



**Duquesne Light**

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

Telephone (412) 393-6000

April 21, 1992

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

NPDES Monthly Reports, EPA Permit No. 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

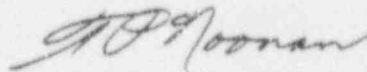
9205010299 920331  
PDR ADDCK 05000334  
R PDR

*Cent No  
P-228696507  
ZB25  
11*

Since all other parameters including CBOD<sub>5</sub>, fecal coliforms, pH and chlorine residual were all maintained within specification then no environmental impact or harm is suspected.

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

Very truly yours,



T. P. Noonan  
General Manager  
Nuclear Operations Unit

DNH/ijj



Duquesne Light

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

Telephone (412) 393-6000

April 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



**Duquesne Light**

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

Telephone (4 - 3) 393-6000

April 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 March 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



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

Telephone (412) 393-6000

April 21, 1992

United States Environmental Protection Agency  
Region III, Pennsylvania Section (3WMS3)  
Water Permits Branch  
Water Management Division  
841 Chestnut Street  
Philadelphia, PA 19107

EPA Permit No. PA0025615 Reportable Occurrence

Dear Sir:

As required by the EPA Permit No. PA0025615, the following information is provided in regard to a reportable occurrence at Beaver Valley Power Station:

Discharge 203, Unit One sewage treatment plant, exceeded the monthly average specification of 30.00 mg/l TSS in March 1992. No individual sample exceeded the daily maximum average of 60.00 mg/l but samples measured 38.87 mg/l and 40.00 mg/l resulting in a monthly average of 39.45 mg/l. Two factors contributed to the elevated TSS including the sharp change in ambient temperature experienced during February into early March and a mechanical failure of the sludge transfer pump.

The clarifier had been performing well in December, January and February but became disturbed when the warm temperature during the time indicated above caused an inversion of the clarifier. This was complicated by a failure of the sludge transfer pump which pumps sludge from the clarifier to the sludge hold tank. Alternate sludge pumping was provided by a licensed hauler but this was not as effective as automatic blowdown of normal system arrangement. The pump repair was completed March 25 and efforts to restore the plant to normal operation continued through the 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)

PA0025615

PERMIT NUMBER

201 A

DISCHARGE NUMBER

MAJOR (SUBR 05)  
F - FINAL  
201 SOFTENER REGENERANTS

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

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	03	01		92	03	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 (34-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-51)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	( )	6.97 <sup>24</sup>	*****	7.20 <sup>24</sup>	( 12)	0	1/m	G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	50		TWICE/GRAB	MONTH
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	( )	*****	4.00	4.00	( 19)	0	1/m	G
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	*****	*****	( )	*****	9.60	9.60	( 19)	0	1/m	G
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	0.001	0.020	( 03)	*****	*****	*****	( )	0	1/m	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT Mnth 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	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 33 USC 1312. (Penalties under these statutes may include fines up to \$250,000 and or maximum imprisonment of between 6 months and 3 years.)	TELEPHONE		DATE		
		A. M. Dulick Chemistry Manager TYPED OR PRINTED	<i>Andrew M. Dulick</i> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	412	393-5113	92

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):  
*only one softener regeneration was performed during this monitoring period.*

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

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

PA0025615 (2-18) PERMIT NUMBER  
 j01 A (17-19) DISCHARGE NUMBER

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

FACILITY  
 LOCATION  
 ATTN: ANDREW DULICK

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
92	03	01		92	03	31
(20-27)	(22-23)	(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 (46-53)			(1 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. OF ANALYSES (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (66-67)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0		*****	*****	( )	*****	4.00	4.00	( 19)	0 2/M	G
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30	100		TWICE/GRAB	MONTH
OIL AND GREASE FACON EXTH-CRAW METH 00556 1 0 0		*****	*****	( )	*****	5.00	5.00	( 19)	0 2/M	G
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	15	20		TWICE/GRAB	MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0		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									
	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 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 33 USC § 1319. (Violations under these statutes may include fines up to \$20,000 and/or maximum imprisonment of not between 3 months and 3 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  <i>Andrew M. Dulick</i>	TELEPHONE	DATE		
			412   333-5113 AREA CODE NUMBER	92	04	21 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)

(16)

(17-19)

PA0025615

401 A

PERMIT NUMBER

DISCHARGE NUMBER

FAJOB  
(SUBR 05)  
F - FINAL  
CHEM. FEED AREA OF AUX BOILERS

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

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	03	01		92	03	31
	(20-21)	(2-23)	(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 (58-65)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-67)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	( )		*****					( 12)
00400 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ***	6.0 MINIMUM	*****	REPORT MAXIMUM	SU			TWICE/GRAB MONTH
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	( )	*****						( 19)
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ***	*****	30 METH AVG	100 DLY MAX	MG/L			TWICE/GRAB MONTH
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	( )	*****						( 19)
FREON EXTR-GPAV METH	SAMPLE MEASUREMENT	*****	*****	( )	*****						( 19)
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ***	*****	15 METH AVG	20 DLY MAX	MG/L			TWICE/GRAB MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	No Flow			( 03)	*****	*****	*****			( ) 0 / OK FSC
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT METH 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 U.S.C. § 1001 AND 33 U.S.C. § 1319. Penalties under these sections may include fines up to \$200K and or maximum imprisonment of up to 5 years and 6 months.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  <i>Andrew Dulick</i>	TELEPHONE	DATE	
			412   393-5113 AREA CODE   NUMBER	92   04   21 YEAR   MO   DAY	

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

No Discharge



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

NAME HEAVER 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) Form Approved  
 F - FINAL OMB No. 2040-0004  
 Approval expires 6-30-91.  
 UNIT 1 GENHR PLWDMN FILT BW

FACILITY  
 LOCATION

MONITORING PERIOD  
 FROM YEAR 92 MO 03 DAY 01 TO YEAR 92 MO 03 DAY 31  
(12/31) (12/31) (12/31) (36/27) (12/29) (12/31)

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

ATTN: ANDREW DULICK

PARAMETER (32-37)	SAMPLE MEASUREMENT	(1 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (58-63)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	( )	*****					
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30	100			WEEKLY GRAB
FLOW, IN CONDUIT OF THRU TREATMENT PLANT 50050 1 0 0	SAMPLE MEASUREMENT	No Flow			( 03)	*****	*****	*****	( )	0/week EST
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****	*****	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 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 under these statutes may include fines up to \$250,000 and/or imprisonment of not more than 5 years and 1 year.

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

TELEPHONE  
 412 393-5113  
 AREA CODE NUMBER  
 DATE  
 92 04 21  
 YEAR MO DAY

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

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

NAME HEAVEN VALLEY POWER STATION

ADDRESS P.O. BOX 9

ATTN: ANDREW DULICK

SHIPPINGPORT PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

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

PERMIT NUMBER PA0025615 DISCHARGE NUMBER 001 A

MAJOR (SUBR US)

F - FINAL

UNITS 162 COOLG. TOWER BLWDN.

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

MONITORING PERIOD

FROM YEAR 92 MO 03 DAY 01 TO YEAR 92 MO 03 DAY 31

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(1 Card Only) QUANTITY OR LOADING (46-57)			(4 Card Only) QUALITY OR CONCENTRATION (46-57)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	( )	7.11	*****	7.86	( 12)	0 /WK	G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		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	28.159	34.445	( 03)	*****	*****	*****	( )	0 D	CONT
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT Mnth Avg	REPORT DLY MAX	MGD	*****	*****	*****	****		DAILY CONTIN
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****	( )	*****	0.06	0.06	( 19)	0 4/DAY	G
50064 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.2 DAILY MX	0.5 INST MX	MG/L		CONTINCORDR BOUS
HYDRAZINE	SAMPLE MEASUREMENT	*****	*****	( )	*****	*****	*****	( 19)		
81313 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0 DLY MAX	MG/L		WEEKLYGRAB
	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 42 USC § 1319). Penalties under these statutes may include fines up to \$20,000 and/or maximum imprisonment of between 6 months and 5 years.

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

TELEPHONE  
412 393-5113  
AREA CODE NUMBER  
DATE  
92 04 21  
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. *Wet layup conditions did not exist in March 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

001 B

PERMIT NUMBER

DISCHARGE NUMBER

MAJOR  
(SUBR 05)  
F - FINAL  
UNITS 1 & 2 COOL TOWER BLOWDOWN

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


MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	01	01		92	03	31
	(20-21)	(22-29)	(24-25)		(26-27)	(28-29)	(30-31)

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BERYLLIUM, TOTAL (AS BE) 01012 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	( )	*****	0.000	0.000	( 19)	0	2/QTR	G
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT Mnth Avg	REPORT DLY Max	MG/L		TWICE GRAB QTRLY	
2-CHLOROPHENOL 34586 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	( )	*****	0.000	0.000	( 19)	0	2/QTR	G
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT Mnth 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 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 § 1321 AND 33 USC § 1321g. (Penalties under these statutes may include fines up to \$20,000 and/or maximum imprisonment of between 6 months and 3 years.)	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		412   393-5113	92	04
		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
*The lower limit of detections for Beryllium and 2-chlorophenol are 0.0003 mg/l and 0.0005 mg/l.*

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)

(7-19)

PAG025615

102 A

PERMIT NUMBER

DISCHARGE NUMBER

MAJOR (SUBR 05)  
F - FINAL  
102 INTAKE SCREENHOUSE

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


MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	03	01		92	03	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	(4 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	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	( )	7.10	*****	7.51	( 12)	0	2/mo	G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	50		TWICE/GRAB MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	( )	*****	4.00	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 FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	*****	*****	( )	*****	5.00	5.00	( 19)	0	2/mo	G
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	0.001	0.001	( 03)	*****	*****	*****	( )	0	2/mo	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT Mnth 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 U.S.C. § 1001 AND 43 U.S.C. § 1319). (Penalties under these statutes may include fines up to \$200,000 and/or maximum imprisonment of between 6 months and 3 years.)	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	412	393-5113	92	04
		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

002 A

PERMIT NUMBER

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

INTAKE SCREEN BACKWASH

Form Approved.

OMB No. 2040-0004.

Approval expires 6-30-91.

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	03	01		92	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

NOTE: Read instructions before completing this form.


PARAMETER (32-33)	SAMPLE MEASUREMENT	(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.008	0.046	( 03)	*****	*****	*****	( )	0	1/week 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 under these statutes may include fines up to \$10,000 and/or maximum imprisonment of 5 months and 1 year.)

  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-5113  
AREA CODE NUMBER

DATE

92 04 21  
YEAR MO DAY

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

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)

(2-16) (17-19)

PA0025615

PERMIT NUMBER

103 A

DISCHARGE NUMBER

MAJOR (SUPER 05) 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	03	01		92	03	31
	(12/27)	(12/29)	(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 (46-51)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	( )	6.89	*****	6.91	( 12 )	0	2/mo G
00400 1 0 0 C EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE/GRAB MONTH
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	( )	*****	7.28	10.57	( 19 )	0	2/mo 24 Hr
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30 Mnth Avg	100 DLY MAX	MG/L		TWICE/CO MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.086	0.086	( 03 )	*****	*****	*****	( )	0	2/mo EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT Mnth 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. 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 U.S.C. § 1001 AND 33 U.S.C. § 1319. Penalties under these statutes may include fines up to \$10,000 and a maximum imprisonment of between 5 months and 1 year.

  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-5113  
AREA CODE NUMBER

DATE

92 04 21  
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

203 A

DISCHARGE NUMBER

MAJOR  
(SUBR 05)  
F - FINAL

MAIN SEWAGE TMT PLANT

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

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	03	01		92	03	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 (45-51)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-55)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****	( )	6.45	*****	6.84	( 12)	0	2/mo	G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****	6.0 MINIMUM	*****	9.0 MAXIMUM	50		TWICE/GRAB MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	( )	*****	39.44	40.00	( 19)	1	2/mo	8HC
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****	*****	30 Mnth Avg	60 DLY MAX	MG/L		TWICE/COMP-8 MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.008	0.013	( 03)	*****	*****	*****	( )	0	WEEK MEAS	
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.023 Mnth Avg	REPORT DLY MAX	MGD	*****	*****	*****	*** ****		WEEKLY MEASRD	
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****	( )	*****	18.00	*****	( 13)	0	2/mo	G
74055 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****	*****	2000 30 DA GEO	*****	#/ 100ML		TWICE/GRAB MONTH	
300, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*****	*****	( )	*****	24.50	31.00	( 19)	0	2/mo	8HC
80082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****	*****	25 Mnth 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 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 6 months and 3 years.)

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

TELEPHONE  
412 393-5113  
AREA CODE NUMBER  
DATE  
92 04 21  
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
Refer to the enclosed reportable occurrence letter for a description of the monthly average TSS values.

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

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	MO	DAY	TO	YEAR	MO	DAY
	92	03	01		92	03	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 (52-60)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	( )	6.70	*****	7.83	( 12)	0	1/wk G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0			WEEKLYGRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	( )	*****	6.64	12.24	( 19)	0	1/wk G
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30	100			WEEKLYGRAB
OIL AND GREASE FREQN EXTR-GRAV METH	SAMPLE MEASUREMENT	*****	*****	( )	*****	5.62	8.09	( 19)	0	1/wk G
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	15	20			WEEKLYGRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.017	0.056	( 03)	*****	*****	*****	( )	0	1/wk EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	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, 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 \$100K and/or maximum imprisonment of between 6 months and 3 years.

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

TELEPHONE  
412 393-5113  
AREA CODE NUMBER  
DATE  
92 04 21  
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)

12/19/92

17/19/92

PA0025615

403 A

PERMIT NUMBER

DISCHARGE NUMBER

MAJOR  
(5088 05)  
F - FINAL

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

CONDENSATE BLOWDOWN & RIVER WAT

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	03	01		92	03	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 (45-57)			(4 Card Only) QUALITY OR CONCENTRATION (48-57)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	( )	8.91	*****	8.91	( 12)	0	1/wk G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0			WEEKLYGRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	( )	*****	4.00	4.00	( 19)	0	1/wk G
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30	100			WEEKLYGRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	*****	*****	( )	*****	5.00	5.00	( 19)	0	1/wk G
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	15	20			WEEKLYGRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****	( )	*****	*****	*****	( 19)		WEEKLYGRAB
00610 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT			WEEKLYGRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.001	0.001	( 03)	*****	*****	*****	( )	0	1/wk EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	*****		WEEKLYESTIMA
HYDRAZINE	SAMPLE MEASUREMENT	*****	*****	( )	*****	*****	*****	( 19)		WEEKLYGRAB
81313 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0			WEEKLYGRAB
	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 \$20,000 and/or imprisonment of up to 5 years or both.

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

TELEPHONE  
412 393-5113  
DATE  
92 04 21

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. wet layup periods did not exist.

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

(17-19) 003 A

DISCHARGE NUMBER

MAJOR (SUBP 05)  
Y - FINAL

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

003 UNCONTAMINATED STORM WATER

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	97	03	01		92	03	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 (38-43)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE		0.114	0.156	( 03 )	*****	*****	***** ( )		2/m	EST
	PERMIT REQUIREMENT	REPORT Mnth Avg	REPORT Dly Max	MGD	*****	*****	*****	****	TWICE/	ESTIMA
	PERMIT REQUIREMENT									
	PERMIT REQUIREMENT									
	PERMIT REQUIREMENT									
	PERMIT REQUIREMENT									
	PERMIT REQUIREMENT									
	PERMIT REQUIREMENT									
	PERMIT REQUIREMENT									
	PERMIT REQUIREMENT									
	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 16 USC § 1361 AND 18 USC § 1001. (Penalties under these statutes may include fines up to \$250,000 and/or maximum imprisonment of five years and/or both.)

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

TELEPHONE DATE  
412 393-5113 92 04 21  
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)

(2-16)

(17-19)

PAG025615

004 A

PERMIT NUMBER

DISCHARGE NUMBER

MAJOR  
(SUBP C5)  
F - FINAL

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

UNIT ONE COOLG TOWER OVERFLOW

FACILITY

LOCATION

ATTN: ANDREW DULICK


MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	03	01		92	03	31
	(26-27)	(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	SAMPLE MEASUREMENT	*****	*****	( )		*****		( 12 )			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****	6.0 MINIMUM	*****	9.0 MAXIMUM	50			WEEKLYGRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO FLOW			( 03 )	*****	*****	*****	( )		
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	*** ****			WEEKLYMEASRD
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****	( )	*****				( 19 )		
50064 1 0 1 EFFLUENT GROSS VALUE	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 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 2 months and 5 years.	TELEPHONE  412 393-5113	DATE		
			AREA CODE	NUMBER	YEAR
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  					

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)

(2-16)

(17-19)

PACC25615

C06 A

PERMIT NUMBER

DISCHARGE NUMBER

MAJOR  
(SUBR 05)  
P - FINAL  
AUX. I TAKE SCREEN BACKWASH

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


MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	03	01		92	03	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 (34-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR TUBU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE		0.001	0.001	( 03 )	*****	*****	*****	( )	0	1/WK	ES2
	PERMIT REQUIREMENT	REPORT MNTH 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	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.	TELEPHONE		DATE		
		412 393-5113		92	04	21
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
**NAME** BEAVER VALLEY POWER STATION  
**ADDRESS** P.O. BOX 4  
 ATTN: 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 (17-19)  
 PERMIT NUMBER 005 A  
 DISCHARGE NUMBER

MAJOR (SUB# 05) Form Approved  
 F - FINAL OMB No. 2040-0004  
 AUX. INTAKE SYSTEM Approval expires 6-30-91.

**MONITORING PERIOD**  
 FROM YEAR 92 MO 03 DAY 01 TO YEAR 92 MO 03 DAY 31  
 (120-21) (122-23) (124-25) (126-27) (128-29) (30-31)

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

PARAMETER (42-47)	SAMPLE MEASUREMENT	(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 OR THRU TREATMENT PLANT 50050 1 0 0	NO FLOW			( 03 )	*****	*****	*****	( )	0	1/WK	EST	
EFFLUENT GROSS VALUE CHLORINE, FREE AVAILABLE 50064 1 0 1	REPORT MONTH AVG	REPORT DLY MAX	MGD		*****	*****	*****	***		WEEKLY	ESTIMA	
	*****	*****	( )	*****				( 19 )				
	*****	*****	***	*****	0.2	0.5	DAILY MX	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 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 1 year.)  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: Andrew Dulick  
 TELEPHONE: 412 393-5113  
 DATE: 92 04 21  
 AREA CODE: 412 NUMBER: 393-5113 YEAR: 92 MO: 04 DAY: 21

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.

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

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

PERMIT NUMBER: PA0025615 (2-15)  
 DISCHARGE NUMBER: 008 A (17-19)


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

FACILITY  
 LOCATION  
 ATTN: ANDREW DULICK

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	03	01		92	03	31
	(20-24)	(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 (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH		*****	*****	( )	7.54	*****	7.58	( 12)	0	2/m G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	50		TWICE/GRAB MONTH
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	( )	*****	4.00	4.00	( 19)	0	2/m G
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30	100	MG/L		TWICE/GRAB MONTH
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	( )	5.00	5.00	5.00	( 19)	0	2/mo G
FREON EXTR-GRAV METH	PERMIT REQUIREMENT	*****	*****	****	15	20	30	MG/L		TWICE/GRAB MONTH
00556 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.001	0.001	( 03)	*****	*****	*****	( )	0	1/wk EST
FLOW, IN CONDUIT OR THROUGH TREATMENT PLANT	PERMIT REQUIREMENT	REPORT	REPORT	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	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 1 year.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
A. M. Dulick Chemistry Manager TYPED OR PRINTED			412 393-5113	92	04	21

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

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	03	01		92	03	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 (48-55)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	( )	7.04	*****	8.42	( 12 )	0	1/wk G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0			WEEKLYGRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	( )	*****	4.00	4.00	( 19 )	0	1/wk G
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30	100			WEEKLYGRAB
OIL AND GREASE FREOM EXTR-GRAV METH	SAMPLE MEASUREMENT	*****	*****	( )	6.79	12.16	12.16	( 19 )	0	1/wk G
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	15	20	30			WEEKLYGRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.001	0.001	( 03 )	*****	*****	*****	( )	0	1/wk Est
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	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 18 USC § 1333. (Facilities under these statutes may include fines up to \$10,000 and/or maximum imprisonment of 6 months and 1 year.)

  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
412 393-5113  
DATE  
92 04 21  
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: ANDEEN DULICK

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

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

PA0025615

PERMIT NUMBER

111 B

DISCHARGE NUMBER

MAJOR  
(SUBP 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	01	01		92	03	31

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

NOTE: Read instructions before completing this form.

PARAMETER (42-47)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
2-CHLOROPHENOL 34586 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	( )	*****	0.00199	0.00229	( 19)	0	2/QTR	G
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT Mnth Avg	REPORT Dly Max	MG/L		TWICE GRAB QTRLY	
PENTACHLOROPHENOL 39032 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	( )	*****	0.00321	0.00537	( 19)	0	2/QTR	G
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT Mnth 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 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 38 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.)

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

TELEPHONE  
412 393-5113  
AREA CODE NUMBER  
DATE  
92 04 21  
YEAR MO DAY

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

QUARTERLY SAMPLING TO BE CONDUCTED IN THE SAME CALENDAR MONTH.



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

NAME LEAVER 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

211 A

DISCHARGE NUMBER

MAJOR (SUBR 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
	92	03	01		92	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

NOTE: Read instructions before completing this form.

PARAMETER (32-3)	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 (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	( )	6.99	*****	8.13	( 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	*****	*****	( )	*****	4.00	4.00	( 19)	0	1/wk G
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30	100			WEEKLY GRAB
OIL AND GREASE FREQN EXTR-GRAV METH	SAMPLE MEASUREMENT	*****	*****	( )	7.72	15.91	15.91	( 19)	0	1/wk G
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	15	30	30			WEEKLY GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.001	0.001	( 03)	*****	*****	*****	( )	0	1/wk EST
50050 1 0 0 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 5 USC 5319. Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 3 years.

  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
412 | 93-5113  
DATE  
92 | 04 | 21  
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 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

DISCHARGE NUMBER  
211 B

MAJOR  
(SUPR 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
	92	01	01		92	03	31
	(20-31)	(22-31)	(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 (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
2-CHLOROPHENOL 34586 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	( )	*****	0.00475	0.00559	( 19)	0	2/QTR	G
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MTH AVG	REPORT DLY MAX	MG/L		TWICE GRAB QTRLY	
PENTACHLOROPHENOL 39032 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	( )	*****	0.00141	0.00146	( 19)	0	2/QTR	G
	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 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 for these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.

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

TELEPHONE  
412 393-5113  
AREA CODE NUMBER  
DATE  
92 04 21  
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
  
QUARTERLY SAMPLING TO BE CONDUCTED IN SAME CALENDAR MONTH.

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: ANDREW DULICK

SHIPLEYPORT

PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PA0025615

PERMIT NUMBER

011 A

DISCHARGE NUMBER

MAJOR  
(SUBR 05)  
F - FINAL  
DIESEL OIL & TURBINE DRAINS

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

MONITORING PERIOD

FROM YEAR 92 MO 03 DAY 01 TO YEAR 92 MO 03 DAY 31

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT (38-41)	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	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 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 REPORTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS WHO ARE RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE REPORTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUPPLYING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 40 C.F.R. § 101 AND 33 U.S.C. § 1319. Penalties under these laws may include fines up to \$100,000 and/or maximum imprisonment of between 5 and 10 years.

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

TELEPHONE  
412 393-5113  
AREA CODE NUMBER  
DATE  
92 04 21  
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

110 A

PERMIT NUMBER

DISCHARGE NUMBER

MAJOR  
(SUBR 05)  
F - FINAL

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

UNIT 2 SERVICE WATER BACKWASH


MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	03	01		92	03	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	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THROUGH TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	<i>No Flow</i>			( 03 )	*****	*****	*****	( )			
	PERMIT REQUIREMENT	REPORT MTH 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 USC § 1001 AND 33 USC § 1319. (Provisions 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 AREA CODE NUMBER	92 04 21 YEAR MO DAY		

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

*NO DISCHARGE*

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: 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

010 A

DISCHARGE NUMBER

MAJOR (SUBR 05)

F - FINAL

UNIT 2 COOLING WATER

Form Approved

OMB No. 2040-0004

Approval expires 6-30-91.

MONITORING PERIOD

FROM YEAR 92 MO 03 DAY 01 TO YEAR 92 MO 03 DAY 31  
 (120-21) (122-23) (124-25) (126-27) (128-29) (130-31)

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(1 Card C-3) QUANTITY OR LOADING (46-51)			(2 Card Only) QUALITY OR CONCENTRATION (46-51)			NO. EX (52-53)	FREQUENCY OF ANALYSIS (54-58)	SAMPLE TYPE (59-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	( )	6.98	*****	7.83	( 12)	1/week	G
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0		WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	5,000	5,000	( 03)	*****	*****	*****	( )	1/week	Flow
FLOW, IN CONDUIT OR	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****	WEEKLY	MEASRD
THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****	( )	*****	0.02	0.02	( 19)	1/week	G
50050 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.2	0.5		WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					DAILY MX	INST MX	MG/L		
CHLORINE, FREE	PERMIT REQUIREMENT									
AVAILABLE	SAMPLE MEASUREMENT									
50064 1 0 1	PERMIT REQUIREMENT									
EFFLUENT GROSS VALUE	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 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 U.S.C. 1001 AND 1315; 42 U.S.C. (Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 3 years)

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

TELEPHONE 412 393-5113  
 DATE 92 04 21  
 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 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)

(12-16)

(17-19)

PA0025615

PERMIT NUMBER

012 A

DISCHARGE NUMBER

MAJOR  
(SUBR 05)  
F - FINAL

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

SLOWDOWN FROM THE HVAC C. TOWER

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	03	01		92	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

NOTE: Read instructions before completing this form.

PARAMETER (12-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (40-51)			(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			
FH	SAMPLE MEASUREMENT	*****	*****	( )	8.03	*****	8.03	( 12)	0	1/m	G
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0			ONCE/ GRAB	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.001	0.001	( 03)	*****	*****	*****	( )	0	1/m	ESC.
FLOW, IN CONDUIT OR	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	*****		ONCE/ ESTIMA	
THRU TREATMENT PLANT	SAMPLE MEASUREMENT									MONTH	
50050 1 0 0	PERMIT REQUIREMENT	MONTH AVG	DLY MAX							MONTH	
EFFLUENT GROSS VALUE	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 1347 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.)

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

TELEPHONE  
412 | 393-5113  
AREA CODE | NUMBER

DATE  
92 | 04 | 21  
YEAR | MO | DAY

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

PERMITTEE NAME/ADDRESS (Include  
Facil. 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

113 A

DISCHARGE NUMBER

MAJOR (SUBR 05)  
F - FINAL

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

UNIT 2 SEWAGE TMT PLANT

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	03	01		92	03	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			
PH	SAMPLE MEASUREMENT	*****	*****	( )	6.70	*****	6.98	( 12)	0	2/mo G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	50		TWICE/GRAB MONTH
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	( )	*****	20.48	21.50	( 19)	0	2/mo 8HC
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 Mnth Avg	60 DLY Max	MG/L		TWICE/COMP-8 MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.029	0.045	( 03)	*****	*****	*****	( )	0	1/wk Meas
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.043 Mnth Avg	REPORT DLY Max	MGD	*****	*****	*****	****		WEEKLY/SHRD
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****	( )	*****	329.00	*****	( 13)	0	2/mo G
74055 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	2000 30DA GEO	*****	/		TWICE/GRAB MONTH
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*****	*****	( )	*****	9.50	12.00	( 19)	0	2/mo 8HC
80082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	25 Mnth 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 Department  
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 mo. and 3 years.)

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

TELEPHONE 412 393-5113  
DATE 92 04 21  
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 LEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: ANDREW DULICK

SHIPPINGPORT, A 15077

FACILITY \_\_\_\_\_

LOCATION \_\_\_\_\_

ATTN: ANDREW DULICK

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

(2-16) PAG025615  
PERMIT NUMBER

(17-19) 213 A  
DISCHARGE NUMBER

MAJOR (SU88 05)  
F - FINAL  
UNIT 2 COOL TOWER PUMPHOUSE

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

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	03	01		92	03	31

\*\*\* 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 (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH		*****	*****	( )	7.94	*****	8.06	( 12)		
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SH		TWICE/GRAB MONTH
SOLIDS, TOTAL SUSPENDED		*****	*****	( )	*****	26.92	32.00	( 19)		
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MTH AVG	100 DLY MAX	MG/L		TWICE/GRAB MONTH
OIL AND GREASE		*****	*****	( )	*****	5.00	5.00	( 19)		
FREON EXTR-GRAV METH		*****	*****	*****	*****	15 MTH AVG	20 DLY MAX	MG/L		TWICE/GRAB MONTH
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	( )		WEEKLY ESTIMATE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.001	0.001	( 03)	*****	*****	*****	*****		
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	*****		
	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 \$100,000 and a maximum imprisonment of between 6 months and 3 years.)

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

TELEPHONE: 412 | 393-5113  
DATE: 92 | 04 | 21  
AREA CODE | NUMBER | YEAR | MO | DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attached to here)



PE MITTKE 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  
 (17-19) 313 A DISCHARGE NUMBER

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

**MONITORING PERIOD**  
 FROM YEAR 92 MO 03 DAY 01 TO YEAR 92 MO 03 DAY 31  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(1 Card Only) QUANTITY OR LOADING (34-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. OF (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	( )	6.85	*****	7.30	( 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	*****	*****	( )	*****	6.03	10.80	( 19 )	0	1/wk	G
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 Mnth Avg	100 Dly Max	MG/L		WEEKLYGRAB	
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	( )	*****	7.40	14.58	( 19 )	0	1/wk	G
FREON EXTR-GRAV METH	PERMIT REQUIREMENT	*****	*****	****	*****	15 Mnth Avg	20 Dly Max	MG/L		WEEKLYGRAB	
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 Mnth Avg	REPORT Dly Max	MGD	*****	*****	*****	****		WEEKLYESTIMA	
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE / PRINCIPAL EXECUTIVE OFFICER  A. M. Dulick Chemistry Manager  TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 19 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$5000 and/or maximum imprisonment of between 6 months and 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
			412 393-5113	92	04	21

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

413 A

DISCHARGE NUMBER

MAJOR (SUBR 05)  
F - FINAL  
BULK FUEL STORAGE DRAIN

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


MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	03	01		92	03	31
	(20-31)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
PH	SAMPLE MEASUREMENT	*****	*****	( )		*****		( 12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****	6.0 MINIMUM	*****	9.0 MAXIMUM	50		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	( , )	*****			( 19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****	*****	30 Mnth Avg	100 Dly Max	MG/L		WEEKLY	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	( )	*****			( 19)			
FREON EXTR-GRAV METH	PERMIT REQUIREMENT	*****	*****	*** ****	*****	15 Mnth Avg	20 Dly Max	MG/L		WEEKLY	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NO FLOW			( 03)	*****	*****	*****	( )		
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT Mnth 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	I 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 U.S.C. § 1001 AND 33 U.S.C. § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.	TELEPHONE	DATE			
			AREA CODE	NUMBER	YEAR	MO
A. M. Dulick Chemistry Manager		412	393-5113	92	04	21
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

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)  
 (12.16) (17.19)  
 PA0025615  
 PERMIT NUMBER  
 013 A  
 DISCHARGE NUMBER

MAJOR (SUBR 05) Form Approved  
 P - FIKAL OMB No. 2040-0004  
 UNCONTAMINATED STORMWATER Approval expires 6-30-91.

MONITORING PERIOD  
 FROM YEAR 92 MO 03 DAY 03 TO YEAR 92 MO 03 DAY 31  
 (120.21) (122.23) (124.25) (126.27) (128.29) (130.31)

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

PARAMETER (32-37)	SAMPLE MEASUREMENT	(I Card Only) QUANTITY OR LOADING (46-53)			(K Card Only) QUALITY OR CONCENTRATION (58-65)				NO. EX (52-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-73)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE		0.031	0.047	( 03)	*****	*****	*****	( )	0	1/WK EST	EST
	PERMIT REQUIREMENT	REPORT Mnth 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 USC § 1001 AND 18 USC § 1319. (Penalties under these statutes may include fines up to \$20,000 and/or maximum imprisonment of between 6 months and 2 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED REPRESENTATIVE  
 TELEPHONE NUMBER 393-5113  
 DATE 92 04 21

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



## DISCHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

Month: MARCHYear: 1992

## Instructions:

1. Complete monthly and submit with each DMR. Attach additional sheets and comments as needed for completeness and clarity.
2. 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.
3. 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.
4. If no sludge was removed, note on form.

Permittee: Duquesne Light Co.Plant: Bassett Valley Sewer Station Unit IINPDES: PA 0025615Municipality: Shippingport BoroughCounty: 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)	X	(Conversion Factor)	=	Dry Tons	(Tons of Dewatered Sludge)	X	(% Solids)	X	(.01)	=	Dry Tons
<u>10000</u>		<u>2.02 (2%)</u>		<u>.0000417</u>	=	<u>0.834</u>					<u>.01</u>	=	
					=							=	
					=							=	
					=							=	
					=							=	
					=							=	
					=							=	
					=							=	
					=							=	
<b>TOTAL</b>						<u>= 0.834</u>	<b>TOTAL</b>						=

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

	Site 1	Site 2	Site 3	Site 4
Name:	<u>Boro of Monaca Sewage Treatment Plant</u>			
Permit No.:	<u>PA 0020125</u>			
Dry Tons Disposed:	<u>0.834</u>			
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	<u>Greene</u>			

*[Signature]*  
 Date

CHEMISTRY  
 MANAGER  
 Title

4-25-92  
 Date

(412) 393-5113  
 Telephone

NAME Duquesne Light Company  
ADDRESS One Third Centre  
301 Grant Street  
Pittsburg, PA 15279  
FACILITY Shippingport Atomic Power Station  
LOCATION Shippingport Borough, Beaver County

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
NOTES

DISCHARGE MONITOR REPORT (DMR)

NOTE: Read instructions before completing this form.

PERMIT NO.	30
DISCHARGE NO.	

MONITORING PERIOD		
Year	Month	Day
92	03	31

FROM	Year	Month	Day
	92	03	01

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				UNITS	NO. OF ANALYSES	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVG. CONC.	MINIMUM	AVERAGE	MAXIMUM					
Flow	NO FLOW											
Suspended Solids					30	100		MS/L		2 MO	GRAB	
Oil & Grease					15	20		MS/L		2 MO	GRAB	
						9.0		S.U.		2 MO	GRAB	

STATE OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
PITTSBURGH

TELEPHONE	
NUMBER	412 393-5113
YEAR	92
MONTH	04
DAY	21

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

NAME: Quassee Light Company  
 ADDRESS: One Barford Centre  
301 Grant Street  
Fittsburgh, PA 15279  
 FACILITY: Shippingport Atomic Power Station  
 LOCATION: Shippingport Borough, Beaver County

PA7001589  
 FERRIT NUMBER

92 03 01  
 92 03 31

Year Month Day  
 Year Month Day

041  
 DISCHARGE NO.  
 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)  
 FISCHER MONITOR REPORT (FORM)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. OF ANALYSES	FREQUENCY OF ANALYSES	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM	MINIMUM				
Flow	NO FLOW								CON*	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.										

NAME/TITLE: A. M. DuLick  
 CHEMISTRY MANAGER

DATE: 92 04 21  
 YEAR MONTH DAY

TELEPHONE NUMBER: 412 393-5113  
 ADDRESS: 612393-5113

Signature: [Signature]  
 TITLE: Chemistry Manager

NAME: Duquesne Light Company  
 ADDRESS: One Third Centre  
 301 Grant Street  
 Pittsburgh, PA 15279  
 FACILITY: Shippingport Atomic Power Station  
 LOCATION: Shippingport Borough, Beaver County

FACILITY NUMBER  
 F0001589

DISCHARGE NO.  
 10

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)

MONITORING PERIOD

FROM: Year 92, Month 03, Day 01  
 TO: Year 92, Month 03, Day 31

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measure										
	Permit Require	NO FLOW		MGD						2/MO	EST
Suspended Solids	Sample Measure										
	Permit Require					30	100	MG/L		2/MO	GRAB
Oil & Grease	Sample Measure										
	Permit Require					15	20	MG/L		2 MU	GRAB
	Sample Measure										
	Permit Require				6.0		9.0	S.U.		2/MO	GRAB
	Sample Measure										
	Permit Require										
	Sample Measure										
	Permit Require										
	Sample Measure										
	Permit Require										

Signature: *[Handwritten Signature]*  
 TELEPHONE: 412-393-5113  
 DATE: 92 04 21

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

REPORT FOR VIOLATION 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

101 A

DISCHARGE NUMBER

MAJOR (SUBB 65) 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	03	01		92	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

\*\*\* NO DISCHARGE [ ] \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH		*****	*****	( )	6.97	*****	7.20	( 12 )	0	1/wk G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	50		WEEKLY GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	( )	*****	14.06	27.20	( 19 )	0	1/wk 24C
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 Mnth Avg	100 Dly Max	MG/L		WEEKLY COMP-2
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	( )	*****	5.00	5.00	( 19 )	0	1/wk G
FREON EXTR-GRAV METH	PERMIT REQUIREMENT	*****	*****	****	*****	15 Mnth Avg	20 Dly Max	MG/L		WEEKLY GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	( )	*****			( 19 )		
NITROGEN, AMMONIA TOTAL (AS N)	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT Mnth Avg	REPORT Dly Max	MG/L		WEEKLY GRAB
00610 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.007	0.019	( 03 )	*****	*****	*****	( )	0	1/wk CONT
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT Mnth Avg	REPORT Dly Max	MGD	*****	*****	*****	****		DAILY CONTIN
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	( )	*****			( 19 )		
HYDRAZINE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT Mnth Avg	REPORT Dly Max	MG/L		WEEKLY GRAB
81313 1 0 1 EFFLUENT GROSS VALUE	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 \$100,000 and a maximum imprisonment of between 6 months and 3 years.

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

TELEPHONE 412 393-5113  
DATE 92 04 21  
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. wet layup conditions did not exist at unit I during this monitoring period.