

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 (8/28/94)
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
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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 - SUBURBAN
ADDRESS 250 DUNN BIRTH STREET
SALESBORO 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 31)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.30	(19)	0	5/31	comp
CHLORINE, FREE (AS 31)	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 31)	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****			DAILY RCORR
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			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

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

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.

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

NAME AMERICAN ELECTRIC CO. L. SUBSTATION
ADDRESS 500 NORTH MAIN STREET
ALBANY, GA 31701

FACILITY _____
LOCATION _____

ATTN: A. L. DOLY, SUPERV. OPER. TECHNIC

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) (17-19)

PA0047325

PERMIT NUMBER

071 A

DISCHARGE NUMBER

MAJOR (508B C2)
F - FINAL
COOLING TOWER BLOWDOWN

Form Approved
OMB No. 2040-0004

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 ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(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	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	*****	*****	****	*****	*****	.20	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

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)

FREE AVAILABLE CHLORINE SHALL BE TAKEN DAILY BY GRAB DURING CHLORINATION.

(1) use of chlorine has been discontinued.