



**Pennsylvania Power & Light Company**

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

May 23, 1984

IE FILE COPY

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

SUSQUEHANNA STEAM ELECTRIC STATION  
DISCHARGE MONITORING REPORT (DMR)  
NPDES PERMIT NO. PA 0047325 AND  
NPDES PERMIT NO. PA 0027448  
CCN 741326 FILE 012-4  
PLE- 5057

Attached are the completed copies of the NPDES Monitoring Reports for the month of April 1984 for all waste discharges at the subject location. The Discharge Monitoring Forms are being submitted in accordance with the requirements of our NPDES permit.

Sewage Treatment Plant (NPDES Permit No. 0027448) outfall No. 079 had no noncompliances during April 1984.

Operational permit (NPDES Permit No. 0047325) had two noncompliances during April 1984. They are as follows:

1. The cooling tower blowdown (outfall 071) samples on April 7-11 exceeded the 200 mg/l limit for suspended solids. The following are the results obtained:

<u>Date</u>	<u>Suspended Solids (mg/l)</u>
April 7	470
April 8	794
April 9	*
April 10	254
April 11	314

The river was in flood stage during this period of time. A sample of the river water was taken on April 7 and had a suspended solids level of 570 mg/l indicating that the high suspended solids being discharged was a result of the high solids in the river.

\* The sample of April 9 was inadvertently discarded before analysis but was assumed to be above the 200 mg/l limit. The monthly average was therefore calculated on only 29 samples.

8405300370 840430  
PDR ADCK 05000387  
R PDR

Env- IEAS 1/1

1952 1000 10

May 23, 1984

2

CCN 741326

PLE-5057  
FILE 012-4

2. The cooling tower blowdown (outfall 071) sample of April 8 was analyzed to contain 23.9 mg/l iron. It is felt that the river water sample taken on April 8 would have also had a high iron content, due to the river being in flood stage, however, this sample was also discarded preventing the verification.

The level of iron in the April 8 cooling tower blowdown sample also caused the monthly average to be 7.39 mg/l. The following are the results of the other cooling tower blowdown samples for iron collected during the month.

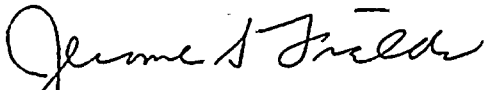
<u>Date</u>	<u>Suspended Solids (mg/l)</u>
April 1	1.97
April 15	4.34
April 22	3.77
April 29	2.95

The problem of having samples prematurely discarded has been addressed by Chemistry Management in the form of a written instruction to the Chemistry Technicians.

In addition, free and total chlorine were discharged from the cooling tower blowdown (outfall 071) for more than two hours on April 11 and April 25 of this month. On neither of these days was the daily maximum limit of 0.5 mg/l free available chlorine exceeded. Chlorination studies are continuing in order to optimize the system and prevent further violations.

If you have any questions, contact me at (215) 770-7889.

Respectfully yours,



Jerome S. Fields  
Sr. Environmental Specialist-Nuclear

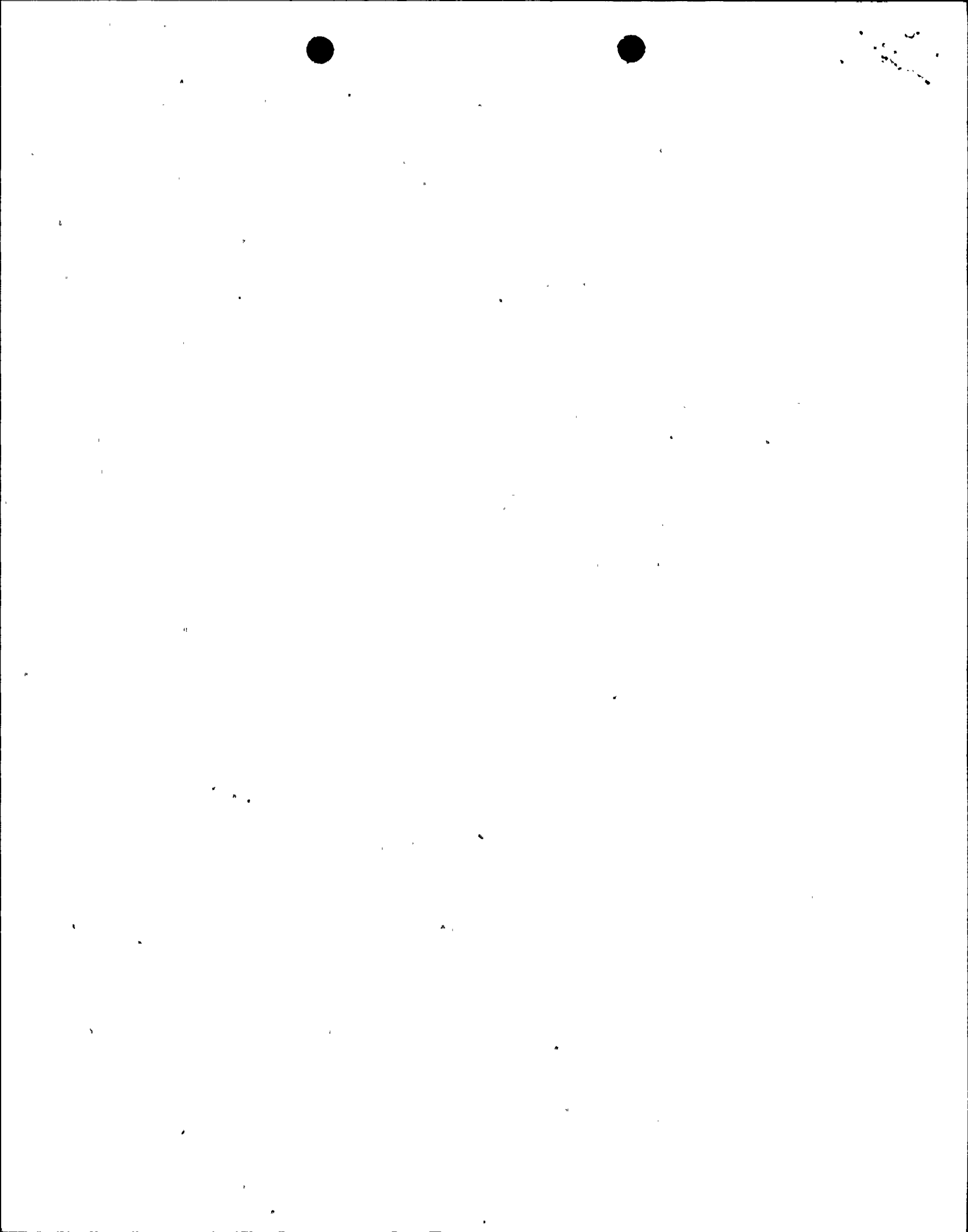
JSF/dml

jsflte001160a

Attachments

cc: EPA, Region III

A. Schwencer



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

Form Approved  
OMB NO. 158-0007

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.

12-2 PA ST  
14-101 0027448 PERMIT NUMBER  
157-101 079 DIS  
4952 SIC  
41°05'23" LATITUDE 76°08'16" LONGITUDE  
120-211 122-221 124-221 REPORTING PERIOD FROM 8|4|01|4|0|1 YEAR MO DAY TO 8|4|04|3|0 YEAR MO DAY

PARAMETER	REPORTED	QUANTITY				UNITS	NO. EX	CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS			MINIMUM	AVERAGE	MAXIMUM	UNITS		
Flow	REPORTED	0.010	0.031	0.047		-	****	****	****		-	Daily	Weir Rate
	PERMIT CONDITION	N.A.	0.045	N.A.	MGD		****	****	****			Daily	Pump or Weir Rate
BOD(5 day)	REPORTED	<0.31	<0.32	<0.32	Lbs/Day	-	<1	<1	---		-	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	0.65	5.1	9.55	Lbs/Day	-	2	16.5	---		-	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	0	2/Month	Grab
	PERMIT CONDITION	****	****	****			N.A.	2,000/100ml	N.A.	100ml		1/Month	Grab
Fecal Coliform 5/1 thru 9/30	REPORTED	****	****	****		-							
	PERMIT CONDITION	****	****	****			N.A.	200/100ml	1,000/100ml	No./100ml		1/Month	Grab
pH	REPORTED	****	****	****		-	6.47	7.24	7.65	Std.	0	Daily	Grab
	PERMIT CONDITION	****	****	****			6.0	N.A.	9.0	Units		Daily	Grab
Chlorine Residual	REPORTED	****	****	****		-	0.05	3.3	34.7		-	Daily	Grab
	PERMIT CONDITION	****	****	****			N.A.	N.A.	N.A.	Mg/1		Daily	Grab
Percent Removal BOD	REPORTED	---	> 99	---	%	-	****	****	****		-	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: Exec. V.P.-Operations DATE: 8/4/95

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.

12-20 PA 3T 10-101 0027448 PERMIT NUMBER 102-101 079 DIS 149-101 4952 SIC 120-101 41°05'23" LATITUDE 120-101 76°08'16" LONGITUDE 122-211 122-231 124-231 8|4|0|4|0|1 REPORTING PERIOD FROM YEAR MO DAY 125-271 126-291 130-311 8|4|0|4|3|0 TO YEAR MO DAY

PARAMETER		QUANTITY (17-01)				UNITS	CONCENTRATION (18-01)				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM (18-02)	AVERAGE (18-03)	MAXIMUM (18-04)	NO. EX (18-05)		MINIMUM (18-06)	AVERAGE (18-07)	MAXIMUM (18-08)	UNITS (18-09)		
Percent Removal Total Suspended Solids	REPORTED	---	90.4	---		Instantaneous	---	----	----	---	2/Month	8hr. 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: 8/15/15  
 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

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 TENTH STREET  
 ALLENTOWN PA 18101

PA0047325 PERMIT NUMBER  
 041 A DISCHARGE NUMBER

F - FINAL LIMITS  
 COOLING TOWER BLOWDOWN OUTFALL

FACILITY  
 LOCATION

MONITORING PERIOD  
 FROM 84 04 01 TO 84 04 30  
(28-31) (22-24) (24-25) (26-27) (28-29) (30-31)

NOTE: Read Instructions before completing this form.

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

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.69	*****	8.40	0	Daily	Grab
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU	DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	104.2	794	1	Daily	Grab
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	200 DAILY MX	MG/L	DAILY	GRAB
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.39	23.90	1	Daily	Grab
01045 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	7.0 DAILY MX	MG/L	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	<0.77	2.80		*****	<0.12	0.40	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	0.5 DAILY MX	MG/L	DAILY	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

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

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

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

TELEPHONE 215 770-5842  
 DATE 84 05 15  
AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 EFFLUENT QUALITY WAS 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 - SUSQUEHUNNA  
ADDRESS 700 NORTH NINTH STREET  
ALLENTOWN PA 18101

PA0047325  
PERMIT NUMBER

042 A  
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
84	04	01	TO	84	04	30
(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)			(1 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	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.51	*****	8.26		0	2/Month	Grab
00400 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	0.78	0.88		*****	13.3	15.0		0	2/Month	Gr
00530 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	5.75 DAILY AV	19.18 DAILY MX	LBS/DY	*****	30 DAILY AV	100 DAILY MX	MG/L		ONCE/MONTH	GRAB
OIL AND GREASE FREON EXTRACTION - GRAV	SAMPLE MEASUREMENT	0.23	0.45		*****	3.88	7.76		0	2/Month	Grab
00556 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.88 DAILY AV	3.84 DAILY MX	LBS/DY	*****	15 DAILY AV	20 DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.007	*****		*****	*****	*****	*****	*	Daily	Measr.
50050 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.023 AVERAGE	*****	MGD	*****	*****	*****	*****	*****	DAILY	MEASRD
	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.)	TELEPHONE	DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>J. Kauffman</i>	215 770-5842 AREA CODE NUMBER

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)

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 100 NORTH NINTH STREET  
 ALLENTOWN PA 18101

PA0047325  
 PERMIT NUMBER

043 A  
 DISCHARGE NUMBER

F - FINAL LIMITS  
 UNIT 1 TURBINE BUILDING - 043

FACILITY  
 LOCATION

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	04	01	84	04	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

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

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)			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 VALUE	SAMPLE MEASUREMENT	*****	*****	*****	7.50	*****	7.70	0	3/Month	Grab
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU	TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.94	4.11		*****	13.7	29.0	0	3/Month	Grab
	PERMIT REQUIREMENT	5.75 DAILY AV	19.18 DAILY MX	LBS/DY	*****	30 DAILY AV	100 DAILY MX	MG/L	ONCE/MONTH	GRAB
OIL AND GREASE FREON EXTRACTION - GRAY 00556 1 0 (1) EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.93	2.39		*****	6.58	16.85	0	3/Month	Grab
	PERMIT REQUIREMENT	2.88 DAILY AV	3.84 DAILY MX	LBS/DY	*****	15 DAILY AV	20 DAILY MX	MG/L	ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.017	*****		*****	*****	*****	*****	Daily	Measr.
	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 05 15  
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 THERE SHOULD 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)

F - FINAL LIMITS  
UNIT 2 TURBINE BUILDING: 044

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

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

PA0047325  
PERMIT NUMBER

044 A  
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	04	01	84	04	30
(10-31)	(12-31)	(14-31)	(16-31)	(18-31)	(30-31)

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

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PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-43) (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.61	*****	7.75	0	3/Month	Grab
00400 EFFLUENT CROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU	TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	0.40	0.43		*****	2.8	3.0	0	3/Month	Gr
00530 EFFLUENT CROSS VALU	PERMIT REQUIREMENT	5.75 DAILY AV	19.18 DAILY MX	LBS/DY	*****	30 DAILY AV	100 DAILY MX	MG/L	ONCE/MONTH	GRAB
OIL AND GREASE FREON EXTRACTION - GRAY	SAMPLE MEASUREMENT	0.61	1.47		*****	4.32	10.37	0	3/Month	Grab
00556 (1) EFFLUENT CROSS VALU	PERMIT REQUIREMENT	2.88 DAILY AV	3.84 DAILY MX	LBS/DY	*****	15 DAILY AV	20 DAILY MX	MG/L	ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.017	*****		*****	*****	*****	*****	Daily	Mear.
50050 EFFLUENT CROSS VALU	PERMIT REQUIREMENT	0.023 AVERAGE	*****	MGD	*****	*****	*****	*****	DAILY	MEASRD
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

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

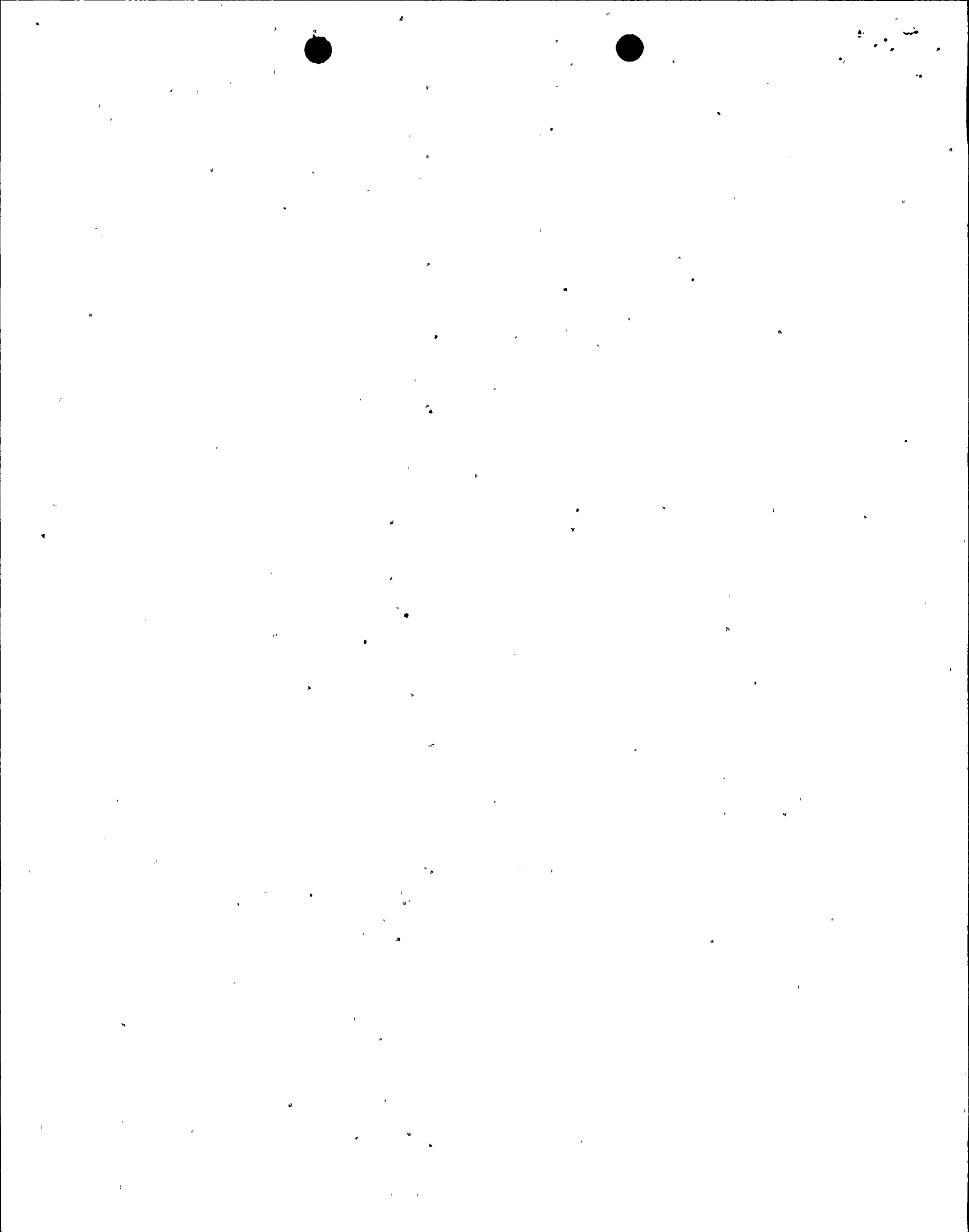
I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

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

TELEPHONE 215 770-5842  
DATE 84 05 15  
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)

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

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

NAME PENNSYLVANIA P & L - SUSQUEHNA  
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 the month.

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	04	01	84	04	30
(12-31)	(12-31)	(12-31)	(12-31)	(12-31)	(12-31)

NOTE: Read instructions before completing this form.

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

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			QUALITY OR CONCENTRATION (46-53)		NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
PH	SAMPLE MEASUREMENT	*****	*****	*****								
00400 1 0 EFFLUENT CROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU			TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT				*****							
00530 1 0 EFFLUENT CROSS VALUE	PERMIT REQUIREMENT	0.75 DAILY AV	2.5 DAILY MX	LBS/DY	*****	30 DAILY AV	100 DAILY MX	MG/L			ONCE/MONTH	GRAB
OIL AND GREASE FROM EXTRACTION - GRAV	SAMPLE MEASUREMENT				*****							
00556 1 0 (1) EFFLUENT CROSS VALUE	PERMIT REQUIREMENT	0.38 DAILY AV	0.5 DAILY MX	LBS/DY	*****	15 DAILY AV	20 DAILY MX	MG/L			ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NONE	*****		*****	*****	*****	*****	*			
50050 1 0 EFFLUENT CROSS VALUE	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

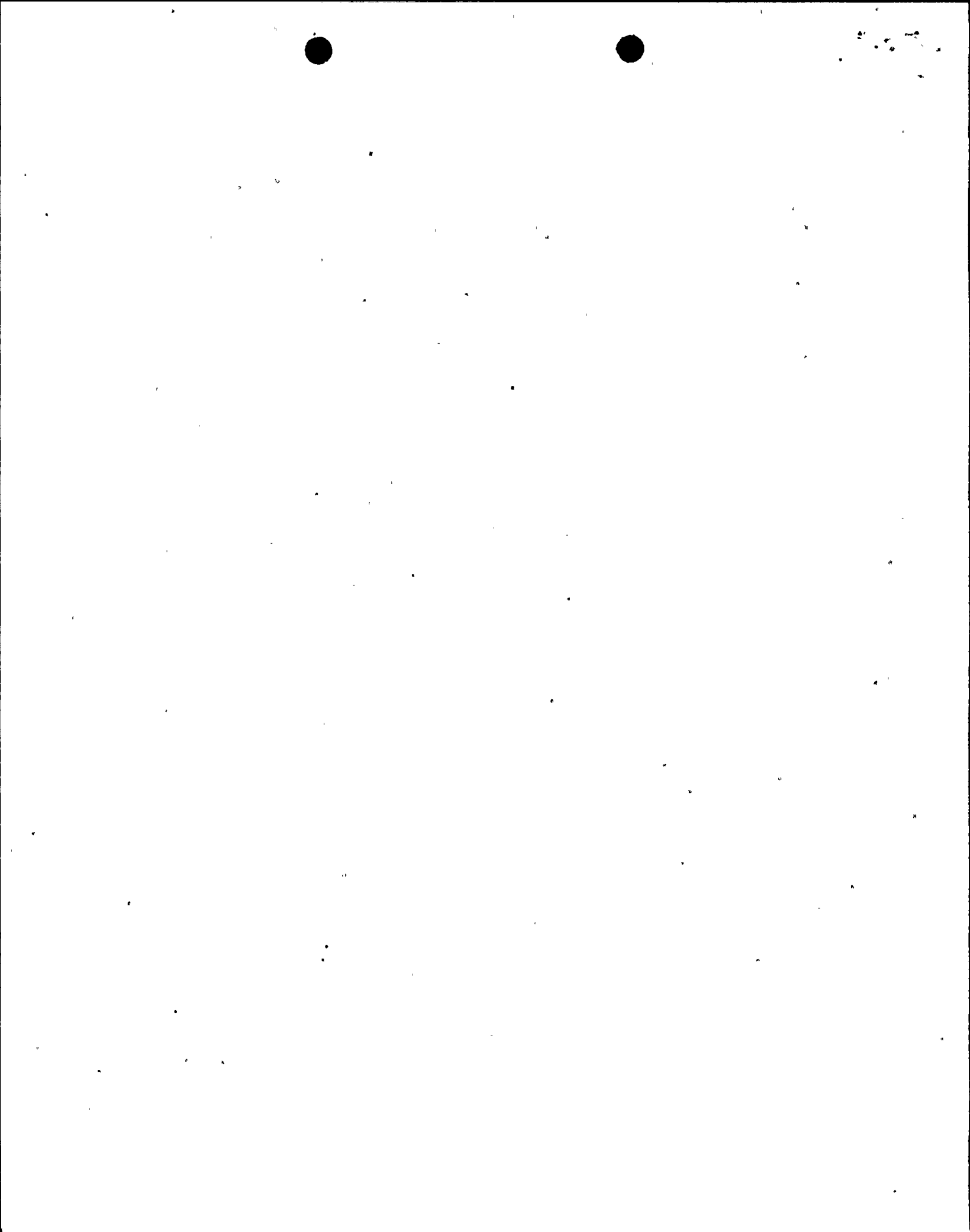
I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT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

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

TELEPHONE 215 770-5842  
DATE 84 05 15  
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.



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

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

NAME PENNSYLVANIA P & I - SUSQUEHONNA  
ADDRESS TWO NORTH NINTH STREET  
ALLENTOWN PA 18101

PA0047325  
PERMIT NUMBER

047 A  
DISCHARGE NUMBER

F - FINAL LIMITS  
UNIT 1 CONDENSATE TANK: 047

There were no discharge from this outfall during the month.

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	04	01	84	04	30
(20-31)	(22-31)	(24-31)	(26-31)	(28-31)	(30-31)

FROM TO

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	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	None	0.033	*****	MGD	*****	*****	*****	*****	*	ONCE/ DISCHG	ESTIMA

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

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT, SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

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

TELEPHONE DATE  
215 770-5842 84 05 15  
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 PENNSYLVANIA P & L - SUSQUEHNA  
 ADDRESS 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)

PA0047325  
 PERMIT NUMBER

048 A  
 DISCHARGE NUMBER

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

FINAL LIMITS  
 UNIT 2 CONDENSATE TANK: 048

There were no discharges from this outfall during the month

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
84	04	01		84	04	30
(20-31)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (34-61)			QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 02 15 EFFLUENT GROSS VALUE	None	0.019	*****	MGD	*****	*****	*****	*****	*	SEE PERMIT	
	PERMIT REQUIREMENT	AVERAGE	*****		*****	*****	*****	*****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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H. Keiser  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 215 770-5842  
 DATE: 84 05 15

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.