

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

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

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

NAME: PHILADELPHIA ELECTRIC COMPANY
ADDRESS: PEACHBURN GENERATING STATION
RD #1
DELTA PA 17114

PA0009733
PERMIT NUMBER

001 A
DISCHARGE NUMBER

001 CONDENSEN COOLING WATER

2850681340

FACILITY: STATION SUPERINTENDENT
LOCATION:

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

MAJOR (SUDBR 03)

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			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 2 0 EFFLUENT NET VALUE	SAMPLE MEASUREMENT	*****	*****		-3.19	-3.38	4.03	0	Cont.	Recorder
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****		Cont.	Recorder
THERMAL DISCHARGE MILLION BTUS PER HR. 00015 2 0 EFFLUENT NET VALUE	SAMPLE MEASUREMENT	466	553	MBTU/ HR	*****	*****	*****	0	1/31	Calc.
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		1/31	Calc.
PH	SAMPLE MEASUREMENT	*****	*****		7.5		7.8	0	4/31	Grab
	PERMIT REQUIREMENT	*****	*****	****	MINIMUM		MAXIMUM		4/31	Grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1341	1620		*****	*****	*****		Cont.	Calc.
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****		Cont.	Calc.
CHLORINE, TOTAL RESIDUAL 50060 A 0 DISINFECT, PRC3 CMPL	SAMPLE MEASUREMENT	*****	*****		0	0	0	0	No Chlct.	
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****		No Chlct.	
CHLORINE, FREE AVAILABLE 50064 A 0 DISINFECT, PRC3 CMPL	SAMPLE MEASUREMENT	*****	*****		*****	0.2	0.5	0	Being done	
	PERMIT REQUIREMENT	*****	*****	****	*****	DAILY AV	DAILY MX		Being done	
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
S. L. Daltroff
V. Pres., Electric Production
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.)

D. C. Smith
Superintendent-Operations
SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE
717 456-7014
DATE
85 08 13
AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
CHLORINE SAMPLE TYPE SHALL BE GRAB DURING CHLORINATION.

8508300539 850731
PDR ADOCK 05000277
R PDR

LES 1/1

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS" (and facility name/location, if different), "PERMIT NUMBER" and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipalities with secondary treatment requirements, enter 30 day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM".)
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit (e.g. Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.).
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT" (e.g. Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.).

(FOLD HERE FIRST)

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

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PLACE

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

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

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

NAME PHILADELPHIA ELECTRIC COMPANY
ADDRESS BEACHMONT GENERATING STATION
RD #1
PHILADELPHIA PA 19114
FACILITY _____
LOCATION _____

(2-16) PA0009733
PERMIT NUMBER

(17-19) 101 A
DISCHARGE NUMBER

MONITORING PERIOD

FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
<u>83</u>	<u>07</u>	<u>01</u>	<u>83</u>	<u>07</u>	<u>31</u>
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

F - FINAL

101 CATCH

2850681340

HAJON (SUBR 03)

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 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*	*			
	PERMIT REQUIREMENT	*****	*****	****	*****	30	100		ONCE/ MONTH	GRAB
OIL AND GREASE FROM RAYS-GRAV NET 00555 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****	****	*****	10			ONCE/ MONTH	GRAB
FLOW, IN CONDUIT UN THRU TREATMENT PLANT 00050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	*		*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	ECU	*****	*****	*****	****	ONCE/ MONTH	ESTIMA
850831A 137	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.)	TELEPHONE		DATE	
<u>S. L. Daltroff</u> <u>V. Pres., Electric Production</u> TYPED OR PRINTED		<u>717</u>	<u>456-7014</u>	<u>85</u>	<u>08</u>
		AREA CODE	NUMBER	YEAR	MO
					DAY

D. C. Smith
Superintendent-Operations
SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

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

* No sample flow for 2 consecutive weeks - No runoff produced no sample flow for 2 consecutive weeks

GENERAL INSTRUCTIONS

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2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipalities with secondary treatment requirement, enter 30-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM.")
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7 day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT." (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

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10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
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LEGAL NOTICE

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FOLD HERE SECOND

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STAMP
PLACE

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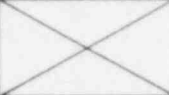
STAPLE HERE

(2-16)		(17-19)	
PA0004733		102 A	
PERMIT NUMBER		DISCHARGE NUMBER	

MONITORING PERIOD			
YEAR	MO	DAY	
85	07	01	
(20-21) (22-23) (24-25)			TO
YEAR	MO	DAY	
85	07	31	
(26-27) (28-29) (30-31)			

2850681340

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53)			(4 Card Only) (54-61)			QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-65)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	16.68	16.68		D	1/31	Grab		
	PERMIT REQUIREMENT	*****	*****	****	*****	30	100			ONCE/	ONAB		
				****		DAILY AV	DAILY MX	MG/L		MONTH			
IL AND GREASE FROM FATH-GRAY METER 00556 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	3.6	3.6		0	1/31	Grab		
	PERMIT REQUIREMENT	*****	*****	****	*****	10				ONCE/	GRAB		
				****		DAILY AV	DAILY MX	MG/L		MONTH			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.015	.015		*****	*****	*****			1/31	Est.		
	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	****		ONCE/	ESTIMA		
								****		MONTH			
	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)	TELEPHONE		DATE		
S. L. Daltroff		717 456-7014		85	08	13
V. Pres., Electric Production		717 456-7014				
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE		AREA CODE	NUMBER	
		OFFICER OR AUTHORIZED AGENT				

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

GENERAL INSTRUCTIONS

2850681340

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2. Enter "PERMITTEE NAME/MAILING ADDRESS" (and facility name/location, if different), "PERMIT NUMBER," and "DISCHARGE NUMBER" where indicated. (A separate form is required for each discharge.)
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11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

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

Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

NAME P. I. DELPHIA ELECTRIC COMPANY
ADDRESS PRACHITION GENERATING STATION
RD 41
DELTA PA 17114

PA0009733
PERMIT NUMBER

103 A
DISCHARGE NUMBER

F - FINAL
103 CATCH BASIN

2850681340

FACILITY
LOCATION

MONITORING PERIOD						
FROM	YEAR	MO	DAY	TO	YEAR	MO DAY
	83	07	01		83	07 31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29) (30-31)

MAJOR (SUPE 03)

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 (54-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Pb	SAMPLE MEASUREMENT	*****	*****		7.6	*****	7.6	0	1/31	Grab
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	9.16	9.16	0	1/31	Grab
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 DAILY AV	100 DAILY MAX		ONCE/ MONTH	GRAB
OIL AND GREASE FROM EXTH-GRAV METER	SAMPLE MEASUREMENT	*****	*****		*****	<.8	<.8	0	1/31	Grab
00550 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	10 DAILY AV	10 DAILY MAX		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	.015	.015		*****	*****	*****		1/31	Est.
00560 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****		ONCE/ MONTH	ESTIMA
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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D. C. Smith
Superintendent-Operations

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

S. L. Daltsuff

V. Pres., Electric Production

TYPED OR PRINTED

717 456-7014 85 08 13
AREA CODE NUMBER YEAR MO DAY

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

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STAMP
PLACE

(FOLD HERE THIRD)

STAPLE HERE

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

NAME **PHILADELPHIA ELECTRIC COMPANY**
ADDRESS **PATCHMONT GENERATING STATION**
RD #1
DELTA PA 17314

FACILITY
LOCATION

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

(2-16) **PA0009733**
PERMIT NUMBER

(17-19) **176 A**
DISCHARGE NUMBER

F - FINAL
106 WATERTREATMENT SKIT, BASIN
Form Approved
OMB No. 2040-0004
Approval expires 9-30-85

2850681340

MONITORING PERIOD

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

MAJOR (SUBR 03)

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 (62-65)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	5.05	5.05		1/31	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	DAILY AV	DAILY MAX	MG/L	ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.086	.086		*****	*****	*****		1/31	Est.
	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	****	ONCE/ MONTH	ESTIMA
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
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	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 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.	D. C. Smith Superintendent-Operations	TELEPHONE	DATE		
S. L. Daltroff V. Pres., Electric Production TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	717 456-7014 AREA CODE NUMBER	85 YEAR	08 MO

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

GENERAL INSTRUCTIONS

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "PERMITTEE NAME/MAILING ADDRESS (and facility name/location, if different)," "PERMIT NUMBER," and "DISCHARGE NUMBER," where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "MONITORING PERIOD" covered by form where indicated.
4. Enter each "PARAMETER" as specified in monitoring requirements of permit.
5. Enter "SAMPLE MEASUREMENT" data for each parameter under "QUANTITY" and "QUALITY" in units specified in permit. "AVERAGE" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "MONITORING PERIOD." "MAXIMUM" and "MINIMUM" are normally extreme high and low measurements obtained during "MONITORING PERIOD." (NOTE to municipalities with secondary treatment requirement: enter 31-day average of sample measurements under "AVERAGE" and enter maximum 7-day average of sample measurements obtained during monitoring period under "MAXIMUM.")
6. Enter "PERMIT REQUIREMENT" for each parameter under "QUANTITY" and "QUALITY" as specified in permit.
7. Under "NO. EX" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "FREQUENCY OF ANALYSIS" both as "SAMPLE MEASUREMENT" (actual frequency of sampling and analysis used during monitoring period) and as "PERMIT REQUIREMENT" specified in permit. (e.g., Enter "CONT" for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "SAMPLE TYPE" both as "SAMPLE MEASUREMENT" (actual sample type used during monitoring period) and as "PERMIT REQUIREMENT" (e.g., Enter "GRAB" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)

(FOLD HERE FIRST)

10. WHERE VIOLATIONS OF PERMIT REQUIREMENTS ARE REPORTED, ATTACH A BRIEF EXPLANATION TO DESCRIBE CAUSE AND CORRECTIVE ACTIONS TAKEN. REFERENCE EACH VIOLATION BY DATE.
11. If "no discharge" occurs during monitoring period, enter "NO DISCHARGE" across form in place of data entry.
12. Enter "NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER" with "SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT," "TELEPHONE NUMBER" and "DATE" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this DISCHARGE MONITORING REPORT (DMR) form may be obtained from Office(s) specified in permit.

LEGAL NOTICE

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

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HERE
STAMP
PLACE

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STAPLE HERE

NAME PHILADELPHIA ELECTRIC COMPANY
 ADDRESS LAKEHURST GENERATING STATION
RD 1
DELTA PA 17814
 FACILITY _____
 LOCATION _____

PA0009733
 PERMIT NUMBER

107 A
 DISCHARGE NUMBER

F - FINAL
 107 AUXILIARY BOILER BLWDN

2850681340

MONITORING PERIOD						
FROM	YEAR	MO	DAY	TO	YEAR	MO DAY
	85	07	01		85	07 31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29) (30-31)

MAJOR (SUOH 03)

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 G0530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*	*			
	PERMIT REQUIREMENT	*****	*****	****	*****	30 DAILY AV	100 DAILY MX		ONCE/ MONTH	GRAB
GIL AND GREASE FRESH EXH-GRAV MTD 00536 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*	*			
	PERMIT REQUIREMENT	*****	*****	****	*****	10 DAILY AV	20 DAILY MX		ONCE/ MONTH	GRAB
COPPER, TOTAL (AS CU) 01642 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****	****	*****	***** DAILY AV	1 DAILY MX		ONCE/ MONTH	GRAB
IRON, TOTAL (AS FE) 01643 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****	****	*****	***** DAILY AV	1 DAILY MX		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR TANK TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	*		*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****		ONCE/ MONTH	ESTIMA
	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 3 years.	S. L. Daltroff V. Pres. Electric Production	D. C. Smith Superintendent-Operations	TELEPHONE	DATE		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		717 456-7014 AREA CODE NUMBER	85 YEAR	08 MO	13 DAY

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

* no flow at sample point for 2 consecutive weeks - No boiler blowdowns at sampling times produced no sample flow

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NAME: **PHILADELPHIA ELECTRIC COMPANY**
ADDRESS: **SEACHUCKON GENERATING STATION**
CITY: **PHILADELPHIA** STATE: **PA** ZIP: **19134**
FACILITY: **SEACHUCKON GENERATING STATION**
LOCATION: **SEACHUCKON GENERATING STATION**

DISCHARGE MONITORING REPORT (DMR)

(2-16) **PA0009733** (17-19) **108-A**
PERMIT NUMBER DISCHARGE NUMBER
MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

FINAL
108 SEWAGE TREATMENT PLANT
2850681340
HAJON (SUBP 03)

NOTE: Read instructions before completing this form.

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
000, 5-DAY BOD (20 DEG. C) 00310 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.0000	0.0000	MG/L	0.0000	39	39	0	8/Grab-2Day	
	PERMIT REQUIREMENT	0.0000	0.0000	MG/L	0.0000	DAILY AV	DAILY MAX		EIGHT/GRAB- DAY	
00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.0000	0.0000	MG/L	NA	0.0000	NA		ONCE/GRAB	
	PERMIT REQUIREMENT	0.0000	0.0000	MG/L	MINIMUM	0.0000	MAXIMUM		MONTH	
00530 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.0000	0.0000	MG/L	0.0000	25.3	25.3	0	1/31	GRAB
	PERMIT REQUIREMENT	0.0000	0.0000	MG/L	0.0000	DAILY AV	DAILY MAX		MONTH	
00590 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.029	0.041	MG/L	0.0000	0.0000	0.0000		1/31	Calc.
	PERMIT REQUIREMENT	0.0000	0.0000	MG/L	0.0000	0.0000	0.0000		MONTH	
00600 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.0000	0.0000	MG/L	0.0000	500	500	1	1/31	Grab
	PERMIT REQUIREMENT	0.0000	0.0000	MG/L	0.0000	300A GED	70A GED		MONTH	
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

S. L. Daltroff
V. Pres., Electric Production

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.

CD/ C. Smith
Station Superintendent

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

17 456-7014 85 08 13
AREA CODE NUMBER YEAR MO DAY

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

* Violation Report Submitted

2850681340

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2850681340

PHILADELPHIA ELECTRIC COMPANY

2301 MARKET STREET

P.O. BOX 8699

PHILADELPHIA, PA. 19101

(215) 841-4000

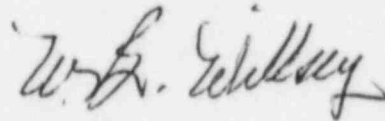
August 26, 1985

Pennsylvania Department of Environmental Resources
Bureau of Water Quality Management
One Ararat Blvd.
Harrisburg, PA 17110

Gentlemen:

Attached, please find the Discharge Monitoring Report (DMR)
for Peach Bottom Generating Station, NPDES Permit No. PA 0009733,
for the month of July, 1985.

Sincerely yours,



W. B. Willsey
Director
Environmental Affairs

:nas
Attachment

cc: EPA Region III
Phila, PA w/ attachment
Director, ONRR
NRC
Washington, DC w/ attachment
Administrator
Region I, OIE
NRC
King of Prussia, PA w/ attachment

IE25
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