



Duquesne Light Company

Beaver Valley Power Station
P.O. Box 4
Shippingport, PA 15077-0004

THOMAS P. NOONAN
Division Vice President
Nuclear Operations

(412) 393-7622
Fax (412) 393-4905

February 24, 1995
NPD3VPO:0316

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

Dear Sir:

NPDES Monthly Report, EPA Permit Number 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

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/Plant Manager

DNH/clp

Enclosure

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

9503090225 950131
PDR ADDCK 05000334
R PDR



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11



Duquesne Light Company

Beaver Valley Power Station
P.O. Box 4
Shippingport, PA 15077-0004

THOMAS P. NOONAN
Division Vice President
Nuclear Operations

(412) 393-7622
Fax (412) 393-4905

February 24, 1995
NPD3VPO:0315

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

Dear Sir:

NPDES Monthly Report, EPA Permit Number PA0025615

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/Plant Manager

DNH/clp

Enclosure

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





Duquesne Light Company

Beaver Valley Power Station
P.O. Box 4
Shippingport, PA 15077-0004

THOMAS P. NOONAN
Division Vice President
Nuclear Operations

(412) 393-7622
Fax (412) 393-4905

February 24, 1995
NPD3VPO:0314

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

Gentlemen:

NPDES Monthly Report, EPA Permit Number PA0025615

NPDES Monthly Report for Duquesne Light Company, Beaver Valley Power Station for January 1995 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. 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/Plant Manager

CNH/clp

Attachment

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





Duquesne Light Company

Beaver Valley Power Station
P.O. Box 4
Shippingport, PA 15077-0004

THOMAS P. NOONAN
Division Vice President
Nuclear Operations

(412) 393-7622
Fax (412) 393-4905

February 24, 1995
NPD3VPO:0317

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

Dear Sir:

EPA Permit No. PA0025625 Reportable Occurrence

As required by the EPA Permit No. PA0025625, the following information is provided in regard to a reportable occurrence at Beaver Valley Power Station.

EPA discharge 203, unit one sewage treatment plant, exceeded the monthly average total suspended solids specification of 30 mg/l in January with an average of 44.5 mg/l.

Temperature changes in January from very cold to unseasonably warm affected the plant's operation in two ways. Freezing of the instrument control lines prevented the automatic level and flow control system from operating and required manual operation of the plant. Manual control does not provide the steady flow rate of automatic control and the resulting variations in flow inhibit the clarifier settling action. The sudden changes in temperature also affected biological activity in the plant. The temperature changes combined with increased sewage flow caused the upset conditions resulting in elevated total suspended solids.



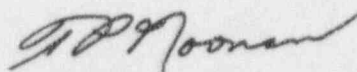
February 24, 1995
NPD3VPO:0317
Page 2

Corrective actions in January included increased sludge removal, frequent manual cleaning of the clarifier, and increased chemical and microorganism additions to control biological activity. Maintenance and Operations are investigating the cause of control line freezing so that corrections in the freeze protection system can be performed. These actions have continued through February and are contributing to improved plant operation.

All other monitoring parameters for this discharge including pH, carbonaceous biological oxygen demand, total chlorine residual and fecal coliform were very good through January. At no time did the total suspended solids actually exceed the daily maximum specification.

If you have any questions concerning this report, please do not hesitate to contact David A. Orndorf.

Sincerely,



T. P. Noonan
Division Vice President
Nuclear Operations/Plant Manager

DNH/clp

Attachment

cc: D. A. Orndorf
S. L. Pernick
N. R. Tonet
Central File (2) - Keywords: NPDES Reportable Occurrence

PERMIT NUMBER

① 500 400 300 200 100 0

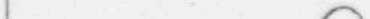
100

Appraisal expires 10-31-94

444 W. H. C. DISCHAMPEL, I. I. K. 1988

NOTE: Read instructions before completing this form.

[illegible]

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 SEVERANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE PROBABILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 18 U.S.C. § 1319 (Penalties under these statutes may include fines up to \$20,000 and/or maximum imprisonment of between 6 months and 5 years.)		TELEPHONE		DATE		
David A. Orndorf Chemistry Manager				412 393-5113		95	02	24
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)

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP.

NA = Not Applicable, wet layup conditions did not exist.

PERMITTEE NAME/ADDRESS (Include

Facility Name/Location if different)

NAME DAVID VALLEY POWER STATIONADDRESS P.O. BOX 4ALIA: DAVID ORNDORFSHIRLEYPORT PA 15477

FACILITY

LOCATION

ALIA: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA0025615

PERMIT NUMBER

201 A

DISCHARGE NUMBER

4430a

(SUBJ US)

Form Approved

F FINAL

OMB No. 2040-0004

6.1 2011-11-11 Approval expires 10/31/94

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	95	01	01		95	01	31

(20-21) (22-23) (24-25)

(26-27) (28-29) (30-31)

644 NO DISCHARGE ☒ 1 ***

NOTE: Read instructions before completing this form.

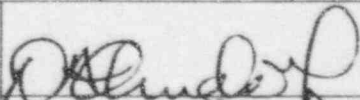
PARAMETER (12-17)	SAMPLE MEASUREMENT	(1 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****			*****				
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE/GRAB MONTH
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****					
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 NO AVG	100 DAILY MX	MG/L		TWICE/GRAB MONTH
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****					
PERON EXTRA GRAY METH	PERMIT REQUIREMENT	*****	*****	****	*****	15 NO AVG	20 DAILY MX	MG/L		TWICE/GRAB MONTH
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NO FLOW (3)			*****	*****	*****			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		TWICE/ESTIMA MONTH
50050 1 0 0 EFFLUENT GROSS VALUE	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 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)


SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412 393-5113

95 02 24

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 DAVID A. ORNDORF
ADDRESS P.O. BOX 4
ATTN: DAVID ORNDORF
SHIPPINGPORT PA 15171
FACILITY
LOCATION
ATTN: DAVID ORNDORF

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

PERMIT NUMBER
PA0025015

DISCHARGE NUMBER
301 A

STATUS

(SU32 05)

Form Approved

FINAL

OMB No. 2040-0004

DATE

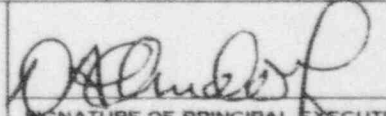
Approval expires 10-31-94

MONITORING PERIOD
FROM YEAR 95 MO 01 DAY 01 TO YEAR 95 MO 01 DAY 31
(20-21) (22-23) (24-31) (36-37) (38-39) (40-31)

NO DISCHARGE ☒

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		TWICE/GRAB MONTH	
OIL AND GREASE FREON EXTRA GRAY METH 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	15 MO AVG	20 DAILY MX	MG/L		TWICE/GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NO FLOW		(03)	*****	*****	*****				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY ESTIMATE	
	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. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			412	393-5113	95	02	24
			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
ATTN: DAVID ORNDORF
SHIPPINGSBORO PA 15477

FACILITY
LOCATION

ATTN: DAVID ORNDORF

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

PERMIT NUMBER PA0025615 DISCHARGE NUMBER 401 A

REJOA (SUHR 45) Form Approved
FIPAL OMB No. 2040-0004
CEN. F.L. Approval expires 10/31/94

MONITORING PERIOD
FROM YEAR 95 MO 01 DAY 21 TO YEAR 95 MO 01 DAY 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			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 MO AVG	100 DAILY MAX	MG/L	TWICE/GRAB	MONTH
OIL AND GREASE FREON EXTH GRAY MTH	SAMPLE MEASUREMENT	*****	*****		*****			(19)		
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MO AVG	20 DAILY MAX	MG/L	TWICE/GRAB	MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO FLOW		(03)	*****	*****	*****			
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	MGD	*****	*****	*****	****	WEEKLY ESTIMA	
	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. § 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

95 02 24

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 HEAVY FALLS POWER STATION
 ADDRESS P.O. BOX 9
Attn: DAVID ORNDORF
SHIPLEY RD PA 15777
 FACILITY _____
 LOCATION _____
 ATTN: DAVID ORNDORF

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

(12-16) PA0025615
 PERMIT NUMBER

(17-19) 001 A
 DISCHARGE NUMBER

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	95	01	02		95	01	31

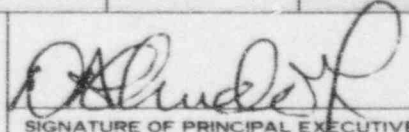
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

HAZOP
 (SUBB 05)
 F FICAL
 UNIT 2 500

Form Approved.
 OMB No. 2040-0004
 Approval expires 10-31-94

NO DISCHARGE 181 442
 NOTE: Read instructions before completing this form.

PARAMETER (12-17)		(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****				(19)		
	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 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)	*****	*****	*****				
	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										
	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 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	DATE			
David A. Orndorf Chemistry Manager			412 393-5113	95	02	24	
TYPED OR PRINTED			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 DELL VALLEY POWER STATION
ADDRESS P.O. BOX 4
ATIN: DAVID ORNDORF
SHILPINGSBORO PA 15177
FACILITY
LOCATION
ATIN: DAVID ORNDORF

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

PERMIT NUMBER
PA0025615

DISCHARGE NUMBER
001 A

LADJON
(SUBP (5) Form Approved.
F FINAL OMB No. 2040-0004
UNIT: 100 Approval expires 10/31/94

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
95	01	01	TO	95	01	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (12-17)		(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			
PH	SAMPLE MEASUREMENT	*****	*****		6.88	*****	8.06	(12)	0 1/2	G
00400 1 0 0 EFFLUENT GROSS VALUE	PLPMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	50		WEEKLYGRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	NA	NA	(19)	NA	NA
00610 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT NO AVG	REPORT DAILY MX	MG/L		WEEKLYGRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	27.144	40.248	(03)	*****	*****	*****		0 1/2	CONT
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		DAILY CONTIN
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****	0.00	0.00	(19)	0 2/3	G
50064 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2 DAILY MX	0.5 INST MAX	MG/L		CONTINUOUS
HYDRAZINE	SAMPLE MEASUREMENT	*****	*****		*****	*****	NA	(19)	NA	NA
01313 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 DAILY MX	MG/L		WEEKLYGRAB
	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		
David A. Orndorf Chemistry Manager		412 393-5113		95	02	24
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)

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. QUARTERLY SAMPLING TO BE CONDUCTED IN SAME MONTH. NA = Not applicable, no wet layup conditions existed.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA0025613

102 A

PERMIT NUMBER

DISCHARGE NUMBER

MAJOR

(SUBS) (5)

Form Approved.

FINAL

OMB No. 2040-0004

102 INITIAL

Approval expires 10-31-94

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
 95 01 01 95 01 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) (46-53)			(4 Card Only) (38-45)			(54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
PH	SAMPLE MEASUREMENT	*****	*****		7.55	*****	7.87	(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	*****	*****		*****	<4	<4	(19)		0	2/31	G	
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L			TWICE/GRAB MONTH		
OIL AND GREASE FREON EXTR GRAY MET	SAMPLE MEASUREMENT	*****	*****		*****	<5	<5	(19)		0	2/31	G	
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MO AVG	20 DAILY MX	MG/L			TWICE/GRAB MONTH		
FLOW, IN CONDUIT OR THRU PRECIPITANT BLANK	SAMPLE MEASUREMENT	0.001	0.001	(0.3)	*****	*****	*****			0	2/31	Est	
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****			TWICE/ESTIMA MONTH		
	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. § 1319 (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

95 02 24

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

412 393-5113

AREA CODE NUMBER YEAR MO DAY

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME DEAVIS VALLEY TOWER STATION
 ADDRESS P.O. BOX 4
ATIN: DAVID ORNDORF
WILKINGPORT PA 15077
 FACILITY _____
 LOCATION _____
ATIN: DAVID ORNDORF

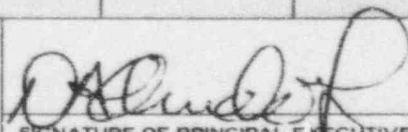
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

(2-16) (17-19)
 PA0025615 002 A
 PERMIT NUMBER DISCHARGE NUMBER
 MONITORING PERIOD
 FROM YEAR 95 MO 01 DAY 01 TO YEAR 95 MO 01 DAY 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

HAJOA
 (SUBR CS) Form Approved.
 F FINAL OMB No. 2040-0004
 INITIAL SCREEN REVIEW 10-31-94

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

PARAMETER (12-17)		(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			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.006	0.046	(03)	*****	*****	*****			1/7	Est
	PERMIT REQUIREMENT	REPORT 40 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										
	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 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			412	393-5113	95	02	24
			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 ELLY E. VALLEY PAPER MILL

ADDRESS P.O. BOX 4

ATTN: DAVID ORNDORF

CHILLAGOCH EE 15077

FACILITY

LOCATION

ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA0025515

PERMIT NUMBER

1-3 A

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR 95 MO 01 DAY 01 TO YEAR 95 MO 01 DAY 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

REASON

(5036-5) Form Approved

F FICAL OMB No. 2040-0004

DISCHARGE SET Approval expires 10 31 94

NO DISCHARGE 1 1 94

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 (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****		7.54	*****	7.68	(12)	0	2/31 G
00490 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SD		TWICE/GRAB MONTH
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	12.0	20.0	(19)	0	2/31 24HC
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 NO AVG	100 DAILY MX	MG/L		TWICE/COMP24 MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.003	0.003	(03)	*****	*****	*****		0	2/31 Est
50050 2 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		TWICE/ESTIMA MONTH
	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. § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)


SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412 393-5113

95 02 24

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 SHARVIT VALLEY WASTE TREATMENT STATION
ADDRESS 1.0, BOX 4
ATTN: DAVID ORNDORF
SHARVIT VALLEY 1A 15077
FACILITY
LOCATION
ATTN: DAVID ORNDORF

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

PERMIT NUMBER 2A0025815
DISCHARGE NUMBER 203 A

MAJOR (SUBA 15) Form Approved.
F FINAL OMB No. 2040-0004
DATE 10-31-94 Approval expires 10-31-94

MONITORING PERIOD
FROM YEAR 95 MO 01 DAY 01 TO YEAR 95 MO 01 DAY 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NO DISCHARGE ☒ YES
NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (54-61)			
PH	SAMPLE MEASUREMENT	*****	*****		6.97	*****	7.24	(12)	0	2/31	G
00400 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE/GRAB MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	44.5	55.8	(19)	1	2/31	8HC
00530 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	60 DAILY MX	MG/L		TWICE/COMP-8 MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.009	0.020	(03)	*****	*****	*****		0	1/7	MEAS
50050 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.023 MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		WEEKLY MEASRD	
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	608	*****	(13)	0	2/31	G
74055 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	2000 30DA GEO	*****	1 10CML		TWICE/GRAB MONTH	
BOU, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*****	*****		*****	18	23	(19)	0	2/31	8HC
80082 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	25 MO AVG	50 DAILY MX	MG/L		TWICE/COMP-8 MONTH	
	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.)									
David A. Orndorf Chemistry Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT									
TYPED OR PRINTED		TELEPHONE 412 393-5113 DATE 95 02 24									

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

Please note the enclosed reportable occurrence letter concerning Total suspended solids.

PERMITTEE NAME/ADDRESS (Include:
Facility Name/Location if different)
NAME BEAVER VALLEY POWER STATION
ADDRESS P.O. BOX 4
ALIN; DAVID ORNDORF
SMITHSBURY CT 06777
FACILITY
LOCATION

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

PAUC25615
PERMIT NUMBER

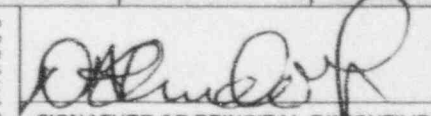
303 A
DISCHARGE NUMBER

MAJOR (SUBR US) Form Approved
F F E L OMB No. 2040-0004
JAN 2 1994 Approval expires 10-31-94

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
95 01 01 TO 95 01 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (12-17)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****		6.86	*****	7.53	(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	*****	*****		*****	7.0	13.1	(19)	0 1/7	G
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 MO AVG	100 DAILY MX	MG/L	WEEKLY	GRAB
OIL AND GREASE FREON EXTRA GRAY NETS	SAMPLE MEASUREMENT	*****	*****		*****	<5	5	(19)	0 1/7	G
00555 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	15 MO AVG	20 DAILY MX	MG/L	WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.019	0.056	(03)	*****	*****	*****		0 1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30 AVG	REPORT DAILY MX	MGD	*****	*****	*****	***	WEEKLY	ESTIMA
	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 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 5 years.)	TELEPHONE	DATE
David A. Orndorf Chemistry Manager		412 393-5113	95 02 24
TYPED OR PRINTED	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 VALLEY POWER STATION
ADDRESS P.O. BOX 9
ATTN: DAVID ORNDORF
SHIPPINGPORT PA 15077
FACILITY
LOCATION
ATTN: DAVID ORNDORF

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

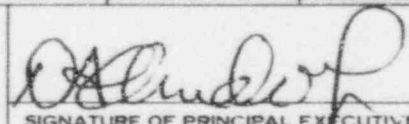
(12-16) PA0025615
PERMIT NUMBER
(17-19) 403 A
DISCHARGE NUMBER

MAJOR (SUBS) Form Approved.
OMB No 2040-0004
F 214L Approval expires 10-31-94
CONS-DNATE

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
95 01 01 95 01 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NO DISCHARGE ☐ ☒
NOTE: Read instructions before completing this form.

PARAMETER (12-17)		(1 Card Only) QUANTITY OR LOADING (46-53)			(2 Card Only) QUALITY OR CONCENTRATION (38-45)			NO EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****		7.45	*****	8.72	(12)	0	1/7 G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	29.7	56.1	(19)	0	1/7 G
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30 HO AVG	100 DAILY MX	MG/L		WEEKLY GRAB
OIL AND GREASE FREON 2XTH GRAV MEAS	SAMPLE MEASUREMENT	*****	*****		*****	13	20	(19)	0	1/7 G
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	15 HO AVG	20 DAILY MX	MG/L		WEEKLY GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	NA	NA	(19)	NA	NA NA
00610 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT HO AVG	REPORT DAILY MX	MG/L		WEEKLY GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.006	0.020	(03)	*****	*****	*****		0	1/7 Est
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT HO AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		WEEKLY ESTIMA
HYDRAZINE	SAMPLE MEASUREMENT	*****	*****		*****	*****	NA	(19)	NA	NA NA
81313 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0 DAILY MX	MG/L		WEEKLY GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
David A. Orndorf Chemistry Manager			412	393-5113	95	02	24
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, wet layup conditions did not exist.

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID ORNDORF

SLEEPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA0025615

PERMIT NUMBER

003 A

DISCHARGE NUMBER

SAJCH

(SUBR 05)

Form Approved

F FINAL

OMB No. 2040-0004

003 UNCONTAMINATED WATER

MONITORING PERIOD

FROM YEAR 95 MO 01 DAY 01 TO YEAR 95 MO 01 DAY 31

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.037	0.099	(03)	*****	*****	*****			
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		THICE/ESTINA MONTH
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	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 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. § 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

95 02 24

YEAR MO DAY

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

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

NAME SEAVEN VALLEY POWER STATION

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)

(12-16)

(17-19)

PA0025615

PERMIT NUMBER

004 A

DISCHARGE NUMBER

MAJOR

(SUBS US)

Form Approved

OMB No 2040-0004

UNIT DAY

Approval expires 10-31-94

MONITORING PERIOD

FROM YEAR 93 MO 01 DAY 1 TO YEAR 93 MO 01 DAY 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE 12 ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-71)
		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	SU	WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	No Flow			(03)	*****	*****	*****		
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****	WEEKLY	ASRD
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****			(19)		
50064 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2 DAILY MX	0.5 INST MAX	HG/L	CONTINUOUS	CORDN
	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 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412
AREA CODE

393-5113
NUMBER

95
YEAR

02
MO

24
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
ATTN: DAVID ORNDORF
SHIPPINGSPOET PA 15577
FACILITY _____
LOCATION _____
ATTN: DAVID ORNDORF

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

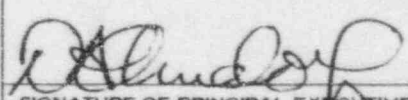
(2-16) PA0025615 (17-19) 006 A
PERMIT NUMBER DISCHARGE NUMBER

HAJUE
(SUBH: 5) Form Approved.
F FICRL OMB No. 2040-0004
AUX. INTAKE BEVERLY Approval expires 10-21-94

MONITORING PERIOD
FROM YEAR 95 MO 01 DAY 01 TO YEAR 95 MO 01 DAY 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

PARAMETER (12-17)		(1 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)				NO EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.002	0.016	(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										
	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 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 3 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
David A. Orndorf Chemistry Manager			412	393-5113	95	02	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

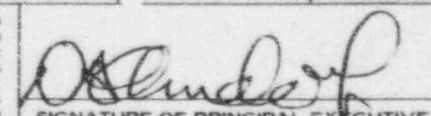
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME BEAVER VALLEY POWER STATION
ADDRESS 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)
PA0023613 007 1
PERMIT NUMBER DISCHARGE NUMBER
MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
95 01 01 95 01 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MAJOR (SUBR 03) Form Approved.
EPA FORM 1 OMB No. 2040-0004
AUX. 1-17-84 Approved Expires 10-31-94
NO DISCHARGE ☒ ***
NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OF 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			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	No Flow			(03)	*****	*****	*****		
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MAX	MGD		*****	*****	*****	****	WEEKLY ESTIMA
CHLORINE, FREE AVAILABLE 50064 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			(19)		
	PERMIT REQUIREMENT	*****	*****	****	*****	0.2 DAILY MAX	0.5 INST MAX	MG/L		WEEKLY GRAB
	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	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN. AS I 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 5 years.)		TELEPHONE		DATE		
David A. Orndorf Chemistry Manager			412	393-5113	95	02	24
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)
MONITORING FOR FLOW AND FREE AVAILABLE CHLORINE ARE REQUIRED ONLY DURING THOSE PERIODS OF DISCHARGE FROM THE ALTERNATE FLOW PATH OF THE REACTOR PLANT RIVER WATER SYSTEM. NO DISCHARGE

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

NAME GRAVEY VALLEY POWER STATION

ADDRESS P.O. BOX 6

ATTN: DAVID ORNDORF

SHIPPINGPORT

PA 15477

FACILITY

LOCATION

ATTN: DAVID ORNDORF

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

(2-16)

(17-19)

PA0025615

PERMIT NUMBER

008 A

DISCHARGE NUMBER

MAJOR

(SUBR 05) Form Approved.

F FINAL OMB No. 2040-0004

UNIT 1 COAL-FIRED STEAM BOILERHOUSE

MONITORING PERIOD

FROM YEAR 95 MO 01 DAY 01 TO YEAR 95 MO 01 DAY 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

PARAMETER (12-17)		(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			
PH	SAMPLE MEASUREMENT	*****	*****			*****		(12)		
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	SD		TWICE/GRAB MONTH
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			(19)		
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 MO AVG	100 DAILY MX	MG/L		TWICE/GRAB MONTH
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****					(19)		
FREON EXTR GRAV ESTH	PERMIT REQUIREMENT	*****	*****	***	15 30DA AVG	20 DAILY MX	30 INST MAX	MG/L		TWICE/GRAB MONTH
00556 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NO FLOW		(03)	*****	*****	*****			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		WEEKLY ESTIMA
00050 1 0 0 EFFLUENT GROSS VALUE	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 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.)

David A. Orndorf
SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-5113

AREA
CODE

NUMBER

DATE

95 02 24

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 DELAWARE VALLEY POWER STATION
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)

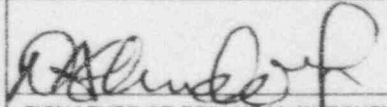
(2-16) (17-19)
PA0025615
PERMIT NUMBER
010 A
DISCHARGE NUMBER

MAJOR (SUBR US) Form Approved.
F FINAL OMB No. 2040-0004
UNIT & COORDINATES Approval expires 10-31-94

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
95 01 01 TO 95 01 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.08	*****	7.61	(12)	0	1/7	G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	3,780	4,320	(03)	*****	*****	*****		0	1/7	MEAS
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT BO AVG	REPORT DAILY MAX	MGD	*****	*****	*****	****		WEEKLY	MEASRD
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****	0.01	0.01	(19)	0	1/7	G
50064 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.2 DAILY MAX	0.5 INST MAX	MG/L		WEEKLY	GRAB
	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	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 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 412 393-5113	DATE 95 02 24		
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME BUTTE VALLEY SOLAR PLANT
ADDRESS P.O. BOX 1
ATTN: DAVID ORNDORF
SHIPPING DEPT PA 15077
FACILITY
LOCATION
ATTN: DAVID ORNDORF

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

(12-16)
EAC025615
PERMIT NUMBER

(17-19)
112 A
DISCHARGE NUMBER

MAJOR
(SUBS) Form Approved.
OMB No. 2040-0004
APPROVED BY DAVID ORNDORF DATE 10-31-84

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

NO DISCHARGE ☒ YES
NOTE: Read instructions before completing this form.

PARAMETER (12-17)		(3 Card Only) (46-53) QUANTITY OR LOADING			(4 Card Only) (38-45) QUALITY OR CONCENTRATION				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.70	*****	7.70	(12)	0	1/31	G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				
FLOW, In CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.001	0.001	(03)	*****	*****	*****	30	0	1/31	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MAX MGD		*****	*****	*****				
	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	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 19 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		
David A. Orndorf Chemistry Manager		412 393-5113		95	02	24
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 P.O. BOX 4

ALLEN, DAVID ORNDORF

SHIPIINGPORT PA 15077

FACILITY

LOCATION

ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PAC025615

PERMIT NUMBER

119 A

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR 95 MO 11 DAY 11 TO YEAR 95 MO 01 DAY 31

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

MAJOR

(SUBR 05) Form Approved

F FINAL OMB No. 2040-0004

UNIT 2 SEE Approval Expires 10-31-94

NO DISCHARGE ☒ YES

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY & 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			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NO FLOW			(03)	*****	*****	*****			
	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										
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	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. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

David A. Orndorf
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-5113
AREA CODE NUMBER

DATE

95 02 24
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
ATTN: DAVID ORNDORF
SHIPLEIGHPORT PA 15477
 FACILITY _____
 LOCATION _____
ATTN: DAVID ORNDORF

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

PA0025615
 PERMIT NUMBER

111 A
 DISCHARGE NUMBER

MAJOR (SUBR 05) Form Approved
 FINAL OMB No. 2040-0004
 Approval expires 10/31/96

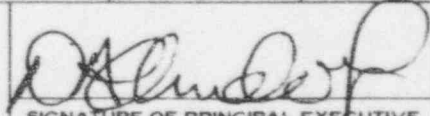
MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	95	01	01		95	01	31

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

NO DISCHARGE ☐ ☒
 NOTE: Read instructions before completing this form.

PARAMETER (12-17)		(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			
PH	SAMPLE MEASUREMENT	*****	*****		6.52	*****	6.77	(12)	0 1/7	G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	0.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	<4	<4	(19)	0 1/7	G
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		WEEKLY GRAB
OIL AND GREASE FREON EXTR. GRAV. MPTH	SAMPLE MEASUREMENT	*****	*****		<5	<5	<5	(19)	0 1/7	G
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	15 30DA AVG	20 DAILY MX	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
50050 1 0 0 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									

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 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 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
David A. Orndorf Chemistry Manager			412 393-5113	95 02 24	AREA CODE	NUMBER	YEAR

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

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

NAME BEAVER VALLEY TOWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID ORNDORF

SHIPPINGPORT PA 15217

FACILITY

LOCATION

ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(12-16) (17-19)

PAC025615

PERMIT NUMBER

211 F

DISCHARGE NUMBER

HAJOK

(SUBR 05)

Form Approved.

FIPAL

OMB No. 2040-0004

211 TOWER STATION

Approval expires 10-31-94

MONITORING PERIOD

FROM YEAR 95 MO 01 DAY 01 TO YEAR 95 MO 01 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)		(1 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	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
PH	SAMPLE MEASUREMENT	*****	*****		6.69	*****	8.46	(12)	0	1/7	G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	<4	<4	(19)	0	1/7	G
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL AND GREASE FROZEN EXTRACT GRAV METER	SAMPLE MEASUREMENT	*****	*****		<5	<5	<5	(19)	0	1/7	G
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	15 30DA AVG	20 DAILY MX	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
50050 1 0 0 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										

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 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

95 02 24

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 P.O. BOX 4
ATTN: DAVID ORNDORF
SHIPLEYPORT PA 15077
 FACILITY _____
 LOCATION _____
ATTN: DAVID ORNDORF

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

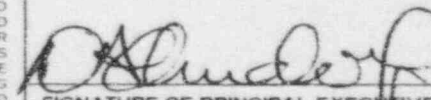
(2-16) PA0025615 (17-19) 011 A
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR (SUBR 05) Form Approved.
 F FINAL OMB No. 2040-0004
 LIASEL GEN APPROVAL EXPIRES 10-31-91

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
95 01 01 95 01 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				(46-53) 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						
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 C 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.002	0.002	(03)	*****	*****	*****		*****	*****	*****	0 1/7	WEEKLY	EST
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX		MGD	*****	*****	*****						
	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 A. 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 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			412	393-5113	95	02	24
TYPED OR PRINTED			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 CLAYTON VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID ORNDORF

SHIRAZI PA 15417

FACILITY

LOCATION

ATTN: DAVID ORNDORF

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

PA0025615

PERMIT NUMBER

113 4

DISCHARGE NUMBER

HAJ001

(SUBR 05)

Form Approved

F FINAL

OMB No. 2040-0004

Approval expires 10-31-94

MONITORING PERIOD

FROM YEAR 95 MO 01 DAY 01 TO YEAR 95 MO 01 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 (38-40)	QUANTITY OR LOADING (41-43)			QUALITY OR CONCENTRATION (44-46)			NO. EX (67-71)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (41-42)	MAXIMUM (43-44)	UNITS (45-46)	MINIMUM (44-45)	AVERAGE (46-47)	MAXIMUM (48-49)			
PH	SAMPLE MEASUREMENT	*****	*****		6.43	*****	6.76	(12)	0 2/31	G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SV		TWICE/GRAB MONTH
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	*****	25.1	36.1	(19)	0 2/31 8H
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30 NO AVG	60 DAILY MX	MG/L		TWICE/COMP-8 MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.010	0.013	(03)	*****	*****	*****	*****		0 1/7 MEAS
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.043 NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		WEEKLY/MEAS
COLIFORM, F-CAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	*****	35	*****	(13)	0 2/31 G
74055 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	2000 30DA GEO	*****	100ML		TWICE/GRAB MONTH
BOD, CARBOHYDROUS 5 DAY, 20C	SAMPLE MEASUREMENT	*****	*****		*****	*****	21	30	(19)	0 2/31 8H
80082 1 0 0 EFFLUENT GROSS VALUE	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	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 5 years.)	TELEPHONE		DATE		
David A. Orndorf Chemistry Manager		412 393-5113		95	02	24
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 P.O. BOX 4
ATTN: DAVID ORNDORF
SHIPLEYPORT PA 15277
FACILITY
LOCATION
ATTN: DAVID ORNDORF

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

PA0025615

PERMIT NUMBER

213 A

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
95 01 01 TO 95 01 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MAJOR

(SUBR 05) Form Approved.

F FINAL OMB No. 2040-0004

UNIT 2 COOL TOWER PUMPHOUSE

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

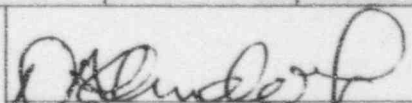
PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 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 FREON EXTRA GRAV METR	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)	*****	*****	*****				
50050 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 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. § 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

95 02 24

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 HEAVEN VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID ORNDORF

SHIPPINGPORT PA 15177

FACILITY ATIN: DAVID ORNDORF

LOCATION ATIN: DAVID ORNDORF

ATIN: DAVID ORNDORF

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

(2-16)

(17-19)

PA 025545

PERMIT NUMBER

313 A

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
95 01 01 95 01 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

DAJON

(SUBP 05)

F FINAL

313 00-01

Form Approved.

OMB No. 20-10-0004

Approval expires 10-31-94

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

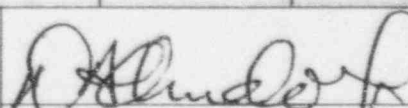
PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			UNITS (54-61)	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
PH	SAMPLE MEASUREMENT	*****	*****		8.54	*****	8.87	(12)	0	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	<4	(19)	0	1/7	G
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	<5	<5	(19)	0	1/7	G
FREON EXTRA GRAV MET	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.001	0.001	(03)	*****	*****	*****		0	1/7	EX
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		WEEKLY	ESTIMA
50050 1 0 0 EFFLUENT GROSS VALUE	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 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

95 02 24

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 P.O. BOX 4
ATTN: DAVID ORNDORF
SHIPPINGPORT PA 15477
 FACILITY _____
 LOCATION _____
 ATTN: DAVID ORNDORF

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

PA0025615
 PERMIT NUMBER

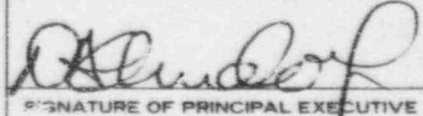
413 A
 DISCHARGE NUMBER

MAJOR (SUBR 05) Form Approved.
 F FINAL OMB No. 2040-0004
 JULK FUEL Approval expires 10-31-94

MONITORING PERIOD						
YEAR			MO	DAY	TO	
FROM			YEAR	MO	DAY	
95			01	01	95	01 31
(20-21)			(22-23)	(24-25)	(26-27)	(28-29) (30-31)

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

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			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	SU	WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			(19)		
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L	WEEKLY	GRAB
OIL AND GREASE FRECEN EXTR GRAV BETW	SAMPLE MEASUREMENT	*****	*****		*****			(19)		
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MO AVG	20 DAILY MX	MG/L	WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO FLOW		(03)	*****	*****	*****			
50050 1 0 0 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									

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 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 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
David A. Orndorf Chemistry Manager			412 363-5113	95	02	24	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Refer to all attachments here)

NO DISCHARGE

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

NAME GLAYDA VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID ORNDORF

SHIRFINGPORT PA 15077

FACILITY

LOCATION

ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

EA0025625

PERMIT NUMBER

C13 A

DISCHARGE NUMBER

MAJOR

(SUBR 05) Form Approved.

F FINAL OMB No. 2040-0004

UNCONTAMINATED WATER

MONITORING PERIOD

FROM YEAR 95 MO 01 DAY 01 TO YEAR 95 MO 01 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)		QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 () EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.011	0.014	(03)	*****	*****	*****	0	1/7	EST
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY 8X	MGD	*****	*****	*****	*****	WEEKLY	ESTIMA
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
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	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 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

DATE

412 393-5113

95 02 24

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.