



METROPOLITAN EDISON COMPANY A DIVISION OF GENERAL PUBLIC UTILITIES CORPORATION

POST OFFICE BOX 542 READING, PENNSYLVANIA 19603

February 23, 1979
GQL 0249

TELEPHONE 215 - 929-3601

Mr. Richard Shertzer
Operations Section
Pa. Dept. of Environmental Resources
Harrisburg Region - B.W.G.M.
407 South Cameron Street
Harrisburg, Pennsylvania 17120

Dear Mr. Shertzer:

Industrial Waste Permits 2270204 and 2272202

In accordance with Standard Conditions TEN and TWENTY of the above referenced permits, enclosed please find the Monthly Operating Report for January, 1979.

Should you desire any additional information, please contact Mr. E.S. Nielsen of my staff.

Sincerely,

G. J. Troffer
Manager-Generation
Quality Assurance

GJT:ESN:jdp

Enclosure: Monthly Operating Report

bcc: J. L. Polk (I.A.)
R. W. Dubiel
R. S. Harbin
G. P. Miller (w/o enclosure)
J. L. Seelinger " "

File: 02.0016.0001.0001.02
63.0008.0010.0007.05

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Ac07
S/L
Add:
C Hickey

Metropolitan-Edison Company
Three Mile Island Nuclear Generating Station

POOR ORIGINAL

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT".
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.

PA
ST

0009920
PERMIT NUMBER

001
DIS

4911
SC

40° 9' 10" 76° 43' 35"
LATITUDE LONGITUDE

REPORTING PERIOD FROM
7 19 0 1 0 1
YEAR MO DAY

TO
7 19 0 1 3 1
YEAR MO DAY

PARAMETER	REPORTED	QUANTITY			UNITS	NO. EX	CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM				
Flow	41.7	59.4	88.6										NA
	PERMIT CONDITION	N/A	N/A	N/A	MGD	N/A	***	***	***	N/A			
Temperature	N/A	N/A	N/A										NA
	PERMIT CONDITION	N/A	N/A	N/A	N/A	N/A	33.3	37.4	48.3	°F			
Free Available Chlorine	N/A	N/A	N/A				*	*	*				*
	PERMIT CONDITION	N/A	N/A	N/A	N/A	N/A	N/A	0.2	0.5	mg/l	0	1/7	
Total Residual Chlorine	N/A	N/A	N/A				*	*	*				*
	PERMIT CONDITION	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	mg/l	0	1/7	
462	REPORTED												
	PERMIT CONDITION												
049	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER: Herbein John G. Vice-President
DATE: 7 19 0 1 2 13
YEAR MO DAY

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER: *John Herbein*
OPERATOR AUTHORIZED AGENT

T-42 (4-74) * No chlorinations this report period

DISCHARGE MONITORING REPORT

Form Approved
OMB No. 1545-0047

Metropolitan-Edison Company
Three Mile Island Nuclear Generating Station

POOR ORIGINAL

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values on the "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. For e.g., "1/7" is equivalent to 3 analyses performed every 7 days. If continuous enter "CONT".
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.

PA 0009920 PERMIT NUMBER

002 DIS 4911 SIC

40° 9' 10" 76° 43' 35" LATITUDE LONGITUDE

REPORTING PERIOD FROM 79 01 01 TO 79 01 31
YEAR MO DAY YEAR MO DAY

PARAMETER		QUANTITY				UNITS	CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM				
Flow	REPORTED	*	*	*		N/A	***	***	***	N/A	N/A	*	*
	PERMIT CONDITION	N/A	N/A	N/A		MGD	***	***	***			cont.	calculated
Temperature	REPORTED	*	*	*		N/A	N/A	N/A	N/A	N/A	N/A	*	*
	PERMIT CONDITION	N/A	N/A	N/A		OF	N/A	N/A	N/A	N/A		5/1	i-s
462	REPORTED												
	PERMIT CONDITION												
050	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
	REPORTED												
	PERMIT CONDITION												
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER				DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER AUTHORIZED AGENT	
LAST	FIRST	MI	TITLE	YEAR	MO	DAY							
Herbein	John	G.	Vice-President	79	01	22							

* No discharge this report period

ORIGINAL

PAGE OF

2 9

Metropolitan-Edison Company
Three Mile Island Nuclear Generating Station

POOR ORIGINAL

INSTRUCTIONS

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DA 0009920 PERMIT NUMBER

003 DIS 4911 SIC

40° 9' 10" 76° 43' 35" LATITUDE LONGITUDE

REPORTING PERIOD FROM 7 9 0 1 0 1 TO 7 9 0 1 1 3 1 1
YEAR MO DAY YEAR MO DAY

PARAMETER	REPORTED	QUANTITY				UNITS	NO. EX	CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM					
Flow	REPORTED	*	*	*			N/A	***	***	***	N/A	N/A	*	*
	PERMIT CONDITION	N/A	N/A	N/A		MGD		***	***	***	N/A		cont.	calculated
Temperature	REPORTED	*	*	*			N/A	N/A	N/A	N/A	N/A	N/A	*	*
	PERMIT CONDITION	N/A	N/A	N/A		OF		N/A	N/A	N/A	N/A		5/1	i-s
462	REPORTED													
	PERMIT CONDITION													
051	REPORTED													
	PERMIT CONDITION													

NAME OF PRINCIPAL EXECUTIVE OFFICER: Herbein John G. TITLE OF THE OFFICER: Vice-President DATE: 7 9 02 2 1 3

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

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

Metropolitan-Edison Company
Three Mile Island Nuclear Generating Station

POOR ORIGINAL

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD"
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
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PA ST

0009920
REF ID NUMBER

004
SIC

4911
SIC

40° 9' 10" 76° 3' 35"
LATITUDE LONGITUDE

REPORTING PERIOD FROM 7/9 0/1 0/1 TO 7/9 9/13/1
YEAR MO DAY YEAR MO DAY

PARAMETER		QUANTITY				UNITS	CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		MINIMUM	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	REPORTED	*	*	*										
	PERMIT CONDITION	N/A	N/A	N/A	MGD	N/A	N/A	N/A	N/A	N/A	N/A	cont.	calculated	
Temperature	REPORTED	*	*	*										
	PERMIT CONDITION	N/A	N/A	N/A	OF	N/A	N/A	N/A	N/A	N/A	N/A	5/1	i-s	
462	REPORTED													
	PERMIT CONDITION													
052	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													

NAME OF PRINCIPAL EXECUTIVE OFFICER: Herbein John G. TITLE OF THE OFFICER: Vice-President DATE: 7/9 0/2 2/3

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER: [Signature]

Metropolitan-Edison Company
Three Mile Island Nuclear Generating Station

POOR ORIGINAL

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
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3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT".
5. Specify sample type ("grab" or "—" for composite) as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.

PA 0009920 PERMIT NUMBER

103 SIC 4911

40° 9' 10" 76° 43' 35" LATITUDE LONGITUDE

REPORTING PERIOD FROM 7 9 01 1 TO 7 19 01 3 1
YEAR MO DAY YEAR MO DAY

PARAMETER	REPORTED	QUANTITY			UNITS	NO. EX.	CONCENTRATION			UNITS	FREQ. OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM			
Flow	REPORTED	*	*	*	MGD	N/A	***	***	***	N/A	*	*
	PERMIT CONDITION	N/A	N/A	N/A			***	***	***		0	2/30 measured
Total Suspended Solids	REPORTED	N/A	N/A	N/A	N/A	N/A	N/A	30	100	mg/l	NA	* *
	PERMIT CONDITION	N/A	N/A	N/A			N/A	30	100		0	2/30 grab
Oil & Grease	REPORTED	N/A	N/A	N/A	N/A	N/A	N/A	15	20	mg/l	NA	* *
	PERMIT CONDITION	N/A	N/A	N/A			N/A	15	20		0	2/30 grab
Total Iron	REPORTED	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1.0	mg/l	NA	* *
	PERMIT CONDITION	N/A	N/A	N/A			N/A	N/A	1.0		0	2/30 grab
Total Copper	REPORTED	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1.0	mg/l	NA	* *
	PERMIT CONDITION	N/A	N/A	N/A			N/A	N/A	1.0		0	2/30 grab
pH	REPORTED	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Standard	pH Units	NA	* *
	PERMIT CONDITION	N/A	N/A	N/A			6.0	N/A	9.0		0	2/30 grab
REPORTED												
PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER: Herbein John G. TITLE OF THE OFFICER: Vice-President DATE: 7 19 01 22 '3

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER: [Signature]

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
EPA 823-B-73-10023

Metropolitan-Edison Company (July 1, 1977 to expiration)
Three Mile Island Nuclear Generating Station

POOR ORIGINAL

INSTRUCTIONS

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2. Dates reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and, or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "1/1" is equivalent to 3 analyses performed every 3 days). If continuous enter "CONT".
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.

PA 0009920 PERMIT NUMBER

104 4911

40° 9' 10" 76° 43' 35" LATITUDE LONGITUDE

REPORTING PERIOD FROM 7/9 01 01 TO 7/9 01 31
YEAR MO DAY YEAR MO DAY

PARAMETER		QUANTITY				UNITS	NO. EX.	CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM					
Flow	REPORTED	0.006	0.051	0.12	MGD	N/A	***	***	***	N/A	N/A	cont.	N/A	
	PERMIT CONDITION	N/A	N/A	N/A		***	***	***	2/30		measured			
Total Suspended Solids	REPORTED	N/A	N/A	N/A	lbs/day	N/A	6	12	18	mg/l	0	2/31	grab	
	PERMIT CONDITION	N/A	N/A	N/A		N/A	30	100	0		2/30	grab		
Oil & Grease	REPORTED	N/A	N/A	N/A	lbs/day	N/A	1	4	7	mg/l	0	2/31	grab	
	PERMIT CONDITION	N/A	N/A	N/A		N/A	15	20	0		2/30	grab		
pH	REPORTED	N/A	N/A	N/A	N/A	N/A	7.36	7.88	8.4	standard pH Units	0	2/31	grab	
	PERMIT CONDITION	N/A	N/A	N/A		6.0	N/A	9.0	0		2/30	grab		
462	REPORTED													
	PERMIT CONDITION													
054	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													

NAME OF PRINCIPAL EXECUTIVE OFFICER: Herbein John G. TITLE OF THE OFFICER: Vice-President DATE: 7/9 0 2 13

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

SIGNATURE OF OFFICER AUTHORIZED AGENT: *[Signature]*

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form EPA-330
1-67 (REV. 1-70)

Metropolitan-Edison Company (July 1, 1977 to expiration)
Three Mile Island Nuclear Generating Station

POOR ORIGINAL

INSTRUCTIONS

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3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "1/1" is equivalent to 1 analysis performed every 1 day.) If continuous enter "CONTY".
5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.

PA 0009920 PERMIT NUMBER
 105 DIS 4911 SIC
 40° 9' 10" 76° 43' 35" LATITUDE LONGITUDE
 REPORTING PERIOD FROM 7/9/77 TO 7/9/77
 YEAR MO DAY YEAR MO DAY

PARAMETER	REPORTED	QUANTITY				UNITS	NO. EX	CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM						
Flow	REPORTED	0	0.034	0.07		MGD	N/A	***	***	***	N/A	N/A	cont.	NA	
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***			1/30	calculated	
Total Suspended Solids	REPORTED	2.96	19.58	42		lbs/day	0	N/A	N/A	N/A	N/A	N/A	21/31	grab	
	PERMIT CONDITION	N/A	12	73.4				N/A	N/A	N/A			2/30	grab	
Oil & Grease	REPORTED	0.382	0.410	0.439		lbs/day	0	N/A	N/A	N/A	N/A	N/A	2/31	grab	
	PERMIT CONDITION	N/A	6	14.7				N/A	N/A	N/A			2/30	grab	
pH	REPORTED	N/A	N/A	N/A		N/A	N/A	6.4	7.17	8.2	standard	0	21/31	grab	
	PERMIT CONDITION	N/A	N/A	N/A				6.0	N/A	9.0	pH Units	0	2/30	grab	
462	REPORTED														
	PERMIT CONDITION														
055	REPORTED														
	PERMIT CONDITION														
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE		DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.		SIGNATURE		TITLE		DATE		PAGE	
Herbein John G.		Vice-President		7/9/77				[Signature]		Vice-President		7/9/77		7 of 9	

Metropolitan-Edison Company (July 1, 1977 to expiration)
Three Mile Island Nuclear Generating Station

POOR ORIGINAL

INSTRUCTIONS

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5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.

PA 0009920 PERMIT NUMBER

107 DIS 4911 SIC

40° 9' 10" 76° 43' 35" LATITUDE LONGITUDE

REPORTING PERIOD FROM 7 9 01 0 1 TO 7 9 01 3 1
YEAR MO DAY YEAR MO DAY

PARAMETER	REPORTED	QUANTITY			UNITS	NO. EX.	CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM				
Flow	REPORTED	0	0.08	0.26		N/A				N/A	N/A	cont.	N/A
	PERMIT CONDITION	N/A	N/A	N/A	MGD							2/30	measured
Total Suspended Solids	REPORTED	19	24.5	30		0	N/A	N/A	N/A	N/A	N/A	2/13	grab
	PERMIT CONDITION	N/A	36	240	lbs/day		N/A	N/A	N/A			2/30	grab
Oil & Grease	REPORTED	0.767	0.801	0.836		0	N/A	N/A	N/A	N/A	N/A	2/31	grab
	PERMIT CONDITION	N/A	18.1	48.1	lbs/day		N/A	N/A	N/A			2/30	grab
Total Iron	REPORTED	17	0.29	0.41		0	N/A	N/A	N/A	N/A	N/A	2/31	grab
	PERMIT CONDITION	N/A	1.2	2.4	lbs/day		N/A	N/A	N/A			2/30	grab
Total Copper	REPORTED	0.00	0.015	0.03		0	N/A	N/A	N/A	N/A	N/A	2/31	grab
	PERMIT CONDITION	N/A	1.2	2.4	lbs/day		N/A	N/A	N/A			2/30	grab
pH	REPORTED					N/A	7.35	7.4	7.45		0	2/31	grab
	PERMIT CONDITION	N/A	N/A	N/A			6.0	N/A	9.0	Std. pH Units	0	2/30	grab
462 056	REPORTED												
	PERMIT CONDITION												
462 056	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER: Herbein John G. TITLE OF THE OFFICER: Vice-President DATE: 79 10 12 213

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER AUTHORIZED AS: *[Signature]*

Metropolitan-Edison Company (July 1, 1977 to expiration)
Three Mile Island Nuclear Generating Station

POOR ORIGINAL

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5. Specify sample type ("grab" or "hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.

PA
ST

0009920
PERMIT NUMBER

108
DIS

4911
SIC

40° 9' 10"	76° 43' 35"
LATITUDE	LONGITUDE

REPORTING PERIOD FROM

7	9	01	01
YEAR	MO	DAY	

TO

7	19	01	31
YEAR	MO	DAY	

PARAMETER		QUANTITY				UNITS	NO. EX.	CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM					
Flow	REPORTED	0.00	*	0.033		N/A	***	***	***		N/A	1/31	meas.	
	PERMIT CONDITION	N/A	N/A	N/A	MGD		***	***	***	N/A	N/A	2/30	calculated	
Total Suspended Solids	REPORTED	N/A	N/A	N/A		N/A	89*	89*	89*		0	1/31	grab	
	PERMIT CONDITION	N/A	N/A	N/A	lbs/day		N/A	30	100	mg/l	0	2/30	grab	
Oil & Grease	REPORTED	N/A	N/A	N/A		N/A	1*	1*	1*		0	1/31	grab	
	PERMIT CONDITION	N/A	N/A	N/A	lbs/day		N/A	15	20	mg/l	0	2/30	grab	
pH	REPORTED	N/A	N/A	N/A		N/A	7.78	7.78	7.78	Std. pH	0	1/31	grab	
	PERMIT CONDITION	N/A	N/A	N/A	N/A		6.0	N/A	9.0	Units	0	2/30	grab	
462	REPORTED													
	PERMIT CONDITION													
057	REPORTED													
	PERMIT CONDITION													
NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER			DATE		I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.					SIGNATURE OF OPERATION AUTHORITY		
Herbein John G.		Vice-President			7 19 01 2 2 3									
LAST	FIRST	MI	TITLE			YEAR	MO	DAY						PAGE 07

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POOR ORIGINAL

Parameter	Volume	pH		TSS		TDS		Total FE		Oil & Grease
Units	10 ⁶ Gal.	Standard Units		mg/l		mg/l		mg/l		mg/l
Sample Type	Meas.	Grab		Grab		Grab		Grab		Grab
Frequency	Daily	Weekly		Weekly†		Weekly		Weekly		Weekly
Date	Eff.	Inf.	Eff.	Inf.	Eff.	Inf.	Eff.	Inf.	Eff.	Eff.
Jan. 1, 1979	63.8	7.5	7.7	13	14	37	126	3.31	3.21	
2,	88.6	7.47	7.43	71	121	181	212	2.46	2.37	
3,	52.0	7.03	7.27	381	295	123	149	14.86	12.54	
4,	67.6	7.0	7.5	208	179	130	182	12.6	14.6	< 1.0
5,	47.8	6.77	7.19	131	116	127	331	6.24	5.92	
6,	50.0	6.87	7.12	57	63	201	99	4.13	5.11	
7,	50.0									
8,	57.6	6.89	7.21	28	39	114	184	3.78	4.79	
9,	57.6									
10,	56.6	7.14	7.22	44	36	138	168	2.01	3.06	
11,	54.7	6.98	7.24	26	73	110	134	1.55	3.09	
12,	60.5	7.19	7.21	9	14	91	145	1.71	2.03	
13,	64.1									
14,	56.0									
15,	60.1	7.06	7.4	8	26	126	204	1.3	1.66	
16,	82.1	6.8	6.8	13	15	200	162	2.47	2.55	< 1.0
17,	48.2									
18,	66.9	6.9	7.1	11	7	106	79	2.51	3.00	
19,	62.1	7.42	7.38	7	20	117	134	1.35	3.93	
20,	67.1	7.47	7.28	9	7	171	180	1.25	1.63	
21,	61.2									
22,	67.5									
23,	57.3	6.9	7.2	16	27	106	127	1.35	2.65	
24,	64.7	7.13	7.36	46	52	212	236	1.80	1.93	
25,	61.7	6.7	7.0	508	521	169	244	4.6	5.01	< 1.0
26,	52.2									
27,	41.7	7.02	7.56	103	145	254	136	4.29	5.13	
28,	52.3									
29,	58.1	6.65	7.1	70	88	244	123	2.72	3.86	
30,	54.7	6.45	6.86	63	89	99	238	2.94	3.03	
31,	57.1	7.2	7.85	41	39	52	56	3.12	2.98	

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POOR ORIGINAL

Parameter	Chlorine						T. Min		T. Avg		T. Max	
Units	mg/l						°F		°F		°F	
Sample Type	Grab						Meas.		Meas.		Meas.	
Frequency	3/Day for 1 Chlorination †						Daily		Daily		Daily	
Date	Total	Free	Total	Free	Total	Free	Eff.	ΔT	Eff.	ΔT	Eff.	ΔT
Jan. 1, 1979	NO	CHLORINE	DISCHARGED	ENTIRE	MONTH	-----	40.9	+7.0	43.0	+8.2	46.0	+9.0
2,							43.1	+3.0	45.7	+5.0	48.3	+7.5
3,							35.3	+1.7	37.6	+3.3	41.7	+5.6
4,							38.5	+3.5	41.6	+4.9	42.5	+5.5
5,							40.5	+4.5	41.6	+4.9	42.5	+5.5
6,							41.0	+3.9	42.1	+4.2	43.0	+5.0
7,							37.3	+3.3	38.5	+4.6	40.1	+5.5
8,							35.2	+1.4	37.0	+3.2	39.6	+5.5
9,							35.9	+1.5	36.9	+2.9	38.2	+4.0
10,							36.4	+2.5	37.3	+3.3	38.7	+4.7
11,							36.4	+2.0	37.2	+3.1	38.2	+4.0
12,							35.3	+1.2	37.2	+2.9	40.4	+6.4
13,							36.2	+2.4	36.9	+3.1	37.7	+4.0
14,							33.9	-0.7	36.1	+2.1	37.9	+3.7
15,							33.4	-0.6	34.4	+0.6	35.1	+2.0
16,							34.6	+0.7	35.3	+1.3	36.0	+2.2
17,							34.2	-0.3	35.1	+0.8	36.1	+3.3
18,							34.6	-0.3	34.8	+0.2	35.1	+0.7
19,							34.4	+0.1	35.1	+0.9	36.3	+3.0
20,							35.0	+0.4	35.3	+0.9	35.6	+1.4
21,							34.9	+1.0	35.3	+1.6	36.0	+2.4
22,							34.2	-0.7	34.6	+0.9	34.8	+3.0
23,							34.4	+1.0	34.8	+1.6	35.3	+1.9
24,							35.0	+1.6	37.3	+4.0	40.4	+6.0
25,							33.3	-0.3	34.1	+1.3	36.0	+4.3
26,							34.6	-0.1	37.6	+3.2	40.4	+8.7
27,							37.0	+3.2	37.7	+4.4	38.8	+5.3
28,							36.7	+3.7	38.2	+5.4	39.4	+6.5
29,							36.7	+3.7	38.4	+5.1	41.9	+7.7
30,							38.0	+1.5	36.3	+2.7	35.2	+4.1
31,							36.3	+3.1	37.7	+4.3	39.5	+6.0

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