

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 150-0007

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

Salem Township] Page 1 of 2
Luzern County

Sewage Treatment Plant

8410150337 840831
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 ST	0027448 PERMIT NUMBER	079 DIS	4952 SIC	41°05'23" LATITUDE	76°08'16" LONGITUDE
REPORTING PERIOD FROM		8 4 0 8 0 1 YEAR MO DAY	TO	8 4 0 8 3 1 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	0.015	0.036	0.091	MGD	-	****	****	****	-	-	Daily	Weir Rate
	PERMIT CONDITION	N.A.	0.045	N.A.		****	****	****	Daily			Pump or Weir Rate	
BOD(5 day)	REPORTED	6.67	17	27	Lbs/Day	-	26	31	---	-	-	2/month	8 hr. Composite
	PERMIT CONDITION	N.A.	11.3	N.A.		N.A.	30	N.A.	Mg/l			1/Month	8 hr. Composite
T.S.S.	REPORTED	1.3	19.2	37	Lbs/Day	-	5	27	---	-	-	2/Month	8 hr. Composite
	PERMIT CONDITION	N.A.	11.3	N.A.		N.A.	30	N.A.	Mg/l			1/Month	8 hr. Composite
Fecal Coliform 10/1 thru 4/30	REPORTED	****	****	****	----	-	***	***	***	-	-	***	***
	PERMIT CONDITION	****	****	****		N.A.	2,000/100ml	N.A.	100ml			1/Month	Grab
Fecal Coliform 5/1 thru 9/30	REPORTED	****	****	****	----	-	230	230	230	-	0	2/Month	Grab
	PERMIT CONDITION	****	****	****		N.A.	200/100ml	1,000/100ml	No./100ml			1/Month	Grab
pH	REPORTED	****	****	****	----	-	6.54	7.06	7.35	-	0	Daily	Grab
	PERMIT CONDITION	****	****	****		6.0	N.A.	9.0	Std. Units			Daily	Grab
Chlorine Residual	REPORTED	****	****	****	----	-	< 0.05	< 1.4	8.7	-	-	Daily	Grab
	PERMIT CONDITION	****	****	****		N.A.	N.A.	N.A.	Mg/l			Daily	Grab
Percent Removal BOD ₅	REPORTED	---	83.2	---	%	-	****	****	****	-	-	2/Month	8 hr. Composite
	PERMIT CONDITION	N.A.	85	N.A.		****	****	****	1/Month			8 hr. Composite	

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE
Kauffman, John	T. Exec. V.P.-Operations	8 4 19 2 10 YEAR MO DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

H. Keen
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

PHOTO COPY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 1567-0007

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Susquehanna Steam Electric Station
P. O. Box 467
Berwick, PA 18603

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Luzerne County

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Sewage Treatment Plant

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5. Specify sample type ("grab" or "___ hr. composite") as applicable. If frequency was continuous, enter "NA".
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PA ST 0027448 PERMIT NUMBER

079 DIS 4952 SIC

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

REPORTING PERIOD FROM 8/4/80 TO 8/31/80

PARAMETER	REPORTED	QUANTITY				UNITS	NO. EX	CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS			MINIMUM	AVERAGE	MAXIMUM	UNITS			
Percent Removal Total Suspended Solids	REPORTED	---	88.5	---			---	---	---			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. L.P. Operations
 DATE: 8/19/80

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

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



Handwritten scribble or mark in the top right corner.