

# ACCELERATED DISTRIBUTION DEMONSTRATION SYSTEM

## REGULATORY INFORMATION DISTRIBUTION SYSTEM (RIDS)

ACCESSION NBR: 9009040169    DOC. DATE: ~~90/07/31~~    NOTARIZED: NO    DOCKET #  
 FACIL: 50-387 Susquehanna Steam Electric Station, Unit 1, Pennsylv    05000387  
 50-388 Susquehanna Steam Electric Station, Unit 2, Pennsylv    05000388  
 AUTH. NAME    AUTHOR AFFILIATION  
 FIELDS, J.S.    Pennsylvania Power & Light Co.  
 RECIPIENT NAME    RECIPIENT AFFILIATION

SUBJECT: "NPDES Discharge Monitoring Rept, Jul 1990." W/900827 ltr.

DISTRIBUTION CODE: IE25D    COPIES RECEIVED: LTR 1 ENCL 1    SIZE: 12  
 TITLE: Environmental Monitoring Rept (per Tech Specs)

NOTES: LPDR 1 cy Transcripts.    05000387 /  
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INTERNAL:	ACRS		1	1		AEOD/DSP/TPAB		1	1	
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	RGN1 FILE 02		1	1						
EXTERNAL:	EG&G SIMPSON, F		2	2		NRC PDR		1	1	
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**Pennsylvania Power & Light Company**

August 27, 1990

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

Mr. John J. Wilkes, Jr.  
Water Quality Regional Manager  
Bureau of Water Quality Management  
Pennsylvania Department of Environmental Resources  
90 East Union Street, 2nd Floor  
Wilkes-Barre, PA 18701-3296

SUSQUEHANNA STEAM ELECTRIC STATION  
DISCHARGE MONITORING REPORT - JULY 1990  
NPDES PERMIT NO. PA 0047325  
CCN 741326 FILE R9-8A  
PLE-12815

Dear Mr. Wilkes:

Pursuant to Part A, 3.b.(1) of NPDES Permit No. PA 0047325, enclosed please find the Susquehanna Steam Electric Station discharge monitoring report for July 1990. Also enclosed is Pennsylvania Department of Environmental Resources' Monthly Facility Report Form (01-112).

There were no noncompliances in July.

Respectfully yours,

Jerome S. Fields  
Senior Environmental Scientist-Nuclear

jsf/lta1931i(26)

Enclosures

cc: EPA Region III  
NRC Document Control Desk  
NRC Region I  
Mr. G. S. Barber, NRC Sr. Resident Inspector  
Mr. M. C. Thadani, NRC Project Manager

9009040169 900731  
PDR ADOCK 05000387  
R PDC

*TF 25*  
*11*

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

NAME PENNSYLVANIA F & L - SUSQUEHANA  
 ADDRESS THC NCRTH NINTH STRKET  
ALLENTOWN PA 18101

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 (2-16) (17-19)

E40047325  
 PERMIT NUMBER

G71 A  
 DISCHARGE NUMBER

F - FINAL  
 COOLING TOWER BLOWDOWN

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

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	07	01		90	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR (SUBR 02)

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)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.9	*****	8.8		0	31/31	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU			DAILY GRAB
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.2		0	1/7	Comp. 8 hr.
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0 DLY MAX	MG/L			WEEKLY COMP-8
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	10.23	12.55		*****	*****	*****		*	31/31	Record
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT Mnth Avg	REPORT DLY MAX	MGD	*****	*****	*****	****			DAILY RECORD
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.05		0	31/31	Grab
50064 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.20 DLY MAX	MG/L			SEE GRAB PERMIT
Chromium, Total	SAMPLE MEASUREMENT						0.07		0	1/365	Comp. 8 hr.
	PERMIT REQUIREMENT						0.20 Daily Max	mg/L		1/Yr	Comp. 8 hr.
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H.W. Keiser, Sr. V.P.  
Nuclear 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]*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 717 5423995  
 DATE: 90 08 20

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
FREE AVAILABLE CHLORINE SHALL BE TAKEN DAILY BY GRAB DURING CHLORINATION.

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

NAME PENNSYLVANIA P & L - SUSQUEHANA  
 ADDRESS TWC NORTH NINTH STREET  
ALLENTOWN PA 18101

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

F - FINAL

CFKV AND ADMIN BUILDING SUMP

PAJ047325  
 PERMIT NUMBER

072 A  
 DISCHARGE NUMBER

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

MONITORING PERIOD

FROM YEAR 90 MO 07 DAY 01 TO YEAR 90 MO 07 DAY 31  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MAJOR (SUBH 02)

NOTE: Read instructions before completing this form.

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	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.0	*****	7.6		0	4/31	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	8.1	9.7		0	2/31	Grab
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30.0 Mnth Avg	100.0 DLY MAX	MG/L		ONCE/ MONTH	GRAB
OIL AND GREASE FROM EXTR-GRAV METH	SAMPLE MEASUREMENT	*****	*****		*****	4.0	6.1		0	4/31	Grab
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15.0 Mnth Avg	20.0 DLY MAX	MG/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.0105	0.0105		*****	*****	*****		*	4/31	Est.
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT Mnth Avg	REPORT DLY MAX	MGD	*****	*****	*****	****		DAILY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H.W. Keiser, Sr. V.P.  
Nuclear 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]*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 717 5423995  
 DATE: 90 08 20  
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
FLOW AND PH SHALL BE MEASURED DAILY WHEN DISCHARGING.



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

NAME PENNSYLVANIA F & I - SUSCUHANA  
 ADDRESS TWO NORTH NINTH STREET  
ALLEN TOWN PA 18101

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 (2-16) (17-19)

PA0047325 074 A  
 PERMIT NUMBER DISCHARGE NUMBER

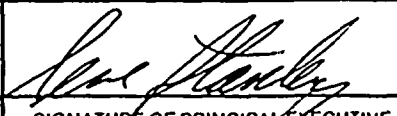
F - FINAL  
 #2 TURBINE BLDG WASTE SUMP

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

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	07	01		90	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR (SUBR 02)  
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (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	*****	*****		7.8	*****	7.8		0	1/31	Grab
00400 1 0 C EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	4.2	4.2		0	1/31	Grab
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30.0 Mnth Avg	100.0 DLY MAX	MG/L		ONCE/ MONTH	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	*****	*****		*****	1.4	1.4		0	1/31	Grab
00556 1 0 C EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	15.0 Mnth Avg	20.0 DLY MAX	MG/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.0087	0.0087		*****	*****	*****		*	1/31	Est.
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT Mnth Avg	REPORT DLY MAX	MGD	*****	*****	*****	***		DAILY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <u>H.W. Keiser, Sr. V.P.</u> <u>Nuclear Operations</u> 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 	TELEPHONE	DATE		
			717 542-3945 AREA CODE NUMBER	90	08	20 YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 FLOW AND PH SHALL BE MEASURED DAILY WHEN DISCHARGING.

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

NAME PENNSYLVANIA F & L - SUSQUEHANA  
 ADDRESS TWO NORTH NINTH STREET  
ALLENTOWN PA 18101

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 (2-16) (17-19)

PA0047325  
 PERMIT NUMBER

C79 A  
 DISCHARGE NUMBER

F - FINAL  
 SEWAGE TREATMENT EFFLUENT

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

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	07	01		90	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR (SUBR 02)  
 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 (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	*****	*****		6.7	*****	7.9		0	31/31	Grab
00400 A 0 0 DISINFECT, PRCS CMPLT	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	0.77	*****		*****	4.3	*****		*	1/31	Comp. 8 hr.
00530 A 0 0 DISINFECT, PRCS CMPLT	PERMIT REQUIREMENT	20.00 Mnth Avg	*****	LBS/DY	*****	30.00 Mnth Avg	*****	MG/L		ONCE/ MONTH	COMP-8
FLOW, IN CONDUIT CR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.013	0.018		*****	*****	*****		*	31/31	Flow ind.
50050 A 0 0 DISINFECT, PRCS CMPLT	PERMIT REQUIREMENT	0.08 Mnth Avg	REPORT DLY MAX	HGD	*****	*****	*****	****		DAILY	FLOIND
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		<0.05	0.51	1.50		*	31/31	Grab
50064 A 0 0 DISINFECT, PRCS CMPLT	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	REPORT ARI MEAN	REPORT MAXIMUM	MG/L		DAILY	GRAB
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	3	*****		*	1/31	Grab
74055 A 1 0 DISINFECT, PRCS CMPLT	PERMIT REQUIREMENT	*****	*****	****	*****	200 30DA GEO	*****	/ 100ML		ONCE/ MONTH	GRAB
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	0.68	*****		*****	3.7	*****		*	1/31	Comp. 8 hr.
80082 A 0 0 DISINFECT, PRCS CMPLT	PERMIT REQUIREMENT	16.70 Mnth Avg	*****	LBS/DY	*****	25.0 Mnth Avg	*****	MG/L		ONCE/ MONTH	COMP-8
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H.W. Keiser, Sr. V.P.  
Nuclear 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 3 years.)

*[Signature]*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 717 5423495  
 DATE: 90 08 20  
 AREA CODE NUMBER YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include

Facility Name/Location if different)

NAME PENNSYLVANIA P & L - SUSQUEHNA  
 ADDRESS TWO NORTH NINTH STREET  
ATLANTOWN PA 18101

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 (2-16) (17-19)

PA0047325  
 PERMIT NUMBER

171 A  
 DISCHARGE NUMBER

F - FINAL  
RADWASTE TREATMENT EFFLUENT

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
90	07	01		90	07	31
(20-21)		(22-23) (24-25)		(26-27)		(28-29) (30-31)

MAJOR (SUBR 02)  
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.2	0.2		0	1/31	Grab
	PERMIT REQUIREMENT	*****	*****	*** ****	*****	30.0 Mnth Avg	100.0 Dly Max	NG/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT CH TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.023	0.062		*****	*****	*****		*	10/31	Est.
	PERMIT REQUIREMENT	REPORT Mnth Avg	REPORT Dly Max	MGD	*****	*****	*****	*** ****		DAILY ESTIMA	
Oil and Grease	SAMPLE MEASUREMENT					1.3	1.3		0	1/365	Grab
	PERMIT REQUIREMENT					15.0 mthly Avg	20.0 daily max			once/ year	Grab
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER:  
H.W. Keiser, Sr. U.P.  
Nuclear 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]*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 717 5423995  
 DATE: 90 08 20  
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
FLOW SHALL BE MEASURED DAILY WHEN DISCHARGING.



NAME PENNSYLVANIA P & I - SUSQUEHANA  
 ADDRESS THE NORTH NINTH STREET  
ALLENTOWN PA 18101

PA0047325 271 A  
 PERMIT NUMBER DISCHARGE NUMBER

F - FINAL WASTE FILTER BYPASS

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

MONITORING PERIOD  
 FROM YEAR 90 MO 07 DAY 01 TO YEAR 90 MO 07 DAY 31  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MAJOR (SUBR 02) NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (54-61)			(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			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****						
	PERMIT REQUIREMENT	*****	*****	****	*****	30.0 Mnth Avg	100.0 Dly Max	MG/L		ONCE/ GRAB MONTH	
OIL AND GREASE FROM EXTR-GRAV METH 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****						
	PERMIT REQUIREMENT	*****	*****	****	*****	15.0 Mnth Avg	20.0 Dly Max	MG/L		ONCE/ GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	No Discharge			*****	*****	*****				
	PERMIT REQUIREMENT	REPORT Mnth Avg	REPORT Dly Max	MGC	*****	*****	*****	****	****	DAILY FLOWING	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <u>H.W. Keiser, Sr. U.P.</u> <u>Nuclear Operations</u> 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 3 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE <u>717 5423495</u>	DATE <u>90 08 20</u>
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
**FLOW SHALL BE MEASURED DAILY WHEN DISCHARGING.**

PERMITTEE NAME/ADDRESS (Include

Facility Name/Location if different)

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 (2-16) (17-19)

FA0047325  
 PERMIT NUMBER

371 A  
 DISCHARGE NUMBER

P - FINAL  
 NEUTRALIZATION BASIN DISCHARGE

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
90	07	01		90	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR (SU8R 02)  
 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 (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00530 1 0 C EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	12.2	12.2		0	1/31	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	30.0 Mnth Avg	100.0 Dly Max	MG/L		ONCE/ MONTH	GRAB
OIL AND GREASE FROM EXTR-GRAV METH 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1.1	1.1		0	1/31	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	15.0 Mnth Avg	20.0 Dly Max	MG/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT CH THRU TREATMENT PLANT 50050 1 0 C EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.018	0.018		*****	*****	*****		*	3/31	Est.
	PERMIT REQUIREMENT	REPORT Mnth Avg	REPORT Dly Max	MGD	*****	*****	*****	****		DAILY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H. W. Keiser, Sr. V.P.  
Nuclear 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 3 years.)

*[Signature]*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 717 5423995 DATE 90 08 20  
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 FLOW SHALL BE MEASURED DAILY WHEN DISCHARGING.  
 \*WHEN DISCHARGING. THERE SHALL BE \* DISCHARGE OF POLYCHLORINATED BIPHENYL COMPOUNDS. SEE PERMIT FOR OTHER CONDITIONS.  
 \*EM. FLOW SHALL BE MEASURED DAILY

PERMITTEE NAME/ADDRESS (Include

Facility Name/Location if different)

NAME PENNSYLVANIA F & I - SUSQUEHNA

ADDRESS TWO NORTH NINTH STREET

ALLENTOWN PA 18101

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA0047325

PERMIT NUMBER

471 A

DISCHARGE NUMBER

F - FINAL

WASTE FILTER EFFLUENT

FACILITY

LOCATION

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

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	07	01		90	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PAJCR (SUBR 02)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****	****	*****	30.0 Mnth Avg	100.0 Dly Max	MG/L	ONCE/ GRAB MONTH	
OIL AND GREASE FROM EXTR-GRAV METH 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****	****	*****	15.0 Mnth Avg	20.0 Dly Max	MG/L	ONCE/ GRAB MONTH	
FLOW, IN CONDUIT CH THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	No Discharge			*****	*****	*****			
	PERMIT REQUIREMENT	REPORT Mnth Avg	REPORT Dly Max	MGD	*****	*****	*****	****	DAILY FLOW	
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H.W. Keiser, Sr. U.P.

Nuclear Operations

TYPED OR PRINTED

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Sen Stanley  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

717 5423995

DATE

90 08 20

AREA CODE

NUMBER

YEAR

MO

DAY

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

FLOW SHALL BE MEASURED DAILY WHEN DISCHARGING.

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

NAME PENNSYLVANIA E & L - SUSQUEHANA  
 ADDRESS TWC NORTH NINTH STREET  
ALLENTOWN PA 18101

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

EAC047325  
 PERMIT NUMBER

571 A  
 DISCHARGE NUMBER

F - FINAL

571 CIRC WATER PUMPHOUSE SUMP

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

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	07	01		90	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR (SUBR 02)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (54-61)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	5.3	5.3		0	1/31 Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30.0 MNTH AVG	100.0 DLY MAX	MG/L		ONCE/GRAB MONTH
OIL AND GREASE ON EXTR-GRAV METH 00556 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	1.7	1.7		0	1/31 Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15.0 MNTH AVG	20.0 DLY MAX	MG/L		ONCE/GRAB MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 C	SAMPLE MEASUREMENT	0.0002	0.0002		*****	*****	*****		*	31/31 Flow Incl.
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MNTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	****		DAILY FLOIND
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
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*[Signature]*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 717 542 3908  
 DATE: 90 08 20  
 AREA CODE NUMBER YEAR MO DAY

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

FLOW SHALL BE MEASURED DAILY WHEN DISCHARGING.

01-112

PA DEPARTMENT OF ENVIRONMENTAL RESOURCES

Month July

MONTHLY FACILITY REPORT

Date Prepared 8/23/90

Facility Name Susquehanna Steam Electric Station PWS ID NO. 2400994

P.O. Box 467

Facility Address Berwick, PA 18603 NPDES Permit No. PA 0047325

Municipality Salem Township Incinerator Permit Number(s) N/A

County Luzerne Telephone Number (215) 770-7889

Person Completing Form Jerome S. Fields

Signature *Jerome S. Fields* (Print Name)

Title Sr. Environmental Scientist

1. Total Hours Incinerator Operated N/A

2. Type of Fuel N/A

3. Total Fuel Usage N/A

4. Supplier of Fuel N/A

5. Estimated Amount of Sludge Incinerated N/A

6. Incinerator Ash Disposal N/A 7. Sludge Disposal Water Treatment

(a) How Much (Tons) \_\_\_\_\_

(b) Where \_\_\_\_\_

(c) When (Last Occurrence) \_\_\_\_\_

(d) Hauler \_\_\_\_\_

(e) Receipts: Yes \_\_\_ No \_\_\_

(a) How Much (Tons) 42.5

(b) Where Waste Conversion\*

(c) When (Last Occurrence) July 16

(d) Hauler Keystone Block

(e) Receipts: Yes \_\_\_ No X

8. Other Wastes (Grits, Barscreening, etc.)

(a) How Much (Tons) 21.25

(b) Where Mowery Farm\*\*

(c) When (Last Occurrence) July 13

(d) Hauler Beibers Contracting Co.

(e) Receipts: Yes X No \_\_\_

\*Hatfield, PA

\*\*Route 54, Montgomery  
Lycoming County  
Permit #603001

9. Septic Tank Waste Accepted: Yes \_\_\_ No X

10. If yes:

(a) Volume \_\_\_\_\_

(b) Hauler(s) \_\_\_\_\_ Percent (%) Hauled \_\_\_\_\_

11. Analysis Performed to ensure tank waste contains no industrial waste

(a) Yes \_\_\_ No \_\_\_

(b) If yes, frequency \_\_\_\_\_

12. Additional Comments: 8,000 gallons of septic tank waste taken offsite and treated at Hazleton Sewage Treatment Plant.