



Duquesne Light

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

Telephone (412) 393-6000

March 18, 1992

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

NPDES Monthly Reports, EPA Permit Number PA0025615 PA001589

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.

Very truly yours,

T. P. Noonan
General Manager
Nuclear Operations Unit

DNH/ijj

020073
9204020246 920229
PDR ADOCK 05000334
R PDR

TEAS
Cert No
P928696497



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

Telephone (412) 393-6000

March 18, 1992

U.S. Environmental Protection Agency
Region III, Pennsylvania Section (3WM52)
Water Permits Branch
Water Management Division
841 Chestnut Street
Philadelphia, PA 19107

NPDES Monthly Reports, EPA Permit Number PA0025615 & PA0001589

Gentlemen:

This letter forwards copies of our NPDES Monthly Reports as submitted to the Pennsylvania Department of Environmental Resources, Bureau of Water Quality Management.

Very truly yours,

T. P. Noonan
General Manager
Nuclear Operations Unit

DNH/ijj



Nuclear Group
P.O. Box 4
Shippingport, PA 15077-0304

Telephone (412) 393-6000

March 18, 1992

Department of Environmental Resources
Bureau of Water Quality Management
400 Waterfront Drive
Pittsburgh, PA 15222

NPDES Monthly Reports, EPA Permit Number PA0025615 & PA0001589

Gentlemen:

NPDES Monthly Reports for Duquesne Light Company, Beaver Valley Power Station and Shippingport Atomic Power Plant for February 1992 are 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.

Very truly yours,

T. P. Noonan
General Manager
Nuclear Operations

DNH/ijj

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: ANDREW DULICK

SHIPPINGPORT PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

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

PAG025615

PERMIT NUMBER

101 A

DISCHARGE NUMBER

MAJOR (SUBR 05) F - FINAL 101 CHEMICAL WASTE TREATMENT

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

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	02	01		92	02	29
	(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 (46-57)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH		*****	*****	()	7.42	*****	8.44	(12)	1/wk	G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	50		WEEKLYGRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	()	*****	11.45	20.41	(19)	1/wk	2HC
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 Mnth Avg	100 Dly Max	MG/L		WEEKLYCOMP-2
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	*****	*****	()	*****	5.00	5.00	(19)	1/wk	G
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	15 Mnth Avg	20 Dly Max	MG/L		WEEKLYGRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****	()	*****			(19)		
00610 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT Mnth Avg	REPORT Dly Max	MG/L		WEEKLYGRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.005	0.022	(03)	*****	*****	*****	()	D	C
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT Mnth Avg	REPORT Dly Max	MGD	*****	*****	*****	***		DAILY CONTIN
HYDRAZINE	SAMPLE MEASUREMENT	*****	*****	()	*****			(19)		
81313 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT Mnth Avg	REPORT Dly Max	MG/L		WEEKLYGRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Andrew M. Dulick
Chemistry Manager
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR OBTAINING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE OR IMPRISONMENT SEE 18 USC § 1001 AND 18 USC § 1011. (Signature) my (flow errors) may include those up to \$1000 and a maximum imprisonment of between 6 months and 2 years.

Andrew M. Dulick
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-5113
DATE 92 03 18
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.

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

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

FACILITY _____
 LOCATION _____
 ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DAR)

PERMIT NUMBER PA0025615 (2-16)
 DISCHARGE NUMBER 201 A (17-19)

MAJOR (SUBR 05) Form Approved
 F - FINAL OMB No. 2040-0004
 201 SOFTENER REGENERANTS Approval expires 6-30-91.

MONITORING PERIOD
 FROM YEAR 92 MO 02 DAY 01 TO YEAR 92 MO 02 DAY 29
(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 (18-45)			UNITS	NO. EX. (62-67)	FREQUENCY OF ANALYSIS (54-61)	SAMPLE TYPE (68-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
PH	SAMPLE MEASUREMENT	*****	*****	()	7.43	*****	7.58	(12)	0	2/mo	G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE/GRAB MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	()	*****	4.00	4.00	(19)	0	2/mo	G
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 Mnth Avg	100 DLY MAX	MG/L		TWICE/GRAB MONTH	
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	()	*****	5.00	5.00	(19)	0	2/mo	G
FREON EXTR-GRAV. ETH	PERMIT REQUIREMENT	*****	*****	****	*****	15 Mnth Avg	20 DLY MAX	MG/L		TWICE/GRAB MONTH	
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.0001	0.0020	(03)	*****	*****	*****	()	0	2/mo	EST
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT Mnth Avg	REPORT DLY MAX	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 A. M. Dulick 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 KNOWLEDGE OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 40 USC 1701 AND 33 USC 1319. (Penalties under these statutes may include fines up to \$100K and/or maximum imprisonment of between 6 months and 3 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Andrew Dulick</i>	TELEPHONE		DATE		
			412 393-5113	92 03 18	AREA CODE	NUMBER	YEAR
TYPED OR PRINTED							

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

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

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

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

PERMIT NUMBER PA0025615 (12-16)
 DISCHARGE NUMBER 301 A (17-19)

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

FACILITY LOCATION
 ATTN: ANDREW DULICK

MONITORING PERIOD
 FROM YEAR 92 MO 02 DAY 01 TO YEAR 92 MO 02 DAY 29
 (12-23) (12-23) (13-25) (12-27) (12-29) (13-31)

*** 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)			NO. EX (52-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	()	*****	11.57	11.57	(19)	0	1/MO G
	PERMIT REQUIREMENT	*****	*****	****	*****	30	100			TWICE/GRAB MONTH
OIL AND GREASE FREON EXTR-GRAV METH 00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	()	*****	4.00	4.00	(19)	0	1/MO G
	PERMIT REQUIREMENT	*****	*****	****	*****	15	20			TWICE/GRAB MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE		0.001	0.001	(03)	*****	*****	*****	()	0	1/WK EST
	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		WEEKLY ESTIMA
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
A. M. Dulick
Chemistry Manager
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 18 U.S.C. § 1519. Penalties under these statutes may include fines up to \$250,000 and/or maximum imprisonment of between 6 months and 5 years.

Andrew Dulick
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-5113
 DATE 92 03 18
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
There was only one discharge of 301 during Feb 1992.


PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME BEAVER VALLEY POWER STATION
ADDRESS P.O. BOX 4
 ATTN: ANDREW DULICK
 SHIPPINGPORT PA 15077
FACILITY
LOCATION
 ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
PA0025615 (PERMIT NUMBER)
401 A (DISCHARGE NUMBER)
MONITORING PERIOD
 FROM YEAR 92 MO 02 DAY 01 TO YEAR 92 MO 02 DAY 29
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MAJOR (SUBR 05) F - FINAL CHEM. FRED AREA OF AUX BOILERS
 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 (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (54-65)	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	50		TWICE/GRAB MONTH
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	()	*****			(19)		
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 Mnth Avg	100 DLY MAX	MG/L		TWICE/GRAB MONTH
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	*****	*****	()	*****			(19)		
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 Mnth Avg	20 DLY MAX	MG/L		TWICE/GRAB MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO FLOW			(03)	*****	*****	*****	()	0 1/week est
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT Mnth Avg	REPORT DLY MAX	MGD	*****	*****	*****	****	****	WEEKLY ESTIMA
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER A. M. Dulick Chemistry Manager *TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
			412 393-5113	92	03	18

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: ANDREW DULICK
SHIPPINGPORT PA 15077

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

PA0025615
 PERMIT NUMBER

501 A
 DISCHARGE NUMBER

MAJOR (SUBR 05)
 - FINAL

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

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	02	01		92	02	29
	(20-23)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

UNIT 1 GENRTR BLWDWN FILT BW

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

FACILITY LOCATION
 ATTN: ANDREW DULICK

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-43)			(5 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (66-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
SOLIDS, TOTAL SUSPENDED		*****	*****	()	*****						(19)		
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	30	100					WEEKLY GRAB	
EFFLUENT GROSS VALUE						MONTH AVG	DLY MAX	MG/L					
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO FLOW			(03)	*****	*****	*****	()			0 1/wk + SE	
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	***	***			WEEKLY ESTIMA	
EFFLUENT GROSS VALUE		MONTH AVG	DLY MAX	MGD									
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 A. M. Dulick
 Chemistry Manager
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND REVISED STATUTES. Penalties under these statutes may include fines up to \$500,000 and/or maximum imprisonment of between 6 months and 3 years.

Andrew Dulick
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
 412 393-5113 92 03 18
 AREA CODE NUMBER YEAR NO DAY

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

NO DISCHARGE

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

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

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

PA0025615
 PERMIT NUMBER

001 A
 DISCHARGE NUMBER

MAJOR (SUPER 05)
 F - FINAL
 UNITS 1E2 COOLG. TOWER BLWDN.

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

FACILITY _____
 LOCATION _____
 ATTN: ANDREW DULICK

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
92	02	01		92	02	29
(10-21)		(22-23)		(24-25)		(26-29) (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			
PH		*****	*****	()	7.16	*****	8.09	(12)	0 /WK	G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0			WEEKLYGRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****	()	*****			(19)		
00610 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT			WEEKLYGRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	25,741	28,080	(03)	*****	*****	*****	()	0 D	C
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	***		DAILY CONTIN
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****	()	*****	0.07	0.08	(19)	0 2/DAY	G
50064 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.2	0.5			CONTINUOUS
HYDRAZINE	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)		
81313 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0			WEEKLYGRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER A. N. Dulick Chemistry Manager TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. Offenses under these statutes may include fines up to \$10,000 and/or maximum imprisonment of 6 months and/or 1 year.	TELEPHONE 412 393-5113	DATE			
			YEAR	MO	DAY	
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Andrew Dulick</i>	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.

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: ANDREW DULICK

SHIPPINGPORT PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(12-16)

(17-19)

PA0025615

002 A

PERMIT NUMBER

DISCHARGE NUMBER

MAJOR (SUBP 05)
F - FINAL
INTAKE SCREEN BACKWASH

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

MONITORING PERIOD

FROM YEAR 92 MO 02 DAY 01 TO YEAR 92 MO 02 DAY 29
(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	(3 Card Only) QUANTITY OR LOADING (46-53)			(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			
FLOW, IN CONDUIT C. THROUGH TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE		0.008	0.046	(03)	*****	*****	*****	()	0 /WK EST	
	PERMIT REQUIREMENT	REPORT MONTH AVG	REPORT DLY MAX	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

A. M. Dulick
Chemistry Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. 1001 AND 42 U.S.C. 1319. (Penalties apply when violator may include fine up to \$100K and/or maximum imprisonment of 12 months and 1 year.)

Andrew Dulick
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-5113

AREA CODE

NUMBER

DATE

92 03 18

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: ANDREW DULICK
SHIPPINGPORT PA 15077

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
 PAG025615
 PERMIT NUMBER
 102 A
 DISCHARGE NUMBER

MAJOR (SUBR 05)
 F - FIN/L
 102 INTAKE SCREENHOUSE
 Form Approved
 OMB No. 2040-0004
 Approval expires 6-30-91.

FACILITY
 LOCATION
 ATTN: ANDREW DULICK

MONITORING PERIOD
 FROM YEAR 92 MO 02 DAY 01 TO YEAR 92 MO 02 DAY 29
 (12-21) (12-23) (24-25) (26-27) (28-29) (30-31)

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

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-51) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH		*****	*****	()	7.43	*****	7.49	(12)	0	2/mc G
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*** ***	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE/GRAB MONTH
SOLIDS, TOTAL SUSPENDED		*****	*****	()	*****	7.82	9.41	(19)	0	2/mc G
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*** ***	*****	30 MTH AVG	100 DLY MAX	MG/L		TWICE/GRAB MONTH
OIL AND GREASE FREON EXTR-GRAV METH		*****	*****	()	*****	4.00	4.00	(19)	0	2/mc G
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*** ***	*****	15 MTH AVG	20 DLY MAX	MG/L		TWICE/GRAB MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.001	0.001	(03)	*****	*****	*****	()	0	2/mc EST
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT MTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	*** ***		TWICE/ESTIMA MONTH
		SAMPLE MEASUREMENT								
		PERMIT REQUIREMENT								
		SAMPLE MEASUREMENT								
		PERMIT REQUIREMENT								
		SAMPLE MEASUREMENT								
		PERMIT REQUIREMENT								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER A. M. Dulick Chemistry Manager TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Andrew Dulick</i>	TELEPHONE	DATE		
			412 393-5113 AREA CODE NUMBER	92	03	18

COMMENT AND EXPLANATION OF ANY VIOLATION'S (Reference all attachments here)

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

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

FACILITY _____
 LOCATION _____
 ATTN: ANDREW DULICK

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


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

MAJOR (SUBR C5)
 F - FINAL
 SLUDGE SETTLING BASIN

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

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	02	01		92	02	29
	(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 (48-55)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
PH	SAMPLE MEASUREMENT	*****	*****	()	7.23	*****	7.35	(12)	0 2/mc	G	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ***	6.0 MINIMUM	*****	9.0 MAXIMUM	30		TWICE/GRAB MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	()	*****	4.00	4.00	(19)	0 2/mc	24HC	
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ***	*****	30 METH AVG	1.0 DLY MAX	MG/L		TWICE/COMP24 MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.001	0.001	(03)	*****	*****	*****	()	0 2/mc	EST	
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT METH AVG	REPORT DLY MAX	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	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 § 1379. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)						TELEPHONE		DATE		
A. M. Dulick Chemistry Manager	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						412	393-5113	92	03	18
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: ANDREW DULICK
 SHIPPINGPORT PA 15077
FACILITY
LOCATION
 ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
PA0025615 (20-21) (22-23) (24-25)
PERMIT NUMBER
203 A (26-27) (28-29) (30-31)
DISCHARGE NUMBER
MONITORING PERIOD
 FROM YEAR 92 MO 02 DAY 01 TO YEAR 92 MO 02 DAY 29
 (12-21) (12-23) (12-25) (12-27) (12-29) (30-31)

MAJOR (SUBP 05) Form Approved
 F - FINAL OMB No. 2040-0004
 MAIN SEWAGE TMT PLANT 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 (40-53)			(4 Card Only) QUALITY OR CONCENTRATION (50-53)			NO. EX (52-53)	FREQUENCY OF ANALYSIS (54-58)	SAMPLE TYPE (59-70)
		AVERAGE (40-51)	MAXIMUM (54-57)	UNITS (54-57)	MINIMUM (50-53)	AVERAGE (46-53)	MAXIMUM (54-61)			
PH	SAMPLE MEASUREMENT	*****	*****	()	6.13	*****	7.10	(12)	0	2/MO G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SO		TWICE/GRAB MONTH
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	()	*****	18.81	23.85	(19)	0	2/MO EHC
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MONTH AVG	60 DLY MAX	MG/L		TWICE/COMP-8 MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.006	0.007	(03)	*****	*****	*****	()	0	1/WK MEAS
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.023 MONTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	****		WEEKLY SEASRD
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****	()	*****	111.00	*****	(13)	0	2/MO G
74055 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	2400 FOOD GEO	*****	100ML		TWICE/GRAB MONTH
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*****	*****	()	*****	6.50	9.00	(19)	0	2/MO EHC
80082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	25 MONTH AVG	50 DLY MAX	MG/L		TWICE/COMP-8 MONTH
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER A. M. Dulick Chemistry Manager TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1314. Penalties under these statutes may include fines up to \$20,000 and/or maximum term of imprisonment of between 6 months and 5 years.	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	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 BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: ANDREW DULICK

SHIPPINGPORT PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

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

PA0025615
PERMIT NUMBER

303 A
DISCHARGE NUMBER

MAJOR (SUBR 05)
F - FINAL
UNIT 1 OIL WATER SEPARATOR

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

MONITORING PERIOD

FROM YEAR 92 MO 02 DAY 01 TO YEAR 92 MO 02 DAY 29
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE [] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. EX (52-63)	FREQUENCY OF ANALYSIS (54-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH		*****	*****	()	7.12	*****	8.70	(12)	0	1/wk G
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	6.0	*****	9.0			WEEKLYGRAB
SOLIDS, TOTAL SUSPENDED		*****	*****	()	*****	6.14	10.74	(19)	0	1/wk G
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	30	100			WEEKLYGRAB
OIL AND GREASE FRON EXTH-GRAV METH		*****	*****	()	*****	5.00	5.00	(19)	0	1/wk G
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	15	20			WEEKLYGRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.019	0.056	(03)	*****	*****	*****	()	0	1/wk EST
50050 1 0 0 EFFLUENT GROSS VALUE		PERMIT REQUIREMENT	PERMIT REQUIREMENT	MGD	*****	*****	*****	*****	*****	WEEKLYESTIMA
		SAMPLE MEASUREMENT								
		PERMIT REQUIREMENT								
		SAMPLE MEASUREMENT								
		PERMIT REQUIREMENT								
		SAMPLE MEASUREMENT								
		PERMIT REQUIREMENT								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER A. M. Dulick 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 33 U.S.C. § 1361 AND 33 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		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	412 393-5113	92	03	18
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 HEAVEN VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: ANDREW DULICK

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

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

PA0025615

PERMIT NUMBER

403 A

DISCHARGE NUMBER

MAJOR (SUHR US) F - FINAL

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

CONDENSATE BLOWDOWS & RIVER WAT

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	02	01		92	02	29
	(12-21)	(12-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(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	*****	*****	()	8.66	*****	8.93	(12)	0	1/wk G
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0			WEEKLYGRAB
EFFLUENT GROSS VALUE				***	MINIMUM		MAXIMUM	SU		
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	()	*****	8.65	19.84	(19)	0	1/wk G
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	30	100			WEEKLYGRAB
EFFLUENT GROSS VALUE				***		MONTH AVG	DLY MAX	MG/L		
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	()	*****	5.44	6.78	(19)	0	1/wk G
FREON EXTR-GRAV METH	PERMIT REQUIREMENT	*****	*****	***	*****	15	20			WEEKLYGRAB
00556 1 0 0				***		MONTH AVG	DLY MAX	MG/L		
EFFLUENT GROSS VALUE				***						
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****	()	*****			(19)		
00610 1 0 1	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT			WEEKLYGRAB
EFFLUENT GROSS VALUE				***		MONTH AVG	DLY MAX	MG/L		
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.001	0.001	(03)	*****	*****	*****	()	0	1/wk EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	***		WEEKLYESTIMA
EFFLUENT GROSS VALUE		MONTH AVG	DLY MAX	MGD				***		
HYDRAZINE	SAMPLE MEASUREMENT	*****	*****	()	*****	*****		(19)		
81313 1 0 1	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0			WEEKLYGRAB
EFFLUENT GROSS VALUE				***			DLY MAX	MG/L		
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
A. M. Dulick
Chemistry Manager
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 43 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
Andrew Dulick

TELEPHONE DATE
412 393-5113 92 03 18
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.

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

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

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

PERMIT NUMBER PA0025615 (12-16)
 DISCHARGE NUMBER 003 A (17-19)

MAJOR (SUBR 05)
 F - FINAL
 003 UNCONTAMINATED STORM WATER

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

FACILITY _____
 LOCATION _____
 ATTN: ANDREW DULICK

MONITORING PERIOD
 FROM YEAR 92 MO 02 DAY 01 TO YEAR 92 MO 02 DAY 29
(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 (34-61)			QUALITY OR CONCENTRATION (45-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-62)	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	<u>0.026</u>	<u>0.065</u>		(03)	*****	*****	*****	()		<u>2/mc</u>	<u>EST</u>
	PERMIT REQUIREMENT	REPORT BOTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	****		<u>TWICE/ESTIMA</u>	<u>MONTH</u>
	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
A. M. Dulick
Chemistry Manager
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of 6 months 6 months and 1 year.)

Andrew Dulick
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-5113
 DATE 92 03 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 differ: U)
 NAME BEAVER VALLEY POWER STATION
 ADDRESS P.O. BOX 4
ATTN: ANDREW DULICK
SHIPPINGPORT PA 15077
 FACILITY _____
 LOCATION _____
 ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
 PA0025615 (2-16)
 PERMIT NUMBER
 008 A (17-19)
 DISCHARGE NUMBER
 MONITORING PERIOD
 FROM YEAR 92 MO 02 DAY 01 TO YEAR 92 MO 02 DAY 29
 (20-23) (22-23) (24-25) (26-27) (28-29) (30-31)

MAJOR (SUBR 05) Form Approved OMB No. 2040-0001
 F - FINAL Approval expires 6-30-91.
 UNIT ONE COOLG TOWER OVERFLOW
 *** NO DISCHARGE [] ***
 NOTE: Read instructions before completin, this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(1 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (48-53)				NO. OF ANALYSES (62-63)	FREQUENCY OF ANALYSES (64-65)	SAMPLE TYPE (66-70)
		AVERAGE (46-51)	UNITS (54-57)	MINIMUM (48-53)	AVERAGE (48-53)	MAXIMUM (48-53)	UNITS (54-57)				
PH	*****	*****	*****	*****	*****	*****	*****	*****	(12)		
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	*****	50		WEEKLY LAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO FLOW			*****	*****	*****	*****	()		1/WK MEAS
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MTH AVG	REPORT DLY MAX	*****	*****	*****	*****	*****	*****		WEEKLY REASRD
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	(19)		
50064 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2 DAILY MX	0.5 INST MX	*****	*****		5 MIN RECORD BOBS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER A. M. Dulick Chemistry Manager TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC 1001 AND 33 USC 1319. (Penalties under these statutes may include fines up to \$200K and/or maximum imprisonment of between 6 months and 3 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 412 593-5113 AREA CODE NUMBER	DATE 92 03 18 YEAR MO DAY
---	--	---	---	---------------------------------

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

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
HEAVY VALLEY POWER STATION
 ADDRESS: CA BOX 4
 ATTN: ANDREW DULICK
 SHIPLEIGHT PA 15077


PA0025615
 PERMIT NUMBER

MAJOR (SUBR 05)
 F - FINAL
 AUX. INTAKE SCREEN BACKWASH

Form Approved
 OMB No. 2040-0004
 Approval expires 6-30-81.

MONITORING PERIOD
 FROM 97 02 01 TO 97 02 29
 (26-23) (22-23) (24-25) (26-27) (28-28) (30-31)

000 NO DISCHARGE 000
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	(3 Card Only) QUANTITY OR LOADING (34-61)			(4 Card Only) QUALITY OR CONCENTRATION (46-57)			NO. EX (53-63)	FREQUENCY OF ANALYSIS (54-68)	SAMPLE TYPE (69-79)		
	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (55-60)	MINIMUM (48-55)	AVERAGE (49-56)	MAXIMUM (50-57)				UNITS (51-56)	
FLOW IN CONDUIT OR TRUNK TREATMENT PLANT	NO FLOW		(03)								
EFFLUENT GROSS VALUE	REPORT REPOST										
	MONTH AVG	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											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER A. M. Dulick Chemistry Manager TYPED OR PRINTED											
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER  OFFICER OR AUTHORIZED AGENT											
							412	393-5113	92	03	18
							AREA CODE	NUMBER	YEAR	MO	DAY

COMPLIANCE AND EXPLANATION OF ANY VIOLATIONS (Reference all violations here)

No Discharge

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 BEAULIE VALLEY POWER STATION
 ADDRESS: O.A. BOX 4
 ATTN: ANDREW DULICK
 SHIRLINGPORT PA 15077

PERMIT NUMBER: PA0025615
 DISCHARGE NUMBER: 007 A
 MAJOR (SUBR C-1) F - FINAL AUX. INTAKE SYSTEM
 MONITORING PERIOD: FROM 92 02 01 TO 92 07 29
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR) (17-19)
 Form Approved. OMB No. 2040-0004. Approval expires 6-30-91
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	AVERAGE (46-51)			QUANTITY OR LOADING (54-61)			QUALITY OR CONCENTRATION (64-69)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-69)	SAMPLE TYPE (69-70)
	MAXIMUM	UNITS	MINIMUM	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW IN CONDUIT OR THRU TREATMENT PLANT	REPORT	(03)	REPORT	0.2	DAILY BY	0.5	0.00000	0.00000	()	0	WEEK	ESTIMA
50050 I 0 0	REPORT		REPORT									
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT		REPORT									
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT		REPORT									
50064 I 0 1	PERMIT REQUIREMENT		REPORT									
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT		REPORT									
	PERMIT REQUIREMENT		REPORT									
	SAMPLE MEASUREMENT		REPORT									
	PERMIT REQUIREMENT		REPORT									
	SAMPLE MEASUREMENT		REPORT									
	PERMIT REQUIREMENT		REPORT									
	SAMPLE MEASUREMENT		REPORT									
	PERMIT REQUIREMENT		REPORT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: A. M. Dulick, Chemistry Manager
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER: [Signature]
 OFFICER OR AUTHORIZED AGENT: [Signature]
 TELEPHONE: 412 393-5113
 AREA CODE: 412
 NUMBER: 393-5113
 YEAR: 92
 MO: 03
 DAY: 18
 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.
 TYPED OR PRINTED: A. M. Dulick
 EPA Form 3320-1 (Rev. 9-88) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)
 00986/911216-1442 PAGE 1 OF 1

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MAJOR (SUB) 05
 Form Approved
 OMB No. 2040-0004
 Approval expires 6-30-91.
 F - FINAL
 UNIT 1 COOLING TOWER PURPOSE

PERMITTEE NAME/ADDRESS (include Facility Name/Location if different)
 HEALEY VALLEY POWER STATION
 ADDRESS P.O. BOX 4
 ATTN: ANDREW DULICK
 SHIPPINGPORT PA 15077

PERMIT NUMBER
 PA0025615

DISCHARGE NUMBER
 C08 A

MONITORING PERIOD
 FROM 92 02 01 TO 92 02 29
 (10-23) (22-23) (24-25) (26-27) (28-29) (30-31)

NO DISCHARGE

PARAMETER (32-37)	AVERAGE (46-51)	MAXIMUM (54-61)	MINIMUM (58-65)	UNITS	QUALITY OR CONCENTRATION (54-61)	AVERAGE (46-51)	MAXIMUM (54-61)	MINIMUM (58-65)	UNITS	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (69-70)
PH	○○○○○○	○○○○○○	7.65	()	QUANTITY OR CONCENTRATION	○○○○○○	○○○○○○	7.75	(12)	0 2/mo	G
00400 1 0 0 EFFLUENT GROSS VALUE	○○○○○○	○○○○○○	6.0	○○○○	MINIMUM	○○○○○○	○○○○○○	9.0	○	TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	○○○○○○	○○○○○○	○○○○○○	()		13.88	○○○○○○	23.75	(19)	0 2/mo	G
00530 1 0 0 EFFLUENT GROSS VALUE	○○○○○○	○○○○○○	○○○○○○	○○○○		30	○○○○○○	100	○	TWICE/MONTH	GRAB
OIL AND GREASE	○○○○○○	○○○○○○	○○○○○○	()		MONTH AVG DLY MAX	○○○○○○	5.25	(19)	0 2/mo	G
FREON EXTR-GRAY METH	○○○○○○	○○○○○○	○○○○○○	○○○○		5.25	○○○○○○	30	○	TWICE/MONTH	GRAB
00556 1 0 1 EFFLUENT GROSS VALUE	○○○○○○	○○○○○○	○○○○○○	○○○○		30 DA AV DAILY MAX INST MX	○○○○○○	30	(19)	0 2/mo	G
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	0.001	○○○○○○	○○○○○○	(03)		5.25	○○○○○○	30	○	TWICE/MONTH	GRAB
50050 1 0 0 EFFLUENT GROSS VALUE	REPORT MONTH AVG	REPORT PLY MAX	○○○○○○	MGD		5.25	○○○○○○	30	()	0 2/mo	EXT
SAMPLE MEASUREMENT	○○○○○○	○○○○○○	○○○○○○			5.25	○○○○○○	30	○○○○	WEEK/TESTING	
PERMIT REQUIREMENTS						5.25		30	○○○○		
SAMPLE MEASUREMENT						5.25		30	○○○○		
PERMIT REQUIREMENTS						5.25		30	○○○○		
SAMPLE MEASUREMENT						5.25		30	○○○○		
PERMIT REQUIREMENTS						5.25		30	○○○○		
SAMPLE MEASUREMENT						5.25		30	○○○○		
PERMIT REQUIREMENTS						5.25		30	○○○○		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 A. M. Dulick
 Chemistry Manager
 TYPED OR PRINTED
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER
 OFFICER OR AUTHORIZED AGENT
 AREA CODE
 NUMBER
 TELEPHONE
 DATE
 YEAR MO DAY
 92 03 18
 412 393-5113

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all applicable laws)
 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 SEVERAL PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT (SEE 18 U.S.C. 1001 AND 18 U.S.C. 1333). Penalties upon those who submit false information may be \$10,000 and/or 5 years imprisonment or both, and 1 year.

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

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

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

(2-16) PAG025615 (17-19) G10 A
 PERMIT NUMBER DISCHARGE NUMBER

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

FACILITY LOCATION
 ATTN: ANDREW DULICK

MONITORING PERIOD
 FROM YEAR 92 MO 02 DAY 01 TO YEAR 92 MO 02 DAY 29
 (12-21) (12-23) (1-25) (26-27) (28-29) (30-31)

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

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)				NO. EX (52-63)	FREQUENCY OF ANALYSIS (54-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	()	7.28	*****	8.05	(12)	0	1/WK	G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****	6.0 MINIMUM	*****	9.0 MAXIMUM	50		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	5.000	5.000	(03)	*****	*****	*****	()	0	1/WK	MEAS
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	*** ****		WEEKLY	MEASRD
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****	()	*****	0.00	0.00	(19)	0	1/WK	G
50064 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****	*****	0.2 DAILY MX	0.5 INST MX	MG/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER A. M. Dulick 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 KNOWLEDGE OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT (SEE 18 U.S.C. § 1001 AND 42 U.S.C. § 1919. (Violators under these statutes may be liable for up to \$200K and/or maximum imprisonment of between 6 months and 1 year.)	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	412	393-5113	92	03
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

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

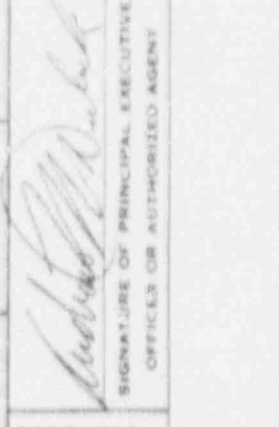
PERMITTEE NAME/ADDRESS (Include Facility Name/Locations if different)
 BEAVER VALLEY POWER STATION
 ADDRESS: C.A. BOX 4
 AIN: ANDREW DULICK
 SHIRINGEORT PA 15677

PERMIT NUMBER: FA0025615
 DISCHARGE NUMBER: 012 A

MONITORING PERIOD
 FROM: YEAR 97, MO 02, DAY 01 TO YEAR 92, MO 07, DAY 29
 (20-23) (22-23) (24-25) (26-27) (28-29) (30-31)

MAJOR (SUBP 05) OMB No. 2040-0004
 F - FINAL Approval expires 6-30-91.
 SLOWDOWN FROM THE HVAC C-TOWER

NOTE: Read instructions before completing this form.
 NO DISCHARGE

PARAMETER (02-07)	(1 Cr/1 Dm) QUANTITY OR LOADING (04-03)		QUALITY OR CONCENTRATION (14-07)			NO. EX. ANALYSIS (04-08)	FREQUENCY OF ANALYSIS (04-09)	SAMPLE TYPE (05-09)
	AVERAGE (06-01)	MAXIMUM (06-02)	UNITS (06-03)	MINIMUM (08-05)	AVERAGE (08-06)			
PH	0.0000	0.0000	()	8.23	0.0000	(12)	0 1/mo	GRAB
00400 I 0 0 EFFLUENT GROSS VALUE	0.0000	0.0000	(03)	6.0 MINIMUM	0.0000	()	0 1/mo	EST
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	0.001	REPORT	MGD		0.0000			
50050 I 0 0 EFFLUENT GROSS VALUE	0.001	REPORT			0.0000			
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								
A. M. Dulick Chemistry Manager								
TYPED OR PRINTED								
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								
								
TELEPHONE								
412 393-5113								
AREA CODE								
92 03 18								
YEAR MO DAY								

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME BEAVER VALLEY POWER STATION
 ADDRESS P.O. BOX 4
 ATTN: ANDREW DULICK
 SHIPPINGPORT PA 15077

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)
 (17-19) 110 A DISCHARGE NUMBER
 PERMIT NUMBER PA0025615
 MONITORING PERIOD
 FROM 92 02 01 TO 92 02 29
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

AS JOB (SUBR 05) F - FINAL
 Form Approved OMB No. 2070-0044
 Approval expires 6-30-91.
 UNIT 2 SERVICE WATER BACKWASH
 NO DISCHARGE 000
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	AVERAGE (4-5)		QUANTITY OR LOADING (54-57)		AVERAGE (46-52)		MAXIMUM (54-57)		UNITS ()	NO. OF ANALYSES (62-65)	FREQUENCY OF ANALYSES (64-68)	SAMPLE TYPE (69-70)		
	MINIMUM (48-51)	MAXIMUM (50-53)	MINIMUM (48-51)	MAXIMUM (50-53)	MINIMUM (46-52)	MAXIMUM (48-51)	MINIMUM (46-52)	MAXIMUM (48-51)						
FLOW, IN CONDUIT OR TREATMENT PLANT									()	0/week	WEEKLY ESTIMATE			
50050 1 0 0 EFFLUENT GROSS VALUE														
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														
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER											TELEPHONE		DATE	
A. M. Dulick Chemistry Manager											12 393-5113		92 03 18	
TYPED OR PRINTED											AREA CODE		NUMBER	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT											12		393-5113	
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: ANDREW DULICK

SHIPPINGPORT PA 15077

FACILITY LOCATION

ATTN: ANDREW DULICK

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

PA0025615

PERMIT NUMBER

111 A

DISCHARGE NUMBER

MAJOR (SUBR 05) F - FINAL 111 DIESEL GENERATOR BLDG

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

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	02	01		92	02	29
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-57)			(4 Card Only) QUALITY OR CONCENTRATION (54-67)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****	()	6.69	*****	7.16	(12)		1/wk G	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY GRAB	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	()	*****	4.00	4.00	(19)		1/wk G	
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MTH AVG	100 DLY MAX	MG/L		WEEKLY GRAB	
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	()	5.34	6.34	6.34	(19)		1/wk G	
FREON EXTR-GRAV METH	PERMIT REQUIREMENT	*****	*****	****	15 30 DA AV	20 DAILY MX	30 INST MX	MG/L		WEEKLY GRAB	
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.001	0.001	(03)	*****	*****	*****	()		1/wk EST	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT MTH AVG	REPORT DLY MAX	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

A. N. Dulick
Chemistry Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY KNOWLEDGE OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under this statute may include fines up to \$100,000 and/or maximum imprisonment of 5 years or both.)

Andrew Dulick
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-5113

DATE

92 03 18


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: ANDREW DULICK
 SHIPPINGPORT PA 15077
FACILITY
LOCATION
 ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
PA0025615 (2-16) **211 A** (17-19)
 PERMIT NUMBER DISCHARGE NUMBER
MONITORING PERIOD
 FROM YEAR 92 MO 02 DAY 01 TO YEAR 92 MO 02 DAY 29
 (26-27) (28-29) (30-31)

MAJOS (SUBR 05)
 F - FINAL
 211 TURBINE BLDG
 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 (48-53)			NO. EX. (52-62)	FREQUENCY OF ANALYSIS (54-58)	SAMPLE TYPE (59-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	()	6.45	*****	7.81	(12)	0	1/wk G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLYGRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	()	*****	6.12	6.26	(19)	0	1/wk G
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MTH AVG	100 DLY MAX	MG/L		WEEKLYGRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	*****	*****	()	5.00	5.00	5.00	(19)	0	1/wk G
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	15 30 DA AV	20 DAILY MX	30 INST MX	MG/L		WEEKLYGRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.001	0.001	(03)	*****	*****	*****	()	0	1/wk ESC
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	****		WEEKLYESTIMA
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER A. M. Dulick Chemistry Manager TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$200,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	412	393-5113	92	03
		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 HEAVEN VALLEY POWER STATION
 ADDRESS P.O. BOX 4
ATTN: ANDREW DULICK
SHIPPINGPORT PA 15077

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

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

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

FACILITY LOCATION

ATTN: ANDREW DULICK

MONITORING PERIOD
 FROM YEAR 92 MO 02 DAY 01 TO YEAR 92 MO 02 DAY 29
 (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	(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	UNITS			
FLOW, IN CONDUIT OR THROUGH TREATMENT PLANT 50650 1 0 0 EFFLUENT GROSS VALUE		0.002	0.002	(03)	*****	*****	*****	()	0	1/WK EST	WEEKLY ESTIMATE
	PERMIT REQUIREMENT	REPORT Mnth Avg	REPORT Dly Max	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
A. M. Dulick
Chemistry Manager
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$250,000 and/or maximum imprisonment of between 5 years and 10 years.)

Andrew Dulick
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 412 393-5113
 DATE: 92 03 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 BEAVER VALLEY POWER STATION
 ADDRESS P.O. BOX 4
ATTN: ANDREW DULICK
SHIPPINGPORT PA 15077

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER PA0025615 (12-16)
 DISCHARGE NUMBER 113 A (17-19)

MAJOR (SUBR 05)
 F - FINAL
 UNIT 2 SEWAGE TMT PLANT

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

FACILITY _____
 LOCATION _____

ATTN: ANDREW DULICK

MONITORING PERIOD
 FROM YEAR 92 MO 02 DAY 01 TO YEAR 92 MO 02 DAY 29
 (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	(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (34-45)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	()	6.99	*****	7.05	(12)	0	2/MO G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0			TWICE/GRAB MONTH
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	()	*****	22.30	25.50	(19)	0	2/mc EHC
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30	60			TWICE/COMP-8 MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.035	0.040	(03)	*****	*****	*****	()	0	1/wk Meas.
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.043	REPORT	MGD	*****	*****	*****	****		WEEKLY REASRD
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****	()	*****	543.00	*****	(13)	0	2/mc G
74055 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	2000	30DA GEO	/ 100ML		TWICE/GRAB MONTH
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*****	*****	()	*****	15.00	16.00	(19)	0	2/mc EHC
80082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	25	50			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 THE 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 \$200,000 and/or the revocation or suspension of permits for 5 years and 1 year.	TELEPHONE	DATE			
A. M. Dulick Chemistry Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	412 393-5113	92	03	18
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: ANDREW DULICK

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

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

PA0025615

PERMIT NUMBER

213 A

DISCHARGE NUMBER

PAJ0E

(SUBR 05)

F - FINAL

UNIT 2 COOL TOWER PUMPHOUSE

Form Approved

OMB No. 2040-0004

Approval expires 6-30-91.

MONITORING PERIOD

FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
92	02	01	92	02	29
(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	(1 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (46-51)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMP. TYPE (66-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	()	7.83	*****	8.04	(12)	0	2/mo G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ***	6.0 MINIMUM	*****	9.0 MAXIMUM			TWICE/GRAB MONTH
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	()	*****	21.26	29.00	(19)	0	2/mo G
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ***	*****	30 METH AVG	100 DLY MAX			TWICE/GRAB MONTH
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	()	*****	6.46	7.91	(19)	0	2/mo G
FREON EXTR-GRAV METH	PERMIT REQUIREMENT	*****	*****	*** ***	*****	15 METH AVG	20 DLY MAX			TWICE/GRAB MONTH
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.001	0.001	(03)	*****	*****	*****	()	0	1/wk EST
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT METH AVG	REPORT DLY MAX	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

A. M. Dulick
Chemistry Manager

TYPED OR PRINTED

CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREON 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 § 1012. (Penalties under these statutes may include fines up to \$20,000 and/or maximum imprisonment of between 5 months and 1 year.)

Andrew Dulick
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
412 393-5113
DATE
92 03 18
AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments A-F)

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

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

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

PERMIT NUMBER PAC025615 (12-16)
 DISCHARGE NUMBER 313 A (17-19)

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
92	02	01		92	02	29
(12-21)	(12-23)	(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 (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (56-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH		*****	*****	()	6.48	*****	7.58	(12)	0 /WK	G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****	6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLYGRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	()	*****	400	400	(19)	0 /WK	G
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****	*****	30 Mnth Avg	100 Dly Max			WEEKLYGRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	*****	*****	()	*****	5.00	5.00	(19)	0 /WK	G
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****	*****	15 Mnth Avg	20 Dly Max			WEEKLYGRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.0001	0.0001	(03)	*****	*****	*****	()	0 /WK	Est
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT Mnth Avg	REPORT Dly Max	MGD	*****	*****	*****	*** ****		WEEKLYESTIMA
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER A. M. Dulick Chemistry Manager TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY KNOWLEDGE OF THESE 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. If you are under these statutes may on all fees up to \$1000 and/or maximum imprisonment of 5 years and 6 months.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Andrew Dulick</i>	TELEPHONE		DATE		
			412	393-5113	92	03	18

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: ANDREW DULICK

SHIPPINGPORT PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

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

(2-16) PA0025615
PERMIT NUMBER 1

(27-29) 13 A
DISCHARGE NUMBER

MAJOR (SUBR 05)
F - FINAL

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

UNCONTAMINATED STORMWATER


MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	02	01		92	02	29
	(20-22)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NO DISCHARGE

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT (46-51)	QUANTITY OR LOADING (34-41)			QUALITY OR CONCENTRATION (38-45)				NO. EX (52-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-51)	MAXIMUM (46-51)	UNITS (46-51)	MINIMUM (38-45)	AVERAGE (38-45)	MAXIMUM (38-45)	UNITS (38-45)			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	0.0	0.047	(03)	MGD	000000	000000	000000	()	0	1/2x est	WEEKLY ESTINA
	PERMIT REQUIREMENT	REPORT MONTH AVG	REPORT DLY MAX		000000	000000	000000	0000			
	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 \$200,000 and/or maximum imprisonment of 5 years and 6 months and 1 year.)	TELEPHONE	DATE
A. M. Dulick Chemistry Manager TYPED OR PRINTED			412 393-5113
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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.

NAME Duquesne Light Company
 ADDRESS One Third Centre
 301 Grant Street
 Pittsburgh, PA 15279

FACILITY Shippopot Atomic Power Station
 LOCATION Shippingport Borough, Beaver County

FA-401589
 PERMIT NUMBER

101
 DISCHARGE NO.

MONITORING PERIOD
 Year 92 Month 01 Day 01
 TO Year 92 Month 02 Day 29

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 NPDES

DISCHARGE MONITORING REPORT (DMR)

NOTE: Send instructions before completing this form.

PARAMETER	QUALITY OR LOADING			QUALITY OF CONCENTRATION			NO. FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MINIMUM	MAXIMUM	UNITS	MINIMUM	AVERAGE		
Flow	Sample Measure.			MGD				
	Permit Require.						2/1	EST
Suspended Solids	Sample Measure.					30	MG/L	GRAB
	Permit Require.						2/1	
Oil & Grease	Sample Measure.					15	MG/L	GRAB
	Permit Require.						2/1	
	Sample Measure.							
	Permit Require.							
	Sample Measure.							
	Permit Require.							
	Sample Measure.							
	Permit Require.							
	Sample Measure.							
	Permit Require.							
	Sample Measure.							
	Permit Require.							
TELEPHONE NUMBER 412-393-5113 DATE YEAR 92 MONTH 01 DAY 29								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 A. M. Dulick
 Chemistry Manager

DATE OF PRINTING

STATE OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
 DIVISION OF WATER

ATTENTION: Reference all attachments here!

NAME: Duquesne Light Company
 ADDRESS: One D. Ford Centre
 301 Grant Street
 Pittsburgh, PA 15279

FACILITY: Shippingport Atomic Power Station
 LOCATION: Shippingport, Borough, Beaver County

PERMITS NUMBER

20
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 NPDES

MONITORING PERIOD

Year: 92, Month: 01, Day: 01

Year: 92, Month: 04, Day: 29

FROM

10

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OF CONCENTRATION			NO. OF ANALYSES	FREQUENCY OF ANALYSES	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measure								
	Permit Require							2/MO	EST
Suspended Solids	Sample Measure				30	110	MG/L		
	Permit Require							2/MO	GRAB
Oil & Grease	Sample Measure				15	20	MG/L		
	Permit Require							2/MO	GRAB
	Sample Measure								
	Permit Require				0.0	9.0	S.M.		
	Sample Measure								
	Permit Require								
	Sample Measure								
	Permit Require								
	Sample Measure								
	Permit Require								
	Sample Measure								
	Permit Require								
<p>1. SAMPLE TYPE: ESTIMATED. 2. ANALYSIS METHOD: GRAVIMETRIC. 3. ANALYSIS DATE: 04/29/92. 4. ANALYST: J. J. [Signature]. 5. LABORATORY: [Signature]. 6. TELEPHONE: 412-393-5074. 7. YEAR: 92. 8. MONTH: 03. 9. DAY: 18.</p>									
<p>NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER</p> <p>TYPED OR PRINTED: [Signature]</p> <p>COMMENT AND EXPLANATION OF ANY VIOLATIONS (reference all attachments here)</p>									

DISCHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

Month: FEBRUARY
Year: 1992

Instructions:

- Complete monthly and submit with each DMR. Attach additional sheets and comments as needed for completeness and clarity.
- Sludge production information will be used to evaluate plant performance. Report only sludge which has been removed from digesters and other solids which have been permanently removed from the treatment process. Do not include sludge from other plants which is processed at your facility.
- In the disposal site section, report all sludge leaving your facility for disposal. If another plant processes and disposes of your sludge, just provide the name of that plant. If you dispose of sludge from other plants, include their tonnage in the disposal site section and provide their names and individual dry tonnage on the back of this form.
- If no sludge was removed, note on form.

Permittee: Duquesne Light Co.
Plant: Lower Valley Sewer Station Unit I
NPDES: PA 0025615
Municipality: Shippingport Borough
County: Greene

For sludge that is incinerated:
Pre-incineration weight = _____ dry tons
Post-incineration weight = _____ dry tons

SLUDGE PRODUCTION INFORMATION (prior to incineration)

HAULED AS LIQUID SLUDGE				HAULED AS DEWATERED SLUDGE			
(Gallons)	X (% Solids)	(Conversion Factor)		(Tons of Dewatered Sludge)	X (% Solids)	(Tons of Dewatered Sludge)	
		X	= Dry Tons			X (.01)	= Dry Tons
2000	0.02 (2%)	.0000417	0.0834			.01	
TOTAL = 0.0834				TOTAL =			

DISPOSAL SITE INFORMATION: List all sites, even if not used this month

	Site 1	Site 2	Site 3	Site 4
Name:	Boro of Monaca Sewage Treatment Plant			
Permit No.:	PA 0020125			
Dry Tons Disposed:	0.0834			
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	Greene			

(Signature)
CHEMISTRY MANAGER
MARCH 10 1992
(412) 393-5113