

PERMITTEE NAME/ADDRESS (Include Facility Name, location if different)

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

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

PERMIT NUMBER PA0047125
 MAJOR (SUBR 02) 079 A

Form Approved OMB No 2040-0004
 P - FINAL
 SEWAGE TREATMENT EFFLUENT

FACILITY LOCATION

ATTN: R. L. DOTY, SUPV OPER TECHNOL


MONITORING PERIOD
 FROM YEAR 93 MO 12 DAY 01 TO YEAR 93 MO 12 DAY 31

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

PARAMETER (17)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (18)			QUALITY OR CONCENTRATION (19)			NO EX	DATE	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH		*****	*****		7.2	*****	7.6	(12)	0	3/31 GRAB
00400 A 0 0 DISINFECT, PRCS CMPLT	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0			DAILY GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	0.93	*****	(26)	*****	*****	*****	(19)	*	1/31 6011-8
00530 A 0 0 DISINFECT, PRCS CMPLT	PERMIT REQUIREMENT	20.00	*****		*****	30.00	*****			ONCE/COMP-8 MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.01326	0.02295	(03)	*****	*****	*****		*	3/31 110 Inl
50050 A 0 0 DISINFECT, PRCS CMPLT	PERMIT REQUIREMENT	0.08	REPORT	DAILY MX MGD	*****	*****	*****	***		DAILY FLOIND
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		0.15	0.34	0.55	(19)	*	3/31 GRAB
50064 A 0 0 DISINFECT, PRCS CMPLT	PERMIT REQUIREMENT	*****	*****	***	REPORT	REPORT	REPORT			DAILY GRAB
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	0	*****	(13)	*	1/31 GRAB
74055 A 0 0 DISINFECT, PRCS CMPLT	PERMIT REQUIREMENT	*****	*****	***	*****	2000	*****	/		ONCE/GRAB MONTH
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	0.74	*****	(26)	*****	30DA GEO	*****	100ML	*	1/31 COM
80082 A 0 0 DISINFECT, PRCS CMPLT	PERMIT REQUIREMENT	16.70	*****		*****	25.0	*****			ONCE/COMP-8 MONTH
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 R.G. Byram 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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE NUMBER 717 542-3220
 DATE YEAR 94 MO 1 DAY 19

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

9402140149 940202
 PDR AD0CK 05000387
 R PDR



10/1/71

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