

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

Form Approved  
OMB NO. 156-0073

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

8401060324 831229  
PDR ADOCK 05000387  
R. PDR

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 DIS SIC  
41°05'23" 76°08'16" LATITUDE LONGITUDE  
8/3/11 01/3/10 REPORTING PERIOD FROM YEAR MO DAY TO YEAR MO DAY

PARAMETER	REPORTED	QUANTITY			UNITS	NO. EX	CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM				
Flow	REPORTED	0.014	0.040	0.086	MGD	-	****	****	****	-	-	Daily	Weir Rate
	PERMIT CONDITION	N.A.	0.045	N.A.		****	****	****	Daily		Pump or Weir Rate		
BOD(5 day)	REPORTED	<0.45	<0.73	1.0	Lbs/Day	-	<1	2	---	Mg/l	-	2/month	8 hour comp.
	PERMIT CONDITION	N.A.	11.3	N.A.		N.A.	30	N.A.	1/Month		8 hr. Composite		
T.S.S.	REPORTED	12.0	13.9	15.8	Lbs/Day	-	27	37.5	---	Mg/l	-	2/month	8 hour comp.
	PERMIT CONDITION	N.A.	11.3	N.A.		N.A.	30	N.A.	1/Month		8 hr. Composite		
Fecal Coliform 10/1 thru 4/30	REPORTED	****	****	****	---	-	0	115	230	No./100ml	0	2/month	Grab
	PERMIT CONDITION	****	****	****		N.A.	2,000/100ml	N.A.	1/Month		Grab		
Fecal Coliform 5/1 thru 9/30	REPORTED	****	****	****	---	-	**	**	**	No./100ml	*	**	**
	PERMIT CONDITION	****	****	****		N.A.	200/100ml	1,000/100ml	1/Month		Grab		
pH	REPORTED	****	****	****	---	-	6.5	7.1	7.4	Std. Units	0	Daily	Grab
	PERMIT CONDITION	****	****	****		6.0	N.A.	9.0	Daily		Grab		
Chlorine Residual	REPORTED	****	****	****	---	-	0.3	1.2	3.2	Mg/l	-	Daily	Grab
	PERMIT CONDITION	****	****	****		N.A.	N.A.	N.A.	Daily		Grab		
Percent Removal BOD <sub>5</sub>	REPORTED	---	98.8	---	%	-	****	****	****	---	-	2/month	8 hour comp.
	PERMIT CONDITION	N.A.	85	N.A.		****	****	****	1/Month		8 hr. Composite		

NAME OF PRINCIPAL EXECUTIVE OFFICER: Kauffman, John T.  
TITLE OF THE OFFICER: Exec. V.P.-Operations  
DATE: 8/3/12 2/3

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: [Handwritten Signature]  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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 0027448 PERMIT NUMBER  
079 DIS 4952 SIC

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

REPORTING PERIOD FROM 8/3/11 TO 11/01/11  
YEAR MO DAY

8/3/11 TO 11/30/11  
YEAR MO DAY

PARAMETER		QUANTITY (3 col only)				UNITS	NO. EX	CONCENTRATION (4 col only)				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS			MINIMUM	AVERAGE	MAXIMUM	UNITS		
Percent Removal Total Suspended Solids	REPORTED	---	89.6	---	%	-	****	****	****	-	2/Month	8 hour comp.	
	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: 8/3/11

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: J. Keenan  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
83	11	01	83	11	30
(10-31)	(12-31)	(12-31)	(10-31)	(12-31)	(10-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(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	SAMPLE MEASUREMENT	*****	*****	*****	7.78	*****	8.44	0	Daily	Grab
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	0	DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	34.74	*****	78.4	0	Daily	Grab
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	200 DAILY MX	0	DAILY	GRAB
IRON, TOTAL (CAS FE)	SAMPLE MEASUREMENT	*****	*****	*****	4.19	*****	5.03	0	1/week	Grab
01045 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	7.0 DAILY MX	0	WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	10.08	10.08		*****	*****	*****	*	ND*	None
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	14.4 AVERAGE	*****	MGD	*****	*****	*****	*****	DAILY	RECORD
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	0.47	3.15		*****	*****	<.067	0	Daily	Grab
50064 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.0 DAILY AV	5.0 DAILY MX	LBS/DY	*****	*****	0.2 DAILY AV	0	DAILY	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT	*ND = not determined								
	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.)	TELEPHONE 215 770-5842	DATE			
			83 12 23			
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>J. Kauffman</i>	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTARY AND EXPLANATION OF ANY VIOLATIONS (Refer to attachment if any)  
 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.

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

PA0047325  
 PERMIT NUMBER

042 A  
 DISCHARGE NUMBER

F - FINAL LIMITS  
 OUTFALL 042

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
83	11	01	83	11	30
(12-31)	(12-31)	(12-31)	(12-31)	(12-31)	(12-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (34-61)			(4 Card Only) QUALITY OR CONCENTRATION (34-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.55	*****	7.57	0	2/month	Grab
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	0	2/month	GRAB MONTH
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	1.23	1.40		*****	10.5	12	0	2/month	Grab
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	5.75 DAILY AV	19.18 DAILY MX	LBS/DY	*****	30 DAILY AV	100 DAILY MX	0	2/month	GRAB MONTH
OIL AND GREASE FREON EXTRACTION - GRW	SAMPLE MEASUREMENT	0.12	0.13		*****	1.00	1.15	0	2/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	0	2/month	GRAB MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.014	*****		*****	*****	*****	*	Daily	Measrd.
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.023 AVERAGE	*****	MGD	*****	*****	*****	*	DAILY	MEASR
	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 § 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 12 27  
 AREA CODE NUMBER YEAR MO DAY

WHERE SHOWN 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)

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

Form Approved OMB No. 2000-0015

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

PA0047325  
PERMIT NUMBER

043 A  
DISCHARGE NUMBER

F - FINAL LIMITS  
UNIT 1 TURBINE BUILDING - 043.

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

MONITORING PERIOD					
YEAR	MO.	DAY	YEAR	MO.	DAY
83	11	01	83	11	30
(10-31)	(12-31)	(12-31)	(10-31)	(12-31)	(12-31)

Only one discharge was made from the outfall during month.

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(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	SAMPLE MEASUREMENT	*****	*****	*****	7.26	*****	7.26	0	1/month	Grab
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	0	1/month	TWICE/GRAB MONTH
SOLIDS; TOTAL SUSPENDED	SAMPLE MEASUREMENT	0.62	0.62		*****	4.4	4.4	0	1/month	Grab
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	5.75	19.18	LBS/DY	*****	30	100	0	1/month	ONCE/GRAB MONTH
OIL AND GREASE	SAMPLE MEASUREMENT	0.67	0.67		*****	4.69	4.69	0	1/month	Grab
Freon Extraction-Grav	PERMIT REQUIREMENT	2.88	3.84	LBS/DY	*****	15	20	0	1/month	ONCE/GRAB MONTH
00556 1 0 (1) EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.017	*****		*****	*****	*****	0	Daily	Measrd
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	0.023	*****	MGD	*****	*****	*****	0	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 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.)

TELEPHONE DATE  
Signature of Principal Executive Officer or Authorized Agent: J. Kauffman  
215 770-5842  
83 12 23  
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS (Reference to permit conditions)  
THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.



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

044 A  
 DISCHARGE NUMBER

Form Approved OMB No. 2000-0015  
 F - FINAL LIMITS  
 UNIT 2 TURBINE BUILDING: 044

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

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
83	11	01	TO	83	11	30
(10-31)	(12-31)	(14-31)		(10-31)	(12-31)	(10-31)

There was no discharge from this outfall during month.

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (34-61)			(4 Card Only) QUALITY OR CONCENTRATION (34-61)			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			TWICE/MONTH
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			ONCE/MONTH
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			ONCE/MONTH
00556 1 0 (1) EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	None	*****		*****	*****	*****	*		
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	0.023 AVERAGE	*****	MGD	*****	*****	*****	*****		DAILY MEASR
	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 12 27

COMMENTS: 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)

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

Form Approved OMB No. 2000-0015

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

PA0047325  
 PERMIT NUMBER

046 A  
 DISCHARGE NUMBER

F - FINAL LIMITS  
 ACID UNLOADING PAD: 046

There was no discharge from this sump during month.

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

MONITORING PERIOD					
YEAR	MO.	DAY	YEAR	MO.	DAY
83	11	01	83	11	30
(10-31)	(12-31)	(14-15)	(16-31)	(12-29)	(10-31)

NOTE: Read instructions before completing this form.

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	*****	*****	*****	*****	*****	*****			
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM			TWICE/GRAB MONTH
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT				*****					
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.75 DAILY AV	2.5 DAILY MX	LBS/DY	*****	30 DAILY AV	100 DAILY MX			ONCE/GRAB MONTH
OIL AND GREASE	SAMPLE MEASUREMENT				*****					
Freon Extraction-Grav	PERMIT REQUIREMENT	0.38 DAILY AV	0.5 DAILY MX	LBS/DY	*****	15 DAILY AV	20 DAILY MX			ONCE/GRAB MONTH
00556 1 0 (1) EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	None	*****		*****	*****	*****			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	0.0 AVERAGE	3 *****	MGD	*****	*****	*****			ONCE/ ESTIM DISCHG
50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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		
Kauffman, John T. Executive Vice President - Operations TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>J. Kauffman</i>	215 770-5842 AREA CODE NUMBER	83	12

COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS (Reference to applicable regulations)  
 THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.



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

PA0047325  
 PERMIT NUMBER

047 A  
 DISCHARGE NUMBER

F - FINAL LIMITS  
 UNIT 1 CONDENSATE TANK: 047

There was no discharge from this outfall during month.

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

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
83	11	01	TO	83	11	30

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (34-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	None	0.033	*****	MGD	*****	*****	*****	*****	*	ONCE/ ESTIM DISCHG	
	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 12 23  
 AREA CODE NUMBER YEAR MO DAY

THIS DMR MONITORS RAINWATER DISCHARGE COLLECTED IN DIKED AREA SURROUNDING UNIT 1 CONDENSATE STORAGE TANK.

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

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

Form Approved OMB No. 2000-0015

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

PA0047325  
 PERMIT NUMBER

048 A  
 DISCHARGE NUMBER

F - FINAL LIMITS  
 UNIT 2 CONDENSATE TANK: 048

There was no discharge from this outfall during month.

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

MONITORING PERIOD					
YEAR	MO.	DAY	YEAR	MO.	DAY
83	11	01	83	11	30
(12-31)	(12-31)	(12-31)	(12-31)	(12-31)	(12-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (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	None	0.019	*****	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. Kauffman*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 215 770-5842  
 DATE 83 12 23  
 AREA CODE NUMBER YEAR MO DAY

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.