

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME SAUNDERSVILLE F & L - SUSQUEHANNA
ADDRESS 100 NORTH MAIN STREET
SAUNDERSVILLE PA 15101

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA0047325

072 A

PERMIT NUMBER

DISCHARGE NUMBER

MAJOR

Form Approved

(SUBR 02)

OMB No. 2040-0004

F - FINAL

SERV AND ADMIN BUILDING SUMP

FACILITY
LOCATION

ATTN: R. L. DUFF, SUMP OPER TECHNICIAN

MONITORING PERIOD

FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
94	08	01	94	08	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			
PH	SAMPLE MEASUREMENT	*****	*****		6.90	*****	8.00	(12)	0 8/31	Grab
CONDUCTIVITY GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM			DAILY GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	3.9	3.9	(19)	0 1/31	Grab
CONDUCTIVITY GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30.0 NO AVG	100.0 DAILY MX			ONCE/ GRAB MONTH
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	13.2	13.2	(19)	0 1/31	Grab
CONDUCTIVITY GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15.0 NO AVG	20.0 DAILY MX			ONCE/ GRAB MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.021	0.018	(03)	*****	*****	*****		* 8/31	ESTIMA
CONDUCTIVITY GROSS VALUE	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	HGD	*****	*****	*****	****		DAILY ESTIMA
	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

AREA
CODE

NUMBER

YEAR

MO

DAY

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

FLOW AND PH SHALL BE MEASURED DAILY WHEN DISCHARGING.

9410030089 940926
PDR ADDOCK 05000387
PDR

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ATOMIC ENERGY CORP - SUSQUEHANNA
ADDRESS 200 SOUTH 11TH STREET
ALLIENOR LA 10101

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

2A0047325

PERMIT NUMBER

073 A

DISCHARGE NUMBER

MAJOR

(SUHR 02)

P - FINAL

Form Approved

OMB No. 2040-0004

81 TURBINE BLDG WASTE SUMP

FACILITY
LOCATION

MONITORING PERIOD

FROM YEAR MO DAY TO 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)	X	(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	*****	*****		7.70	*****	8.05	(12)	0	3/31	Grab
00400 1 0 0 EFFLUENT GROSS VALU.	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU			DAILY GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	0.7	0.7	(19)	0	1/31	Grab
00530 1 0 0 EFFLUENT GROSS VALU.	PERMIT REQUIREMENT	*****	*****	****	*****	30.0 NO AVG	100.0 DAILY MX	MG/L			ONCE/ GRAB MONTH
OIL AND GREASE PRIOR EXPR GRAV MTR	SAMPLE MEASUREMENT	*****	*****		*****	0.0	0.0	(19)	0	1/31	Grab
00556 1 0 0 EFFLUENT GROSS VALU.	PERMIT REQUIREMENT	*****	*****	****	*****	15.0 NO AVG	20.0 DAILY MX	MG/L			ONCE/ GRAB MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.0087	0.0087	(03)	*****	*****	*****		*	3/31	Estima
00050 1 0 0 EFFLUENT GROSS VALU.	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****			DAILY ESTIMA
	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 <i>R.G. Byram</i>	TELEPHONE 717 542-3220	DATE 94 9 20
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

FLOW AND PH SHALL BE MEASURED DAILY WHEN DISCHARGING.

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

NAME AT&T Worldwide P & L - SIOUX FALLS
ADDRESS 1500 10TH AVE SIOUX FALLS
SD 57104 IA 57101

FACILITY

LOCATION

NOTE: N. L. DOLY, SUPER OPER TECHNIC

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

(2-16)

(17-19)

PA0047325

073 A

PERMIT NUMBER

DISCHARGE NUMBER

MAJOR

Form Approved

(SBR 02)

OMB No. 2040-0004

P - FINAL

#1 TURBINE BLDG WASTE SUMP

MONITORING PERIOD

FROM YEAR 94 MO 03 DAY 01 TO YEAR 94 MO 08 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 (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	*****	*****		7.70	*****	8.05	(12)	0	3/31	Grab
PH	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0	SU			DAILY GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	0.7	0.7	(19)	0	1/31	Grab
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	*****	*****	***	*****	30.0	100.0	NG/L			ONCE/ GRAB MONTH
OIL AND GREASE FROM WATER GRAB	SAMPLE MEASUREMENT	*****	*****		*****	0.0	0.0	(19)	0	1/31	Grab
OIL AND GREASE FROM WATER GRAB	PERMIT REQUIREMENT	*****	*****	***	*****	15.0	20.0	MG/L			ONCE/ GRAB MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.0087	0.0087	(03)	*****	*****	*****		*	3/31	Estima
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	NGD	*****	*****	*****	***			DAILY ESTIMA
	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 SIG-
NIFICANT 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

717/542-3220

94 9 20

AREA
CODE

NUMBER

YEAR

MO

DAY

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

FLOW AND PH SHALL BE MEASURED DAILY WHEN DISCHARGING.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME WORLDWIDE P & L - GUSQUERRA
ADDRESS 350 South Main Street
Shelton, CT 06484

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)
PAC047325 074 A
PERMIT NUMBER DISCHARGE NUMBER


MAJOR Form Approved
(SUBR 02) OMB No. 2040-0004
F - FINAL
#2 TURBINE BLDG WASTE SUMP

FACILITY
LOCATION
Site: N. L. Unit, SUPPLY OF A TECHNOL

MONITORING PERIOD
FROM YEAR 94 MO 08 DAY 21 TO YEAR 94 MO 08 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 (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	*****	*****		7.70	*****	8.20	(12)	0	3/31	Grab
00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU			DAILY GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	1.0	1.0	(19)	0	3/31	Grab
00530 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	*****	30.0 NO AVG	100.0 DAILY MX	MG/L			ONCE/ GRAB MONTH
OIL AND GREASE FROM EXTRA-GRAV MATE	SAMPLE MEASUREMENT	*****	*****		*****	0.0	0.0	(19)	0	1/31	Grab
00556 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	*****	15.0 NO AVG	20.0 DAILY MX	MG/L			ONCE/ GRAB MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.0087	0.0087	(03)	*****	*****	*****		*	3/31	estima
00050 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****			DAILY ESTIMA
	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)
FLOW AND PH SHALL BE MEASURED DAILY WHEN DISCHARGING.

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

NAME PROSILCO, INC. 300 JENNA
 ADDRESS 400 JENNA STREET
ALBUQUERQUE, NM 87101

FACILITY
 LOCATION

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER

PA0047325

DISCHARGE NUMBER

079 A

MAJOR

(SUJR 02)

F - FINAL

SEWAGE TREATMENT EFFLUENT

Form Approved

OMB No. 2040-0004

MONITORING PERIOD

FROM YEAR 94 MO 08 DAY 1 TO YEAR 94 MO 08 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			
ED	SAMPLE MEASUREMENT	*****	*****		7.30	*****	7.60	(12)		3/31	Grab
DISINFECT, FROS CHPL	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	50		DAILY GRAB	
SOLIDS, TOTAL	SAMPLE MEASUREMENT	1.01	*****	(20)	*****	6.0	*****	(19)		1/31	Comp-8
DISINFECT, FROS CHPL	PERMIT REQUIREMENT	20.00	*****		*****	30.00	*****	MG/L		ONCE/ MONTH	COMP-8
NO AVG		NO AVG		LBS/D		NO AVG					
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	0.022	0.029	(03)	*****	*****	*****			3/31	Floind
INTO TREATMENT PLANT	PERMIT REQUIREMENT	0.08	REPORT		*****	*****	*****	****		DAILY FLOIND	
DISINFECT, FROS CHPL		NO AVG	DAILY MX	MGD				****			
CHLORINE, FREE	SAMPLE MEASUREMENT	*****	*****		0.05	0.24	0.45	(19)		3/31	Grab
AVAILABLE	PERMIT REQUIREMENT	*****	*****	****	REPORT	REPORT	REPORT	MG/L		DAILY GRAB	
DISINFECT, FROS CHPL		*****	*****	****	MINIMUM	ARI MEAN	MAXIMUM				
COLIFORM, FECL	SAMPLE MEASUREMENT	*****	*****		*****	0.0	*****	(13)		1/31	Grab
GENERAL	PERMIT REQUIREMENT	*****	*****	****	*****	200	*****	1/		ONCE/ GRAB	
DISINFECT, FROS CHPL		*****	*****	****	*****	30DA GEO	*****	100ML		MONTH	
BOD, CARBOHYDROUS	SAMPLE MEASUREMENT	1.75	*****	(26)	*****	10.4	*****	(19)		1/31	Comp-8
5 DAY, 20C	PERMIT REQUIREMENT	15.70	*****		*****	25.0	*****	MG/L		ONCE/ COMP-8	
DISINFECT, FROS CHPL		NO AVG		LBS/DY		NO AVG				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

717 542-3210

DATE

94 9 20

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

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

NAME ATOMIC ENERGY CORP. - SUICIDE

ADDRESS 1000 10TH AVE. S.W. ALBUQUERQUE, NM 87102

1000 10TH AVE. S.W. ALBUQUERQUE, NM 87102

FACILITY

LOCATION

1000 10TH AVE. S.W. ALBUQUERQUE, NM 87102

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA0047325

PERMIT NUMBER

0792

DISCHARGE NUMBER

MAJOR

(SUICIDE)

F - FINAL

Form Approved

OMB No. 2040-0004

SEWAGE TREATMENT EFFLUENT

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	94	08	1		94	08	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 (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SOLIDS, TOTAL SUSPENDED SOLIDS DISINFECT, FACS CNFL	SAMPLE MEASUREMENT	*****	*****		7.30	*****	7.60	(12)	C	3/31 Grab
	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		DAILY GRAB
SOLIDS, TOTAL SUSPENDED SOLIDS DISINFECT, FACS CNFL	SAMPLE MEASUREMENT	1.01	*****	(20)	*****	6.0	*****	(19)	*	1/31 Comp
	PERMIT REQUIREMENT	20.00 NO AVG	*****	LBS/D	*****	30.00 NO AVG	*****	MG/L		ONCE/ COMP-8 MONTH
FLOID, IN CONDUIT OF 1000 TREATMENT PLANT DISINFECT, FACS CNFL	SAMPLE MEASUREMENT	0.022	0.029	(13)	*****	*****	*****		*	3/31 Floid
	PERMIT REQUIREMENT	0.08 NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		DAILY FLOID
COLORIM, FREE AVAILABLE DISINFECT, FACS CNFL	SAMPLE MEASUREMENT	*****	*****		0.05	0.24	0.45	(19)	*	3/31 Grab
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	REPORT ARI MEAN	REPORT MAXIMUM	MG/L		DAILY GRAB
CODIPOM, FACS GENERAL DISINFECT, FACS CNFL	SAMPLE MEASUREMENT	*****	*****		*****	0.0	*****	(13)	*	1/31 Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	200 300A GEO	*****	/ 100ML		ONCE/ GRAB MONTH
COD, CARBOXYLIC 15 DAY, 20C DISINFECT, FACS CNFL	SAMPLE MEASUREMENT	1.75	*****	(26)	*****	10.4	*****	(19)	*	1/31 Comp
	PERMIT REQUIREMENT	16.70 NO AVG	*****	LBS/D	*****	25.0 NO AVG	*****	MG/L		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

717 542-3210

DATE

94 9 20

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

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

NAME PERMITS DIVISION, U.S. L. SUSQUEHARRA
 ADDRESS 71 ALLEN STREET
ALLIANCE PA 19101

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA0047325

171 A

PERMIT NUMBER

DISCHARGE NUMBER

MAJOR

Form Approved

(SUBR C2)

OMB No. 2040-0004

F - FINAL

WASTEWATER TREATMENT EFFLUENT

FACILITY

LOCATION

PA 19101, SUSQUEHARRA RIVER

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	94	08	01		94	08	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			
SOLIDS, TOTAL SUSPENDED SOLIDS 1 U/L EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.0	00	(19)	0	1/31 Grab
	PERMIT REQUIREMENT	*****	*****	***	*****	30.0 NO AVG	100.0 DAILY MAX	MG/L	ONCE/	GRAB
FLOW, IN CONDUIT OR IN AN OPEN CHANNEL SOLIDS 1 U/L EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.015	0.092	(03)	*****	*****	*****		* 18/31	Estima
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MAX	MGD	*****	*****	*****	***		DAILY ESTIMA
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
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	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

717/542-3220

94 9 20

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

FLOW SHALL BE MEASURED DAILY WHEN DISCHARGING.

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

NAME ATOMIC ENERGY & L - SUEDESWA
 ADDRESS 300 W. 13th Street
Albuquerque EA 18101

FACILITY

LOCATION

ATTN: R. L. DUFF, SUPE OPER TECHNOL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA0047325

PERMIT NUMBER

271 A

DISCHARGE NUMBER

MAJOR

(SUBR (2)

F - FINAL

WASTE FILTER BYPASS

Form Approved

OMB No. 2040-0004

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
 94 06 01 94 06 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)


*** NO DISCHARGE 121 ***

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)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SOLIDS, TOTAL SUSPENDED SOLIDS 1 0 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			(19)		
	PERMIT REQUIREMENT	*****	*****	****	*****	30.0 NO AVG	100.0 DAILY MX	MG/L	ONCE/ GRAB MONTH	
OIL AND GREASE FROM TREN GRAV NETH 00556 1 0 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			(19)		
	PERMIT REQUIREMENT	*****	*****	****	*****	15.0 NO AVG	20.0 DAILY MX	MG/L	ONCE/ GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00100 1 0 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	*****	*****	*****			
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****	DAILY FLOWED	
	SAMPLE MEASUREMENT									
	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
 AREA CODE NUMBER
 DATE
 94 9 20
 YEAR MO DAY

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

FLOW SHALL BE MEASURED DAILY WHEN DISCHARGING.

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

NAME SAINT PAULS L & L SUBURBAN
 ADDRESS 190 BROAD STREET
ALBANY, NY 12201

FACILITY _____
 LOCATION _____

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

PERMIT NUMBER
PA0047325

DISCHARGE NUMBER
271 A

MAJOR
 (SUBR (2)
 F - FINAL
 WASTE FILTER BYPASS

Form Approved
 OMB No. 2040-0004

MONITORING PERIOD							
YEAR	MO	DAY		TO	YEAR	MO	DAY
94	06	01		TO	94	06	31
(20 21)	(22 23)	(24 31)			(26 27)	(28 30)	(31 31)

*** NO DISCHARGE 121 ***

NOTE: Read instructions before completing this form.

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			
SOLIDS, TOTAL SUSPENDED SOLIDS EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			(19)		
	PERMIT REQUIREMENT	*****	*****	****	*****	30.0 NO AVG	100.0 DAILY MX	MG/L	ONCE/ GRAB MONTH	
OIL AND GREASE EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			(19)		
	PERMIT REQUIREMENT	*****	*****	****	*****	15.0 NO AVG	20.0 DAILY MX	MG/L	ONCE/ GRAB MONTH	
FLOW, IN CONDUIT OR PIPE EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	*****	*****	*****			
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****	DAILY FLOWING	
	SAMPLE MEASUREMENT									
	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 KNOWLEDGE 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

717 542-3220
 AREA CODE NUMBER

94 9 20
 YEAR MO DAY

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

FLOW SHALL BE MEASURED DAILY WHEN DISCHARGING.

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

NAME PENNSYLVANIA P & L - SUSQUEHANNA

ADDRESS END TOWN HIGHWAY STREET

ELLIPICAN PA 18101

FACILITY

LOCATION

TYPE: R. L. VOYE, SUPERVISOR SCHOOL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA0947325

471 A

PERMIT NUMBER

DISCHARGE NUMBER

MAJOR

(SUBR 02)

F - FINAL

WASTE FILTER EFFLUENT

Form Approved

OMB No. 2040-0004

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	<u>94</u>	<u>06</u>	<u>21</u>		<u>94</u>	<u>08</u>	<u>31</u>
	(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 (34-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	30.0 NO AVG	100.0 DAILY MX	MG/L		ONCE/ GRAB MONTH	
OIL AND GREASE PREF. BATT. GRAY BELL 00536 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	15.0 NO AVG	20.0 DAILY MX	MG/L		ONCE/ GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00538 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		DAILY FLOWED	
	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

DATE

717/542-3220

94 9 20

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

FLOW SHALL BE MEASURED DAILY WHEN DISCHARGING.

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

NAME PLANTATION P O BOX 20000
ADDRESS 170 NORTH MAIN STREET
ALBUQUERQUE NM 87101

FACILITY

LOCATION

NOTE: N. L. DAILY, SUPPLY OPER. TECHNICIAN

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER

DISCHARGE NUMBER

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

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

MAJOR

Form Approved

(SUBR 02)

OMB No. 2040-0004

F - FINAL

NEUTRALIZATION BASIN DISCHARGE

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (54-61)			
SOLIDS, TOTAL SUSPENDED SOLIDS 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.1	6.1	(19)	0	1/31	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30.0	100.0	MG/L	ONCE/	GRAB	
OIL AND GREASE FACILITY 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.4	1.4	(19)	0	1/31	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	15.0	20.0	MG/L	ONCE/	GRAB	
FLOW, IN CONDUIT OR IN TO TREATMENT PLANT SOLIDS 1 0 0	SAMPLE MEASUREMENT	0.16	0.18	(03)	*****	*****	*****	*****	4	3/31	Estimate
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****	*****	DAILY ESTIMATE	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.)										
R.G. Byram, Sr. V.P. Nuclear Operations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										
TYPED OR PRINTED	TELEPHONE										
	717 542-3220										
	DATE										
	94 9 20										
	AREA CODE NUMBER YEAR MO DAY										

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

FLOW SHALL BE MEASURED DAILY WHEN DISCHARGING.

*EN. FLOW SHALL BE MEASURED DAILY

*WHEN DISCHARGING. THERE SHALL BE NO DISCHARGE OF POLYCHLORINATED BIPHENYL COMPOUNDS. SEE PERMIT FOR OTHER CONDITIONS.

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

NAME PENNSYLVANIA P & L - SUSQUEHanna

ADDRESS 140 NORTH LIMA STREET

ALLIEN PA 19101

FACILITY

LOCATION

140 N. L. ONLY, SUB OF PL. 1-1000

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA047325

PERMIT NUMBER

471 A

DISCHARGE NUMBER

MAJOR

(SUBR 02)

P - FINAL

WASTE FILTER EFFLUENT

Form Approved

OMB No. 2040-0004

MONITORING PERIOD											
FROM			TO								
YEAR	MO	DAY	YEAR	MO	DAY						
94	06	01	94	09	31						
(20-21)			(22-23)			(24-25)			(26-27)		

*** 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			
SOLIDS, TOTAL SUSPENDED SOLIDS 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			(19)		
	PERMIT REQUIREMENT	*****	*****	****	*****	30.0 NO AVG	100.0 DAILY MX	MG/L	ONCE/ GRAB MONTH	
OIL AND GREASE TOTAL EXTRACTABLE SOLIDS 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			(19)		
	PERMIT REQUIREMENT	*****	*****	****	*****	15.0 NO AVG	20.0 DAILY MX	MG/L	ONCE/ GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT DURST 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	*****	*****	*****			
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****	DAILY FLOID	
	SAMPLE MEASUREMENT									
	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

DATE

717/542-3220

AREA
CODE

NUMBER

94

9

20

YEAR

MO

DAY

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

FLOW SHALL BE MEASURED DAILY WHEN DISCHARGING.

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

MONITORING PERIOD

FROM

YEAR	MO	DAY	TO	YEAR	MO	DAY
8	8	8	8	8	8	8

(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-43) QUALITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SAMPLE MEASUREMENT						1.8	1.8		0	1/31	Grab
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT						95.9*	95.9*		1	1/31	Grab
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT		0.048	0.048						*	31/31	FLOID
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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		
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO

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

*See cover letter for explanation of oil and grease sampling results.