXEC. VICE PRES

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.61	*****	8.2	0	5/Month	Grab
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU	TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	0.38	0.51		*****	2.7	3.6	0	5/Month	Gr
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	5.75 DAILY AV	19.18 DAILY MX	LBS/DY	*****	30 DAILY AV	100 DAILY MX	MG/L	ONCE/MONTH	GRAB
OIL AND GREASE, FREON EXTRACTION - GRAV	SAMPLE MEASUREMENT	0.30	0.67		*****	2.1	4.7	0	5/Month	Grab
00556 1 0 (1) EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.88 DAILY AV	3.84 DAILY MX	LBS/DY	*****	15 DAILY AV	20 DAILY MX	MG/L	ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.017	0.017		*****	*****	*****	*****	*	Daily
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.023 AVERAGE	*****	MGD	*****	*****	*****	*****	*****	DAILY MEASRD
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Kauffman, John T.  
 Executive Vice President-  
 Operations

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.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
*J.T. Kauffman*

TELEPHONE 215 770-5842  
 DATE 83 9 6  
AREA CODE NUMBER YEAR MO DAY

THE REASSEMBLED REPORT DISCLOSES NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.

(1) We also have EPA approval to use a MODIFIED PARTITION - IR METHOD.

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

F - FINAL LIMITS  
UNIT 2 TURBINE BUILDING: 044

NO DISCHARGE FROM THIS OUTFALL  
DURING MONTH.

NOTE: Read instructions before completing this form.

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

NAME PENNSYLVANIA P & L - SUSQUHUNNA  
ADDRESS TWO NORTH NINTH STREET  
ALLENTOWN PA 18101

PA0047325  
PERMIT NUMBER

044 A  
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
83	07	01	83	07	31
(20-21)	(22-24)	(24-25)	(26-27)	(28-29)	(30-31)

FACILITY  
LOCATION

ATTN: J.T. KAUFFMAN, EXEC. VICE PRES

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****				
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU	TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	NO DISCHARGE			*****					
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	5.75 DAILY AV	19.18 DAILY MX	LBS/DY	*****	30 DAILY AV	100 DAILY MX	MG/L	ONCE/MONTH	GRAB
OIL AND GREASE FREON EXTRACTION - GRAV.	SAMPLE MEASUREMENT				*****					
00556 1 0 (1) EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.88 DAILY AV	3.84 DAILY MX	LBS/DY	*****	15 DAILY AV	20 DAILY MX	MG/L	ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT				*****	*****	*****	*****	*	
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.023 AVERAGE	*****	MGD	*****	*****	*****	*****	*****	DAILY MEASRD
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Kauffman, John T.  
Executive Vice President-Operations  
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 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.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
*J. Kauffman*

TELEPHONE 215 770-5842  
DATE 83 9 6  
AREA CODE NUMBER YEAR MO DAY

WHERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.

(1) We also have EPA approval to use a MODIFIED PARTITION - IR METHOD.



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

NAME PENNSYLVANIA P & L - SUSQUHNA  
 ADDRESS TWO NORTH NINTH STREET  
ALLENTOWN PA 18101  
 FACILITY \_\_\_\_\_  
 LOCATION \_\_\_\_\_

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

(2-16) PA0047325 (17-19) 046 A  
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD  
 FROM 83 07 01 TO 83 07 31  
(10-31) (12-31) (14-31) (16-31) (18-31) (30-31)

Form Approved  
 OMB No. 2040-0004  
 Expires 2-29-84  
 F - FINAL LIMITS  
 ACID UNLOADING PAD: 046

NO DISCHARGE FROM THIS OUTFALL DURING MONTH.

NOTE: Read instructions before completing this form.

ATTN: J. T. KAUFFMAN, EXEC. VICE PRES

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
PH		*****	*****	*****		*****							
00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	6.0	*****	9.0	SU			TWICE/GRAB	MONTH	
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM						
SOLIDS, TOTAL SUSPENDED		NO DISCHARGE			*****								
00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.75	2.5	LBS/DY	*****	30	100	MG/L			ONCE/GRAB	MONTH	
	PERMIT REQUIREMENT	DAILY AV	DAILY MX		*****	DAILY AV	DAILY MX						
OIL AND GREASE FREON EXTRACTION - GRAV					*****								
00556 1 0 (1) EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.38	0.5	LBS/DY	*****	15	20	MG/L			ONCE/GRAB	MONTH	
	PERMIT REQUIREMENT	DAILY AV	DAILY MX		*****	DAILY AV	DAILY MX						
FLOW, IN CONDUIT OR THRU TREATMENT PLANT					*****	*****	*****	*****	*				
50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.003	*****	MGD	*****	*****	*****	*****	*****		ONCE/ESTIMA	DISCHG	
	PERMIT REQUIREMENT	AVERAGE			*****	*****	*****	*****	*****				
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Kauffman, John T.  
Executive Vice President-  
Operations  
 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 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

TELEPHONE \_\_\_\_\_ DATE \_\_\_\_\_  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT J. T. Kauffman  
 215 770-5842 83 9 6  
 AREA CODE NUMBER YEAR MO DAY

WHERE APPROPRIATE, NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.

(1) We also have EPA approval to use a MODIFIED PARTITION - IR METHOD.

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

F - FINAL LIMITS  
UNIT 1 CONDENSATE TANK: 047

NO DISCHARGE FROM THIS OUTFALL  
DURING MONTH.

NOTE: Read instructions before completing this form.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME PENNSYLVANIA P & L - SUSQUHUNNA  
ADDRESS TWO NORTH NINTH STREET  
ALLENTOWN PA 18101  
FACILITY  
LOCATION

PA0047325  
PERMIT NUMBER

047 A  
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
83	07	01	83	07	31
(20-21)	(22-24)	(24-25)	(26-27)	(28-29)	(30-31)

ATTN: J.T. KAUFFMAN, EXEC. VICE PRES

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	NO DISCHARGE	.024	*****	MGD	*****	*****	*****	*	SEE PERMIT	
	PERMIT REQUIREMENT	AVERAGE								
	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 Kauffman, John T. Executive Vice President- Operations	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 <i>JT Kauffman</i>	TELEPHONE	DATE		
TYPED OR PRINTED			215   770-5842	83	7	6

OTHER AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.  
THIS DMR MONITORS RAINWATER DISCHARGE COLLECTED IN DIKED AREA SURROUNDING UNIT 1 Condensate Storage Tank.

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

F - FINAL LIMITS  
UNIT 2 CONDENSATE TANK: 048

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME PENNSYLVANIA P & L - SUSQUHUNNA  
ADDRESS TWO NORTH NINTH STREET  
ALLENTOWN PA 18101

PA0047325  
PERMIT NUMBER

048 A  
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
83	07	01	83	07	31
(20-21)	(22-21)	(24-25)	(26-27)	(28-29)	(30-31)

NO DISCHARGE FROM THIS OUTFALL DURING MONTH.

NOTE: Read instructions before completing this form.

ATTN: J.T. KAUFFMAN, EXEC. VICE PRES

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		NO DISCHARGE			*****	*****	*****	*****	*	
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.019 AVERAGE	*****	MGD	*****	*****	*****	*****		SEE PERMIT
	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  
Kauffman, John T.  
Executive Vice President-  
Operations  
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 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.)

*J. T. Kauffman*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 215 770-5842  
DATE: 83 9 6  
AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.  
THIS DMR MONITORS RAINWATER DISCHARGE COLLECTED IN DIKED AREA SURROUNDING UNIT 2 Condensate Storage Tank.



Pennsylvania Power & Light Company

Two North Ninth Street • Allentown, PA 18101 • 215 / 770-5151

Bruce D. Kenyon  
Vice President-Nuclear Operations  
215/770-7502

AUG 30 1983

Dr. Thomas E. Murley  
Regional Administrator, Region I  
U.S. Nuclear Regulatory Commission  
631 Park Avenue  
King of Prussia, PA 19406

SUSQUEHANNA STEAM ELECTRIC STATION  
SEMI-ANNUAL RADIOACTIVE EFFLUENT  
RELEASE REPORT  
ER 100450                      FILES 890-13/841  
PLA-1810

Docket No. 50-387

Dear Dr. Murley:

In accordance with 10CFR50.36a(a) (2) and Susquehanna SES Unit 1 Technical Specifications Section 6.9.1.11, attached is the Semi-Annual Radioactive Effluent Release Report for SSES Unit 1 covering the period January 1 through June 30, 1983.

Very truly yours,

B. D. Kenyon  
Vice President-Nuclear Operations

cc: Director  
Office of Inspection & Enforcement  
U.S. Nuclear Regulatory Commission  
Washington, D.C. 20555

Director of Nuclear Reactor Regulation  
Attention: Mr. A. Schwencer, Chief  
Licensing Branch No. 2  
Division of Licensing  
U.S. Nuclear Regulatory Commission  
Washington, D.C. 20555

Mr. R. L. Perch - USNRC  
Mr. G. G. Rhoads - USNRC  
Mr. R. Nimitz - USNRC

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US NRC  
REGION I

'83 AUG 31 PM 1 59