

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

(2-16) P0047325
 PERMIT NUMBER

(17-19) 041 A
 DISCHARGE NUMBER

F - FINAL LIMITS
 COOLING TOWER BLOWDOWN OUTFALL

FACILITY _____
 LOCATION _____

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
84	09	01	TO	84	09	30
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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)			UNIT	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
PK		*****	*****	*****	8.06	*****	8.47		0	Daily	Grab
00400 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	8.0 MINIMUM	*****	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED		*****	*****	*****	*****	35.7	71.6		0	Daily	Gr
00530 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	*****	200 DAILY MX	MG/L		DAILY	GRAB
01045 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	3.32	5.06		0	Weekly	Grab
01045 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	*****	7.0 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		10.08			*****	*****	*****	*****	*	ND*	None
50050 1 0 EFFLUENT GROSS VALUE		14.4 AVERAGE	*****	MGD	*****	*****	*****	*****		DAILY	RECORD
CHLORINE, FREE AVAILABLE		< 0.35	0.49		*****	< 0.05	0.07		0	Daily	Grab
50054 1 0 EFFLUENT GROSS VALUE		2.0 DAILY AV	5.0 DAILY MX	LBS/DY	*****	0.2 DAILY AV	0.5 DAILY MX	MG/L		DAILY	GRAB
		ND * - Not determined									

8411050072 840930
 PDR ADOCK 05000387
 R PDR

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
J. Kauffman

TELEPHONE
 215 770-7889
 DATE
 8/10/17

COMMENTARY OR EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 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.

1000

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 PUNSLYANTA P & L - SUSQUEHUNNA
 ADDRESS 709 NORTH NINTH STREET
ALLENTOWN PA 18101

(2-16)
PA00047325
 PERMIT NUMBER

(17-19)
042 A
 DISCHARGE NUMBER

F - FINAL LIMITS
 OUTFALL 042

FACILITY _____
 LOCATION _____

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	09	01		84	09	30
	(20-21)	(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 (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	*****	*****	*****	7.69	*****	7.81		0	2/month	Grab
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		THICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	0.42	0.49		*****	2.4	2.8		0	2/month	Grab
00530 1 0 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	0.26	0.40		*****	1.5	2.3		0	2/month	Grab
0055 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 PLANT	SAMPLE MEASUREMENT	0.021	*****		*****	*****	*****	*****	*	Daily	Measrd
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 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 | 770-7889
 DATE
 84 | 10 | 17

COMMENT AND EXPLANATION OF ANY VIOLATIONS OF REGULATIONS (Reference all attachments here) SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.

(1) We also have EPA approval to use a MODIFIED PARTITION - IR METHOD.

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

(2-16) PA0047325
 PERMIT NUMBER

(17-19) 043 A
 DISCHARGE NUMBER

F - FINAL LIMITS
 UNIT 1 TURBINE BUILDING - 043

FACILITY _____
 LOCATION _____

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	09	01		84	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

There was no discharge from this outfall during the 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 (46-61)			(4 Card Only) QUALITY OR CONCENTRATION (46-61)			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	SU	TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT				*****					
00530 1 0 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				*****					
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 PLANT	SAMPLE MEASUREMENT	None	*****		*****	*****	*****	*****	*	
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 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.)

J. Kauffman
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 215 770-7889
 AREA CODE NUMBER
 DATE
 84 10 17
 YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS OF (Reference all attachments here) RELATING TO SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.

(1) We also have EPA approval to use a MODIFIED PARTITION - IR METHOD.

NAME PENNSYLVANIA P & L - SUSQUEHUNNA
 ADDRESS TWO NORTH NINTH STREET
ALLENTOWN PA 18104

(2-16)
PA0047325
 PERMIT NUMBER

(17-19)
044 A
 DISCHARGE NUMBER

F - FINAL LIMITS
 UNIT 2 TURBINE BUILDING: 044

FACILITY _____
 LOCATION _____

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	09	01		84	09	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)	X	(3 Card Only) QUANTITY OR LOADING (46-51)			(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			
PH 00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	7.55	*****	7.57		0	2/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	2.22	4.01		*****	16.7	27.6		0	2/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 - GRAV 00556 1 0 (1) EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.12	0.16		*****	1.10	1.13		0	2/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	0.013	*****		*****	*****	*****	*****	*	Daily	Measrd
	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 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.)

J. Kauffman
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 215 770-7889
 DATE: 84 10 17

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) 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 - SUSQUHUNNA
 ADDRESS TWO 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)

(2-16) PA0047325 (17-19) 045 A
 PERMIT NUMBER DISCHARGE NUMBER
 MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 84 09 01 84 09 30
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

Form Approved OMB No. 2040-0004 Expires 2-29-84
 F - FINAL LIMITS
 ACID UNLOADING PAD: 046
 There was no discharge from this outfall during the month

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)			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	SU	TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT				*****					
00530 1 0 EFFLUENT GROSS 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	SAMPLE MEASUREMENT				*****					
00556 1 0 (1) EFFLUENT GROSS 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 GROSS 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 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 <i>J. Kauffman</i>	TELEPHONE 215 770-7889	DATE 84 10 17
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 DISCHARGE OF EFFLUENT CONTAINING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.

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

(2-16) PA0047325
 PERMIT NUMBER

(17-19) 047 A
 DISCHARGE NUMBER

F - FINAL LIMITS
 UNIT 1 CONDENSATE TANK: 047

There was no discharge from this outfall during the month

FACILITY _____
 LOCATION _____

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	09	01		84	09	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	(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	SAMPLE MEASUREMENT	None	*****		*****	*****	*****	*****	*		
	PERMIT REQUIREMENT	0.033 AVERAGE	*****	MGD	*****	*****	*****	*****		ONCE/ DISCHG	ESTIMA
	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 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.)

J. Kauffman
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 215 | 770-7889
 DATE: 84 | 10 | 17
 AREA CODE | NUMBER | YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS OR DEFICIENCIES 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 - SUSQUEHUNNA
 ADDRESS TWO NORTH NINTH STREET
ALLENTOWN PA 18101
 FACILITY _____
 LOCATION _____

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

(2-16) PA0047325 PERMIT NUMBER
 (17-19) 04E A DISCHARGE NUMBER

Form Approved OMB No. 2040-0004
 Expires 2-29-84
 F - FINAL LIMITS
 UNIT 2 CONDENSATE TANK: 042

There was no discharge from this outfall during the month

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	84	09	01		84	09	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	(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	SAMPLE MEASUREMENT	None	*****		*****	*****	*****	*****	*		
	PERMIT REQUIREMENT	0.019 AVERAGE	*****	MGD	*****	*****	*****	*****		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 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.)

JK
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NUMBER: 215 770-7889
 DATE: 84 10 17

COMMENT AND EXPLANATION OF ANY VIOLATIONS OF PERMIT CONDITIONS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.
 THIS DMR MONITORS RAINWATER DISCHARGE COLLECTED IN DIKED AREA SURROUNDING UNIT 2 CONDENSATE STORAGE TANK.

