

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

NAME PENNSYLVANIA P & L - SUSQUHUNNA

ADDRESS TWO NORTH NINTH STREET

ALLENTOWN

PA 18101

FACILITY

LOCATION

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

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

(2-16)

(17-19)

F - FINAL LIMITS
OUTFALL 042

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

PA0047325

042 A

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
83	02	01		83	03	31
(20-21)	(22-21)	(24-25)		(26-27)	(28-29)	(30-31)

S&A Low Volume Sump

Only one discharge was made during August.

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH		*****	*****	*****	7.3	*****	7.3	0	1/mon.	Grab
00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU	TWICE MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	1.96	1.96		*****	16.8	16.8	0	1/mon.	Grab
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	5.75 DAILY AV	19.10 DAILY MX	LBS/DY	*****	30 DAILY AV	100 DAILY MX	MG/L	ONCE/ MONTH	GRAB
OIL AND GREASE FREON EXTRACTION - GRAV	SAMPLE MEASUREMENT	0.16	0.16		*****	1.4	1.4	0	1/mon.	Grab
00556 1 0 (1) EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.28 DAILY AV	3.84 DAILY MX	LBS/DY	*****	15 DAILY AV	20 DAILY MX	MG/L	ONCE/ MONTH	GRAB
FLOW, IN CONDUIT DR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.014	0.014		*****	*****	*****	*****	* Daily	measrd.
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									

8310110197 830926
PDR ADOCK 05000387
R PDR

FILE COPY

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.)

J. Kauffman
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 215 770-5842
DATE 83 9 26
AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (If none, state "no violations")
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

FACILITY

LOCATION

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

(2-16)

(17-19)

PA0047325

PERMIT NUMBER

043 A

DISCHARGE NUMBER

F - FINAL LIMITS

UNIT 1 TURBINE BUILDING - 043

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

Only one discharge made during August.

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	83	08	01		83	08	31
	(20-31)	(22-31)	(24-31)		(26-31)	(28-31)	(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 (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	7.8	0	1/mon.	Grab
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU	TWICE MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	0.85	0.85		*****	6.0	6.0	0	1/mon.	Gr
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	5.75 DAILY AV	19.18 DAILY MX	LBS/D	*****	30 DAILY AV	100 DAILY MX	MG/L	ONCE/ MONTH	GRAB
OIL AND GREASE FREON EXTRACTION - GRAV	SAMPLE MEASUREMENT	0.15	0.15		*****	1.06	1.06	0	1/mon.	Grab
00556 1 0 (1) EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.88 DAILY AV	3.84 DAILY MX	LBS/D	*****	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	Measrd
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 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
J. Kauffman

TELEPHONE 215 770-5842
DATE 83 9 26

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference to laws, rules and regulations)
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)

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

(2-16)
PA0047325
 PERMIT NUMBER

(17-19)
044 A
 DISCHARGE NUMBER

F - FINAL LIMITS
 UNIT 2 TURBINE BUILDING: 044

FACILITY _____
 LOCATION _____

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
83	03	01	83	03	31
(12-31)	(12-31)	(12-31)	(12-31)	(12-31)	(12-31)

No discharge from this outfall during August.

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			
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				*****					
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	SAMPLE MEASUREMENT				*****					
FREON EXTRACTION - GRAV	PERMIT REQUIREMENT	2.88 DAILY AV	3.84 DAILY MX	LBS/DY	*****	15 DAILY AV	20 DAILY MX	MG/L	ONCE/MONTH	GRAB
00556 1 0 (1) EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NO DISCHARGE				*****	*****	*****	*	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	0.023 AVERAGE	*****	MGD	*****	*****	*****	*****	DAILY	MEASRD
50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

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

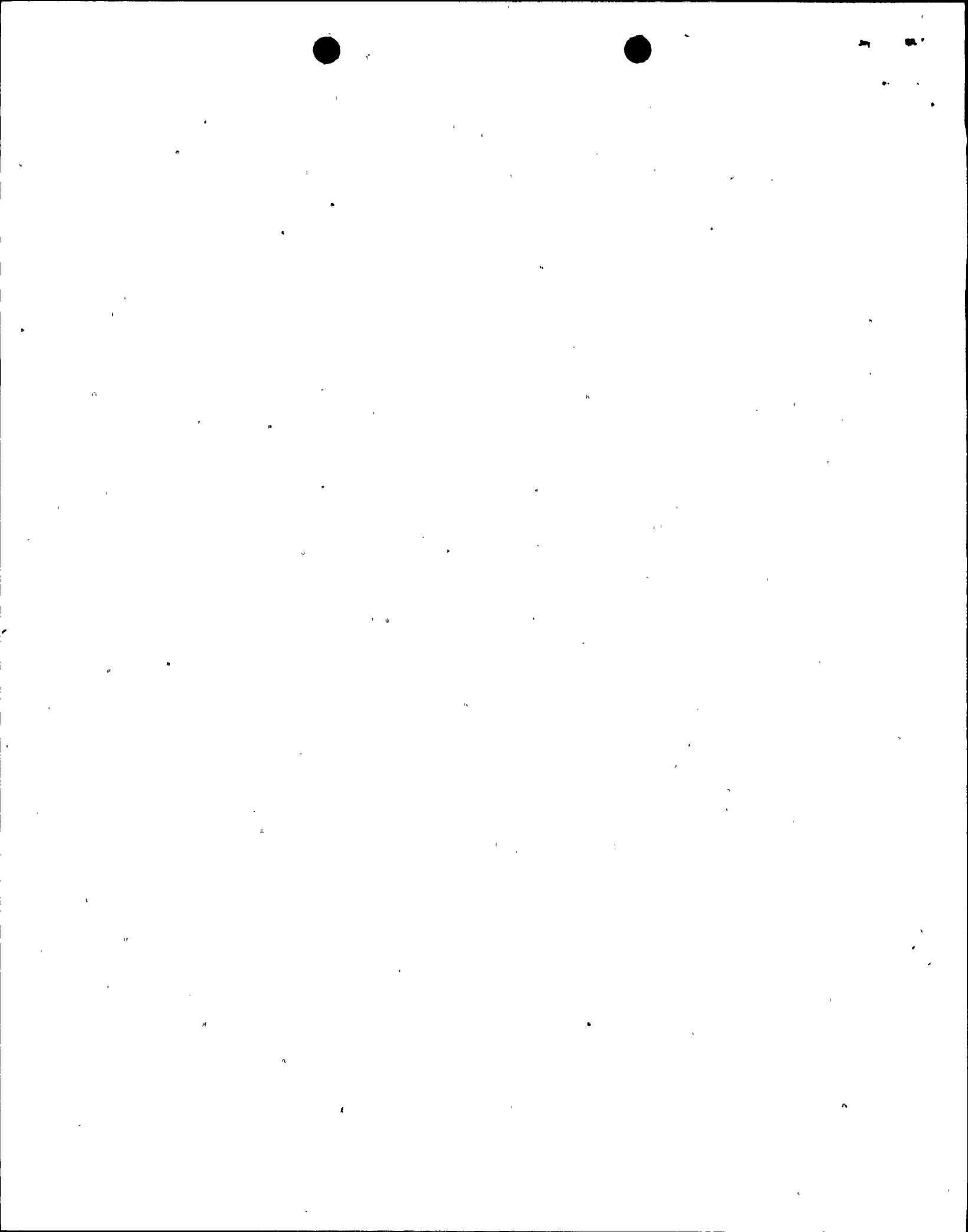
I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT 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.)

J. Kauffman
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 215 770-5842
 DATE 83 9 26

WHERE APPLICABLE, 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 - SUSQUHNA
 ADDRESS TWO NORTH NINTH STREET
ALLENTOWN PA 18101

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

(2-16) PA0047325 (17-19) 047 A
 PERMIT NUMBER DISCHARGE NUMBER

Form Approved
 OMB No. 2040-0004
 Expires 2-29-84
 F - FINAL LIMITS
 UNIT 1 CONDENSATE TANK: 047

FACILITY _____
 LOCATION _____

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
83	08	01	83	03	31
(12-31)	(12-31)	(12-31)	(12-31)	(12-31)	(12-31)

No discharge during August

NOTE: Read instructions before completing this form.

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

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (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 50050 1 0 EFFLUENT GROSS VALUE	NO DISCHARGE	.024	*****	MGD	*****	*****	*****	*****	SEE PERMIT	
	PERMIT REQUIREMENT									
	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.)

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

TELEPHONE 215 770-5842
 DATE 83 9 26
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS OF FLOTTING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.
 THIS DMR MONITORS RAINWATER DISCHARGE COLLECTED IN DIKED AREA SURROUNDING UNIT 1 Condensate Storage Tank.



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

NAME PENNSYLVANIA P & L - SUSQUHNA
 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

Form Approved OMB No. 2040-0004 Expires 2-29-84
 F - FINAL LIMITS
 UNIT 2 CONDENSATE TANK: 048

FACILITY _____
 LOCATION _____

MONITORING PERIOD
 FROM 83 03 01 TO 83 03 31
 (12-31) (12-29) (12-25) (12-27) (12-29) (12-31)

No Discharge during August

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 50050 1 0 EFFLUENT GROSS VALUE	NO DISCHARGE	0.019 AVERAGE	*****	MGD	*****	*****	*****	*	SEE PERMIT	
	PERMIT REQUIREMENT									
	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 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
J. Kauffman

TELEPHONE 215 770-5842
 DATE 83 9 26
 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.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 154-0003

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

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/Mo. 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 8 0 1 YEAR MO DAY		8 3 0 8 3 1 YEAR MO DAY			

PARAMETER		QUANTITY				UNITS	CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	NO. EX		MINIMUM	AVERAGE	MAXIMUM				
Flow	REPORTED	0.013	0.039	0.061			****	****	****			Daily	Weir
	PERMIT CONDITION	N.A.	0.045	N.A.	MGD		****	****	****			Daily	Pump or Weir Rate
BOD(5 day)	REPORTED	***	4.7	***	Lbs/Day		***	19	---			1/Month	8 hr. composite
	PERMIT CONDITION	N.A.	11.3	N.A.	Day		N.A.	30	N.A.	Mg/1		1/Month	8 hr. Composite
T.S.S.	REPORTED	Not Determined			Lbs/Day		Not Determined			---		0/Month	***
	PERMIT CONDITION	N.A.	11.3	N.A.	Day		N.A.	30	N.A.	Mg/1		1/Month	8 hr. Composite
Fecal Coliform 10/1 thru 4/30	REPORTED	****	****	****			***	***	***	No./100ml	*	****	****
	PERMIT CONDITION	****	****	****			N.A.	2,000/100ml	N.A.	100ml		1/Month	Grab
Fecal Coliform 5/1 thru 9/30	REPORTED	****	****	****			***	50	***	No./100ml	0	1/Month	Grab
	PERMIT CONDITION	****	****	****			N.A.	200/100ml	1,000/100ml	100ml		1/Month	Grab
pH	REPORTED	****	****	****			5.2	6.0	6.7	Std.	13	Daily	Grab
	PERMIT CONDITION	****	****	****			6.0	N.A.	9.0	Units	0	Daily	Grab
Chlorine Residual	REPORTED	****	****	****			< .05	2.01	> 3.0			Daily	Grab
	PERMIT CONDITION	****	****	****			N.A.	N.A.	N.A.	Mg/1		Daily	Grab
Percent Removal BOD	REPORTED	---	89.5	---	%		****	****	****			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 2 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.

J. Keenan
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OIA 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 0027448 PERMIT NUMBER

079 4952
DHS SIC

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

REPORTING PERIOD FROM 8/30/80 TO 8/31/80
YEAR MO DAY

PARAMETER	REPORTED	QUANTITY				CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		
Percent Removal Total Suspended Solids	REPORTED	Not Determined				Instantaneous				0/Month	***
	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: 8/31/80
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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]



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

NAME PENNSYLVANIA P & L - SUSQUHNA

ADDRESS TWO NORTH NINTH STREET

ALLENTOWN PA 18101

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA0047325

041 A

PERMIT NUMBER

DISCHARGE NUMBER

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

F - FINAL LIMITS COOLING TOWER BLOWDOWN OUTFALL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
83	03	01		83	08	31
(12-31)	(12-31)	(12-31)		(12-31)	(12-31)	(12-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53) (34-61)				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	*****	*****	*****	*****	*****	*****	*****	---	TOTA	---	---
	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	---
TEMP DIFF. BETWEEN SAMPLE AND UPSTREAM DOWNSTREAM MONITOR 00018 6 0 N/A	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	---	N/A	---	---
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	5.0	DEG.F	SEE PERMIT	---
PH 00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	*****	*****	0	Daily	Grab	---
	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	*****	*****	9.0	SU	DAILY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	Daily	Grab	---
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	200	MG/L	DAILY	GRAB
IRON, TOTAL (CAS FE) 01045 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	Weekly	Gr	---
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	7.0	MG/L	WEEKLY	GRAB
FLOW, IN CONDUIT DR THRU TREATMENT PLAN 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	>9.04	>10.08	MGD	*****	*****	*****	*****	*	Daily	Rcordr	---
	PERMIT REQUIREMENT	14.4	*****	MGD	*****	*****	*****	*****	*****	DAILY	RCORDR	---

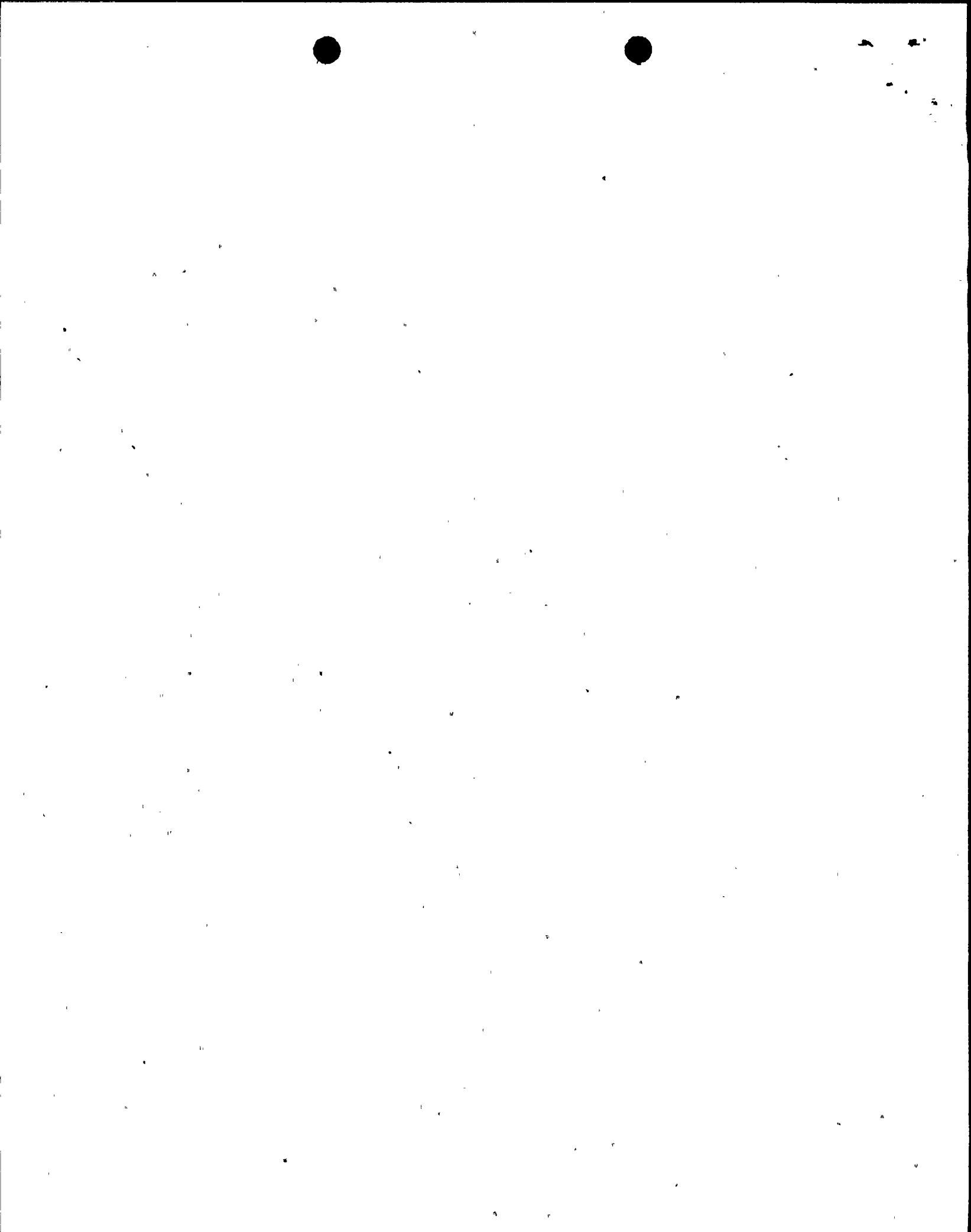
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Kauffman, John T.
 Executive Vice President-
 Operations

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
J. Kauffman

TELEPHONE 215 770-5842
 DATE 83 9 26

COMMENT AND EXPLANATION OF ANY VIOLATIONS (References all attachments):
 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)

NAME PENNSYLVANIA P & L - SUSQUHNA
 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

F - FINAL LIMITS
 COOLING TOWER BLOWDOWN OUTFALL

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

FACILITY
 LOCATION

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
83	03	01		83	03	31

NOTE: Read instructions before completing this form.

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

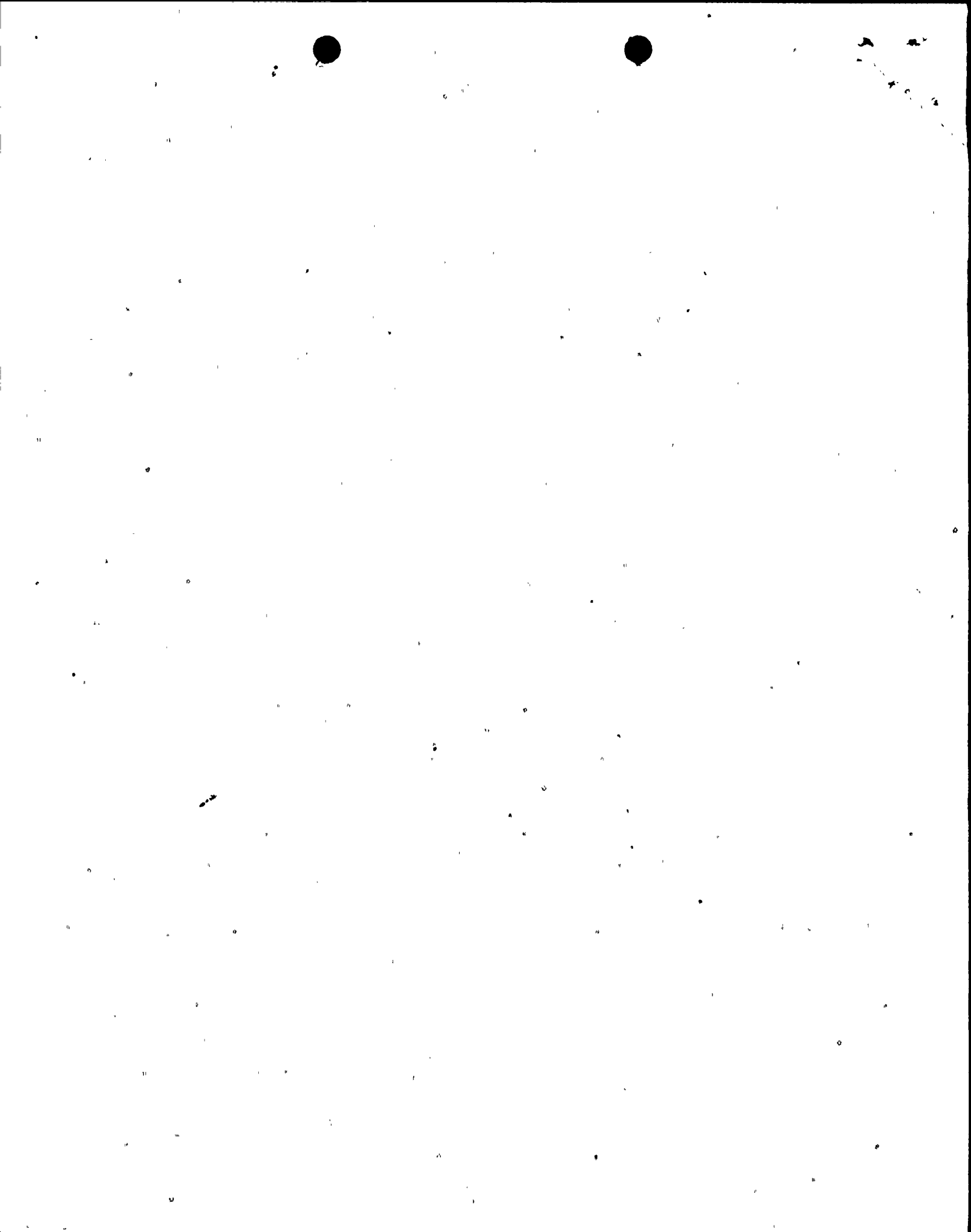
PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (34-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CHLORINE, FREE AVAILABLE 50064 1 0 EFFLUENT GROSS VALUE		< 0.4	1.1	LBS/DY	*****	< .06	0.15	MG/L	0	Daily	Grab
TEMPERATURE RATE OF CHANGE DEG. F/HOUR 74029 6 0 N/A DOWNSTREAM MONITOR		*****	N/A 2.0 INST MX	DEG F/HOUR	*****	*****	*****	*****	---	SEE PERMIT	

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
 TELEPHONE 215 770-5842
 DATE 83 9 26

COMPLIANCE WITH ALL APPLICABLE REGULATIONS AND 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.





Pennsylvania Power & Light Company

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

September 29, 1983

Commonwealth of Pennsylvania
Department of Environmental Resources
Bureau of Water Quality Management
Wilkes-Barre Regional Office
90 East Union Street, 2nd Floor
Wilkes-Barre, PA 18702

SUSQUEHANNA STEAM ELECTRIC STATION
DISCHARGE MONITORING REPORT (DMR) NPDES
NPDES PERMIT NO. PA0047325 AND
NPDES PERMIT NO. PA0027448
FILE 01-061.09

Gentlemen:

Attached are the completed copies of the NPDES Monitoring Report for the month of August, 1983 for all the waste discharges at the subject location. The forms are being submitted in accordance with the requirements of our NPDES Permit.

There were thirteen (13) measured pH values less than 6.0 during the month. Of these only four (4) were less than 5.8. The suspected cause of the low pH is upset to the aeration beds. Too much air was being added to the aeration tanks. Air supply was cut back and effluent pH's have increased above 6 in September.

If you have any questions about this material, please contact Mr. Jerry Fields at 215/770-5842.

Very truly yours,

Annette B. DeWitt

ABD:ecb

Attachment

Copy to:
EPA, Region III &
Mr. A. Schwencer, Chief, US NRC, Washington, DC

IE25
1/1

