



Metropolitan Edison Company
Post Office Box 542
Reading Pennsylvania 19640
215 929-3601

Writer's Direct Dial Number

March 19, 1979
GQL 0380

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

Dear Mr. Shertzler:

Industrial Waste Permits 2270204 and 2272202
Three Mile Island Nuclear Station (TMI)

In accordance with Standard Conditions 10 and 20 of the above referenced permits, enclosed please find the Monthly Operating Report for February, 1979.

Condition 29 of Sewage Permit 2275419 requires the submittal of a report indicating the hydraulic and organic loading of the TMI sewage treatment plant (STP). As the TMI STP was not operated during 1978 and is still not operational, no report will be issued. There are no plans to make the STP operational in the immediate future. PaDER will however be advised prior to our beginning any STP operations.

Should you require any additional information, please call Mr. E. S. Nielsen of my staff at 215-921-6586.

Sincerely,

Original Signed By
G. J. TROFFER

G. J. Troffer
Manager-Generation Quality Assurance

GJT:ESN:tas

Enclosure

bcc: J. L. Polk (I.A.)
R. W. Dubiel
R. S. Harbin
G. P. Miller (W/O Enclosure)
J. L. Seelinger " "
E. C. Fuhrer " "

File: 02.0016.0003.0050.02
63.0008.0010.0007.05

490 349

POOR ORIGINAL

7908010 500

Handwritten notes: 1007, SE, RADD, C Hickey

Metropolitan-Edison Company
Three Mile Island Nuclear Generating Station

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.

490
350

0009920
PLANT NUMBER

001 DIS
4911 SIC

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

REPORTING PERIOD FROM 7 19 0 12 0 11
YEAR MO DAY

TO 7 19 0 12 2 18
YEAR MO DAY

PARAMETER		QUANTITY (3 card only)				UNITS	CONCENTRATION (4 card only)				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM			MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	REPORTED	43.8	59.0	84.7		N/A	***	***	***		N/A	cont.	N/A
	PERMIT CONDITION	N/A	N/A	N/A	MGD		***	***	***		N/A	cont.	measured
Temperature	REPORTED	N/A	N/A	N/A		N/A	4.7	38.0	41.8		N/A	cont.	N/A
	PERMIT CONDITION	N/A	N/A	N/A	N/A		N/A	N/A	N/A	°F		cont.	"1-s"
Free Available Chlorine	REPORTED	N/A	N/A	N/A		N/A	*	*	*		0	*	*
	PERMIT CONDITION	N/A	N/A	N/A	N/A		N/A	0.2	0.5	mg/l		1/7	grab
Total Residual Chlorine	REPORTED	N/A	N/A	N/A		N/A	*	*	*		N/A	*	*
	PERMIT CONDITION	N/A	N/A	N/A	N/A		N/A	N/A	N/A	mg/l		1/7	grab
POOR OPERATING	REPORTED												
	PERMIT CONDITION												
POOR OPERATING	REPORTED												
	PERMIT CONDITION												
POOR OPERATING	REPORTED												
	PERMIT CONDITION												
POOR OPERATING	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER: Herbein John
 TITLE OF THE OFFICER: G. Vice-President
 DATE: 7 19 0 13 1 19
 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.

Original Signed by
 G. J. TROFNER
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

*No chlorinations this report period

ORIGINAL

Metropolitan-Edison Company
Three Mile Island Nuclear Generating Station

INSTRUCTIONS

PA 354

0009920
PERMIT NUMBER

002 4911
DIS SIC

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

REPORTING PERIOD FROM 7 9 0 2 0 1
YEAR MO DAY

TO 7 9 0 2 2 8
YEAR MO DAY

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., "1/1" is equivalent to 1 analysis performed every 1 day.) 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.

PARAMETER		QUANTITY				UNITS	CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		MINIMUM	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	REPORTED	*	*	*		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	*	*
	PERMIT CONDITION	N/A	N/A	N/A	OF		N/A	N/A	N/A		N/A	5/1	i-s
[Blank]	REPORTED												
	PERMIT CONDITION												
[Blank]	REPORTED												
	PERMIT CONDITION												
[Blank]	REPORTED												
	PERMIT CONDITION												
[Blank]	REPORTED												
	PERMIT CONDITION												
[Blank]	REPORTED												
	PERMIT CONDITION												

POOR ORIGINAL

NAME OF PRINCIPAL EXECUTIVE OFFICER: Herbein John G.
 TITLE OF THE OFFICER: Vice-President
 DATE: 7 9 0 3 1 9
 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.

Original Signed by
 G. I. TROFFER
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGT

490

Metropolitan-Edison Company
Three Mile Island Nuclear Generating Station

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., "1/3" 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.

352 PA

0009920
PERMIT NUMBER

003
DIS

4911
SIC

40° 9' 10"
LATITUDE

76° 43' 35"
LONGITUDE

REPORTING PERIOD FROM 7, 9 | 0, 2 | 01
YEAR MO DAY

TO 7, 9 | 0, 22 | 8
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	*	*	*			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	
POOR METHAN	REPORTED														
	PERMIT CONDITION														
POOR METHAN	REPORTED														
	PERMIT CONDITION														
POOR METHAN	REPORTED														
	PERMIT CONDITION														
POOR METHAN	REPORTED														
	PERMIT CONDITION														

NAME OF PRINCIPAL EXECUTIVE OFFICER: Herbein John G.
TITLE OF THE OFFICER: Vice-President
DATE: 7, 9 | 0, 31 | 9
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.

Original signed by: G. J. TRONETTI
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

490
353

Metropolitan-Edison Company
Three Mile Island Nuclear Generating Station

INSTRUCTIONS

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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 per week every 7 days. If continuous enter "CONT".
5. Specify sample type (e.g. "S" or "C" for composite) as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.

000920
PERMIT NUMBER

006
TNS
4911
SIC

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

REPORTING PERIOD FROM

7 9 0 2 0 1
YEAR MO DAY

TO

7 9 0 2 2 8
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	*	*	*			N/A	***	***	***		N/A	*	*
	PERMIT CONDITION	N/A	N/A	N/A		MGD	5	***	***	***	N/A		cont.	calculated
Temperature	REPORTED	*	*	*			N/A	N/A	N/A	N/A		N/A	*	*
	PERMIT CONDITION	N/A	N/A	N/A		OF	1	N/A	N/A	N/A	N/A		5/1	1-S
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													
	REPORTED													
	PERMIT CONDITION													

POOR ORIGINAL

NAME OF PRINCIPAL EXECUTIVE OFFICER: Herbein John G.
 TITLE OF THE OFFICER: Vice-President
 DATE: 7 9 0 3 1 9
 LAST FIRST MI TITLE 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.

Original Signature by
 G. J. TRUFIN
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER
 CAPTIONED AUTHORIZED AGENT

Metropolitan-Edison Company
Three Mile Island Nuclear Generating Station

INSTRUCTIONS

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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 "— in composite") as well as — if frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.

490
354

0009920
PERMIT NUMBER

103
DIS

4911
SIC

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

REPORTING PERIOD FROM 7/9/02 TO 7/19/02
YEAR MO DAY

TO 7/19/02
YEAR MO DAY

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

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

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.

Original Signature
G. J. TRUBER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

Form Approved
EPA 402-A-74-10009

490
355

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

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
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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 0009920 PERMIT NUMBER

04 4911 DIS SIC

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

REPORTING PERIOD FROM 7 19 0 2 01 TO 7 19 02 218
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	0.00	0.053	0.180	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	1.0	5.0	9.0	mg/l	0	2/28	grab
	PERMIT CONDITION	N/A	N/A	N/A		N/A	30	100	2/30		grab		
Oil & Grease	REPORTED	N/A	N/A	N/A	lbs/day	N/A	<1.0	<1.0	<1.0	mg/l	0	1/28	grab
	PERMIT CONDITION	N/A	N/A	N/A		N/A	15	20	2/30		grab		
pH	REPORTED	N/A	N/A	N/A	N/A	N/A	6.77	7.04	7.3	standard pH Units	0	2/28	grab
	PERMIT CONDITION	N/A	N/A	N/A		6.0	N/A	9.0	2/30		grab		
POOR ORIGINAL	REPORTED												
	PERMIT CONDITION												
POOR ORIGINAL	REPORTED												
	PERMIT CONDITION												
POOR ORIGINAL	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER: Herbein John G. TITLE OF THE OFFICER: Vice-President DATE: 7 19 0 3 1 9

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.

Original Signed By: G. J. TROFFER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER AUTHORIZED AGENT

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

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD"
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 dashes. "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., "2/3" 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 "A".
6. Appropriate signature is required on bottom of this form.

490
356

PA 0009920 PERMIT NUMBER

105 DIS 4911 SIC

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

REPORTING PERIOD FROM 7 9 02 0 1 1 TO 7 19 0 1 2 2 8

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION			UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM				
Flow	REPORTED	0.00	0.041	0.085		N/A	***	***	***	N/A	N/A	cont.	N/A
	PERMIT CONDITION	N/A	N/A	N/A		MGD						7/30	calculated
Total Suspended Solids	REPORTED	8.5	22.83	59.52		0	N/A	N/A	N/A	N/A	N/A	19/28	grab
	PERMIT CONDITION	N/A	12	73.4		1	N/A	N/A	N/A	N/A	N/A	2/30	grab
Oil & Grease	REPORTED	0.495	0.585	0.651		0	N/A	N/A	N/A	N/A	N/A	3/28	grab
	PERMIT CONDITION	N/A	6	14.7		1	N/A	N/A	N/A	N/A	N/A	2/30	grab
pH	REPORTED	N/A	N/A	N/A		N/A	6.65	7.30	8.29	standard		19/28	grab
	PERMIT CONDITION	N/A	N/A	N/A		0	6.0	N/A	9.0	Units		2/30	grab
POOR ORIGINAL	REPORTED												
	PERMIT CONDITION												
POOR ORIGINAL	REPORTED												
	PERMIT CONDITION												
POOR ORIGINAL	REPORTED												
	PERMIT CONDITION												

NAME OF PRINCIPAL EXECUTIVE OFFICER: Herbein John G. Vice-President

TITLE OF THE OFFICER: Vice-President

DATE: 7 9 0 1 3 1 9

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.

Original signed by G. I. TROTTEN
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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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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 57 357

0009920 PERMIT NUMBER

107 DIS 4911 SIC

40° 9' 16" 76° 43' 35" LATITUDE LONGITUDE

REPORTING PERIOD FROM 7 9 0 2 01 TO 7 9 0 2 28
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	0.00	0.083	0.221	MGD	N/A				N/A	N/A	cont.	N/A
	PERMIT CONDITION	N/A	N/A	N/A			*	*	*				2/30
Total Suspended Solids	REPORTED	4.5	8.16	11.81	lbs/day	0	N/A	N/A	N/A	N/A	N/A	2/28	grab
	PERMIT CONDITION	N/A	36	240			N/A	N/A	N/A				
Oil & Grease	REPORTED	0.853	1.12	1.4	lbs/day	0	N/A	N/A	N/A	N/A	N/A	2/28	grab
	PERMIT CONDITION	N/A	18.1	48.1			N/A	N/A	N/A				
Total Iron	REPORTED	0.388	0.404	0.419	lbs/day	0	N/A	N/A	N/A	N/A	N/A	2/28	grab
	PERMIT CONDITION	N/A	1.2	2.4			N/A	N/A	N/A				
Total Copper	REPORTED	0.00	0.00	0.00	lbs/day	0	N/A	N/A	N/A	N/A	N/A	2/28	grab
	PERMIT CONDITION	N/A	1.2	2.4			N/A	N/A	N/A				
pH	REPORTED				Std. pH Units	N/A	7.33	7.49	7.65	N/A	0	2/28	grab
	PERMIT CONDITION	N/A	N/A	N/A			6.0	N/A	9.0				0
	REPORTED												
	PERMIT CONDITION												

POOR ORIGINAL

NAME OF PRINCIPAL EXECUTIVE OFFICER: Herbein John G. TITLE OF THE OFFICER: Vice-President DATE: 7 9 0 3 19
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.

Original Signed by: G. J. TRIMMER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

490
 558

PA ST	0009920 PERMIT NUMBER	108 DIS	4911 SIC	40° 9' 10" 76° 43' 35" LATITUDE LONGITUDE
REPORTING PERIOD FROM		7 9 0 1 2 0 1 YEAR MO DAY	TO	7 9 0 2 2 8 YEAR MO DAY

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 the size is of being. "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.

PARAMETER		QUANTITY				CONCENTRATION				FREQ. OF ANALYSIS	SAMPLE TYPE	
		MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	REPORTED	*	*	*		N/A	***	***	***	N/A	*	*
	PERMIT CONDITION	N/A	N/A	N/A	MGD		***	***	***	N/A	2/30	calculated
Total Suspended Solids	REPORTED	N/A	N/A	N/A		N/A	*	*	*		*	*
	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	*	*	*		*	*
	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	*	*	*	Std. pH	*	*
	PERMIT CONDITION	N/A	N/A	N/A	N/A		6.0	N/A	9.0	Units	0	2/30 grab
POOR ORIGINAL	REPORTED											
	PERMIT CONDITION											
POOR ORIGINAL	REPORTED											
	PERMIT CONDITION											
POOR ORIGINAL	REPORTED											
	PERMIT CONDITION											

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE
Herbein John G.	Vice-President	7 9 0 3 1 9 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.

Original of _____
 G. J. TROMPER
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

