



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

Telephone (412) 383-6000

January 21, 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

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1/1

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

Telephone (412) 393-6000

January 21, 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 15077-0004

Telephone (412) 393-6000

January 21, 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 December 1991 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 Unit

DNH/ijj

PERMITTEE NAME: ADDRESS (Include Facility Name/Location if different)  
 NAME WATER VALLEY WASTE TREATMENT  
 ADDRESS 100 N. 100 W. SHIPPINGTON UT 84657  
 CITY AND STATE SHIPPINGTON UT 84657  
 FACILITY ATLAS ALLIEN DULICK  
 LOCATION ATLAS ALLIEN DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 (2-16) (17-19)  
 PERMIT NUMBER RI0025615  
 DISCHARGE NUMBER 101 A

SEJUR (SUBE 05)  
 P - FINAL  
 101 CHEMICAL WASTE TREATMENT  
 Form Approved  
 OMB No. 2040-0004  
 Approval expires 6-30-91

MONITORING PERIOD  
 FROM YEAR 91 MO 12 DAY 01 TO YEAR 91 MO 12 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)	X	(If Card Only) QUANTITY OR LOADING (34-37)			(If Card Only) QUALITY OR CONCENTRATION (34-37)			NO. EX (42-43)	FREQUENCY OF ANALYSIS (44-45)	SAMPLE TYPE (46-47)
		AVERAGE (34-35)	MAXIMUM (34-36)	UNITS (34-37)	MINIMUM (34-35)	AVERAGE (34-36)	MAXIMUM (34-37)			
EFFLUENT GROSS VALUE		000000	000000	( )	6.54	000000	7.48	( 12 )	0	1/wk G
PERMIT REQUIREMENT		000000	000000	0000	6.0	000000	9.0			WEEKLY GRAB
SOLIDS, TOTAL EFFLUENT GROSS VALUE		000000	000000	( )	MINIMUM	000000	MAXIMUM	50		
SAMPLE MEASUREMENT		000000	000000	( )	000000	18.11	36.26	( 19 )	0	1/wk 24hr Comp
PERMIT REQUIREMENT		000000	000000	0000	000000	30	100			WEEKLY COMP-2
OIL AND GREASE EFFLUENT GROSS VALUE		000000	000000	( )	000000	MNTH AVG	DLY MAX	MG/L		
SAMPLE MEASUREMENT		000000	000000	( )	000000	2.28	4.77	( 19 )	0	1/wk G
PERMIT REQUIREMENT		000000	000000	0000	000000	15	20			WEEKLY GRAB
NITROGEN, AMMONIA (NH3-N) EFFLUENT GROSS VALUE		000000	000000	( )	000000	MNTH AVG	DLY MAX	MG/L		
SAMPLE MEASUREMENT		000000	000000	( )	000000	REPORT	REPORT	MG/L		WEEKLY GRAB
PERMIT REQUIREMENT		000000	000000	0000	000000	MNTH AVG	DLY MAX	MG/L		
FLUORIDE COMPOUND OF 10.0 MILLIGRAM PER LITER EFFLUENT GROSS VALUE		0.009	0.024	( 03 )	000000	000000	000000	( )	0	D cont.
PERMIT REQUIREMENT		REPORT	REPORT	0000	000000	000000	000000	0000		DAILY CONTIN
PERMIT REQUIREMENT		MNTH AVG	DLY MAX	0000	000000	000000	000000	0000		
PHOSPHORUS EFFLUENT GROSS VALUE		000000	000000	( )	000000	000000	000000	( 19 )		
PERMIT REQUIREMENT		000000	000000	0000	000000	REPORT	REPORT	MG/L		WEEKLY GRAB
PERMIT REQUIREMENT		000000	000000	0000	000000	MNTH AVG	DLY MAX	MG/L		

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 DELIBERATE PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE USE 4.1001 AND 4.1002. A. M. Dulick  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
 TELEPHONE: 412 893-5113  
 DATE: 92 01 21  
 AREA CODE: NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all applicable laws):  
 AT 11:00 AM ON 1/21/92 THE WASTE TREATMENT PLANT WAS FULLY OPERATING DURING PERIOD OF WET LAYUP.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
**NAME** AT&T TELEPHONE STATION  
**ADDRESS** 400 N. 10TH ST  
ATLANTA, GEORGIA 30309  
**FACILITY** AT&T TELEPHONE STATION  
**LOCATION** ATLANTA, GEORGIA 30309

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

PERMIT NUMBER PA025615 DISCHARGE NUMBER 201 3

SAJ07 (508) 05  
 F - FINAL  
 201 SOFTENER REGENERANTS  
 Form Approved  
 OMB No. 2040-0004  
 Approval expires 6-30-91.

MONITORING PERIOD  
 FROM YEAR 91 MO 12 DAY 01 TO YEAR 91 MO 12 DAY 31  
 (12/28) (12/29) (12/31) (26/27) (28/29) (30/31)

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

PARAMETER (32-37)	SAMPLE MEASUREMENT	(If Card Only) QUANTITY OR LOADING (46-53)			(If Card Only) QUALITY OF CONCENTRATION (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	000000	000000	( )	7.90	000000	7.90	( 12 )	0	1/mo	G
	PERMIT REQUIREMENT	000000	000000	0000	6.0 MINIMUM	000000	9.0 MAXIMUM	00		TWICE/GRAB MONTH	
SOLID, TOTAL	SAMPLE MEASUREMENT	000000	000000	( )	000000	1.00	1.00	( 19 )	0	1/mo	G
	PERMIT REQUIREMENT	000000	000000	0000	000000	30 MTH AVG	100 DLY MAX	MG/L		TWICE/GRAB MONTH	
COND, TOTAL	SAMPLE MEASUREMENT	000000	000000	( )	000000	1.00	1.00	( 19 )	0	1/mo	G
	PERMIT REQUIREMENT	000000	000000	0000	000000	15 MTH AVG	20 DLY MAX	MG/L		TWICE/GRAB MONTH	
FLUO, TOTAL	SAMPLE MEASUREMENT	0.001	0.020	( 03 )	000000	000000	000000	( )	0	1/mo	Est
	PERMIT REQUIREMENT	REPORT MTH AVG	REPORT DLY MAX	100	000000	000000	000000	0000		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  
 I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY KNOWLEDGE AND BELIEF, I AM AWARE THAT THERE ARE NO UNTRUE OR MISLEADING STATEMENTS IN THIS REPORT AND THAT THE INFORMATION SUBMITTED IS TRUE AND ACCURATE.  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]  
 TELEPHONE: 412 393-5113 DATE: 92 01 21

COMMENT AND EXPLANATION OF ANY VIOLATIONS: Only one softener regeneration was performed in December 1991.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 (17-19)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
 NAME UNIT 2 SUR BOILER BLOWDOWN  
 ADDRESS 301 A  
1216

PERMIT NUMBER PA0025615

FORM APPROVED  
 OMB No. 2040-0004  
 Approval expires 6-30-91.

MONITORING PERIOD  
 FROM 91 12 31 TO 91 12 31  
 (12/31) (12/31) (24/25) (26/27) (28/29) (30/31)

FACILITY UNIT 2 SUR BOILER BLOWDOWN

LOCATION 301 A

QUALITY OF CONCENTRATION (4 Cond. Only) (18-42)

QUANTITY OR LOADING (54-61)

UNITS

MAXIMUM (54-62)

AVERAGE (46-53)

MINIMUM (46-54)

PERMIT REQUIREMENT


NO. OF ANALYSES (54-63)

FREQUENCY OF ANALYSES (54-64)

SAMPLE TYPE (60-70)

PARAMETER (32-37)	AVERAGE (46-53)	MAXIMUM (54-62)	UNITS	MINIMUM (46-54)	AVERAGE (46-53)	MAXIMUM (54-62)	UNITS	NO. OF ANALYSES (54-63)	FREQUENCY OF ANALYSES (54-64)	SAMPLE TYPE (60-70)
SOLIDS TOTAL	0.00000	0.00000	( )	0.00000	6.0A	9.10	( 19 )	0	2/mo	G
SOLIDS	0.00000	0.00000	( )	0.00000	30	100	%/L	0	TWICE/MONTH	GHAB
PHOSPHORUS	0.00000	0.00000	( )	0.00000	6.03	11.03	( 19 )	0	2/mo	G
NITROGEN	0.00000	0.00000	( )	0.00000	15	20	%/L	0	TWICE/MONTH	GHAB
FLUORIDE	0.001	0.001	( 0.3 )	0.00000	0.00000	0.00000	( )	0	1/wk	Est
CHLORIDE	REPORT MONTH AVG	REPORT MONTH DLY MAX	( )	0.00000	0.00000	0.00000	( )	0	WEEKLY ESTIMA	
THIOCYANATE										
AMMONIA										
ARSENIC										
BARIUM										
BORON										
BROMINE										
CADMIUM										
CALCIUM										
COPPER										
CYANIDE										
IRON										
MANGANESE										
NICKEL										
SILICA										
SODIUM										
ZINC										
PERMIT REQUIREMENT										

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE

DATE

ABEK CODE 412

PERMIT NUMBER PA0025615

YEAR 92 MONTH 01 DAY 21

COMMENT AND EXPLANATION OF ANY DISCREPANCIES

TYPED OR PRINTED

EPA Form 3320-1 (Rev. 9-88) Previous editions may be used

REPLACES EPA FORM 7-80 WHICH MAY NOT BE USED

191027911113-6-23

PAGE 1 OF 1

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
 NAME: Industrial Discharge  
 ADDRESS: 1234 Main St  
 FACILITY: Plant 1  
 LOCATION: 1234 Main St

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 PERMIT NUMBER: PA0025515  
 DISCHARGE NUMBER: 671 A

Form Approved  
 OMB No. 2040-0004  
 Approval expires 6-30-91  
 USE PREP AREA OF AER BOILERS

DATE: 01/12/91  
 TO: 01/12/91  
 FROM: 01/12/91  
 MONITORING PERIOD

NOTE: Read instructions before completing this form.

PARAMETER (42-47)	AVERAGE (46-51)		MINIMUM (48-49)		MAXIMUM (44-45)		UNITS (12)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (66-72)
	(46-51)	(46-51)	(48-49)	(48-49)	(44-45)	(44-45)			
PH	000000	000000	000000	000000	000000	000000	( 12 )	TWICE/MONTH	CRAB
ALUMINUM	000000	000000	000000	000000	000000	000000	30	TWICE/MONTH	CRAB
COD	000000	000000	000000	000000	000000	000000	MG/L	TWICE/MONTH	CRAB
TSS	000000	000000	000000	000000	000000	000000	MG/L	TWICE/MONTH	CRAB
AMMONIA	000000	000000	000000	000000	000000	000000	MG/L	TWICE/MONTH	CRAB
PHOSPHORUS	000000	000000	000000	000000	000000	000000	MG/L	TWICE/MONTH	CRAB
CHLORIDE	000000	000000	000000	000000	000000	000000	MG/L	TWICE/MONTH	CRAB
COBALT	000000	000000	000000	000000	000000	000000	MG/L	TWICE/MONTH	CRAB
CHROMIUM	000000	000000	000000	000000	000000	000000	MG/L	TWICE/MONTH	CRAB
COPPER	000000	000000	000000	000000	000000	000000	MG/L	TWICE/MONTH	CRAB
IRON	000000	000000	000000	000000	000000	000000	MG/L	TWICE/MONTH	CRAB
MANGANESE	000000	000000	000000	000000	000000	000000	MG/L	TWICE/MONTH	CRAB
NICKEL	000000	000000	000000	000000	000000	000000	MG/L	TWICE/MONTH	CRAB
SELENIUM	000000	000000	000000	000000	000000	000000	MG/L	TWICE/MONTH	CRAB
SILICA	000000	000000	000000	000000	000000	000000	MG/L	TWICE/MONTH	CRAB
SODIUM	000000	000000	000000	000000	000000	000000	MG/L	TWICE/MONTH	CRAB
ZINC	000000	000000	000000	000000	000000	000000	MG/L	TWICE/MONTH	CRAB
TOXIC METALS	000000	000000	000000	000000	000000	000000	MG/L	TWICE/MONTH	CRAB
PERMIT REQUIREMENT	000000	000000	000000	000000	000000	000000	MG/L	TWICE/MONTH	CRAB
REPORT DLY MAX	000000	000000	000000	000000	000000	000000	MG/L	TWICE/MONTH	CRAB
REPORT DLY MAX	000000	000000	000000	000000	000000	000000	MG/L	TWICE/MONTH	CRAB
REPORT DLY MAX	000000	000000	000000	000000	000000	000000	MG/L	TWICE/MONTH	CRAB
REPORT DLY MAX	000000	000000	000000	000000	000000	000000	MG/L	TWICE/MONTH	CRAB

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

DATE: 01/21/91  
 TELEPHONE: 393-5113  
 AREA NUMBER: 612  
 OFFICE OR AUTHORIZED AGENT: Principal Executive

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
 NAME WINDY HILLS DISTRICT  
 ADDRESS 1111 ANNE ST  
INDIANAPOLIS IN 46202  
 FACILITY INDIANAPOLIS  
 LOCATION INDIANAPOLIS IN 46202

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

Permit Number: IND 25615

Discharge Number: 501 A

Effluent Limitation Category: P - FINAL

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

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	91	12	31		91	12	31
	(20 31)	(12 23)	(24 25)		(26 27)	(28 29)	(30 31)

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

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (66-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PILLOW GROUSE VALVE FLOW, IN CONDUIT ON TOWER 1047/1048 FLOW	SAMPLE MEASUREMENT	000000	000000	( )	000000					
	PERMIT REQUIREMENT	000000	000000	000	000000	30 MMTD AVG	100 DLY MAX	MG/L		WEEKLY GRAB
PILLOW GROUSE VALVE FLOW, IN CONDUIT ON TOWER 1047/1048 FLOW	SAMPLE MEASUREMENT	No flow		( 03 )	000000	000000	000000	( )		
	PERMIT REQUIREMENT	REPORT	REPORT	MGD	000000	000000	000000	000		WEEKLY ESTIMA
	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 KNOWLEDGE OF THESE INDIVIDUALS I AM 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 PROSECUTION OF THIS AND VIOLATION OF FEDERAL LAWS AND REGULATIONS.

*A. M. Dulick*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 412 393-5113  
 DATE: 92 01 21

COMMENT AND EXPLANATION OF ANY VARIATIONS FROM PERMIT REQUIREMENTS:  
NO DISCHARGE



PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
 NAME AMERICAN AIRWAYS  
 ADDRESS 600 23rd St  
Wichita, KS 67202  
 FACILITY AMERICAN AIRWAYS  
 LOCATION Wichita, KS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)  
 11719  
 601 A  
 DISCHARGE NUMBER  
 PERMIT NUMBER  
 38025615


FORM APPROVED  
 OMB No. 2040-0004  
 App. Oval expires 6-30-91  
 UNITS 162 COULG. FIVEH BLMDN.

MONITORING PERIOD  
 FROM 71 12 01 TO 71 12 31  
 (12-01) (12-31) (12-25) (12-26) (12-31)

NOTE: Read instructions before completing this form.  
 NO DISCHARGE

PARAMETER (42-47)	(1) Cont (Only) QUANTITY OR LOADING (54-61)			(4) Cont (Only) QUANTITY OR CONCENTRATION (54-57)			NO. OF ANALYSES (54-65)	FREQUENCY OF ANALYSES (54-65)	SAMPLE TYPE (60-70)
	AVERAGE (46-51)	MAXIMUM (46-52)	UNITS (46-53)	AVERAGE (46-51)	MAXIMUM (46-52)	UNITS (46-53)			
PH	000000	000000	( )	000000	000000	( )	0	1/week	G
0-200 mg/l	000000	000000	0000	8.06	9.0	MAXIMUM	0	WEEKLY	CHAR
0-100 mg/l	000000	000000	( )	MINIMUM	000000	( )	0	WEEKLY	CHAR
0-10 mg/l	000000	000000	0000	000000	REPORT	000000	0	WEEKLY	CHAR
0-1 mg/l	000000	000000	0000	000000	MONTH AVG	000000	0	DAILY	CONTIN
0-100 mg/l	000000	000000	0000	000000	REPORT	000000	0	DAILY	CONTIN
0-10 mg/l	000000	000000	0000	000000	MONTH AVG	000000	0	DAILY	CONTIN
0-1 mg/l	000000	000000	0000	000000	REPORT	000000	0	DAILY	CONTIN
0-100 mg/l	000000	000000	0000	000000	MONTH AVG	000000	0	DAILY	CONTIN
0-10 mg/l	000000	000000	0000	000000	REPORT	000000	0	DAILY	CONTIN
0-1 mg/l	000000	000000	0000	000000	MONTH AVG	000000	0	DAILY	CONTIN
0-100 mg/l	000000	000000	0000	000000	REPORT	000000	0	DAILY	CONTIN
0-10 mg/l	000000	000000	0000	000000	MONTH AVG	000000	0	DAILY	CONTIN
0-1 mg/l	000000	000000	0000	000000	REPORT	000000	0	DAILY	CONTIN
0-100 mg/l	000000	000000	0000	000000	MONTH AVG	000000	0	DAILY	CONTIN
0-10 mg/l	000000	000000	0000	000000	REPORT	000000	0	DAILY	CONTIN
0-1 mg/l	000000	000000	0000	000000	MONTH AVG	000000	0	DAILY	CONTIN

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


OFFICE OR AUTHORIZED AGENT  
 412 393-5113

TELEPHONE  
 412 393-5113

DATE  
 92 01 21

COMMENT AND EXPLANATION OF ANY VIOLATIONS, REVISIONS, OR OTHER NOTES  
 NO DISCHARGE

EPA Form 3320-1 (Rev. 9-88) Previous editions may be used. REPLACES EPA FORM 7-80 WHICH MAY NOT BE USED. PAGE 1 OF 1

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

JAMS  
 10000 Valley Green Station  
 10000 Valley Green Station  
 PA 15077

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

250025015  
 PERMIT NUMBER

0114  
 DISCHARGE NUMBER

RAJON  
 (SUBB 05)  
 F - FINAL

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

MONITORING PERIOD  
 FROM YEAR 91 MO 10 DAY 01 TO YEAR 91 MO 12 DAY 31  
 (28-31) (22-23) (24-25) (26-27) (28-29) (30-31)

UNITS 1 & 2 COOL TOWER BLOWDOWN

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

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-58)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
011010 1 0 0 011010 1 0 0 011010 1 0 0 011010 1 0 0	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	0.000	0.000	( )	0.000	0.000	0.000	( 19)	0	2/QE	G
011010 1 0 0 011010 1 0 0 011010 1 0 0 011010 1 0 0	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	0.000	0.000	( )	0.000	0.000	0.000	( 19)	0	2/QE	G
	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										
	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 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 PENALTY OF FINE AND IMPRISONMENT (SEE 18 USC 1001) AND THE PENALTY OF FINE AND IMPRISONMENT (SEE 18 USC 1001) AND THE PENALTY OF FINE AND IMPRISONMENT (SEE 18 USC 1001).

*A. M. Dulick*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 412 393-5113  
 DATE: 92 01 21

COMMENT AND EXPLANATION OF ANY VIOLATIONS, ETC.:  
 Lower limits of detection: Cyanuric 3.000 ug/l  
 Selenophenol 0.500 ug/l

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

NAME LAUREL VALLEY POWER STATION

ADDRESS 1, C. BOX 4

ATLANTA, GEORGIA

PERMIT NO. 15077

FACILITY ATLANTA, GEORGIA

LOCATION ATLANTA, GEORGIA

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

PERMIT NUMBER PA002415

DISCHARGE NUMBER 102 A

MAJOR (SIC) 05  
F - FINAL  
102 INTAKE SCREENHOUSE

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

MONITORING PERIOD

FROM YEAR 91 MO 12 DAY 01 TO YEAR 91 MO 17 DAY 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 (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (66-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH		*****	*****	( )	6.48	*****	7.57	( 12 )	0 2/mo G	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM		TWICE/GRAB MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	( )	*****	3.38	4.46	( 19 )	0 2/mo G	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MONTH AVG	100 DLY MAX		TWICE/GRAB MONTH	
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	( )	*****	3.73	6.26	( 19 )	0 2/mo G	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MONTH AVG	20 DLY MAX		TWICE/GRAB MONTH	
FLUORIDE	SAMPLE MEASUREMENT	0.001	0.001	( 03 )	*****	*****	*****	( )	0 2/mo EST	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MONTH AVG	REPORT DLY MAX	MG/L	*****	*****	*****	*****	TWICE/ESTIMATE MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
  
A. M. Bulick  
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 TO BE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING FINE AND IMPRISONMENT. SEE 18 USC 1001 AND 18 USC 1002.

*(Signature)*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
412 393-5113  
AREA CODE NUMBER  
DATE  
92 01 21  
YEAR MO DAY

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

NAME WINDY VALLEY POWER STATION  
 ADDRESS 1000 W. 10th St  
ATTN: AUSTIN DULICK  
MEMPHIS, TN 38117

FACILITY \_\_\_\_\_  
 LOCATION \_\_\_\_\_

ATTN: AUSTIN DULICK

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

(2-16) PA0025615 PERMIT NUMBER  
 (17-19) 0724 DISCHARGE NUMBER

CA308  
 (SU88 05)  
 F - FINAL  
 INTAKE SCREEN PACKWASH

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

MONITORING PERIOD  
 FROM YEAR 91 MO 12 DAY 01 TO YEAR 91 MO 12 DAY 31  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (34-61)			QUALITY OR CONCENTRATION (34-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW IN CONDUIT OR TANK (GROSS AT PLANT)	0.001	0.001	( 03)	*****	*****	*****	( )	0	1/wk	EST	
APPLICABLE GROSS VALUE	PERMIT REQUIREMENT	REPORT MTH AVG	REPORT DLY MAX	UNIT	*****	*****	*****	***	***	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  
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 PENALTY FOR FINE AND IMPRISONMENT, SET TO COST \$1000 AND THE PENALTY FOR LIFE AND IMPRISONMENT, SET TO COST \$1000 AND THE PENALTY FOR LIFE AND IMPRISONMENT, SET TO COST \$1000.

Austin Dulick  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 412 393-5113  
 DATE: 92 01 21  
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS: \_\_\_\_\_

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
 NAME VALLEY FERTILIZER  
 ADDRESS 11111 VALLEY AVENUE  
MIAMI, FL 33157  
 FACILITY  
 LOCATION  
 ATTN: A. M. DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 (2-16) (17-19)  
 PAGO25615 103 A  
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR (SUBP 05) F - FINAL  
 SLUDGE SETTLING BASIN  
 Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.

MONITORING PERIOD  
 FROM YEAR 91 MO 12 DAY 01 TO YEAR 91 MO 12 DAY 31  
 (12-31) (12-28) (31-25) (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 (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH 00030 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	( )	6.27	*****	7.09	( 12)	0	2/MO G
	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0			TWICE/GRAB MONTH
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	( )	*****	8.47 10.94 8.0	10.94	( 19)	0	2/MO 24 Hr COMP
	PERMIT REQUIREMENT	*****	*****	****	*****	30	100			TWICE/COMP 24 MONTH
FLOW, TO CONDUIT OR TREATMENT PLANT 50750 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.001	0.001	( 03)	*****	*****	*****	( )	0	2/MO EST
	PERMIT REQUIREMENT	REPORT Mnth Avg	REPORT DLY Max	NGD	*****	*****	*****	****		TWICE/ESTIMA MONTH
	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 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 SEVERAL PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING FINE, IMPRISONMENT, AND DEPORTATION. I AGREE TO BE BOUND BY THESE PENALTIES.

*A. M. Dulick*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NUMBER DATE  
 412 393-5113 92 01 21  
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS, REVISIONS, OR OTHER NOTES

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

PERMIT NUMBER  
25015

DISCHARGE NUMBER  
203A

FORM APPROVED  
OMB No. 2040-0004  
Approval expires 6-30-91

MAJOR FACILITY  
PAIN SEWAGE TREAT PLANT

NOTE: Read instructions before completing this form.

MONITORING PERIOD  
FROM 12/23/88 TO 12/31/88

QUANTITY OR CONCENTRATION (4 Card Only) (54-61)

QUANTITY OR CONCENTRATION (46-53)

MINIMUM

AVERAGE

MAXIMUM

UNITS

NO. OF EX ANALYSIS (64-68)

SAMPLE TYPE (65-70)

PARAMETER (32-37)	(3 Card Only) QUANTITY OR LOADING (54-61)				(4 Card Only) QUANTITY OR CONCENTRATION (46-53)				NO. OF EX ANALYSIS (64-68)	SAMPLE TYPE (65-70)
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SAMPLE MEASUREMENT	*****	*****	( )	*****	*****	( 12 )		0	SPIC	
PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	50	0	TWICE/MONTH	
SAMPLE MEASUREMENT	*****	*****	( )	*****	27.63	33.60		0	SPIC	
PERMIT REQUIREMENT	*****	*****	*****	*****	30 MONTH AVG DAILY MAX	60		0	TWICE/MONTH	
SAMPLE MEASUREMENT	0.010	0.030	( 03 )	*****	*****	*****		0	WEEKLY	
PERMIT REQUIREMENT	0.023 MONTH AVG	REPORT DAILY MAX	*****	*****	*****	*****		0	WEEKLY MEASRD	
SAMPLE MEASUREMENT	*****	*****	( )	*****	850.00	*****		0	SPIC	
PERMIT REQUIREMENT	*****	*****	*****	*****	2000 30DA GEO	*****	100ML	0	TWICE/MONTH	
SAMPLE MEASUREMENT	*****	*****	( )	*****	13.00	12.00		0	SPIC	
PERMIT REQUIREMENT	*****	*****	*****	*****	25 MONTH AVG DLY MAX	50		0	TWICE/MONTH	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
*A. M. Dulick*

TELEPHONE

DATE

AREA NUMBER

YEAR

MO

DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS, REVISIONS, OR OTHER COMMENTS:  
 A. M. Dulick  
 Chemistry Manager  
 TYPED OR PRINTED  
 I warrant quantities for COD, ammonia, nitrate, and nitrite of only one sample. The second sample was lost in transit to the state laboratory and was not analyzed.  
 EPA Form 3320-1 (Rev. 9-88) Previous editions may be used. (REPLACES EPA FORM 740 WHICH MAY NOT BE USED)  
 PAGE 1 OF 1

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

NAME VALLEY FISH STATION  
 ADDRESS 1234 4  
SPRINGPORT PA 15077

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

PA0025615  
 PERMIT NUMBER

303 A  
 DISCHARGE NUMBER

MAJOR (SUBR 05)  
 F - FINAL

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

UNIT 1 OIL WATER SEPARATOR

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	91	12	31		91	12	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	(1 Card Only) QUANTITY OR LOADING (34-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (52-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-51)	MAXIMUM (52-57)	UNITS (58-61)	MINIMUM (38-43)	AVERAGE (46-51)	MAXIMUM (52-57)	UNITS (58-61)			
PH		*****	*****	( )	6.39	*****	7.94	( 12 )	0	1/wk	G
PERMIT REQUIREMENT		*****	*****	****	6.0	*****	9.0	50		WEEKLY	GRAB
SOLID, TOTAL		*****	*****	( )	*****	5.37	7.30	( 19 )	0	1/wk	G
PERMIT REQUIREMENT		*****	*****	****	*****	30	100	MG/L		WEEKLY	GRAB
OIL AND GREASE		*****	*****	( )	*****	9.85	18.18	( 19 )	0	1/wk	G
PERMIT REQUIREMENT		*****	*****	****	*****	15	20	MG/L		WEEKLY	GRAB
FLUORIDE IN CONDUIT		0.019	0.056	( 03 )	*****	*****	*****	( )	0	1/wk	EST
PERMIT REQUIREMENT		REPORT	REPORT	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
		MNTH AVG	DLY MAX								

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 PROVISIONS OF THE ACT AND IMPROVEMENTS SEE 16 USC 1360 AND 1362 AND 40 CFR 123.11 AND 123.12. I UNDERSTAND THAT I AM SUBJECT TO THE PENALTY OF PERJURY FOR THE INFORMATION SUBMITTED HEREIN.

*A. M. Dulick*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-5113  
 DATE 92 01 21  
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS, ACHIEVEMENTS, OR CORRECTIVE ACTION:

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

MAJOR (5088 05)  
F - FINAL  
CONDEMNATE BLOWDOWN & RIVER MAT

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

473 A  
DISCHARGE NUMBER

PA0025925  
PERMIT NUMBER

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
93	12	11	93	12	11

FROM 12/21/93 TO 12/29/93

NOTE: Read instructions before completing this form.

PARAMETER (3237)	1 Card Only (46-53)		2 Card Only (54-61)		3 Card Only (66-73)		UNITS	MAXIMUM (54-61)	AVERAGE (46-53)	MINIMUM (18-43)	QUALITY OR CONCENTRATION (46-53)	NO. OF ANALYSIS (54-61)	FREQUENCY OF ANALYSIS (66-73)	SAMPLE TYPE (66-73)
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM								
PH	6.89	6.99	( 12 )	6.89	6.99	( 12 )	6.99	6.89	6.99	6.89	6.99	0 /week	WEEKLYGRAB	
COAGULANT TOTAL	6.0 MINIMUM	9.0 MAXIMUM	( 19 )	6.0 MINIMUM	9.0 MAXIMUM	( 19 )	9.0 MAXIMUM	6.0 MINIMUM	9.0 MAXIMUM	6.0 MINIMUM	9.0 MAXIMUM	0 /week	WEEKLYGRAB	
COAGULANT	8.87	10.93	( )	8.87	10.93	( )	10.93	8.87	10.93	8.87	10.93	0 /week	WEEKLYGRAB	
COAGULANT	30	100 DLY MAX	( )	30	100 DLY MAX	( )	100 DLY MAX	30	100 DLY MAX	30	100 DLY MAX	0 /week	WEEKLYGRAB	
COAGULANT	10.34	14.50	( )	10.34	14.50	( )	14.50	10.34	14.50	10.34	14.50	0 /week	WEEKLYGRAB	
COAGULANT	15	20 DLY MAX	( )	15	20 DLY MAX	( )	20 DLY MAX	15	20 DLY MAX	15	20 DLY MAX	0 /week	WEEKLYGRAB	
COAGULANT	0.015	0.015	( 03 )	0.015	0.015	( 03 )	0.015	0.015	0.015	0.015	0.015	0 /week	WEEKLYGRAB	
COAGULANT	REPORT MONTH AVG	REPORT MONTH AVG	( )	REPORT MONTH AVG	REPORT MONTH AVG	( )	REPORT MONTH AVG	REPORT MONTH AVG	REPORT MONTH AVG	REPORT MONTH AVG	REPORT MONTH AVG	0 /week	WEEKLYGRAB	
COAGULANT	REPORT MONTH AVG	REPORT MONTH AVG	( )	REPORT MONTH AVG	REPORT MONTH AVG	( )	REPORT MONTH AVG	REPORT MONTH AVG	REPORT MONTH AVG	REPORT MONTH AVG	REPORT MONTH AVG	0 /week	WEEKLYGRAB	
COAGULANT	0	0 DLY MAX	( )	0	0 DLY MAX	( )	0 DLY MAX	0	0 DLY MAX	0	0 DLY MAX	0 /week	WEEKLYGRAB	
COAGULANT	0	0 DLY MAX	( )	0	0 DLY MAX	( )	0 DLY MAX	0	0 DLY MAX	0	0 DLY MAX	0 /week	WEEKLYGRAB	

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

A. N. Dulick  
Chemistry Manager



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

NAME PAOLI TOWN WATER TREATMENT PLANT  
 ADDRESS 1000 PAOLI RD  
PAOLI, PENNSYLVANIA  
15077  
 FACILITY PAOLI TOWN WATER TREATMENT PLANT  
 LOCATION PAOLI, PENNSYLVANIA

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER PA0025615 DISCHARGE NUMBER 003 A

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

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

MONITORING PERIOD

FROM YEAR 91 MO 12 DAY 01 TO YEAR 91 MO 12 DAY 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 (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 OF THIS TREATMENT PLANT		0.032	0.092	( G3)	*****	*****	*****	( )	0	2/mo Est	
EFFLUENT GROSS VALUE		REPORT MONTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	****		TRICE/ESTIMA MONTH	
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
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 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 VIOLATION OF THE LAW AND HARMING THE PUBLIC INTEREST AND THE ENVIRONMENT. SEE 40 C.F.R. 122.11 AND 122.12. I AM NOT PROVIDING ANY INFORMATION THAT IS UNLAWFUL TO DISCLOSE OR THAT IS UNLAWFUL TO OBTAIN.

*A. M. Dulick*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-5113 DATE 92 01 21  
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS, REVISIONS OR UNUSUAL EVENTS

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

NAME AT&T VALLEY POWER STATION

ADDRESS 2000 W. 10th St.

AT&T ADDRESS OFFICE

INDIANAPOLIS IN 46201

FACILITY \_\_\_\_\_

LOCATION \_\_\_\_\_

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

(2-16) 1A0025615 PERMIT NUMBER  
(17-19) 000 A DISCHARGE NUMBER

MAJOR (5688 05)  
F - FINAL  
UNIT ONE COOLING TOWER OVERFLOW

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

MONITORING PERIOD

FROM YEAR 71 MO 12 DAY 01 TO YEAR 71 MO 12 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	(1 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE (46-51)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (38-45)	AVERAGE (46-51)	MAXIMUM (54-61)			
PH 60400 1 0 0 EFFLUENT PH VALUE	SAMPLE MEASUREMENT	*****	*****	( )		*****		( 12)		
	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SD		WEEKLY GRAB
FLOW, IN CUBIC FT PER HOUR 50050 1 0 0 EFFLUENT FLOW VALUE	SAMPLE MEASUREMENT	<i>NO FLOW</i>			( 03)	*****	*****	*****	( )	
	PERMIT REQUIREMENT	REPORT MTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	****		WEEKLY MEASRD
CHLORINE, FREE AVAILABLE 50006 1 0 1 EFFLUENT CROSS VALUE	SAMPLE MEASUREMENT	*****	*****	( )	*****			( 19)		
	PERMIT REQUIREMENT	*****	*****	****	*****	0.2 DAILY MX	0.5 INST MX	MG/L		CONTINUOUS
	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 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 FINE AND IMPRISONMENT. I HAVE READ AND UNDERSTAND THE PROVISIONS OF THE ACT AND THE REGULATIONS THEREUNDER AND I AGREE TO BE BOUND BY THEM.

*A. M. Dulick*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 412 393-5113  
DATE: 92 01 21  
AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS: NO DISCHARGE

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

NAME DEAVALLEY VALLEY POWER STATION  
 ADDRESS 4000 BLX 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 (12-16)  
 DISCHARGE NUMBER 006 A (17-19)

MAJOR (SBR 05)  
 F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
91	12	01		91	12	31
(30-31)	(32-31)	(24-25)		(26-27)	(28-29)	(30-31)

AUX. INTAKE SCREEN BACKWASH  
 \*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-51)			QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PLUM, 14 CONDUIT AT THIS TREATMENT PLANT SOURCE IS TO BE FIELD Treated VALVE	<i>No flow</i>	REPORT 8TH AVG	REPORT DLY MAX	PGI	*****	*****	*****	( )		
	PERMIT REQUIREMENT				*****	*****	*****	***	WEEKLY	STIMA
	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 33 USC 1361 AND 33 CFR 1.121. (EPA 800/1-800-368-5848) (EPA 800/1-800-368-5848)

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

TELEPHONE 412 393-5113  
 DATE 92 01 21  
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS - Reference all violations to permit.

*RE 2/25/92*

PERMITTEE NAME/ADDRESS (incl. Facility Name/Location if different)  
 NAME VALLEY POWER CO. INC.  
 ADDRESS 1100 N. BRUCE BLVD.  
DEPT. 1100 PA 15077  
 FACILITY  
 LOCATION  
 ATTN: ANITA DULICK

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

PA 0025015  
 PERMIT NUMBER

037 A  
 DISCHARGE NUMBER

MAJOR (308F 05)  
 F - FINAL  
 AUX. INTAKE SYSTEM

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

MONITORING PERIOD

FROM YEAR 91 MO 12 DAY 01 TO YEAR 91 MO 12 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)	X	(1 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 OR FROM TREATMENT PLANT		NO FLOW			( 03 )	*****	*****	*****	( )	
EFFLUENT GROSS VALUE AVAILABLE		REPORT MONTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	***	WEEKLY ESTIMATE	
FLOW, IN CONDUIT OR FROM TREATMENT PLANT		*****			( )	*****			( 19 )	
EFFLUENT GROSS VALUE AVAILABLE		*****	*****	*****	*****	0.2 DAILY MX	0.5 INST MX	MG/L	WEEKLY GRAB	

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 AND BELIEVE THE 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. I AGREE TO USE THE BEST AVAILABLE DATA TO REPORT DISCHARGE INFORMATION.

*[Signature]*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 412 393-5113  
 DATE: 92 01 21  
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS: NO DISCHARGE  
 THIS FACILITY IS A MEMBER OF THE WESTERN PIEDMONT RIVER WATER SYSTEM. DISCHARGE MONITORING IS REQUIRED ONLY DURING THOSE PERIODS OF DISCHARGE FROM THE WESTERN PIEDMONT RIVER WATER SYSTEM.

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

NAME TRAYLOR VALLEY POWER STATION  
 ADDRESS 124 1/2  
ATTN: ANDREW DULICK  
WARRINGTON PA 15077  
 FACILITY  
 LOCATION  
ATTN: ANDREW DULICK

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

(2-16) PA025615 (17-19) 074 A  
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR (SUBP US) F - FINAL  
 UNIT 1 COOLING TOWER PUMPHOUSE  
 Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	91	12	01		91	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (34-61)			(4 Card Only) QUALITY OR CONCENTRATION (34-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-51)	MAXIMUM (52-53)	UNITS (54-55)	MINIMUM (56-57)	AVERAGE (58-59)	MAXIMUM (60-61)			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	( )	7.69	*****	7.87	( 12 )	0	2/mo G
	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0			TWICE/GRAB MONTH
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	( )	*****	1.86	1.94	( 19 )	0	2/mo G
	PERMIT REQUIREMENT	*****	*****	****	*****	30	100			TWICE/GRAB MONTH
00550 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	( )	8.05	14.05	14.05	( 19 )	0	2/mo G
	PERMIT REQUIREMENT	*****	*****	****	15	20	30			TWICE/GRAB MONTH
00560 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.001	0.001	( 03 )	*****	*****	*****	( )	0	1/WK EST
	PERMIT REQUIREMENT	REPORT MONTH AVG	REPORT DLY MAX	M:0	*****	*****	*****	****		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 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 FINE AND IMPRISONMENT. SEE 18 USC 1001 AND 18 USC 1003. Penalties under these statutes may include fines up to \$250,000 and imprisonment for up to 5 years.

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

TELEPHONE 412 893-5113  
 DATE 92 01 21  
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATION

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

NAME AT & T TELEPHONE SERVICE STATION  
 ADDRESS 204 S. 20th St  
PHILADELPHIA, PA 19107

FACILITY \_\_\_\_\_  
 LOCATION \_\_\_\_\_  
 ATTN: PHILADELPHIA

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

PERMIT NUMBER PA025615 (2-16)  
 DISCHARGE NUMBER 010 A (17-19)

MAJOR (SUBS GS)  
 F - FINAL

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

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	91	12	01		91	12	31
	(20-21)	(22-25)	(24-25)		(26-27)	(28-29)	(30-31)

UNIT 2 COOLING WATER  
 \*\*\* 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 (46-51)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE (46-51)	MAXIMUM (54-61)	UNITS (51-53)	MINIMUM (58-63)	AVERAGE (46-51)	MAXIMUM (54-61)			
PH 00440 1 0 0 EFFLUENT COOLING WATER	SAMPLE MEASUREMENT	*****	*****	( )	6.85	*****	8.05	( 12)	0	1/wk G
	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0	30		WEEKLY GRAB
FLOW IN CONDUIT OF TREATMENT PLANT S0151 1 J 0 EFFLUENT COOLING WATER	SAMPLE MEASUREMENT	5.000	5.000	( 03)	*****	*****	*****	( )	0	1/wk Meas
	PERMIT REQUIREMENT	REPORT METH AVG	REPORT DLY MAX	MGD	*****	*****	*****	***		WEEKLY MEASRD
CALORIES, FUEL AVAILABLE S0064 1 0 1 EFFLUENT COOLING WATER	SAMPLE MEASUREMENT	*****	*****	( )	*****	0.01	0.02	( 19)	0	1/wk G
	PERMIT REQUIREMENT	*****	*****	***	*****	0.2	0.5	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  TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC 1001 AND 18 USC 1003. (EPA Form 3320-1, Rev. 9-88)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  <i>A. M. Dulick</i>	TELEPHONE	DATE		
			412 393-5113 AREA CODE NUMBER	92	01	21

COMMENT AND EXPLANATION OF ANY VIOLATIONS: \_\_\_\_\_

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
 NAME VALLEY POWER STATION  
 ADDRESS 10000 VALLEY BLVD #4  
ATLANTA, GEORGIA 30338  
 FACILITY  
 LOCATION  
 ATTN: ANDREW DULICK

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

PERMIT NUMBER PA0025615 (2-16)  
 DISCHARGE NUMBER 012 A (17-19)

MAJOR (SUBR (S))  
 P - FINAL  
 SLOWDOWN FROM THE HVAC C. TOWER

Form Approved  
 OMB No. 2040-0004  
 Approval expires 8-30-91.


MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	91	12	01		91	12	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	(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 (54-55)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (58-63)	AVERAGE (46-53)	MAXIMUM (54-61)			
00400 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR TREATMENT PLANT	*****	*****	( )	8.32	*****	8.32	( 12)	0	1/mo	G
50050 1 0 0 EFFLUENT GROSS VALUE	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	50	0	ONCE/ MONTH	GRAB
50050 1 0 0 EFFLUENT GROSS VALUE	*****	*****	( 03)	*****	*****	*****	( )	0	1/mo	ESC
	REPORT	REPORT		*****	*****	*****	***	0	ONCE/ MONTH	ESTIMA
	MNTH AVG	DLY MAX	MGD	*****	*****	*****	***			

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 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 CFR 122.11 AND 122.12. I HAVE BEEN ADVISED OF THESE PENALTIES AND I UNDERSTAND THEM.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE  
 412 393-5113

DATE  
 92 01 21

AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS OR NON-DETECTABLE DISCHARGES

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

NAME LEATH VALLEY POWER PLANT  
 ADDRESS 1000 9th St  
ATTS: ANGLIA TOLICE  
PHILADELPHIA PA 19077

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

PERMIT NUMBER PA0025515 (2-16)  
 DISCHARGE NUMBER 110 A (17-19)

GAJD: Form Approved  
 (SUBB 03) OMB No. 2040-0004  
 F - FINAL Approval expires 6-30-91  
 UNIT 2 SERVICE WATER BACKWASH

MONITORING PERIOD

FROM YEAR 91 MO 12 DAY 01 TO YEAR 91 MO 17 DAY 31  
(120-21) (122-23) (124-25) (126-27) (128-29) (130-31)

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

ATTN: ANDREW DULICK

PARAMETER (32-37)	SAMPLE MEASUREMENT (38-43)	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW, IN CONDUIT OR TREATMENT PLANT 50000 1 0 0 EFFLUENT CROSS VALU	NO FLOW			( 03 )	*****	*****	*****			
	PERMIT REQUIREMENT	REPORT MTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	***	WEEKLY ESTIMA	
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
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	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 THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION TO BE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE PENALTIES OF FINE AND IMPRISONMENT SET IN USC 1-1001 AND 18 USC 1001. I understand these penalties and I have signed this report as a responsible official of the permittee.

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

TELEPHONE 412 393-5113  
 DATE 92 01 21  
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Include all attachments, etc.)

NO DISCHARGE



PERMITTEE NAME/ADDRESS (include Facility Name; Location if different)

NAME: VALLEY INDUSTRIALS  
 ADDRESS: 1000 W. 10th St.  
PHILADELPHIA, PA 19107

FACILITY: PHILADELPHIA  
 LOCATION: PHILADELPHIA

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

PERMIT NUMBER: PA0025615  
 DISCHARGE NUMBER: 111 A

MAJOR (SUBR 05)  
 F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
91	12	01		91	12	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

111 DIESEL GENERATOR #LDG

\*\*\* 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 (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
EFFLUENT GROSS VALUE	6.33	6.0	( )	6.0	7.38	( 12 )	0	1/wk	G	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MINIMUM	MAXIMUM	SD					WEEKLY GRAB	
SOLIDS, TOTAL SUSPENDED	1.71	30	( )	30	2.95	( 19 )	0	1/wk	G	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MNTH AVG	DLY MAX	MG/L					WEEKLY GRAB	
OIL AND GREASE	7.02	15	( )	15	16.11	( 19 )	0	1/wk	G	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30 DA AV	DAILY MX	INST MX					WEEKLY GRAB	
FLUORIDE IN CONDUIT OR TUBING	0.001	0.001	( 03 )			( )	0	1/wk	Est	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MNTH AVG	REPORT DLY MAX	MG/L					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 18 USC 1003. Reporting under these penalties may include criminal sanctions and civil penalties.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]

TELEPHONE: 412 393-5113  
 DATE: 92 01 21

COMMENT AND EXPLANATION OF ANY VIOLATIONS: None

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

NAME LAUREL VALLEY POWER STATION  
 ADDRESS P.O. BOX 4  
ATL: ANDREW DULICK  
SHIPPENSBORO PA 15977

FACILITY \_\_\_\_\_  
 LOCATION \_\_\_\_\_

ATtn: ANDREW DULICK

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

PA0025015  
 PERMIT NUMBER

111 B  
 DISCHARGE NUMBER

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

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

MONITORING PERIOD

FROM YEAR 91 MO 10 DAY 01 TO YEAR 91 MO 12 DAY 31  
(10-31) (22-23) (24-25) (26-27) (28-29) (30-31)

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

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (46-53)	UNITS (46-53)	MINIMUM (54-61)	AVERAGE (54-61)	MAXIMUM (54-61)			
2-CHLOROPHENOL	SAMPLE MEASUREMENT	*****	*****	( )	*****	0.000	0.000	( 19)	0	2/0c G
34556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MTH AVG	REPORT DLY MAX	MG/L		TWICE GRAB QTRLY
PENTACHLOROPHENOL	SAMPLE MEASUREMENT	*****	*****	( )	*****	0.000	0.000	( 19)	0	2/0c G
31032 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MTH AVG	REPORT DLY MAX	MG/L		TWICE GRAB QTRLY
	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 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 PENALTY OF A FINE AND IMPRISONMENT (SEE USE 1-100) AND THE PENALTY OF A FINE AND IMPRISONMENT (SEE USE 1-100) AND THE PENALTY OF A FINE AND IMPRISONMENT (SEE USE 1-100).

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

TELEPHONE DATE  
 412 393-5113 92 01 21  
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS: *lower limit of detection: 2-chlorophenol 0.500 ug/l Pentachlorophenol 0.500 ug/l*

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

NAME WAVEN VALLEY POWER STATION  
 ADDRESS PO BOX 1014  
WISSAHOUCHE RULICK  
CHILLICOTTE IA 5077

FACILITY \_\_\_\_\_  
 LOCATION \_\_\_\_\_  
 ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 (12-16) (17-19)

PAG025815 011 A  
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR (SUBR 05)  
 F - FINAL  
 DIESFL GEN & TURBINE DRAINS

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

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	91	12	01		91	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (34-61)				NO. EX (42-43)	FREQUENCY OF ANALYSIS (54-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW IN CONDUIT OF TREATMENT PLANT EFFLUENT GROSS VALUE	0.002	0.002	( 03)	*****	*****	*****	( )	0	1/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										
	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 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 PENALTIES FOR VIOLATION AND IMPROVEMENT SEE 18 USC 1001 AND 18 USC 1002. I AM AWARE THAT THE INFORMATION SUBMITTED HEREIN IS SUBJECT TO THE PROVISIONS OF THE FEDERAL INFORMATION PRACTICE ACT AND THE FREEDOM OF INFORMATION ACT.

*Andrew Dulick*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE  
 412 393-5113 92 01 21  
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (If any, include date and amount):

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

NAME WATER VALLEY TOWN STATION  
 ADDRESS PA. 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  
 (17-19) 211 A DISCHARGE NUMBER

MAJOR (SUHR 05)  
 F - FINAL  
 211 TURBINE BLDG

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
91 12 01 TO 91 12 31  
 (12-21) (12-23) (12-25) (12-27) (12-29) (12-31)

\*\*\* NO DISCHARGE  \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (34-61)				NO. EX (52-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****	( )	6.29	*****	7.18	( 12 )	0	1/wk	G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0			WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	( )	*****	3.49	10.60	( 19 )	0	1/wk	G
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30	100			WEEKLY	GRAB
OIL AND GREASE FROM EACH-GRAY WTR	SAMPLE MEASUREMENT	*****	*****	( )	5.35	12.50	12.50	( 19 )	0	1/wk	G
00550 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	15	20	30			WEEKLY	GRAB
FLOW, IN CONDUIT GO THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.001	0.001	( 03 )	*****	*****	*****	( )	0	1/wk	EST
00600 1 0 3 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MG/L	*****	*****	*****	***		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 28 USC 4101 AND 4102 AND 33 USC 1315. Penalties under these statutes may include fines up to \$250,000 and imprisonment up to 5 years.

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

TELEPHONE 412 393-5113  
 DATE 92 01 21  
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS: None

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

NAME WYVA VALLEY POWER STATION  
 ADDRESS 211 TURBINE BLDG  
ATTN: ANDREW DULICK  
MINNAPORT IA 5077

FACILITY \_\_\_\_\_  
 LOCATION \_\_\_\_\_  
ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER PA0025615 (2.16)  
 DISCHARGE NUMBER 211 B (17.19)

MAJOR (SUBR 05)  
 F - FINAL  
 211 TURBINE BLDG

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
91	10	01		91	12	31
(10.21)	(12.23)	(24.25)		(26.27)	(28.29)	(30.31)

NO DISCHARGE

NOTE: Read instructions before completing this form.

PARAMETER (12.17)	SAMPLE MEASUREMENT	(1 Card Only) QUANTITY OR LOADING (46.51)			(4 Card Only) QUALITY OR CONCENTRATION (46.53)			NO. EX (62.63)	FREQUENCY OF ANALYSIS (64.66)	SAMPLE TYPE (69.70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
2-CHLOROPHENOL	SAMPLE MEASUREMENT	*****	*****	( )	*****	0.000	0.000	( 19)	0	4/yr	G
14500 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			TWICE GRAB	
EFFLUENT GROSS VALUE				****		MNTH AVG	DLY MAX	MG/L		QTRLY	
2,4-DICHLOROPHENOL	SAMPLE MEASUREMENT	*****	*****	( )	*****	0.009	0.013	( 19)	0	4/yr	G
39032 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			TWICE GRAB	
EFFLUENT GROSS VALUE				****		MNTH AVG	DLY MAX	MG/L		QTRLY	
	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 18 USC § 1011. Violations under these statutes may include fines up to \$10,000 and a maximum imprisonment of 5 years, 3 months and 1 year.

*Andrew Dulick*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 412 393-5113  
 AREA CODE NUMBER  
 DATE  
 92 01 21  
 YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 NO VIOLATIONS DETECTED IN THIS CALENDAR MONTH.

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

NAME VALLEY POWER STATION  
 ADDRESS 10000 VALLEY AVENUE  
ATLANTA, GEORGIA 30338

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

PA0025615  
 PERMIT NUMBER

113 A  
 DISCHARGE NUMBER

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

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

FACILITY ATLANTA VALLEY POWER STATION  
 LOCATION ATLANTA, GEORGIA

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	91	12	01		91	12	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) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-58)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH		*****	*****	( )	6.70	*****	7.11	( 12 )	0	2/mo G
EFFLUENT GROSS VALUE		*****	*****	****	6.0	*****	9.0			TWICE/GRAB MONTH
SOLIDS, TOTAL SUSPENDED		*****	*****	( )	*****	22.37	23.15	( 19 )	0	2/mo BHC
EFFLUENT GROSS VALUE		*****	*****	****	*****	30	60			TWICE/COMP-8 MONTH
FLOW, IN CONDUIT OR TREATMENT PLANT		0.030	0.040	( 0 )	*****	*****	*****	( )	0	1/wk Meas
EFFLUENT GROSS VALUE		0.043	REPORT	MGD	*****	*****	*****	****		WEEKLY MEASRD
CODING, FICAL		*****	*****	( )	*****	1748.00	*****	( 13 )	0	3/mo G
EFFLUENT GROSS VALUE		*****	*****	****	*****	2000	*****	/		TWICE/GRAB MONTH
DO, DISSOLVED		*****	*****	( )	*****	30DA GEO	*****	100ML		
EFFLUENT GROSS VALUE		*****	*****	****	*****	11.00	11.00	( 19 )	0	1/mo BHC
DO, DISSOLVED		*****	*****	****	*****	25	50			TWICE/COMP-8 MONTH
EFFLUENT GROSS VALUE		*****	*****	****	*****	MONTH AVG	DLY MAX	MG/L		

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 FAMILAR 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 1365. I, A. M. Dulick, STATE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED AND AM FAMILAR 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.

*A. M. Dulick*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 412 393-5113  
 AREA CODE NUMBER  
 DATE  
 92 01 21  
 YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS: *Effluent quality for CODs was determined from results of only one sample. The second sample was not a transit to the water laboratory and was not analyzed.*

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)

PERMIT NUMBER PA0025615 (12-16)  
 DISCHARGE NUMBER 213 A (17-19)

MAJOR (SUBE 05)  
 F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
91	12	01		91	12	31
(20-31)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

UNIT 2 COOL TOWER PUMPHOUSE  
 \*\*\* NO DISCHARGE \*\*\*  
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	( )	8.13	*****	8.36	( 12 )	0	2/mo	G
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0	50		TWICE/GRAB	MONTH
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	( )	*****	26.38	43.90	( 19 )	0	2/mo	G
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30	100	MG/L		TWICE/GRAB	MONTH
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	( )	*****	5.69	6.83	( 19 )	0	2/mo	G
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	15	20	MG/L		TWICE/GRAB	MONTH
FLU4, IN CONDUIT OR TREATMENT PLANT	SAMPLE MEASUREMENT	0.001	0.001	( 03 )	*****	*****	*****	( )	0	1/wk	EST
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	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 \$200,000 and imprisonment of 5 years, 5 years, and fines.

*Andrew Dulick*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 412 393-5113  
 AREA CODE NUMBER  
 DATE  
 92 01 21  
 YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference will not be made here)

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

NAME LEWIS VALLEY POWER STATION  
 ADDRESS P.O. BOX 4  
ATLANTA POLICE  
SHIPPINGPORT PA 15077

FACILITY \_\_\_\_\_  
 LOCATION \_\_\_\_\_  
 ATTN: ANDREW DULICK

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

PERMIT NUMBER PA0025615 DISCHARGE NUMBER 313 A

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

MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	
91	12	01		91	12	31	
(20-21)		(22-23)		(24-25)		(26-27)	
		(28-29)		(30-31)			

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

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****	( )	6.17	*****	7.32	( 12 )	0	1/wk	G
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0	SW		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED		*****	*****	( )	*****	1.91	4.08	( 19 )	0	1/wk	G
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30	100	MG/L		WEEKLY	GRAB
OIL AND GREASE		*****	*****	( )	*****	4.91	8.63	( 19 )	0	1/wk	G
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	15	20	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR TROUGH TREATMENT PLANT		0.001	0.001	( 03 )	*****	*****	*****	( )	0	1/wk	EST
EFFLUENT GROSS VALUE	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 40 CFR 121.101 AND 121.102. I AM NOT PROVIDING ANY INFORMATION THAT IS UNLAWFUL TO DISCLOSE TO THE PUBLIC OR TO ANY OTHER AGENCY OR INDIVIDUAL.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  <i>Andrew Dulick</i>	TELEPHONE	DATE		
			412 393-5113	92	01	21

COMMENT AND EXPLANATION OF ANY VIOLATIONS: \_\_\_\_\_



PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
**NAME** WALDEN VALLEY POWER STATION  
**ADDRESS** PA 15077  
ATTN: JAMES DULICK  
SHIPPYSPORT PA 15077  
**FACILITY** \_\_\_\_\_  
**LOCATION** \_\_\_\_\_  
**ATTN:** JAMES DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**  
 (2-16) (17-19)

1A0025615 413 A  
 PERMIT NUMBER DISCHARGE NUMBER

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

**MONITORING PERIOD**  
 FROM YEAR MO DAY TO YEAR MO DAY  
91 12 01 TO 91 12 31  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****	( )		*****		( 12 )			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY GRAB	
SOLIDS, TOTAL SUSPENDED		*****	*****	( )	*****			( 19 )			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 Mnth Avg	100 Dly Max	MG/L		WEEKLY GRAB	
OIL AND GREASE FROM EXTR-GRAV MTR		*****	*****	( )	*****			( 19 )			
00550 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 Mnth Avg	20 Dly Max	MG/L		WEEKLY GRAB	
FLOW, IN CONDUIT OR THROUGH TREATMENT PLANT		*****	*****	( 03 )	*****	*****	*****	( )			
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 40 CFR 101.11. Penalties under these statutes may include fines up to \$250,000 and/or imprisonment of up to 5 years.

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

TELEPHONE DATE  
412 393-5113 92 01 21  
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS: NO DISCHARGE

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

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

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

PERMIT NUMBER PA0025615 DISCHARGE NUMBER 013 A

MAJOR (SUBR 05)  
 F - FINAL  
 UNCONTAMINATED STORMWATER

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
91	12	01		91	12	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	(1 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (48-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OF THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE		SAMPLE MEASUREMENT 0.033	REPORT 0.042	UNITS ( 03)	MINIMUM *****	AVERAGE *****	MAXIMUM *****	UNITS ( )	0	1/week	Est
		PERMIT REQUIREMENT	REPORT MTH AVG	REPORT DLY MAX *GD	MINIMUM *****	AVERAGE *****	MAXIMUM *****	UNITS ***			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 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 USC § 1001 AND 18 USC § 1012. (Penalties under these statutes may include fines up to \$100,000 and 5 years imprisonment or both.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  <i>Andrew Dulick</i>	TELEPHONE 412 393-5113 AREA CODE NUMBER	DATE 92 01 21 YEAR MO DAY
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 TRACE AMOUNTS OF DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.

NAME: Duquesne Light Company  
 ADDRESS: One Dismal Centre  
 301 Grant Street  
 Pittsburgh, PA 15219

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

FAV001589  
 PERMIT NUMBER

011  
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)

MONITORING PERIOD

Year Month Day  
 91 12 31

Year Month Day  
 91 12 31

FROM

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. OF ANALYSES	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	UNITS	AVERAGE	MAXIMUM	MINIMUM	UNITS			
Flow	NO FLOW			MGD						CONT	EST
Sample Measure.											
Permit Require.											
Sample Measure.											
Permit Require.											
Sample Measure.											
Permit Require.											
Sample Measure.											
Permit Require.											
Sample Measure.											
Permit Require.											
Sample Measure.											
Permit Require.											
Sample Measure.											
Permit Require.											

NAME, TITLE, PRINTED EXECUTIVE OFFICER  
 A. M. Dulick  
 Chemistry Manager

TELEPHONE NUMBER: 412 393-5113  
 DATE: 92 01 21

NO DISCHARGE



