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 HANSELL, J.B. Pennsylvania Power & Light Co.
 RECIP. NAME RECIPIENT AFFILIATION

SUBJECT: "Generator Quarterly Hazardous Waste Rept" for Second Quarter 1989. ~~W/890724~~ ltr.

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Pennsylvania Power & Light Company

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

July 24, 1989

Pennsylvania Department of
Environmental Resources
Division of Hazardous Waste Management
P.O. Box 2063
Harrisburg, PA 17120

SUSQUEHANNA STEAM ELECTRIC STATION
QUARTERLY HAZARDOUS WASTE REPORT
CCN 741326 FILE R9-6
PLE-11680

Attached is Pennsylvania Power and Light Company's (PP&L's) Hazardous Waste Report for the Susquehanna Steam Electric Station, Berwick, Salem Township, Luzerne County, for the second quarter of 1989.

Respectfully,

John B. Hansell, Jr.
Sr. Environmental Scientist-Nuclear

jbh1ta004534o(25)

cc: EPA-Region-III

NRC Document Control Desk

NRC Region I

Mr. F. I. Young, NRC Sr. Resident Inspector

Mr. M. C. Thadani, NRC Project Manager

Attachment

8907310256 890724/
PDR ADDCK 05000387
R PNU

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QUARTERLY HAZARDOUS WASTE REPORT — GENERAL INFORMATION

I. This report is for the quarter ending (check one):

- March 31
- June 30 19 89
- September 30 Yr.
- December 31

II. Your EPA I.D. Number

P	A	D	0	0	0	7	6	5	8	8	3
---	---	---	---	---	---	---	---	---	---	---	---

III. Check this block, if there is nothing to report this quarter.

IV. Name of Installation Pennsylvania Power & Light Co., Susquehanna SES

V. Mailing Address P.O. Box 467
Berwick, PA 18603

VI. Location Address 5 miles north of Berwick on Route U.S. 11

If within PA, Salem City Borough Township Luzerne County

(Name of Municipality) (Check one)

VII. Contact Person Bruce Rhoads

Phone No. 717 - 542 - 3693
(Area Code)

VIII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that 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.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

R.G. Byram
A. Print or Type Name


B. Signature of Authorized Representative

7.9.89
C. Date Signed



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GENERATOR QUARTERLY HAZARDOUS WASTE REPORT

I. Your EPA I.D. No. PIAD|0|0|0|7|6|5|8|8|3

II. TSD Facility's EPA I.D. No. NY|D|0|4|9|8|3|6|6|7|9

TSD Facility's Name CWM Chemical Services, Inc.

Address 1550 Balmer Road, Model City, NY 14107

III. WASTE SHIPPED OFF-SITE				
LINE NO.	A. US DOT Proper Shipping Name of Waste and State Manifest Document Number (include State Abbreviation)	B. Hazardous Waste Number	C. Weight of Shipment and Unit of Measure (P-pounds, T-ton, K-kilograms, M-metric ton) DO NOT ENTER GALLONS	D. PA. Hazardous Waste Transport License No.
1	US DOT Description- RQ, Hazardous Waste, Solid, N.O.S. (D008) State Manifest Document Number - <u>NYA5606901</u>	D 0 0 8	4,302	K <input checked="" type="checkbox"/> A H 0 2 3 T M
2	US DOT Description- RQ, Hazardous Waste, Solid, N.O.S. (D007, D008) State Manifest Document Number - <u>NYA5606901</u>	D 0 0 7 D 0 0 8	2,276	K <input checked="" type="checkbox"/> A H 0 2 3 T M
3	US DOT Description- State Manifest Document Number - _____			K P A H T M
4	US DOT Description- State Manifest Document Number - _____			K P A H T M
5	US DOT Description- State Manifest Document Number - _____			K P A H T M
6	US DOT Description- State Manifest Document Number - _____			K P A H T M
7	US DOT Description- State Manifest Document Number - _____			K P A H T M
8	US DOT Description- State Manifest Document Number - _____			K P A H T M
9	US DOT Description- State Manifest Document Number - _____			K P A H T M
10	US DOT Description- State Manifest Document Number - _____			K P A H T M

E. Comments:

GENERATOR QUARTERLY HAZARDOUS WASTE REPORT

I. Your EPA I.D. No.

PAID 01010716151813

II. TSD Facility's EPA I.D. No.

NJID 01513121818121319

TSD Facility's Name Rollins Environmental Services (NJ), Inc.

Address Routes 322 and I295, Box 337, Bridgeport, NJ 08014

III. WASTE SHIPPED OFF-SITE

LINE NO.	A. US DOT Proper Shipping Name of Waste and State Manifest Document Number (include State Abbreviation)	B. Hazardous Waste Number	C. Weight of Shipment and Unit of Measure (P-pounds, T-ton, K-kilograms, M-metric ton) DO NOT ENTER GALLONS	Put "X" in Box	D. PA. Hazardous Waste Transport License No.
1	US DOT Description- RQ, Waste Flammable Solid, N.O.S. (D001) State Manifest Document Number - NJA0346814	D 0 0 1	7,332	K <input checked="" type="checkbox"/> P T M	A H 0 2 3
2	US DOT Description- State Manifest Document Number -			K P T M	A H
3	US DOT Description- State Manifest Document Number -			K P T M	A H
4	US DOT Description- State Manifest Document Number -			K P T M	A H
5	US DOT Description- State Manifest Document Number -			K P T M	A H
6	US DOT Description- State Manifest Document Number -			K P T M	A H
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8	US DOT Description- State Manifest Document Number -			K P T M	A H
9	US DOT Description- State Manifest Document Number -			K P T M	A H
10	US DOT Description- State Manifest Document Number -			K P T M	A H

E. Comments: