

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 154-00073

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/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			
YEAR MO DAY		YEAR MO DAY		YEAR MO DAY	
8 4 0 1 0 1		8 4 0 1 3 1			

PARAMETER	REPORTED	QUANTITY			UNITS	CONCENTRATION			UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM			
Flow	REPORTED	0.020	0.032	0.055	MGD	Instantaneous	****	****	****	Daily	weir rate Pump or Weir Rate
	PERMIT CONDITION	N.A.	0.045	N.A.		****	****	****			
BOD(5 day)	REPORTED	<0.3	3.2	6.0	Lbs/ Day	Instantaneous	< 1	12.5	---	2/month	8 hr. composite
	PERMIT CONDITION	N.A.	11.3	N.A.		N.A.	30	N.A.	Mg/1		
T.S.S.	REPORTED	7.8	9.3	10.7	Lbs/ Day	Instantaneous	27	35	---	2/Month	8 hr. Composite
	PERMIT CONDITION	N.A.	11.3	N.A.		N.A.	30	N.A.	Mg/1		
Fecal Coliform 10/1 thru 4/30	REPORTED	****	****	****	---	Instantaneous	0	115	230	2/Month	Grab
	PERMIT CONDITION	****	****	****		N.A.	2,000/ 100ml	N.A.	100ml		
Fecal Coliform 5/1 thru 9/30	REPORTED	****	****	****	---	Instantaneous	**	**	**	1/Month	Grab
	PERMIT CONDITION	****	****	****		N.A.	200/ 100ml	1,000/ 100ml	No./ 100ml		
pH	REPORTED	****	****	****	---	Instantaneous	6.76	7.22	8.25	Daily	Grab
	PERMIT CONDITION	****	****	****		6.0	N.A.	9.0	Std. Units		
Chlorine Residual	REPORTED	****	****	****	---	Instantaneous	0	1.0	2.5	Daily	Grab
	PERMIT CONDITION	****	****	****		N.A.	N.A.	N.A.	Mg/1		
Percent Removal BOD ₅	REPORTED	---	95.4	---	%	Instantaneous	****	****	****	2/Month	8 hr. Composite
	PERMIT CONDITION	N.A.	85	N.A.		****	****	****	1/Month		

8403090239 840306
PDR ADDCK 05000387
PDR

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE	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
Kauffman, John T.	Exec. V.P.-Operations	YEAR MO DAY		

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OHR NO. 154-R0073

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

Salem Township
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/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 8/4/01 TO 8/31/01
YEAR MO DAY

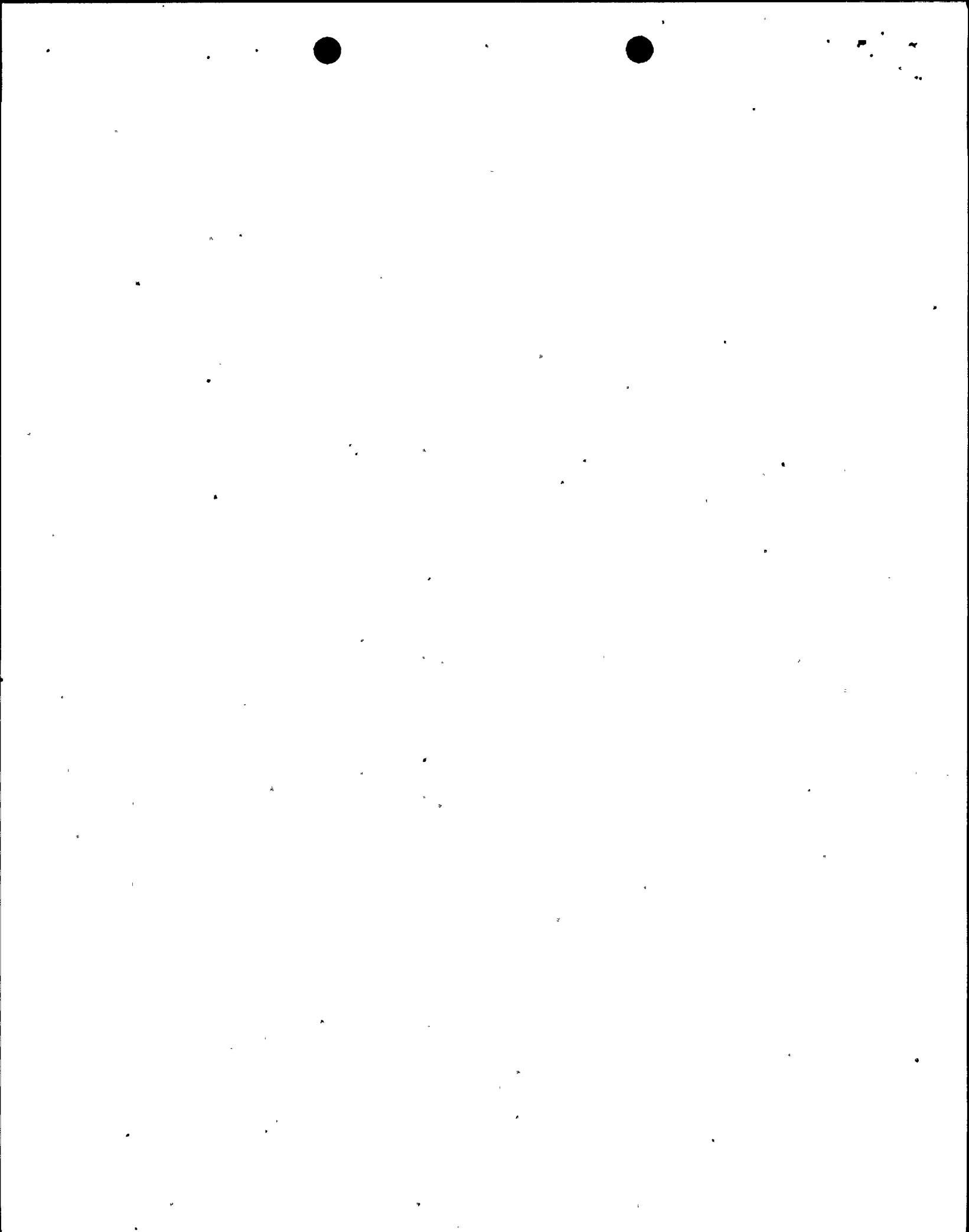
8/4/01 TO 8/31/01
YEAR MO DAY

PARAMETER	REPORTED	QUANTITY				UNITS	NO. EX	CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS			MINIMUM	AVERAGE	MAXIMUM	UNITS				
Percent Removal Total Suspended Solids	REPORTED	---	80	---				Instantaneous	---	---	---			2/Month	8 hr. Composite
	PERMIT CONDITION	N.A.	85	N.A.	%			Instantaneous	---	---	---			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: / /

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



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 F - FINAL LIMITS COOLING TOWER BLOWDOWN OUTFALL

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

PA0047325 PERMIT NUMBER
041 A DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	01	01	84	01	31
(12-31)	(12-31)	(12-31)	(12-31)	(12-31)	(12-31)

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

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 (38-45) (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.06	*****	8.95	0	Daily	Grab
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.9	10.8	0	Daily	GRAB
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	200 DAILY MX		DAILY	GRAB
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.39	1.79	0	Weekly	Grab
01045 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	7.0 DAILY MX		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	10.08	10.08		*****	*****	*****	*	N D	None
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	14.4 AVERAGE	*****	MGD	*****	*****	*****		DAILY	RECORD
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	** 0	** 0		*****	<.05	<.05	0	Daily	Grab
50064 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.0 DAILY AV	5.0 DAILY MX	LBS/DY	*****	0.7 DAILY AV	0.5 DAILY MX		DAILY	GRAB
	SAMPLE MEASUREMENT	* Not Determined								
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT	** No Chlorine was injected in January.								
	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		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>J.T. Kauffman</i>	215 770-5842	84	3

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

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

PA0047325
PERMIT NUMBER

042 A
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	01	01	84	01	31
(20-31)	(22-31)	(24-31)	(26-31)	(28-31)	(30-31)

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

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 (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.89	*****	8.66	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	0.58	1.10		*****	6.93	9.4	0	5/Month	Grab
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	5.75 DAILY AV	19.13 DAILY MX	LBS/DY	*****	30 DAILY AV	100 DAILY MX	MG/L	ONCE/MONTH	GRAB
OIL AND GREASE FREON EXTRACTION-GRAV	SAMPLE MEASUREMENT	0.19	0.61		*****	2.30	5.25	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 PLAN	SAMPLE MEASUREMENT	0.01	*****		*****	*****	*****	*****	Daily	measured
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.)

J. Kauffman
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 215 770-5842
DATE: 84 3 1
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.

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

043 A
DISCHARGE NUMBER

F - FINAL LIMITS
UNIT 1 TURBINE BUILDING - 043

Only one discharge was made from this outfall during month.

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	01	01	84	01	31
(12-31)	(12-29)	(12-29)	(12-31)	(12-29)	(12-31)

NOTE: Read instructions before completing this form.

FACILITY _____
LOCATION _____
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)			UNITS (51)	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (54-55)	MAXIMUM (56-57)	UNITS (58-59)	MINIMUM (60-61)	AVERAGE (62-63)	MAXIMUM (64-65)				
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.65	*****	7.65	SU	0	/Month	Grab
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM				TWICE / GRAB MONTH
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	0.78	0.78		*****	5.5	5.5	MG/L	0	/Month	Grab
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	5.75 DAILY AV	19.18 DAILY MX	LBS/DY	*****	DAILY AV	DAILY MX	MG/L			ONCE / GRAB MONTH
OIL AND GREASE FREON EXTRACTION-GRAV	SAMPLE MEASUREMENT	0.30	0.30		*****	2.15	2.15	MG/L	0	/Month	Grab
00556 1 0 (1) EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.88 DAILY AV	3.94 DAILY MX	LBS/DY	*****	DAILY AV	DAILY MX	MG/L			ONCE / GRAB MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	0.017	*****		*****	*****	*****	MGD			Daily Measured
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 84 3 1
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.



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 - SUSQUEHUNNA
ADDRESS TWO NORTH NINTH STREET
ALLENTOWN PA 12101

PA0047325
PERMIT NUMBER

044 A
DISCHARGE NUMBER

F - FINAL LIMITS
UNIT 2 TURBINE BUILDING: 044

FACILITY LOCATION

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	01	01	84	01	31
(20-31)	(12-31)	(14-31)	(16-31)	(12-31)	(30-31)

Only one discharge was made 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			
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.79	*****	7.79	0	1/Month	Grab
00400 1 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU	TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	3.87	3.87		*****	27.3	27.3	0	1/Month	Grab
00530 1 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	5.75 DAILY AV	19.18 DAILY MX	LBS/DY	*****	30 DAILY AV	100 DAILY MX		ONCE/MONTH	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	0.25	0.25		*****	1.73	1.73	0	1/Month	Grab
FREON EXTRACTION-GRAV	PERMIT REQUIREMENT	2.88 DAILY AV	3.84 DAILY MX	LBS/DY	*****	15 DAILY AV	20 DAILY MX		ONCE/MONTH	GRAB
00556 1 0 (1) EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	0.017	*****		*****	*****	*****	*	Daily	Measured
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	PERMIT REQUIREMENT	0.023 AVERAGE	*****	MGD	*****	*****	*****	*	DAILY	MEASRD
50050 1 0 EFFLUENT GROSS VALU	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. T. Kauffman

TELEPHONE: 215 770-5842
DATE: 84 3 1
AREA CODE: 215 NUMBER: 770-5842 YEAR: 84 MO: 3 DAY: 1

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.

(1) We also have EPA approval to use a Modified Partition-IR METHOD.



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)

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

046 A
DISCHARGE NUMBER

F - FINAL LIMITS
ACID UNLOADING PAD: 046
There were no discharges from this outfall during month.

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	01	01	84	01	31
(20-21)	(22-21)	(24-25)	(26-27)	(28-29)	(30-31)

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 (46-53)			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 VALU	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM		9.0 MAXIMUM		TWICE MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT				*****					
00530 1 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	0.75 DAILY AV	2.5 DAILY MX	LBS/DY	*****	30 DAILY AV	100 DAILY MX		ONCE MONTH	GRAB
OIL AND GREASE FREON EXTRACTION-GRAV.	SAMPLE MEASUREMENT				*****					
00556 1 0 (1) EFFLUENT GROSS VALU	PERMIT REQUIREMENT	0.38 DAILY AV	0.5 DAILY MX	LBS/DY	*****	15 DAILY AV	20 DAILY MX		ONCE MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	NONE	*****		*****	*****	*****			
50050 1 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	0.003 AVERAGE	*****	MGD	*****	*****	*****		ONCE DISCHG	ESTIMA
	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.)

JT Kauffman
SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE: 215 770-5842
DATE: 84 3 1
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.

(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 - SUSQUEHNA
 ADDRESS TWO NORTH NINTH STREET
 ALLENTOWN PA 18101

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

PA0047325
 PERMIT NUMBER

047 A
 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
84	01	01	84	01	31
(20-31)	(22-31)	(24-31)	(26-31)	(28-31)	(30-31)

There were no discharges 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 (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	0.033	*****	MGD	*****	*****	*****	*	ONCE	ESTIMA
	PERMIT REQUIREMENT	AVERAGE	*****		*****	*****	*****	*	DISCHG	
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
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	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 8.4 3 1
 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 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
84	01	01	84	01	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

There were no discharges from this outfall during month.

NOTE: Read instructions before completing this form.

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	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLAN 50050 1 0 EFFLUENT GROSS VALU	NONE		*****	MGD	*****	*****	*****	*****	*		
	PERMIT REQUIREMENT	0.019 AVERAGE	*****		*****	*****	*****	*****	*	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.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
J. Kauffman

TELEPHONE 215 770-5842
AREA CODE NUMBER
DATE 8/3/84
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.



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12
13
14
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Pennsylvania Power & Light Company

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

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

MAR 01 1984

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-2076

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 July 1 through December 31, 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. R. H. Jacobs - USNRC
Mr. R. Nimitz - USNRC

JE25
111

US NRC
REGION I

'84 MAR 2 PM 2 01