

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

NAME _____
ADDRESS _____

FACILITY _____
LOCATION _____

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

(2-16)

(17-19)

PERMIT NUMBER

DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

MONITORING PERIOD

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

NOTE: Read instructions before completing this form.

PDR ADDCK 05000387 PDR

PARAMETER (32-37)		(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			
	SAMPLE MEASUREMENT					21.9	56.1		0	6/31	GRAB
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT					90.1*	223.5*		3	6/31	GRAB
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT	0.0431	0.0431						X	3/31	FLOID
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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
717 542-3220
DATE
94 9 20

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

*Oil and grease sample results revised for July 1994.
See cover letter.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME WARRICKVILLE T & L - SUB STATION
ADDRESS 250 SOUTH BROAD STREET
SALISBURY PA 18101

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA0047325

071 A

PERMIT NUMBER

DISCHARGE NUMBER

MAJOR

Form Approved

(SUBR 02)

OMB No. 2040-0004

F - FINAL

COOLING TOWER BLOWDOWN

FACILITY
LOCATION

ATTN: A. L. BOLT, SUPERVISOR

MONITORING PERIOD

FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
94	03	01	94	03	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(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	*****	*****		8.40	*****	8.70	(12)	0	3/31	Grab
CONDUCTIVITY	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SU			DAILY GRAB
CHLORINE, FREE (AS CL)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.30	(19)	0	5/31	comp
CHLORINE, FREE (AS CL)	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0	DAILY MX MG/L			WEEKLY COMP-8
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	15.17	17.55	(03)	*****	*****	*****		*	3/31	RCORR
CHLORINE, FREE (AS CL)	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****			DAILY RCORR
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)	11		footnote
CHLORINE, FREE AVAILABLE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	.20	DAILY MX MG/L			SEE GRAB PERMIT
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

R.G. Byram, Sr. V.P.
Nuclear Operations

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

317 542-3220

94

9

20

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.

(1) use of chlorine has been discontinued.

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

NAME AMERICAN ELECTRIC CO. L. SUBSTATION
 ADDRESS 6000 N. 11TH STREET
ALBUQUERQUE NM 87101

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) (17-19)

PA0047325

PERMIT NUMBER

071 A

DISCHARGE NUMBER

MAJOR

(SUBS 02)

F - FINAL

COOLING TOWER BLOWDOWN

Form Approved

OMB No. 2040-0004

FACILITY

LOCATION

ATTN: A. L. DOLY, SUPERVISOR, TECHNOL

MONITORING PERIOD

FROM YEAR 94 MO 03 DAY 01 TO YEAR 94 MO 03 DAY 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE ***

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (58-65)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
24	SAMPLE MEASUREMENT	*****	*****		8.40	*****	8.70	(12)	0	31/31	Grab
25	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SU			DAILY GRAB
26	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.30	(19)	0	5/31	comp
27	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0	DAILY MX			WEEKLY COMP-8
28	SAMPLE MEASUREMENT	15.17	17.55	(03)	*****	*****	*****		*	31/31	RCORR
29	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****			DAILY RCORR
30	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	(19)	11		footnote
31	PERMIT REQUIREMENT	*****	*****	****	*****	*****	2.0	DAILY MX			SEE GRAB PERMIT
32	SAMPLE MEASUREMENT										
33	PERMIT REQUIREMENT										
34	SAMPLE MEASUREMENT										
35	PERMIT REQUIREMENT										
36	SAMPLE MEASUREMENT										
37	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

R.G. Byram, Sr. V.P.
 Nuclear Operations

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