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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/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 079 4952 41°05'23" 76°08'16"
 PERMIT NUMBER DIS SIC LATITUDE LONGITUDE

REPORTING PERIOD FROM 8/4/03 TO 8/31/03
 YEAR MO DAY YEAR MO DAY

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM					
Flow	REPORTED	0.009	0.029	0.10		-	****	****	****		-	Daily	weir rate	
	PERMIT CONDITION	N.A.	0.045	N.A.	MGD		****	****	****			Daily	Pump or Weir Rate	
BOD(5 day)	REPORTED	<0.2	2.3	4.4	Lbs/Day	-	<1	9			-	2/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	5.9	33.8	61.6	Lbs/Day	-	28	134			-	2/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	
Fecal Coliform 10/1 thru 4/30	REPORTED	****	****	****		-	0	0	0	No./100ml		2/month	Grab	
	PERMIT CONDITION	****	****	****			N.A.	2,000/100ml	N.A.	100ml		1/Month	Grab	
Fecal Coliform 5/1 thru 9/30	REPORTED	****	****	****		-	***	***	***	No./100ml		***	***	
	PERMIT CONDITION	****	****	****			N.A.	200/100ml	1,000/100ml	100ml		1/Month	Grab	
pH	REPORTED	****	****	****		-	6.75	7.22	7.65	Std.		Daily	Grab	
	PERMIT CONDITION	****	****	****			6.0	N.A.	9.0	Units		Daily	Grab	
Chlorine Residual	REPORTED	****	****	****		-	0.2	1.36	8.0			Daily	Grab	
	PERMIT CONDITION	****	****	****			N.A.	N.A.	N.A.	Mg/1		Daily	Grab	
Percent Removal BOD ₅	REPORTED	---	95.5	---		-	****	****	****			2/month	8 hr. composite	
	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: / /

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]*

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 8/4/81 TO 8/31/81

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	---	58.6	---			---	****	****	****		2/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: 8/31/81

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: *W. J. ...*
 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

NAME PENNSYLVANIA ELECTRIC & POWER CO. UNION
ADDRESS 180 NORTH HIGH STREET
ALLENTOWN PA 18101

PA0047325 (2-16) 041 A (17-19)
PERMIT NUMBER DISCHARGE NUMBER

F - FINAL LIMITS
COOLING TOWER BLOWDOWN CUTFALL

FACILITY LOCATION

MONITORING PERIOD
FROM YEAR 84 MO 03 DAY 03 TO YEAR 84 MO 03 DAY 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)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH 00400 1 0 EFFLUENT GROSS VALU		*****	*****	*****	6.78	*****	8.32	0	Daily	Grab
		*****	*****	*****	6.0 MINIMUM	*****	MAXIMUM		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALU		*****	*****	*****	*****	19.4	64.0	0	Daily	Grab
		*****	*****	*****	*****	*****	20 DAILY MX		DAILY	GRAB
IRON, TOTAL (AS FE) 01045 1 0 EFFLUENT GROSS VALU		*****	*****	*****	*****	2.05	3.50	0	Daily	Grab
		*****	*****	*****	*****	*****	7. DAILY MX		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALU		10.08	10.08		*****	*****	*****	*	ND*	None
		14.4 AVERAGE	*****	MGD	*****	*****	*****	*****	DAILY	RCORR
CHLORINE, FREE AVAILABLE 50064 1 0 EFFLUENT GROSS VALU		<0.35	<0.35		*****	<0.05	<0.05		Daily	Grab
		2.0 DAILY AV	5.0 DAILY MX	LB5/UY	*****	*****	*****		DAILY	GRAB
		* ND = Not	Determined							

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
John T. Kauffman

TELEPHONE 215 770-5842
DATE
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 WR N ADDD. 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)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME 2000 ALVANIA RD - 150 BLDG
 ADDRESS 100 E. 100th St
ALLEN PARK
 FACILITY _____
 LOCATION _____

PD0047-25
PERMIT NUMBER

042 A
DISCHARGE NUMBER

F - 1001 TIMES
OUTFALL 042

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	03	01	84	03	31
(20-21)	(22-29)	(24-25)	(26-27)	(28-29)	(30-31)

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 (38-45)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)				
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.33	*****	8.68	SU	0	2/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	0.72	1.14		*****	12.4	19.6	MG/L	0	2/month	Gr
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.75 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	0.05	0.10		*****	0.865	1.73	MG/L	0	2/month	Grab
00556 1 0 (1) EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.09 DAILY AV	0.94 DAILY MX	LBS/DY	*****	1 DAILY AV	20 DAILY MX	MG/L		ONCE / MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.007	*****		*****	*****	*****	*****	*	Daily	Measr.
00050 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 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.)

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

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

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 THERE SHALL BE NO VIOLATIONS OF 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. 2040-0004 Expires 2-29-84

NAME PLANNING YOUNG & ASSOCIATES
 ADDRESS 1000 N. ...
...

10047325
 PERMIT NUMBER

043-A
 DISCHARGE NUMBER

F - FINAL LIMITS
 UNIT 1 TURBINE BUILDING - 043

There were no discharges from this outfall during the month.

FACILITY
 LOCATION
 ATTN: J. T. KAUFFMAN, ...

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	09	01	84	09	30
(10-31)	(10-31)	(10-31)	(10-31)	(10-31)	(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 (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		TWICE / MONTH	GRAV
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT				*****					
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	9.75 DAILY AV	19.18 DAILY MX	LBS/DY	*****	30 DAILY AV	100 DAILY MX		ONCE / MONTH	GRAV
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		ONCE / MONTH	GRAV
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	None	*****		*****	*****	*****	*		
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.023 AVERAGE	*****	MGD	*****	*****	*****	*	DAILY	MEASUREMENT
	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
John T. Kauffman

TELEPHONE
 215 770-5842
 AREA CODE NUMBER
 DATE
 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 PLUMB & VINEY P & L - SU - URBAN
 ADDRESS 120 NORTH WILMINGTON ST
ATLANTA, GA 30303

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

Form Approved
 OMB No. 2040-0004
 Expires 2-29-84
 F - FINAL LIMITS
 UNIT 2 TURBINE BUILDING: 044

P10047325
 PERMIT NUMBER

044 A
 DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	03	01	84	03	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)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) 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	UNITS			
PH		*****	*****	*****	7.91	*****	7.91		0	once/month	Grab
00400 1 EFFLUENT CROSS VALU		*****	*****	*****	5.0 MINIMUM	*****	9.9 MAXIMUM	SU		TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED		0.96	0.96		*****	13.6	13.6		0	once/month	Grab
00530 1 EFFLUENT CROSS VALU		2.75 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		0.10	0.10		*****	1.35	1.35		0	once/month	Grab
00556 1 0 (1) EFFLUENT CROSS VALU		2.88 DAILY AV	3.84 DAILY MX	LBS/DY	*****	15 DAILY AV	70 DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLAN		0.0085	*****		*****	*****	*****	*****	*	Daily	Measr
50050 1 0 EFFLUENT CROSS VALU		0.023 AVERAGE	*****	MGD	*****	*****	*****	*****	*****	DAILY	MEASR

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]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

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

F - FINAL LIMITS
ACID UNLOADING PAD: 046

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

NAME PENN SYLVANIA P S L - SUF UNIONIA
ADDRESS TWO NORTH NINTH ST
ALLENTOWN PA 18101

PA0047325
PERMIT NUMBER

045A
DISCHARGE NUMBER

FACILITY
LOCATION

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	03	01	84	03	31
(20-31)	(22-31)	(24-31)	(26-31)	(28-31)	(30-31)

There were no discharges from this outfall during the month

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 (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH		*****	*****	*****		*****				
00400 1 0 EFFLUENT GROSS VALU		*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU	TWICE / GRAB MONTH	
SOLIDS, TOTAL SUSPENDED					*****					
00530 1 0 EFFLUENT GROSS VALU		0.75 DAILY AV	2.5 DAILY MX	LBS/DY	*****	30 DAILY AV	100 DAILY MX	MG/L	ONCE / GRAB MONTH	
OIL AND GREASE					*****					
FREON EXTRACTION-GRAV					*****					
00556 1 0 (1) EFFLUENT GROSS VALU		0.3 DAILY AV	0.5 DAILY MX	LBS/DY	*****	15 DAILY AV	20 DAILY MX	MG/L	ONCE / GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLAN		None	*****		*****	*****	*****	*****		
50050 1 0 EFFLUENT GROSS VALU		0.00 AVERAGE	*****	MGD	*****	*****	*****	*****	ONCE / ESTIMA DISCHG	

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

TELEPHONE: 215 770-5842
DATE: 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)

Form Approved

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

NAME PANHANDLE ENERGY SERVICES, INC.
 ADDRESS 1000 W. 10TH ST. SUITE 100
ALLIEN, OK 73401

P41047325
 PERMIT NUMBER

047 A
 DISCHARGE NUMBER

UNIT 1 CONDENSATE TANK: 347

There were no discharges from this outfall during the month

FACILITY _____
 LOCATION _____

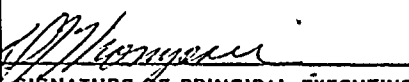
MONITORING PERIOD
 FROM 34 03 01 TO 34 03 31
(20-31) (22-23) (24-25) (26-27) (28-29) (30-31)

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 (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 THROUGH TREATMENT PLANT	None		*****		*****	*****	*****	*		
EFFLUENT LOSS VALUE	PERMIT REQUIREMENT	0.033 AVERAGE	*****	MGD	*****	*****	*****	*	UNCL. ESTIM. DISCHG	
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
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	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 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE: 215 770-5842
 DATE: _____
 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.

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

NAME PENNA YLVANDA P. L. - DR. J. KAUFFMAN
 ADDRESS 1700 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
 FINAL LIMITS
 UNIT 2 CONDENSATE TANK: 04R

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	02	01	84	02	31
(10-31)	(12-31)	(24-25)	(10-31)	(12-31)	(10-31)

There were no discharges from this unit during the month

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) (54-61)				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	None		*****		*****	*****	*****	*****	*		
EFFLUENT GROSS VALUE	0.019	AVERAGE	*****	MGD	*****	*****	*****	*****	*	SEE PERMIT	

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

TELEPHONE 215 770-5842
 DATE

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.