NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
OMB NO. 158-R0073

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

Salem Township
Luzerne County

Sewage Treatment Plant

8410150337 840831
PDR ADOCK 05000387
R PDR

ST	PERMIT NUMBER	DIS	SIC	LATITUDE	LONGITUDE
PA	0027448	079	4952	41°05'23"	76°08'16"

REPORTING PERIOD FROM 84 08 01 (YEAR MO DAY) TO 84 08 31 (YEAR MO DAY)

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.

PARAMETER		QUANTITY (3 card only) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	CONCENTRATION (4 card only) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
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	---	Mg/l	–	2/month	8 hr. Composite
	PERMIT CONDITION	N.A.	11.3	N.A.			N.A.	30	N.A.			1/Month	8 hr. Composite
T.S.S.	REPORTED	1.3	19.2	37	Lbs/ Day	–	5	27	---	Mg/l	–	2/Month	8 hr. Composite
	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	****	****	****	----	–	* * *	* * *	* * *	No./ 100ml		* * *	* * *
	PERMIT CONDITION	****	****	****			N.A.	2,000/ 100ml	N.A.			1/Month	Grab
Fecal Coliform 5/1 thru 9/30	REPORTED	****	****	****	----	–	230	230	230	No./ 100ml	0	2/Month	Grab
	PERMIT CONDITION	****	****	****			N.A.	200/ 100ml	1,000/ 100ml			1/Month	Grab
pH	REPORTED	****	****	****	----	–	6.54	7.06	7.35	Std. Units	0	Daily	Grab
	PERMIT CONDITION	****	****	****			6.0	N.A.	9.0			Daily	Grab
Chlorine Residual	REPORTED	****	****	****	----	–	< 0.05	< 1.4	8.7	Mg/l	–	Daily	Grab
	PERMIT CONDITION	****	****	****			N.A.	N.A.	N.A.			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

Instantaneous

IE15

IE HQ FILE COPY

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE
Kauffman, John T. (LAST FIRST MI)	Exec. V.P.-Operations (TITLE)	84 09 20 (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.

[signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

EV

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PARAMETER		QUANTITY (if conc only) MINIMUM	QUANTITY AVERAGE	QUANTITY MAXIMUM	QUANTITY UNITS	QUANTITY NO. EX	CONCENTRATION (if conc only) MINIMUM	CONCENTRATION AVERAGE	CONCENTRATION MAXIMUM	CONCENTRATION UNITS	CONCENTRATION NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
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												
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	PERMIT CONDITION												
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Instantaneous

NAME OF PRINCIPAL EXECUTIVE OFFICER (LAST FIRST MI)	TITLE OF THE OFFICER (TITLE)	DATE (YEAR MO DAY)
Kauffman, John T.	Exec. V.P.-Operations	84 10 19

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT