



Duquesne Light

Nuclear Group
P.O. Box 4
Shippingport, PA 15077-0004

Telephone (412) 393-6000

November 18, 1994
NPD3VPO: 0280

Document Control Desk
U.S. Nuclear Regulatory Commission
Washington, DC 20555

NPDES Monthly Report, EPA Permit No. PA0025615

SUBJECT: Beaver Valley Power Station, Unit No. 1 and No. 2
BV-1 Docket No. 50-334, License No. DPR-66
BV-2 Docket No. 50-412, License No. NPF-73

Dear Sir:

Enclosed is a copy of the NPDES Monthly Report as submitted to the Pennsylvania Department of Environmental Resources.

Sincerely,

T. P. Noonan
Division Vice President
Nuclear Operations

DNH/trs

cc: D. A. Orndorf
S. L. Pernick
N. R. Tonet
Central File

300079

IFDS
11



The Nuclear Professionals

9412010243 941031
PDR ADOCK 05000334
R PDR



Nuclear Group
P.O. Box 4
Shippingport, PA 15077-0004

Telephone (412) 393-6000

November 18, 1994
NPD3VPO: 0279

Attention: "DMR Clerk"
Department of Environmental Resources
Bureau of Water Quality Management
400 Waterfront Drive
Pittsburgh, PA 15222

NPDES Monthly Report, EPA Permit Number PA0025615

Gentlemen:

NPDES Monthly Report for Duquesne Light Company, Beaver Valley Power Station for October 1994 is submitted for your consideration.

Please be advised that required techniques, even if performed properly, do not measure actual conditions with 100 percent accuracy 100 percent of the time, and therefore, some reported values in the attached DMRs may not represent actual conditions with absolute accuracy.

Sincerely,

T. P. Noonan
Division Vice President
Nuclear Operations

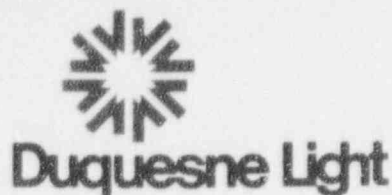
DNH/trs

Enclosure

cc: D. A. Orndorf
S. L. Pernick
N. R. Tonet
Central File



The Nuclear Professionals



Nuclear Group
P.O. Box 4
Shippingport, PA 15077-0004

Telephone (412) 393-6000

November 18, 1994
NPD3VFO: 0278

United States Environmental Protection Agency
Region III, Pennsylvania (3WM53)
Water Permits Branch
Water Management Division
841 Chestnut Street
Philadelphia, PA 19107

NPDES Monthly Report, EPA Permit No. PA0025615

Dear Sir:

This letter forwards a copy of our NPDES Monthly Report as submitted to the Pennsylvania Department of Environmental Resources, Bureau of Water Quality Management

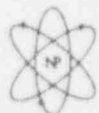
Sincerely,

T. P. Noonan
Division Vice President
Nuclear Operations

DNH/trs

Attachment

cc: D. A. Orndorf
S. L. Pernick
N. R. Tonet
Central File



The Nuclear Professionals

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME DAVID R. VILLEY POWER STATION
 ADDRESS P.O. BOX 4
3124 DAVID ORNDORF
SHREVEPORT LA 70577

FACILITY
 LOCATION
 ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
 PA0025615 101 A
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
 FROM YEAR 94 MO 10 DAY 01 TO YEAR 94 MO 10 DAY 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MAJOR (SUBR 05) F - FINAL 101 CHEMICAL WASTE TREATMENT
 Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(1 Card Only) QUANTITY OR LOADING (46-5)			(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			
PH	SAMPLE MEASUREMENT	*****	*****		6.80	*****	7.43	(12)	0 1/7	G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	9.63	14.60	(19)	0 1/7	2HC
00330 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30	100		WEEKLY	COMP-2
OIL AND GREASE FROM EXHAUSTIVE	SAMPLE MEASUREMENT	*****	*****		*****	<5.00	<5.00	(19)	0 1/7	G
00500 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15	20		WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	NA	NA	(19)	NA	NA
00610 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT		WEEKLY	GRAB
FLOW, IN CONDUIT OR TREATMENT PLANT	SAMPLE MEASUREMENT	0.006	0.028	(03)	*****	*****	*****		0 1/0	CONT.
00000 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****		DAILY	CONTIN
HYDRAZINE	SAMPLE MEASUREMENT	*****	*****		*****	NA	NA	(19)	NA	NA
01313 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT		WEEKLY	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager	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 a maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>D Orndorf</i>	AREA CODE 412	NUMBER 393-5113	YEAR 94	MO 11

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 HYDRAZINE FIBER MONITORING TO APPLY DURING PERIODS OF WET LAYUP.
 NA = Not Applicable, conditions of wet layup did not exist.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME SNAKE VALLEY FISH STATION
ADDRESS P.O. BOX 9
 8110; DAVID ORNDORF
 SHILLINGTON VA 22077
FACILITY
LOCATION
 ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
 20025015 201 A
 PERMIT NUMBER DISCHARGE NUMBER
MONITORING PERIOD
 FROM YEAR 94 MO 10 DAY 01 TO YEAR 94 MO 10 DAY 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MAJOR (SUBR US) Form Approved. OMB No. 2040-0004.
 F - FINAL Approval expires 6-30-91.
 201 SOFTENER REGENERANTS

*** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****							(12)
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM			TWICE/GRAB MONTH
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****					(19)
00330 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 NO AVG	100 DAILY MX			TWICE/GRAB MONTH
OIL AND GREASE FRESH DATA ONLY	SAMPLE MEASUREMENT	*****	*****		*****					(19)
00330 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 NO AVG	20 DAILY MX			TWICE/GRAB MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO FLOW			(03)	*****	*****	*****		0 2/3 EST
50350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MG/L	*****	*****	*****	****		TWICE/ESTIMA MONTH
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager	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.	TELEPHONE	DATE		
			412 AREA CODE	393-5113 NUMBER	94 YEAR
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 				

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 NO FLOW

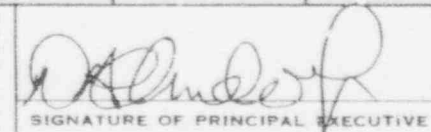
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME DAVID VALLEY POWER STATION
ADDRESS 1. J. BOX 1
1111 DAVID ORNDORF
SHIPPINGPORT PA 15077
FACILITY _____
LOCATION _____
ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
PERMIT NUMBER PA0025615
DISCHARGE NUMBER 301 A
MONITORING PERIOD
 FROM YEAR 94 MO 10 DAY 01 TO YEAR 94 MO 10 DAY 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MAJOR (SDBR 05) Form Approved. OMB No. 2040-0004.
 F - FINAL Approval expires 6-30-91.
 UNIT 2 AUA BOILER BLOWDOWN

*** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(1 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		*****	*****		*****			(19)		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		TWICE/GRAB MONTH
OIL AND GREASE		*****	*****		*****			(19)		
PHENOL EXPR GRAY MET		*****	*****	****	*****	15 MO AVG	20 DAILY MX	MG/L		TWICE/GRAB MONTH
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MO AVG	20 DAILY MX	MG/L		TWICE/GRAB MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		NO FLOW			(03)	*****	*****	*****		0 1/7 EST
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY ESTIMA
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf 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 18 USC § 1339. (Penalties under these statutes may include fines up to \$10,000 and a maximum imprisonment of between 6 months and 3 years.)	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	AREA CODE 412	NUMBER 393-5113	YEAR 94	MO 11

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME DEWITT VALLEY POWER STATION
ADDRESS P.O. BOX 4
 AINS, DAVID ORNDORF
 SHIPPINGSBORO PA 15077
FACILITY
LOCATION
 AINS, DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
PA0025615 (20-21) (22-23) (24-25)
PERMIT NUMBER
401 A (26-27) (28-29) (30-31)
DISCHARGE NUMBER

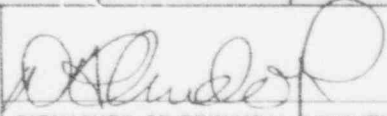
MAJOR (SUBR 05) Form Approved. OMB No. 2040-0004.
 Final Approval expires 6-30-91.
 CHEM. FEED AREA OF AUX BOILERS

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	94	10	01		94	10	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)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(1 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			
PH	SAMPLE MEASUREMENT	*****	*****					(12)		
00400 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	REPORT MAXIMUM	SU		TWICE/GRAB MONTH
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			(19)		
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 NO AVG	100 DAILY MX	MG/L		TWICE/GRAB MONTH
OIL AND GREASE FROM EXT. GRAV. METER	SAMPLE MEASUREMENT	*****	*****		*****			(19)		
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 NO AVG	20 DAILY MX	MG/L		TWICE/GRAB MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO FLOW			(03)	*****	*****	*****		0 1/7 EST
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY ESTIMA
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf 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 3 years.	TELEPHONE		DATE		
		412-393-5113		94	11	18
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		AREA CODE	NUMBER	YEAR	MO	DAY

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

NO DISCHARGE

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

NAME OSAYOK VALLEY POWER PLANTION

ADDRESS P.O. BOX 4

ATTN: DAVID ORNDORF

SHIPPINGPORT PA 15077

FACILITY _____

LOCATION _____

ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) (17-19)

PAC025015

001 A

PERMIT NUMBER

DISCHARGE NUMBER

00308

(SUBS 05)

F - FINAL

UNIT 1 GENRTY BLOWN FILL BW

Form Approved.

OMB No. 2040-0004.

Approval expires 6-30-91.

MONITORING PERIOD

FROM YEAR 94 MO 10 DAY 01 TO YEAR 94 MO 10 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)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING (46-53)			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		*****	*****		*****			(19)		
00530 1 0 0		*****	*****	****	*****	30	100		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		NO AVG	DAILY MAX	MG/L		
FLOW, IN CONDUIT OR THROUGH TREATMENT PLANT		No flow			(03)	*****	*****	*****		
50050 1 0 0		REPORT	REPORT		*****	*****	*****	****		WEEKLY ESTIMA
EFFLUENT GROSS VALUE		NO AVG	DAILY MAX	MGD				****		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
David Orndorf
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 U.S.C. § 1001 AND 33 U.S.C. § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 412 393-5113
 DATE: 94 11 18
 AREA CODE NUMBER YEAR MO DAY

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

No Discharge

PERMITTEE NAME: ADDRESS (Include Facility Name/Local Agency) **WOLF VALLEY PARK SECTION**
 NAME: **DAVID ORNDORF**
 ADDRESS: **PA 15077**
 FACILITY: **DAVID ORNDORF**
 LOCATION: **PA 15077**

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

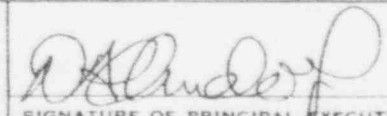
PA0025615 (2/16) PERMIT NUMBER
 001 A (17/19) DISCHARGE NUMBER

MAJOR (SUBR 05) Form Approved. OMB No. 2040-0004.
 F - FINAL Approval expires 6-30-91.
 UNITS 162 COOLS. TOWER SLUDGE.

MONITORING PERIOD
 FROM YEAR 94 MO 10 DAY 01 TO YEAR 94 MO 10 DAY 31
 (120-21) (122-23) (124-25) (126-27) (128-29) (130-31)

*** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(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
P _H 00430 1 C 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	7.70	*****	7.90	(12)	0	1/7	G
	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N) 00010 1 C 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	NA	(19)	NA	NA	NA
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT NO AVG	REPORT DAILY MX			WEEKLY	GRAB
FLOW, IN CONDUIT OR TANK TREATMENT PLANT 00050 1 C 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	35.412	51.48	(03)	*****	*****	*****		0	1/0	Cont
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		DAILY	CONTIN
CHLORINE, FREE AVAILABLE 00064 1 C 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.07	0.14	(19)	0	2/p	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	0.2 DAILY MX	0.5 INST MAX			CONTIN	RECORD
HYDRAZINE 01313 1 C 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NA	(19)	NA	NA	NA
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0 DAILY MX			WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf 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 § 1349. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.)	TELEPHONE 412 393-5113	DATE 94 11 18		
			SIGNATURE OF PRINCIPAL EXECUTIVE  OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 HYDRAZINE ATL ANALYSIS MONITORING TO APPLY DURING PERIODS OF WET LAYUP. QUARTERLY SAMPLING TO BE CONDUCTED IN WET LAYUP. NA = Not Applicable Since no wet lay up conditions existed

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME DAVID ORNDORF POWER STATION
ADDRESS P.O. BOX 4
ATTN: DAVID ORNDORF
SHIPLEIGHT PA 15077
FACILITY _____
LOCATION _____
ATTN: DAVID ORNDORF

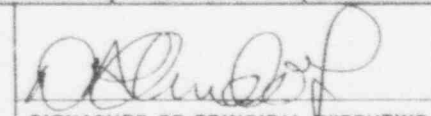
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
 (2/16) (17/19)
FA0025615 (PERMIT NUMBER)
102 A (DISCHARGE NUMBER)

MAJOR (SUBR US) Form Approved. OMB No. 2040-0004.
 F - FINAL Approval expires 6-30-91.
 102 INTAKE SCREENHOUSE

MONITORING PERIOD
 FROM YEAR 94 MO 10 DAY 01 TO YEAR 94 MO 10 DAY 31
 (120-21) (122-23) (124-25) (126-27) (128-29) (130-31)

*** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (38-43)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
00400 1 0 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.73	*****	7.75	(12)	0	2/31	G
	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0			TWICE/GRAB	
00530 1 0 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		MINIMUM	*****	MAXIMUM	SO		MONTH	
00530 1 0 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30	100	NO AVG	DAILY MX	MONTH	
00530 1 0 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<4.00	<4.00	(19)	0	2/31	G
00530 1 0 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15	20	NO AVG	DAILY MX	MONTH	
00530 1 0 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.001	0.001	(13)	*****	*****	*****		0	2/31	EST
00530 1 0 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		TWICE/ESTIMA	
	PERMIT REQUIREMENT	NO AVG	DAILY MX		*****	*****	*****	****		MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf 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 18 USC § 1019. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE 412 393-5113	DATE		
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	AREA CODE	NUMBER

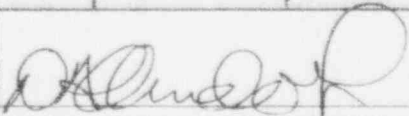
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME DAVID ORNDORF
 ADDRESS P.O. BOX 4
11111 DAVID ORNDORF
SHIPPINGPORT TX 75077
 FACILITY _____
 LOCATION _____
11111 DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2.19) (17.19)
 PA0025015 PERMIT NUMBER
 002 A DISCHARGE NUMBER
 MONITORING PERIOD
 FROM 94 10 01 TO 94 10 31
 (10-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MAJOR (CODE 05) Form Approved. OMB No. 2040-0004.
 F - FINAL Approval expires 6-30-91.
 INTAKE SCREEN BACKWASH
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-51)			(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			
FLOW IN CONDUIT BY THIS TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE		0.006	0.046	(13)	*****	*****	*****	0	1/7	EST
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MAX	MGD	*****	*****	*****	*****	*****	WEEKLY 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 David Orndorf 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 18 USC § 1333. 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		
			412 393-5113 AREA CODE NUMBER	94	11	18 YEAR MO DAY

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

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

NAME DAVID VALLEY PAPER STATION
 ADDRESS 1400 JACKSON
ALBANY, DAVID ORNDORF
SAMPLESPORT PA 15077

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PA0025615 (2-16) 103 A (17-19)
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR (SUBR 05) F - FINAL
 SLUDGE SETTLING BASIN

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

FACILITY LOCATION
 ALBANY DAVID ORNDORF

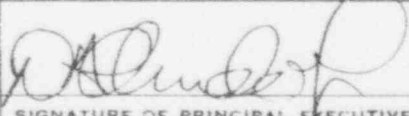
MONITORING PERIOD
 FROM YEAR 94 MO 10 DAY 01 TO YEAR 94 MO 10 DAY 31
 (12-21) (12-23) (12-25) (12-27) (12-29) (12-31)

*** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(1 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-51)	MAXIMUM (54-61)	UNITS (52-53)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)			
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.42	*****	7.56	(12)	0	2/31 G
	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0			TWICE/GRAB MONTH
SOLIDS, TOTAL 00500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<4.00	<4.00	(19)	0	2/31 244C
	PERMIT REQUIREMENT	*****	*****	****	*****	30	100			TWICE/COMP 24 MONTH
FLOW, IS CONDUIT OR THRU TREATMENT PLANT 00600 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.003	0.003	(13)	*****	*****	*****		0	2/31 EST.
	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		TWICE/ESTIMA MONTH
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 David Orndorf
 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 \$100,000 and/or maximum imprisonment of between 6 months and 5 years.)


 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-5113
 DATE 94 11 18
 AREA CODE NUMBER YEAR MO DAY

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

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

NAME VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID ORNDORF

SHILLINGTON PA 15077

FACILITY _____

LOCATION _____

ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

FA0025015
PERMIT NUMBER

203 A
DISCHARGE NUMBER

MAJOR (Subk US)
F - FINAL
MAIN SEWAGE TREAT PLANT

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

MONITORING PERIOD

FROM YEAR 94 MO 10 DAY 31 TO YEAR 94 MO 10 DAY 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

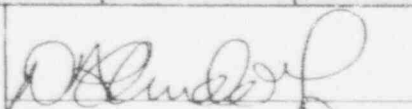
*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3-Card Only) QUANTITY OR LOADING (46-51)			(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 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.67	*****	6.86	(12)		2/31	G
	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	50		TWICE/GRAB MONTH	
SOLIDS, TOTAL 5040000 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	12.15	20.30	(19)		2/31	8HC
	PERMIT REQUIREMENT	*****	*****	****	*****	30 NO AVG	60 DAILY MX	MG/L		TWICE/COMP-8 MONTH	
FLOW, IN CONDUIT OR TRIAL TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.04	0.021	(03)	*****	*****	*****			1/7	MEAS
	PERMIT REQUIREMENT	0.023 NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY MEASRD	
COLIFORM, FCPL General 74055 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.00	*****	(13)		2/31	G
	PERMIT REQUIREMENT	*****	*****	****	*****	2000 30DA G&O	*****	#/ 100ML		TWICE/GRAB MONTH	
BOD, CARBONACEOUS 05002 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	10.50	12.00	(19)		2/31	8HC
	PERMIT REQUIREMENT	*****	*****	****	*****	25 NO AVG	50 DAILY MX	MG/L		TWICE/COMP-8 MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
David Orndorf
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 18 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
DATE 94 11 18
AREA CODE NUMBER YEAR MO DAY

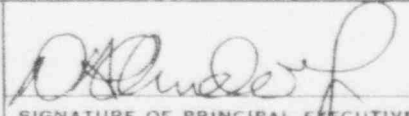
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME GOVERNOR VALLEY POWER STATION
ADDRESS E.C. BOX #
ATTN: DAVID ORNDORF
SHIPPINGPORT PA 15077
FACILITY
LOCATION
ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
FA0025015 **303 A**
PERMIT NUMBER **DISCHARGE NUMBER**
MONITORING PERIOD
 FROM YEAR 94 MO 10 DAY 01 TO YEAR 94 MO 10 DAY 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MAJOR (SUBR 05) Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.
F - FINAL UNIT 1 OIL WATER SEPARATOR
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (34-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE (46-51)	MAXIMUM (46-51)	UNITS (46-51)	MINIMUM (38-45)	AVERAGE (46-51)	MAXIMUM (34-61)			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.17	*****	7.82	(12)	0 1/7	G
	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	4.70	6.80	(19)	0 1/7	G
	PERMIT REQUIREMENT	*****	*****	****	*****	30 NO AVG	100 DAILY MX	MG/L		WEEKLY GRAB
OIL AND GREASE FALCON FRIE-GRAY MET	SAMPLE MEASUREMENT	*****	*****		*****	<5.00	<5.00	(19)	0 1/7	G
	PERMIT REQUIREMENT	*****	*****	****	*****	15 NO AVG	20 DAILY MX	MG/L		WEEKLY GRAB
FLOW, IN CONDUIT OR TANK TREATMENT PLANT	SAMPLE MEASUREMENT	0.019	0.056	(03)	*****	*****	*****		0 1/7	EST
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY ESTIM
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager	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 18 USC § 1333. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.	TELEPHONE 412 393-5113	DATE			
			94	11	18	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME BEAVER VALLEY POWER STATION
ADDRESS 1.0. 10A W
 ATTN: DAVID ORNDORF
 SHIPLEYPORT PA 15077
FACILITY
LOCATION
 ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
PAC025615 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)
PERMIT NUMBER **DISCHARGE NUMBER**
403 A
MONITORING PERIOD
 FROM YEAR 94 MO 10 DAY 01 TO YEAR 94 MO 10 DAY 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MAJOR (SUBR 05) Form Approved. OMB No. 2040-0064.
 F - FINAL Approval expires 6-30-91.
 CONDENSATE BLOWDOWN & RIVER WAT
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(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			
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	7.64	*****	7.98	(12)	0	1/7	G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0			WEEKLY	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	MINIMUM	*****	MAXIMUM	SU			
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	12.99	30.96	(19)	0	1/7	G
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30	100			WEEKLY	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	NO AVG	DAILY MX	MG/L			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15	20			WEEKLY	GRAB
00610 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	NA	NA	(19)	NA	NA	NA
00610 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			WEEKLY	GRAB
00610 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	NO AVG	DAILY MX	MG/L			
00610 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
00630 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.006	0.010	(03)	*****	*****	*****		0	1/7	EST
00630 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
00630 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	(19)	NA	NA	NA
01313 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0			WEEKLY	GRAB
01313 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
01313 1 0 1 EFFLUENT GROSS VALUE	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 42 USC § 1319. (Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 3 years.)	TELEPHONE	DATE			
David Orndorf Chemistry Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	412 393-5113	94	11	18
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):
 HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP.
 NA = Not applicable, conditions of wet layup did not exist.

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

NAME CLAYTON VALLEY TOWN STATION

ADDRESS P.O. BOX 4

ATTN: DAVID ORNDORF

SMIFFINGPORT PA 15077

FACILITY _____

LOCATION _____

ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) (17-19)

PA0025615

003 A

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR 94 MO 10 DAY 01 TO YEAR 94 MO 10 DAY 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MAJOR

(SUBR US)

F - FINAL

003 UNCONTAMINATED STORM WATER

Form Approved.

OMB No. 2040-0004.

Approval expires 6-30-91.

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-51)			(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			
FL24, 18 CONDUIT OR TRAP TREATMENT PLANT EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.042	0.090	(03)	*****	*****	*****	0	3/31	EST
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		TWICE/ESTIMATE MONTH
	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
David Orndorf
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 U.S.C. § 1001 AND 18 U.S.C. § 1019. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
412 | 393-5114
 AREA CODE NUMBER
 DATE
94 | 11 | 18
 YEAR MO DAY

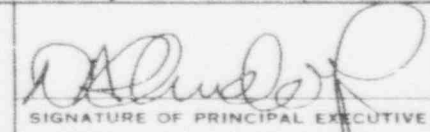
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME DAVID ORNDORF
 ADDRESS P.O. BOX 1
SHIPLEIGH PA 15077
 FACILITY _____
 LOCATION _____
ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 FAC025615 (2-16) PERMIT NUMBER
 04 A (17-19) DISCHARGE NUMBER
 MONITORING PERIOD
 FROM YEAR 94 MO 10 DAY 01 TO YEAR 94 MO 10 DAY 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MAJOR (SUPERVISOR) _____
 (SUPERVISOR) _____
 F - FINAL
 UNIT ONE COOLING TOWER OVERFLOW
 Form Approved. OMB No. 2040-0004.
 Approval expires 6-30-91.
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-51)				NO. EX (62-67)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00400 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR TRIAL TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	30		WEEKLY	GRAB
50030 1 0 0 EFFLUENT GROSS VALUE AVAILABLE	SAMPLE MEASUREMENT	No flow		(03)	*****	*****	*****		0	1/7	MEAS
50030 1 0 0 EFFLUENT GROSS VALUE AVAILABLE	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MAX	300	*****	*****	*****	****			WEEKLY MEASRD
50064 1 0 1 EFFLUENT GROSS VALUE AVAILABLE	SAMPLE MEASUREMENT	*****	*****	****	*****	0.2 DAILY MAX	0.5 INST MAX	MG/L			CONTINUOUS
	PERMIT REQUIREMENT	*****	*****	****	*****						
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf 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 42 USC § 1319. Penalties under these statutes may include fines up to \$100,000 and a maximum imprisonment of between 6 months and 5 years.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE		
			412 393-5113 AREA CODE NUMBER	94	11	18 YEAR MO DAY

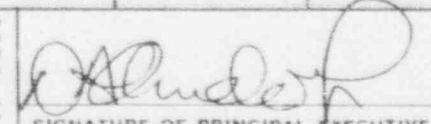
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
No Discharge

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME PAOZ25615
 ADDRESS PAOZ25615
ATTN: DAVID ORNDORF
SHIPLEYPORT PA 15077
 FACILITY
 LOCATION
ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
 PAOZ25615
 PERMIT NUMBER
 500 A
 DISCHARGE NUMBER
 MONITORING PERIOD
 FROM YEAR 94 MO 10 DAY 01 TO YEAR 94 MO 10 DAY 31
 (20-23) (22-23) (24-25) (26-27) (28-29) (30-31)

MAJOR (SUBR 05)
 FINAL
 AUX. INTAKE SCREEN BACKWASH
 Form Approved
 OMB No. 2040-0004.
 Approval expires 6-30-91.
 *** NO DISCHARGE [] ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW, IN COMPOUND OR INDU TREATMENT PLANT GROSS 1 C EFFLUENT GROSS VALUE		0.002	0.016	(L3)	*****	*****	*****		0 1/7	EST
	PERMIT REQUIREMENT	REPORT 80 AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY ESTIMA
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	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 David Orndorf 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 3 years.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE		DATE		
			412	393-5113	94	11	18

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

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

NAME DAVID ORNDORF POWER STATION
 ADDRESS 1000 1/2 ST
ATTN: DAVID ORNDORF
SHIPPERSPORT PA 15077

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER PA0025515 DISCHARGE NUMBER 007 A

MAJOR (SUBJECT) F - FINAL
 AUX. INTAKE SYSTEM

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

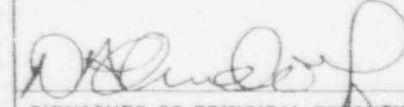
FACILITY LOCATION
 ATTN: DAVID ORNDORF

MONITORING PERIOD
 FROM YEAR 94 MO 10 DAY 01 TO YEAR 94 MO 10 DAY 31

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (34-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW, IN CONDUIT OR THROUGH TREATMENT PLANT	NO FLOW	REPORT NO AVG	REPORT DAILY MAX	(03)	*****	*****	*****	0	1/7	ECI
EFFLUENT GROSS VALUE CHLORINE, FREE AVAILABLE		*****	*****	*****	*****	*****	*****			WEEKLY ESTIMATE
EFFLUENT GROSS VALUE CHLORINE, FREE AVAILABLE		*****	*****	*****	*****	0.2	0.5			WEEKLY GRAB
						DAILY MAX	1837 MAX			MG/L

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf 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 37 USC § 1119. 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	DATE 94 11 18
		OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 MONITORING FOR FLOW AND FREE AVAILABLE CHLORINE ARE REQUIRED ONLY DURING THOSE PERIODS OF DISCHARGE FROM THE ALLIANT. FLOW PATH OF THE HERCULEX PLANT RIVER WATER SYSTEM.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME LEWIS VALLEY POWER STATION
 ADDRESS 2400 WJA
ATTN: DAVID GRNDORF
SHIRTSBORO PA 15077
 FACILITY _____
 LOCATION _____
ATTN: DAVID GRNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (1216) (1719)
 PA0025015
 PERMIT NUMBER
 006 A
 DISCHARGE NUMBER
 MONITORING PERIOD
 FROM YEAR 94 MO 10 DAY 01 TO YEAR 94 MO 10 DAY 31
 (120-21) (122-23) (124-25) (126-27) (128-29) (130-31)

MAJOR (SUBR 05) Form Approved. OMB No. 2040-0004.
 F - FINAL Approval expires 6-30-91.
 UNIT 1 COOLING TOWER FURHOUSE
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER (12-37)	SAMPLE MEASUREMENT	(1 Card Only) QUANTITY OR LOADING (46-51)			(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			
00430 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	7.85	*****	7.85	(12)	0	2/31	G
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	30		TWICE/GRAB MONTH	
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 NO AVG	100 DAILY MAX	(19)	0	2/31	G
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	20 DAILY MAX	30 INST MAX	(19)	0	2/31	G
00550 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****	0	1/7	EST
00550 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****		WEEKLY ESTIMA	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager	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 \$100,000 and a maximum imprisonment of between 6 months and 3 years.	TELEPHONE		DATE		
		TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME HEAVEN VALLEY TOWN STATION
ADDRESS P.O. BOX 11
ALLEN, DAVID ORNDORF
SNIPPLINGPORT PA 15077

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
 (2-16) PA0025615 (17-19) 110 A
PERMIT NUMBER **DISCHARGE NUMBER**

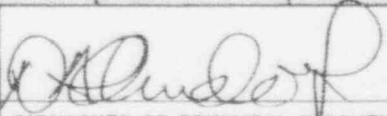
MAJOR (SUBR 05) Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.
F - FINAL
 UNIT 2 SERVICE WATER BACKWASH

FACILITY
LOCATION
ALLEN, DAVID ORNDORF

MONITORING PERIOD
 FROM YEAR 94 MO 10 DAY 01 TO YEAR 94 MO 10 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)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW, IN CONDUIT OR TRAP TREATMENT PLANT 50050 I T O EFFLUENT GROSS VALUE	<i>No FLOW</i>			(03)	*****	*****	*****			
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MAX	NOG	*****	*****	*****	****		WEEKLY ESTIMA
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	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 David Orndorf 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 \$100,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	412	393-5113	94	11

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
No DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME VALLEY CORNER STATION
 ADDRESS 1400 NVA 1
ATTN: DAVID ORNDORF
SHIPPINGPORT PA 15077
 FACILITY _____
 LOCATION _____
ATTN: DAVID ORNDORF

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

PERMIT NUMBER PA0025015 (2-16)
 DISCHARGE NUMBER 010 A (17-19)

MAJOR (SUBR 05) Form Approved. OMB No. 2040-0004.
 F - FINAL Approval expires 6-30-91.
 UNIT 2 COOLING WATER

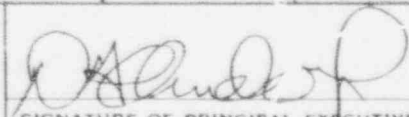
MONITORING PERIOD
 FROM YEAR 94 MO 10 DAY 31 TO YEAR 94 MO 10 DAY 31
 (120-21) (122-23) (124-25) (126-27) (128-29) (130-31)

*** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (38-43)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	*****	*****	*****	*****	7.45	*****	*****	(12)	0 1/7	G
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0		WEEKLY	GRAB
FLOW, IN CONDUIT OR TREATMENT PLANT	SAMPLE MEASUREMENT	3.696	4.032	(53)	*****	*****	*****		0 1/7	MEAS.
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****		WEEKLY	MEASRD
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	(19)	0 1/7	G
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2	0.5		WEEKLY	GRAB
						DAILY MX	INST MAX			MG/L

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
David Orndorf
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 42 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 

TELEPHONE 412 393-5113
 AREA CODE NUMBER
 DATE 94 11 18
 YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME DAVID VALLEY POWER STATION
 ADDRESS 200 S.W. 4
MIAMI, DAVID ORNDORF
MIAMI, FL 33177
 FACILITY _____
 LOCATION _____
MIAMI, DAVID ORNDORF

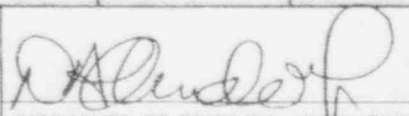
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
 PA0025615 (PERMIT NUMBER)
 111 A (DISCHARGE NUMBER)

MAJOR (3388-05) Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.
 F - FINAL
 111 DIESEL GENERATOR BLDG

MONITORING PERIOD
 FROM YEAR 94 MO 10 DAY 31 TO YEAR 94 MO 10 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)	SAMPLE MEASUREMENT	(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			
EH	SAMPLE MEASUREMENT	*****	*****		7.20	*****	7.40	(12)	0	1/7	G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	50		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	<4.00	<4.00	(19)	0	1/7	G
00330 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 NO AVG	100 DAILY BX	MG/L		WEEKLY	GRAB
OIL AND GREASE FACOR EXTRA-HEAVY ACID	SAMPLE MEASUREMENT	*****	*****		<5.00	<5.00	<5.00	(19)	0	1/7	G
00350 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	15 30DA AVG	20 DAILY BX	30 INST MAX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.001	0.001	(03)	*****	*****	*****		0	1/7	Est
00030 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY BX	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf 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 \$100,000 and a maximum imprisonment of between 6 months and 5 years.	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	AREA CODE 412	NUMBER 393-5113	YEAR 94	MO 11

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME WALTON VALLEY WASTE TREATMENT PLANT
 ADDRESS P.O. BOX 9
ALLEN, DAVID ORNDORF
SHIPPENSBURY IA 15077

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
 (2.16) (17.19)
 PERMIT NUMBER PA0025615
 DISCHARGE NUMBER 211 a

MAJOR (SUBR US) Form Approved.
 F - FINAL OMB No. 2040-0004.
 211 TURBINE BLDG Approval expires 6-30-91.

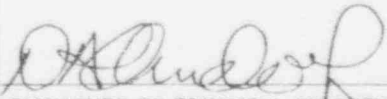
FACILITY _____
 LOCATION _____
 ALLEN DAVID ORNDORF

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	94	10	01		94	10	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)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-51)			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			
EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED 00330 1 0 0	SAMPLE MEASUREMENT	*****	*****		7.00	*****	7.33	(12)		0 1/2	G
	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0				WEEKLY GRAB
EFFLUENT GROSS VALUE OIL AND GREASE 00330 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	<4.00	<4.00	(19)		0 1/2	G
	PERMIT REQUIREMENT	*****	*****	****	*****	30	100				WEEKLY GRAB
EFFLUENT GROSS VALUE PHEON EXTR. GRAV MAT 00555 1 0 0	SAMPLE MEASUREMENT	*****	*****		<5.00	<5.00	<5.00	(19)		0 1/2	G
	PERMIT REQUIREMENT	*****	*****	****	15	20	30				WEEKLY GRAB
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR TANK TREATMENT PLANT 50050 1 0 0	SAMPLE MEASUREMENT	0.001	0.001	(03)	*****	*****	*****			0 1/2	EST
	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****			WEEKLY ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager	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 18 USC § 1019. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.	TELEPHONE		DATE		
		TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	412	393-5113	94

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME DAVID A. VALLEY EARTH SERVICE
 ADDRESS 2401 FOX L
ATLANTA, GEORGIA 30327
 FACILITY _____
 LOCATION _____
ATTN: DAVID ORNDORF

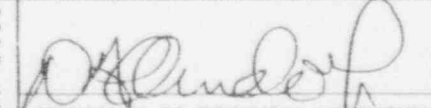
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) PA0025015 (17-19) 011 A
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR (SUBR US) Form Approved. OMB No. 2040-0004.
 F - FINAL Approval expires 6-30-91.
 DIESEL GEN & TURBINE DRAINS

MONITORING PERIOD
 FROM YEAR 94 MO 10 DAY 01 TO YEAR 94 MO 10 DAY 31
 (120-23) (122-23) (124-25) (126-27) (128-29) (130-31)

*** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (54-57)	MAXIMUM (54-57)	UNITS (54-57)	MINIMUM (54-57)	AVERAGE (54-57)	MAXIMUM (54-57)				
FLOW, IN CONDUITS OR THRU TREATMENT PLANT 50050 L X 9 EFFLUENT GROSS VALUE	0.002	0.002	(03)	*****	*****	*****	*****	0	1/7	EST	
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		WEEKLY ESTIMA	
	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 David A. Orndorf 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 U.S.C. § 1001 AND 33 U.S.C. § 1333. Penalties under these statutes may include fines up to \$10,000 and a maximum imprisonment of between 6 months and 5 years.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE AREA CODE 412	TELEPHONE NUMBER 393-5113	DATE 94 11 18 YEAR MO DAY
---	---	---	----------------------------	------------------------------	---------------------------------

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME DAVID VALLEY PAPER MILL
 ADDRESS P.O. BOX 1
ATLANTA, GEORGIA 30301
 FACILITY
 LOCATION
ATLANTA, GEORGIA

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
 PA0025015
 PERMIT NUMBER
 C12 A
 DISCHARGE NUMBER
 MONITORING PERIOD
 FROM YEAR 94 MO 10 DAY 01 TO YEAR 94 MO 10 DAY 31
 (120-21) (122-23) (124-25) (126-27) (128-29) (130-31)

38308
 (SUBR 15)
 P - FINAL
 BLOWDOWN FROM THE HVAC C. TOWER
 Form Approved.
 OMB No. 2040-0004.
 Approval expires 6-30-91.
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(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	UNITS			
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.80	*****	7.80	(12)	0	1/31	G
	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	50		ONCE/	GRAB
FLOW IN CONDUIT OR THROUGH TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.001	0.001	(03)	*****	*****	*****		0	1/31	EST
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MAX	MGD	*****	*****	*****	****		ONCE/	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 David Orndorf
 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 18 USC 1003. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-5113
 DATE 94 11 18
 AREA CODE NUMBER YEAR MO DAY

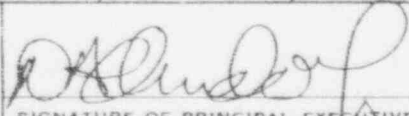
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME SEAF VALLEY POWER STATION
ADDRESS P.O. BOX 4
ATLANTA, GEORGIA 30303
FACILITY SEAF VALLEY POWER STATION
LOCATION ATLANTA, GEORGIA

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
PA0025615 (113 A)
PERMIT NUMBER (DISCHARGE NUMBER)
MONITORING PERIOD
 FROM YEAR 94 MO 10 DAY 01 TO YEAR 94 MO 10 DAY 31
 (10-21) (12-23) (24-25) (26-27) (28-29) (30-31)

MAJOR (SUBR 05) Form Approved. OMB No. 2040-0004.
 F - FINAL Approval expires 6-30-91.
 UNIT 2 SEWAGE TREAT PLANT
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(1 Card Only) QUANTITY OR LOADING (45-51)			(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	*****	*****		6.80	*****	6.90	(12)	0	2/31 G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	50		TWICE/GRAB MONTH
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	16.30	12.80	(19)	0	2/31 EHC
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	60 DAILY MX	MG/L		TWICE/COMP-6 MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.021	0.025	(03)	*****	*****	*****		0	1/7 MEAS
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.043 MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY MEASRD
COLIFORMS, FCRL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	0.00	*****	(13)	0	2/31 G
74050 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	2000 30DA GEO	*****	#/ 100ML		TWICE/GRAB MONTH
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	*****	*****		*****	6.50	7.00	(19)	0	4/31 EHC
80032 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	25 MO AVG	50 DAILY MX	MG/L		TWICE/COMP-6 MONTH
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf 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 18 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		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	412 393-5113	94	11	18

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME UNIT 2 WASTE WATER TREATMENT PLANT
 ADDRESS P.O. BOX 4
ATLANTA, GEORGIA GA 30377
 FACILITY
 LOCATION
 ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
 PA0025615 213 P
 PERMIT NUMBER DISCHARGE NUMBER
 MONITORING PERIOD
 FROM YEAR 94 MO 10 DAY 01 TO YEAR 94 MO 10 DAY 31
 (120-21) (122-23) (124-25) (126-27) (128-29) (130-31)

MAJOR (SUBN 05) Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.
 F - FINAL UNIT 2 COOL TOWER PURHOUSE
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(1 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	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	30	TWICE/GRAB MONTH	
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	30	TWICE/GRAB MONTH	
00550 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MO AVG	20 DAILY MX	30	TWICE/GRAB MONTH	
00030 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	NO FLOW	REPORT	(03) DAILY MX	*****	*****	*****	0	WEEKLY EST	
00030 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	NO AVG	REPORT	DAILY MX	*****	*****	*****	0	WEEKLY EST	
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf 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 3 years.)	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	412	393-5113	94	11
		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME BEAVER VALLEY POWER STATION
ADDRESS P.O. BOX 4
 AITB; DAVID ORNDORF
 SAIPPIINGPORT PA 15077
FACILITY
LOCATION
 AITB; DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
 (12-16) (17-19)
PA0025015 (12-16)
PERMIT NUMBER
313 A (17-19)
DISCHARGE NUMBER
MONITORING PERIOD
 FROM YEAR 94 MO 10 DAY 01 TO YEAR 94 MO 10 DAY 31
 (120-21) (122-23) (124-25) (126-27) (128-29) (130-31)

MAJOR (SUBR 05) Form Approved. OMB No. 2040-0004.
 F - FINAL Approval expires 6-30-91.
 313 TURBINE BLDG DRAIN

*** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(4 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.10	*****	7.83	(12)	0 1/7	G
	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<4.00	<4.00	(19)	0 1/7	G
	PERMIT REQUIREMENT	*****	*****	****	*****	30 NO AVG	100 DAILY MX	MG/L		WEEKLY GRAB
OIL AND GREASE FREON SKIN-GRAB UNIT 00550 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<5.00	<5.00	(19)	0 1/7	G
	PERMIT REQUIREMENT	*****	*****	****	*****	15 NO AVG	20 DAILY MX	MG/L		WEEKLY GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.001	0.001	(03)	*****	*****	*****		0 1/7	Est
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY ESTIMATE
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 David Orndorf
 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 18 USC § 1011. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 1 year.

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-5113
 DATE 18
 AREA CODE NUMBER '0 DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME DELAVER VALLEY POWER STATION
ADDRESS P.O. BOX 4
 ATTN: DAVID ORNDORF
 SHIPPINGPOST PA 15077
FACILITY
LOCATION
 ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
PA0025615 (2-16)
413 A (17-19)
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR (SUBR 05) Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.
 F - FINAL BULK FUEL STORAGE DRAIN

MONITORING PERIOD
 FROM YEAR 94 MO 10 DAY 01 TO YEAR 94 MO 10 DAY 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE [X] ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(1 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 (46-53)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (38-43)	AVERAGE (46-53)	MAXIMUM (54-61)			
00400 1 C C EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****					(12)		
	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			(19)		
	PERMIT REQUIREMENT	*****	*****	****	*****	30 NO AVG	100 DAILY MX	MG/L		WEEKLY GRAB
OIL AND GREASE FRESH EXPR-DRAW NET 00556 1 C C EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			(19)		
	PERMIT REQUIREMENT	*****	*****	****	*****	15 NO AVG	20 DAILY MX	MG/L		WEEKLY GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NO FLOW			(03)	*****	*****	*****		0 1/7 EST
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY ESTIMA
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 David Orndorf
 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 18 USC § 1519. Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 393-5113
 AREA CODE 412 NUMBER 393-5113
 DATE 94 11 18
 YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 NOT Applicable - NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME PAUO VALLEY POWER STATION
 ADDRESS P.O. BOX 1
ATTN: DAVID ORNDORF
WILKESBORO PA 15077
 FACILITY _____
 LOCATION _____
 ATTN: DAVID ORNDORF

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


PERMIT NUMBER: PA0025015 (12-16)
 DISCHARGE NUMBER: 013 A (17-19)

MAJOR (508R CS) Form Approved. OMB No. 2040-0004.
 F - Final Approval expires 6-30-91.
 UNCONTAMINATED STORMWATER

MONITORING PERIOD
 FROM YEAR 94 MO 10 DAY 01 TO YEAR 94 MO 10 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)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT SUCSU 1 U C EFFLUENT GROSS VALUE		0.022	0.026	(U3)	*****	*****	*****	*****	0	17	EST
	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	*****		WEEKLY	ESTIMA
	PERMIT REQUIREMENT	MC AVG	DAILY MX	MGD							
	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 David Orndorf 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 18 USC § 1011. Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 3 years.	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	412	393-5113	94	11
		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.