

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

NAME BEAVER VALLEY POWER STATION
ADDRESS P.O. BOX 4
ATTN: ANDREW DULICK
SHIPPINGPORT PA 15077
FACILITY
LOCATION
ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA0025615

PERMIT NUMBER

201 A

DISCHARGE NUMBER

MAJOR
(SUBR 05)
F - FINAL
201 SOFTENER REGENERANTS

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

MONITORING PERIOD

FROM YEAR 91 MO 06 DAY 01 TO YEAR 91 MO 06 DAY 30
(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 (38-45)			NO. EX	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	()	6.55	*****	7.55	(12)	C	1/WK G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0			WEEKLY GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	()	*****	1.00	1.00	(19)	C	1/WK 2HC
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30	100			WEEKLY COMP-2
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	()	*****	1.91	3.31	(19)	C	1/WK G
FREON EXTH-GRAV METH	PERMIT REQUIREMENT	*****	*****	****	*****	15	20			WEEKLY GRAB-4
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.002	0.020	(03)	*****	*****	*****	()	C	1/WK calc
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		DAILY CONTIN
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

A. M. Dulick
Chemistry Manager

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

412 393-5113

AREA
CODE

NUMBER

DATE

91 06 20

YEAR MO DAY

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

9107050014 910621
PDR ADOCK 05000334
R PDR