



Pennsylvania Power & Light Company

September 24, 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 - AUGUST 1990
NPDES PERMIT NO. PA 0047325
CCN 741326 FILE R9-8A
PLE- 12923

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 August 1990. Also enclosed is Pennsylvania Department of Environmental Resources' Monthly Facility Report Form (01-112).

There were no noncompliances in August.

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

9010040269 900831
PDR ADOCK 05000387
R PDC

IE25
||



22

10019

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

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

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

FA0047325
 PERMIT NUMBER

071 A
 DISCHARGE NUMBER

F - FINAL
 COOLING TOWER BLOWDOWN

FACILITY _____
 LOCATION _____
 ATTN: J.I. KAUFFMAN, EXEC. VICE PRES

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	08	01		90	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR (SUPER 02)

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 (38-45) (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH		*****	*****		8.3	*****	8.8		31/31	Grab
00400 1 0 C EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		DAILY GRAB
ZINC, TOTAL (AS ZN)		*****	*****		*****	*****	0.13		1/7	Com 8
01092 1 0 C EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0 DLY MAX	MG/L		WEEKLY COMP-8
FLOW, IN CONDUIT CR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	11.6	17.1		*****	*****	*****		* 31/31	Recorder
50050 1 0 C EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MONTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	****		DAILY RECORD
CHLORINE, FREE AVAILABLE		*****	*****		*****	*****	< 0.05		31/31	Grab
50064 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	.20 DLY MAX	MG/L		SEE GRAB PERMIT
	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.)

J. Babaske
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
717 5423995
 AREA CODE NUMBER
 DATE
90 09 17
 YEAR MO DAY

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 I & L - SUSQUEHNA

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) (17-19)

EA0047325
PERMIT NUMBER

072 A
DISCHARGE NUMBER

F - FINAL
SERV AND ADMIN BUILDING SUMP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
90	08	01		90	08	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 (38-45) (46-53) (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	*****	*****		7.2	*****	7.5		0	5/31	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	4.0	7.2		0	3/31	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 PREOM EXTR-GRAV METH	SAMPLE MEASUREMENT	*****	*****		*****	2.0	4.5		0	5/31	Grab
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15.0 Mnth Avg	20.0 DLY MAX	MG/L		ONCE/ MONTH	GRAB
FLGW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.0105	0.0105		*****	*****	*****		*	5/31	Est.
50050 1 0 C 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.)

J. Blakesley

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
717 5423795
DATE
90 09 17

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 - SUSQUEHNA
 ADDRESS TWC NORTH NINTH STREET
ALLENTOWN PA 18101

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

PA0047325
 PERMIT NUMBER

073 A
 DISCHARGE NUMBER

F - FINAL
 #1 TURBINE BLDG WASTE SUMP

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

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	08	01		90	08	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	*****	*****		6.8	*****	7.8		0	3/31	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0			DAILY	GRAB
					MINIMUM		MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	2.7	5.5		0	3/31	Grab
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30.0	100.0			ONCE/MONTH	GRAB
						MNTH AVG	DLY MAX	MG/L			
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	1.2	1.5		0	3/31	Grab
FREON EXTR-GRAV METH	PERMIT REQUIREMENT	*****	*****	****	*****	15.0	20.0			ONCE/MONTH	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE				****		MNTH AVG	DLY MAX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.013	0.017		*****	*****	*****		*	2/31	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.)

J. Blakeslee

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 717 5423995
 DATE: 90 09 17
 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 P & I - SUSQUEHANNA
 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

074 A
 DISCHARGE NUMBER

F - FINAL
 #2 TURBINE BLDG WASTE SUMP

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
90	08	01		90	08	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJCA (SUBH 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 (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****		7.7	*****	8.0		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	*****	*****		*****	1.9	2.3		0 3/31	Grab
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30.0 Mnth Avg	100.0 Dly Max	MG/L		ONCE/ GRAB MONTH
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	1.0	3.8		0 4/31	Grab
PERON EXTR-GRAV METH	PERMIT REQUIREMENT	*****	*****	****	*****	15.0 Mnth Avg	20.0 Dly Max	MG/L		ONCE/ GRAB MONTH
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.0087	0.0087		*****	*****	*****		* 4/31	Est.
FLOW, IN CONDUIT CH THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT Mnth Avg	REPORT Dly Max	MGE	*****	*****	*****	****		DAILY ESTIMA
50050 1 0 0 EFFLUENT GROSS VALUE	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.)

J. Blahusky

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 717 5423995
 DATE: 90 09 17
 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 E & L - SUSQUHANA
 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

079 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	08	01		90	08	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 (54-61)			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		*****	*****		6.9	*****	7.7		0	31/31	Grab
00400 A 0 0 DISINFECT, PRCS CMPLT	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0			DAILY	GRAB
SOLIDS, TOTAL SUSPENDED		0.66	*****		*****	5.7	*****		*	1/31	Comp 8
00530 A 0 0 DISINFECT, PRCS CMPLT	PERMIT REQUIREMENT	20.00 Mnth Avg	*****	LBS/DY	*****	30.00 Mnth Avg	*****			ONCE/MONTH	COMP-8
FLOW, IN CONDUIT CR THRU TREATMENT PLANT		0.0173	0.0291		*****	*****	*****		*	31/31	Flow ind.
5C050 A 0 0 DISINFECT, PRCS CMPLT	PERMIT REQUIREMENT	0.08 Mnth Avg	REPORT DLY MAX	MGD	*****	*****	*****	****		DAILY	FLOWIND
CHLORINE, FREE AVAILABLE		*****	*****		0.15	0.42	2.8		*	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		*****	*****		*****	<3	*****		*	1/31	Grab
74055 A 1 0 DISINFECT, PRCS CMPLT	PERMIT REQUIREMENT	*****	*****	****	*****	200 30DA GEO	*****	/		ONCE/MONTH	GRAB
BOD, CARBONACEOUS 05 DAY, 20C		0.28	*****		*****	2.4	*****		*	1/31	Comp 8
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. VP.
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.)

J. Blakeslee

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 717 5423995
 DATE: 90 09 17

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME PENNSYLVANIA P & L - SUSCUHNA
 ADDRESS TWC NORTH NINTH STREET
ALLENTOWN 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
 WASTEWATER TREATMENT EFFLUENT

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
90	08	01	90	08	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

MAJOR (SUBE 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 (46-53) (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	*****	*****		*****	0.0	0.0		0	1/31	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	30.0 Mnth Avg	100.0 Dly Max	MG/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.0062	0.021		*****	*****	*****		*	7/31	Est.
	PERMIT REQUIREMENT	REPORT Mnth Avg	REPORT Dly Max	MGD	*****	*****	*****	****		DAILY ESTIMA	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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.)

J. Blakeslee

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
717 542 3995
 AREA CODE NUMBER
 DATE
90 09 17
 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 P & L - SUSQUHNEA
 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

271 A
 DISCHARGE NUMBER

F - FINAL
 WASTE FILTER BYPASS

FACILITY _____
 LOCATION _____

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	08	01		90	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR (SUBR 02)

NOTE: Read instructions before completing this form.

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

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(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 0 EFFLUENT GRCS VALUE	SAMPLE MEASUREMENT	*****	*****		*****						
	PERMIT REQUIREMENT	*****	*****	****	*****	30.0 Mnth Avg	100.0 Dly Max	MG/L		ONCE/ MONTH	GRAB
OIL AND GREASE FREON EXTR-GRAV METH 00556 1 0 0 EFFLUENT GRCS VALUE	SAMPLE MEASUREMENT	*****	*****		*****						
	PERMIT REQUIREMENT	*****	*****	****	*****	15.0 Mnth Avg	20.0 Dly Max	MG/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT CR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GRCS VALUE	SAMPLE MEASUREMENT	No Discharge			*****	*****	*****				
	PERMIT REQUIREMENT	REPORT Mnth Avg	REPORT Dly Max	MGD	*****	*****	*****	****		DAILY, FLOW	MOND
	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.)

J. Blawie

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

717 5423995

DATE

09 17
 90 90 17

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 - SUSQUEHNA
 ADDRESS TWO NORTH NINTH STREET
ALLENTOWN PA 18101

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

EA0047325
 PERMIT NUMBER

371 A
 DISCHARGE NUMBER

F - FINAL
 NEUTRALIZATION BASIN DISCHARGE

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

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	08	01		90	08	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			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	16.6	16.6		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	*****	*****		*****	1.3	1.3		0 1/31	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	15.0 Mnth Avg	20.0 Dly Max	MG/L	ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.015	0.018		*****	*****	*****		* 6/31	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	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.)						TELEPHONE		DATE	
H.W. Keiser, Sr. V.P. Nuclear Operations TYPED OR PRINTED							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		717 5423995	90

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

FLOW SHALL BE MEASURED DAILY WHEN DISCHARGING. *EX. PLCW SHALL BE MEASURED DAILY WHEN DISCHARGING. THERE SHALL BE NO DISCHARGE OF POLYCHLORINATED BIPHENYL COMPOUNDS. SEE PERMIT FOR OTHER CONDITIONS.

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

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	08	01		90	08	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	(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 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****						
	PERMIT REQUIREMENT	*****	*****	****	*****	30.0 Mnth Avg	100.0 Dly Max	MG/L		ONCE/ GRAB MONTH	
OIL AND GREASE FREON 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	MGD	*****	*****	*****	****		DAILY FLOWING	
	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.)

J.A. Blakeslee

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
717 542 3995
 AREA CODE NUMBER
 DATE
90 09 17
 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 P & L - SUSQUHUNNA
 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

571 A
 DISCHARGE NUMBER

F - FINAL
 571 CIRC WATER PUMPHOUSE SUMP

FACILITY _____
 LOCATION _____

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	08	01		90	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

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

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(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			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	21.1	38.4		0	2/31 Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	30.0	100.0			ONCE/MONTH GRAB
OIL AND GREASE PREON EXTR-GRAV METH 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.0	0.0		0	1/31 Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	15.0	20.0			ONCE/MONTH GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.000 23	0.000 23		*****	*****	*****		*	3i/31 Flow ind.
	PERMIT REQUIREMENT	REPORT Mnth Avg	REPORT Dly Max	MGD	*****	*****	*****	****		DAILY FLOWIND
	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

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J. B. Blesed

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
717 5423995
 AREA CODE NUMBER

DATE
90 09 17
 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 August

MONTHLY FACILITY REPORT

Date Prepared 9/24/90

Facility Name Susquehanna Steam Electric Station PWS ID NO. 2400994

Facility Address P.O. Box 467
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) 8/14/90

(d) Hauler Keystone Block

(e) Receipts: Yes No

* Hatfield, PA

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

(a) How Much (Tons) _____

(b) Where _____

(c) When (Last Occurrence) _____

(d) Hauler _____

(e) Receipts: Yes No

9. Septic Tank Waste Accepted: Yes No

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.