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 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

WILKES, J.J. Pennsylvania, Commonwealth of

SUBJECT: "NPDES Discharge Monitoring Rept for June 1991 for
 Susquehanna Steam Electric Station." W/910719 ltr.

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	NRR/DREP/PRPB11		2	2	<u>REG FILE</u> 01		1	1
	RGN1 DRSS/RPB		2	2	RGN1 FILE 02		1	1
EXTERNAL:	BNL TICHLER, J03		1	1	EG&G SIMPSON, F		2	2
	NRC PDR		1	1				
NOTES:			2	2				

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Pennsylvania Power & Light Company

Two North Ninth Street • Allentown, PA 18101-1179 • 215/774-5151

July 19, 1991

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 - JUNE 1991
NPDES PERMIT NO. PA 0047325
CCN 741326 FILE R9-8A
PLE- 14488

Dear Mr. Wilkes:

Pursuant to Part A, 3.b.(1) of NPDES Permit No. PA 0047325, enclosed is the Susquehanna Steam Electric Station discharge monitoring report for June 1991. Also enclosed is Pennsylvania Department of Environmental Resources' Monthly Facility Report Form (01-112).

There were no noncompliances this month.

If you have any questions, please contact me at (215) 774-7889.

Respectfully yours,

Jerome S. Fields
Senior Environmental Scientist - Nuclear

jsf/1tk2294o(26)

Enclosures

cc: EPA Region III
NRC Document Control Desk
NRC Region I
Mr. J. J. Raleigh, NRC Project Manager

9107290129 910630
PDR ADOCK 05000387
R PDR



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01-112

PA DEPARTMENT OF ENVIRONMENTAL RESOURCES

Month June

MONTHLY FACILITY REPORT

Date Prepared 7/19/91

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) 774-7889

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) 63.75

(b) Where Waste Conversion*

(c) When (Last Occurrence) 6/27/91

(d) Hauler Keystone Block

(e) Receipts: Yes ___ No X

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

*Hatfield, PA

(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: 2,000 gallons of septic tank waste taken offsite and treated at Valley Utilities; Nuremburg, PA (Permit #PA-0061590).



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

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

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

PA0047325 071 A
 PERMIT NUMBER DISCHARGE NUMBER

MAJCF
 (SUBR 02)
 F - FINAL
 COOLING TOWER BLOWDOWN

FACILITY _____
 LOCATION _____
 ATTN: H. G. BYRAM, VICE PRESIDENT

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	91	06	01		91	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [] ***
 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			
PH	SAMPLE MEASUREMENT	*****	*****	()	8.50	*****	8.80	(12)	0	30/30 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	*****	*****	()	*****	*****	0.32	(19)	0	1/7 Comp-8
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	11.80	17.40	(03)	*****	*****	*****	()	*	30/30 RECORD
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT Mnth Avg	REPORT DLY MAX	MGD	*****	*****	*****	***		DAILY RECORD
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	20.05	(19)	0	30/30 GRAB
50064 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.20 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.)

[Signature]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
 717 5423220 91 07 12
 AREA CODE NUMBER 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 P & L - SUSQUHUNNA
 ADDRESS TWO NORTH NINTH STREET
ALLENTOWN PA 18101

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

PA0047325
 PERMIT NUMBER

072 A
 DISCHARGE NUMBER

MAJOR (SUJR 02)
 F - FINAL
 SERV AND ADMIN BUILDING SUMP

FACILITY _____
 LOCATION _____
 ATTN: R. G. BYRAM, VICE PRESIDENT

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	91	06	01		91	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (34-61)			QUALITY OR CONCENTRATION (34-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (54-61)			
PH		*****	*****	()	6.95	*****	7.05	(12)	0	2/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	()	*****	7.7	7.7	(19)	0	1/30	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30.0 Mnth Avg	100.0 Dly Max	MG/L		ONCE/MON	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	*****	*****	()	*****	2.3	2.8	(19)	0	2/30	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15.0 Mnth Avg	20.0 Dly Max	MG/L		ONCE/MON	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.0158	0.0210	(03)	*****	*****	*****	()	*	2/30	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										
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	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 5423220
 DATE: 91 07 12
 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 & L - SUSQUHUNNA

ADDRESS TWO NORTH NINTH STREET

ALLENTOWN PA 18101

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

PA0047325
PERMIT NUMBER

073 A
DISCHARGE NUMBER

MAJOR (SUBR 02)
F - FINAL
#1 TURBINE BLDG WASTE SUMP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
91	06	01		91	06	30
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

FACILITY _____
LOCATION _____
ATTN: R. G. BYRAM, VICE PRESIDENT

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(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	*****	*****	()		*****		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		DAILY GRAB	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	()	*****			(19)			
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 FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	*****	*****	()	*****			(19)			
00556 1 0 0 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	SAMPLE MEASUREMENT			(03)	*****	*****	*****	()			
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT Mnth Avg	REPORT Dly Max	MGD	*****	*****	*****	***		DAILY ESTIMA	
	SAMPLE MEASUREMENT										
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	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 5423220
DATE: 91 07 12
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 & L - 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

074 A
 DISCHARGE NUMBER

MAJOR (SUBR 02)
 F - FINAL
 #2 TURBINE BLDG WASTE SUMP

FACILITY _____
 LOCATION _____
 ATTN: R. G. BYRAM, VICE PRESIDENT

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	91	06	01		91	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ***
 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			
PH	SAMPLE MEASUREMENT	*****	*****	()		*****					
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	()	*****						
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 PREON EXTR-GRAV METH	SAMPLE MEASUREMENT	*****	*****	()	*****						
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			(03)	*****	*****	*****	()			
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT Mnth Avg	REPORT Dly Max	MGD	*****	*****	*****	****		DAILY	ESTINA
	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	5423220	91	07
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)					AREA CODE	NUMBER	YEAR	MO	DAY		
FLOW AND PH 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)

PA0047325
 PERMIT NUMBER

079 A
 DISCHARGE NUMBER

MAJOR
 (SUBR 02)
 F - FINAL
 SEWAGE TREATMENT EFFLUENT

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
91	06	01		91	06	30
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ***


NOTE: Read instructions before completing this form.

FACILITY _____
 LOCATION _____
 ATTN: R. G. BYRAM, VICE PRESIDENT

PARAMETER (32-37)	X	(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	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	()	6.95	*****	7.70	(12)	0	30/30	GRAB
00400 A 0 0 DISINFECT, PRCS CMPLT	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SO		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	1.44	*****	(26)	*****	7.5	*****	(19)	*	1/30	COMP-8
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 OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.0159	0.0252	(03)	*****	*****	*****	()	*	30/30	FLOIND
50050 A 0 0 DISINFECT, PRCS CMPLT	PERMIT REQUIREMENT	0.08 Mnth Avg	REPORT DLY MAX	MGD	*****	*****	*****	****		DAILY	FLOIND
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****	()	0.15	0.33	0.80	(19)	*	30/30	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	*****	*****	()	*****	23	*****	(13)	*	1/30	GRAB
74055 A 1 0 DISINFECT, PRCS CMPLT	PERMIT REQUIREMENT	*****	*****	****	*****	200 30DA GEO	*****	100NL		ONCE/ MONTH	GRAB
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	1.11	*****	(26)	*****	5.8	*****	(19)	*	1/30	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. 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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
717 5423220
 AREA CODE NUMBER
 DATE
91 07 12
 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
ALLENTOWN PA 18101

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

PA0047325
 PERMIT NUMBER

171 A
 DISCHARGE NUMBER

MAJOR (SUBR 02)
 F - FINAL
 RADWASTE TREATMENT EFFLUENT

FACILITY
 LOCATION
 ATTN: R. G. BYRAM, VICE PRESIDENT

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	91	06	01		91	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ***
 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 (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	()	*****	0.2	0.2	(19)	0	1/30 GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30.0	100.0			ONCE/ GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	SAMPLE MEASUREMENT	0.0135	0.0410	(03)	*****	*****	*****	()	*	10/30 ES
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	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.)

[Signature]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 717 5423220
 DATE 91 07 12
 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 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

271 A
 DISCHARGE NUMBER

MAJOR (SU8R 02)
 F - FINAL
 WASTE FILTER BYPASS

FACILITY _____
 LOCATION _____
 ATTN: R. G. BYRAM, VICE PRESIDENT

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY
91	06	01		91	06	30
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE **X** ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING (3 Card Only (46-53) (54-61))			QUALITY OR CONCENTRATION (4 Card Only (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			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	()	*****			(19)		
	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	*****	*****	()	*****			(19)		
	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			(03)	*****	*****	*****	()		
	PERMIT REQUIREMENT	REPORT Mnth Avg	REPORT Dly Max	MGD	*****	*****	*****	****	DAILY FLOIND	
	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 DATE
717 5423220 91 07 12
 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 P & L - SUSQUHNA
 ADDRESS TWO NORTH NINTH STREET
ALLENTOWN PA 18101

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

PA0047325
 PERMIT NUMBER

371 A
 DISCHARGE NUMBER

MAJOR
 (SUBR 02)
 P - FINAL

NEUTRALIZATION BASIN DISCHARGE

MONITORING PERIOD

FROM YEAR 91 MO 06 DAY 01 TO YEAR 91 MO 06 DAY 30
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

FACILITY _____
 LOCATION _____
 ATTN: R. G. BYRAM, VICE PRESIDENT

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	*****	*****	()	*****	3.2	3.2	(19)	0	1/30	GRAB
	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 GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	()	*****	0.0	0.0	(19)	0	1/30	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	0.0276	0.0370	(03)	*****	*****	*****	()	*	5/30	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. 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 5423220
 DATE 91 07 12
 AREA CODE NUMBER YEAR MO DAY

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

FLOW SHALL BE MEASURED DAILY WHEN DISCHARGING. *EM. FLOW 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 P & L - SUSQUEHNA
 ADDRESS TWO NORTH NINTH STREET
ALLENTOWN PA 18101

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

PA0047325
 PERMIT NUMBER

471 A
 DISCHARGE NUMBER

MAJCR
 (SOBR 02)
 F - FINAL
 WASTE FILTER EFFLUENT

FACILITY _____
 LOCATION _____
 ATTN: R. G. BYRAM, VICE PRESIDENT

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	91	06	01		91	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE **X** ***

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) (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	SAMPLE MEASUREMENT	*****	*****	()	*****			(19)			
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	30.0	100.0			ONCE/ GRAB	
EFFLUENT GROSS VALUE						MNTH AVG	DLY MAX	MG/L		MONTH	
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	()	*****			(19)			
FREON EXTH-GRAB METH	PERMIT REQUIREMENT	*****	*****	****	*****	15.0	20.0			ONCE/ GRAB	
00556 1 0 0						MNTH AVG	DLY MAX	MG/L		MONTH	
EFFLUENT GROSS VALUE											
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	*****	*****	*****	()			
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		DAILY FLOIND	
EFFLUENT GROSS VALUE		MNTH AVG	DLY MAX	MGD				****			
	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.)

[Signature]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 717 542 3220
 DATE: 91 07 12
 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 P & L - SUSQUHUNNA
 ADDRESS TWO NORTH NINTH STREET
ALLENTOWN PA 18101

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

PA0047325
 PERMIT NUMBER

571 A
 DISCHARGE NUMBER

MAJOR (SUBR 02)
 F - FINAL
 571 CIRC WATER PUMPHOUSE SUMP

FACILITY _____
 LOCATION _____
 ATTN: R. G. BYRAM, VICE PRESIDENT

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	91	06	01		91	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ***

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 (54-55)	MAXIMUM (56-57)	UNITS (58-59)	MINIMUM (38-39)	AVERAGE (40-41)	MAXIMUM (42-43)	UNITS (44-45)			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	()	*****	6.7	6.7	(19)	0	1/30	GRAB
	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 GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	()	*****	10.9	10.9	(19)	0	1/30	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	0.0186	0.0186	(03)	*****	*****	*****	()	*	30/30	FLOW IND
	PERMIT REQUIREMENT	REPORT Mnth Avg	REPORT Dly Max	MGD	*****	*****	*****	****		DAILY	FLOW IND
	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 5423220
 DATE 91 07
 AREA CODE NUMBER YEAR

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