



Duquesne Light

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

Telephone (412) 393-6000

July 22, 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. F. Noonan
General Manager
Nuclear Operations Unit

DNH/ijj

*CRF #
P-15 380 145*

9208030075 920630
PDR AD2CK 05000334
R PDR

JE 25 1/1



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

Telephone (412) 393-6000

July 22, 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 June 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

July 22, 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

Since all other parameters including TSS and pH were maintained within specification and prompt corrective actions limited the amount of affected discharge 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,

A handwritten signature in cursive script, appearing to read "T. P. Noonan".

T. P. Noonan
General Manager
Nuclear Operations Unit

DNH/ijj



Duquesne Light

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

Telephone (412) 393-6000

July 22, 1992

United States Environmental Protection Agency
Region III, Pennsylvania Section (3WM53)
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 III, Unit Two oil and water separator #22, exceeded the daily maximum specification of 20.00 mg/l oil and grease on June 11, 1992 when the measured value was 28.59 mg/l. The separator was isolated immediately following sampling and a licensed waste hauler pumped the separator out before it was returned to service. A follow-up sample on June 12 measured 5.32 mg/l oil and grease with no further occurrences experienced to date. The monthly average of 9.01 mg/l was well below the monthly average specification of 15.0 mg/l.

The overloading of the separator resulted from extensive floor cleaning which was being performed in the turbine building. Rinse water from mop buckets containing residual floor wax and stripper affected the performance of the oil and water separator. Efforts made at the station to reduce the amount of mop bucket rinse water entering the turbine building drains have prevented a recurrence of this problem.

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

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


MAJOR (SUBR DS) F - FINAL
 101 CHEMICAL WASTE TREATMENT
 Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.

FACILITY LOCATION
 ATTN: ANDREW DULICK

MONITORING PERIOD
 FROM YEAR 92 MO 06 DAY 01 TO YEAR 92 MO 06 DAY 30
 (20-23) (22-23) (24-25) (26-27) (28-29) (30-31)

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

PARAMETER (12-17)	X	(3 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	()	7.15	*****	7.81	(12)	0 1/wk	G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	50		WEEKLYGRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	()	*****	400	400	(19)	0 1/wk	2H Comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 MTH AVG	100 DLY MAX	MG/L		WEEKLYCOMP-2
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	()	*****	5.31	5.63	(19)	0 1/wk	G
FREON EXTE-GRAY METH	PERMIT REQUIREMENT	*****	*****	***	*****	15 MTH AVG	20 DLY MAX	MG/L		WEEKLYGRAB
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	()	*****			(19)		
NITROGEN, AMMONIA TOTAL (AS N)	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MTH AVG	REPORT DLY MAX	MG/L		WEEKLYGRAB
00610 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.07	0.030	(03)	*****	*****	*****	()	0 1/D	cont.
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT MTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	***		DAILY CONTIN
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	()	*****			(19)		
HYDRAZINE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MTH AVG	REPORT DLY MAX	MG/L		WEEKLYGRAB
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 18 USC § 1011. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	412	393-5113	92	07

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):
 HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP.

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: ANDREW DULICK

SHIPPINGPORT PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA0025615

PERMIT NUMBER

201 A

DISCHARGE NUMBER

MAJOR (SUPP 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	06	01		92	06	30
	(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 (48-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH		*****	*****	()	7.23	*****	7.25	(12)	0 2/m	G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU	TWICE/GRAB MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	()	*****	4.00	4.00	(19)	0 2/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	*****	*****	()	*****	5.00	5.00	(19)	0 2/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 2/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

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 1335). Penalties under these statutes may include fines up to \$100,000 or maximum imprisonment of between 6 months and 5 years.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-5113

AREA CODE

DATE

92 07 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) PAC025615 (17-19) 211 B
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR (SUBR 05)
 F - FINAL
 211 TURBINE PLOG

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


MONITORING PERIOD

FROM YEAR 92 MO 04 DAY 01 TO YEAR 92 MO 06 DAY 30
 (120-31) (122-30) (124-30) (26-27) (28-29) (30-31)

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-51)			QUALITY OR CONCENTRATION (46-51)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
2-CHLOROPHENOL		*****	*****	()	*****	0.000	0.000	(19)	0 2/Q 6	
34586 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT		TWICE GRAB	
PENTACHLOROPHENOL		*****	*****	()	*****	0.00245	0.00378	(19)	0 2/Q 6	
39032 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT		TWICE GRAB	
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 3 years.	TELEPHONE	DATE			
A. M. Dulick Chemistry Manager			412 393-5113	92	07	21
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	ARFA CODE	NUMBER	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 BEAYLE VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: ANDREW DULICK

SHIPPINGPORT PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ESTIMATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA0025615

PERMIT NUMBER

301 A

DISCHARGE NUMBER

MAJOR (SUPP 05)
P - FINAL

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

UNIT 2 AUX BOILER BLOWDOWN

MONITORING PERIOD

FROM YEAR 92 MO 06 DAY 01 TO YEAR 92 MO 06 DAY 30

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

*** NO DISCHARGE | | ***

NOTE: Read instructions before completing this form.

PARAMETER (32-47)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-51)			QUALITY OR CONCENTRATION (46-51)			NO. EX. (62-69)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		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 Mnth Avg	100 Dly Max	MG/L	TWICE/GRAB MONTH	
OIL AND GREASE FREON EXT-GRAV METH 00556 1 0 0		*****	*****	()	*****	5.00	5.00	(19)	0 2/M	G
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	15 Mnth Avg	20 Dly Max	MG/L	TWICE/GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0		0.001	0.001	(03)	*****	*****	*****	()	0 1/W	Est
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT Mnth Avg	REPORT Dly Max	MGD	*****	*****	*****	***	WEEKLY ESTIMA	
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	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. § 1315). Penalties under these statutes may include fines up to \$25,000 and/or maximum imprisonment of between 6 months and 5 years.

Andrew Dulick
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-5113

AREA CODE

DATE

92 07 21

YEAR MO DAY

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

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

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

PA0025615 (2-16) 401 A (17-19)
 PERMIT NUMBER DISCHARGE NUMBER
 MONITORING PERIOD
 FROM YEAR 92 MO 06 DAY 01 TO YEAR 92 MO 06 DAY 30
 (120-21) (122-23) (124-25) (126-27) (128-29) (130-31)

MAJOR (SUHR 05) Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.
 F - FINAL
 CHEM. FLID AREA OF AUX BOILERS

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

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
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 FREON EXTR-GRAV 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 DISCHARGE			(03)	*****	*****	*****		()	
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 USC 1001 AND 33 USC 1311k. Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE		DATE		
			412 AREA CODE	393-5113 NUMBER	92 YEAR	07 MO	21 DAY

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

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

NAME HEAVY VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: ANDREW DULICK

SHIPPINGPORT PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

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

PA0025615

PERMIT NUMBER

501 A

DISCHARGE NUMBER

MAJOR (SURREY)
F - FINAL

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

UNIT 1 GENRTR BLWDWN FILT RW

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	06	01		92	06	30
	(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 (46-51)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SOLIDS, TOTAL SUSPENDED		*****	*****	()	*****					
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	30	100			WEEKLY GRAB
EFFLUENT GROSS VALUE						MONTH AVG	DLY MAX	MG/L		
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE			*****	*****	*****	()		
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	***		WEEKLY ESTIMA
EFFLUENT GROSS VALUE		MONTH AVG	DLY MAX	MGD				***		
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	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 1331 (C) 4. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100) (101) (102) (103) (104) (105) (106) (107) (108) (109) (110) (111) (112) (113) (114) (115) (116) (117) (118) (119) (120) (121) (122) (123) (124) (125) (126) (127) (128) (129) (130) (131) (132) (133) (134) (135) (136) (137) (138) (139) (140) (141) (142) (143) (144) (145) (146) (147) (148) (149) (150) (151) (152) (153) (154) (155) (156) (157) (158) (159) (160) (161) (162) (163) (164) (165) (166) (167) (168) (169) (170) (171) (172) (173) (174) (175) (176) (177) (178) (179) (180) (181) (182) (183) (184) 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			TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	AREA CODE	NUMBER

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

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

NAME HEAVY 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 (12-15) 001 A (17-19)
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR (SUBR 05) Form Approved. OMB No. 2040-0004
 F - FINAL Approval expires 6-30-91.
 UNITS 1&2 C 2LG. TOWER BLWDR.

MONITORING PERIOD
 FROM YEAR 92 MO 06 DAY 01 TO YEAR 92 MO 06 DAY 30
 (12-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-51)			(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		*****	*****	()	7.45	*****	8.30	(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	6.0	*****	9.0	SU			WEEKLY GRAB
NITROGEN, AMMO' A TOTAL (AS N)	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM				
00610 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
TOTAL (AS N)	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT				WEEKLY GRAB
00610 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	()	*****	MONTH AVG	DLY MAX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	***			DAILY CONTIN
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	43.648	48.672	(03)	*****	*****	*****	***			DAILY CONTIN
CHLORINE, FREE AVAILABLE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	***			
50064 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	()	*****	0.18	0.19	(19)			CONTINUED
HYDRAZINE	PERMIT REQUIREMENT	*****	*****	***	*****	0.2	0.5	MG/L			CONTINUED
81313 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	()	*****	DAILY MAX	INST MAX	MG/L			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0	DLY MAX	MG/L		WEEKLY GRAB
	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. § 1317). Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.

Andrew Dulick
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-5113
 DATE 92 07 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. QUARTERLY SAMPLING TO BE CONDUCTED IN SAME MONTH.

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 1

ATTN: AB. SEW DULICK

SHIPPINGSPT

PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PA0025615

PERMIT NUMBER

C01 P

DISCHARGE NUMBER

MAJOR
(SUBR 05)
F - FINAL

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

UNITS 1 & 2 COOL TOWER BLOWDN

MONITORING PERIOD

FROM YEAR 92 MO 04 DAY 21 TO YEAR 92 MO 06 DAY 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE !!!

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-51)			QUALITY OR CONCENTRATION (46-51)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
BEFYLLIUM, TOTAL (AS BE) 01012 1 0 0	SAMPLE MEASUREMENT	*****	*****	()	*****	0.00	0.000	(19)	0 2/Q	G
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT METH AVG	REPORT DLY MAX	MG/L	TWICE GRAB QTRLY	
2-CHLOROPHENOL 34586 1 0 0	SAMPLE MEASUREMENT	*****	*****	()	*****	0.0012	0.0016	(19)	0 2/Q	G
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT METH AVG	REPORT DLY MAX	MG/L	TWICE GRAB QTRLY	
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
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	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

A. M. Dulick
Chemistry Manager

TYPED OR PRINTED

I DECLARE 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. § 1369). Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 7 months and 5 years.

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

TELEPHONE

412 393-5113

AREA CODE

DATE

92 07 21

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
PERMIT NUMBER

11 A
DISCHARGE NUMBER

MAJOR

(EUBR 05)

F - FINAL

DIESEL GEN & TURBINE DRAINS

Form Approved.

OMB No. 2040-0004.

Approval expires 6-30-91.

MONITORING PERIOD

FROM YEAR 92 MO 06 DAY 01 TO YEAR 92 MO 06 DAY 30

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

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.


PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-51)			QUALITY OR CONCENTRATION (44-45)			UNITS (46-51)	NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-51)	MAXIMUM (46-51)	UNITS (46-51)	MINIMUM (46-51)	AVERAGE (46-51)	MAXIMUM (46-51)				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE		0.002	0.002	(03)	*****	*****	*****	()	0	1/w Est	WEEKLY ESTIMA
	PERMIT REQUIREMENT	REPORT MONTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	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. SE 18 USC § 1001 AND 42 USC § 1924. Penalties under these statutes may include fines up to \$250,000 and/or maximum imprisonment of between 2 months and 5 years.


SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
412 393-5113
DATE
92 07 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: 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 (102 A)
PERMIT NUMBER **DISCHARGE NUMBER**
MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 92 06 01 TO 92 06 30
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MAJOR (SUFR 05) Form Approved
 F - FINAL OMB No. 2040-0004
 102 INTAKE SCREENHOUSE Approval expires 6-30-91

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

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	()	7.21	*****	7.41	(12)	0 2/m G	
	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	SU	TWICE/GRAB MONTH	
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	()	*****	4.00	4.00	(19)	0 2/m G	
	PERMIT REQUIREMENT	*****	*****	***	*****	30 Mnth Avg	100 Dly Max	MG/L	TWICE/GRAB MONTH	
OIL AND GREASE FREON EXTRA-GRAY METH 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	()	*****	8.88	12.75	(19)	0 2/m G	
	PERMIT REQUIREMENT	*****	*****	***	*****	15 Mnth Avg	20 Dly Max	MG/L	TWICE/GRAB MONTH	
FLOW, IN CONDUIT OR THROUGH TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.001	0.001	(03)	*****	*****	*****	()	0 2/m Est	
	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 KNOWLEDGE OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT (SEE 18 USC § 1001 AND 18 USC § 1374). Penalties under these statutes may include fines up to \$250,000 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
 DATE: 92 07 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: ANDREW DULICK
 SHIPPINGPORT PA 15077
FACILITY
LOCATION
 ATTN: ANDREW DULICK

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

PERMIT NUMBER: PA0025615
 DISCHARGE NUMBER: 002 A

MAJOR (SMR 05)
 F - FINAL
 INTAKE SCREEN BACKWASH
 Form Approved
 OMB No. 2040-0004
 Approval expires 6-30-91

MONITORING PERIOD
 FROM YEAR 92 MO 06 DAY 01 TO YEAR 92 MO 05 DAY 30
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-51)			QUALITY OR CONCENTRATION (46-51)			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	0.006	0.046	(03)	*****	*****	*****	()	0	1/W	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: A. M. Dulick
 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. § 1919. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.)
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: Andrew Dulick
 TELEPHONE: 412 393-5113
 DATE: 92 07 21
 AREA CODE: 412 NUMBER: 393-5113 YEAR: 92 MO: 07 DAY: 21

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

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

NAME HEAVY VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: ANDREW DULICK

SHIPPINGPORT PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

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

PA002561S

PERMIT NUMBER

103 A

DISCHARGE NUMBER

MAJOR
(SUBR CS)
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	06	01		92	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH		*****	*****	()	7.42	*****	7.60	(12)	0	2/m 6
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	6.0	*****	9.0			TWICE/GRAB MONTH
SOLIDS, TOTAL SUSPENDED		*****	*****	()	*****	4.00	4.00	(19)	0	2/m 24 H
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	30	100			TWICE/COMP 24 MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.001	0.001	(03)	*****	*****	*****	()	0	2/m Est
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT Mnth Avg	REPORT DLY Max	MGD	*****	*****	*****	***		TWICE/ESTIMA MONTH
		SAMPLE MEASUREMENT								
		PERMIT REQUIREMENT								
		SAMPLE MEASUREMENT								
		PERMIT REQUIREMENT								
		SAMPLE MEASUREMENT								
		PERMIT REQUIREMENT								
		SAMPLE MEASUREMENT								
		PERMIT REQUIREMENT								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 40 CFR 401.16 AND 401.16(c) 401.16(d). (Penalties under these articles may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 1 year.)	TELEPHONE	DATE			
A. M. Dulick Chemistry Manager			412 393-5113	92	07	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

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

MAJOR (SUBR US) F - FINAL
 Form Approved OMB No. 2040-0004
 Approval expires 6-30-91.
 MAIN SEWAGE TMT PLANT

FACILITY
LOCATION
ATTN: ANDREW DULICK

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	06	01		92	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (38-43) (46-51) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH		*****	*****	()	6.46	*****	7.08	(12)	0 2/M	G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	SU	TWICE/GRAB MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	()	*****	12.85	15.86	(19)	0 2/M	BHC
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 THROUGH TREATMENT PLANT	SAMPLE MEASUREMENT	0.009	0.020	(03)	*****	*****	*****	()	0 1/WK	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	*****	*****	()	*****	0.00	*****	(13)	0 2/M	G
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	200 30DA GEO	*****	/ 100ML	TWICE/GRAB MONTH	
POB, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*****	*****	()	*****	6.00	7.00	(19)	0 2/M	BHC
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 USC 1001 AND 33451-51519. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Andrew Dulick</i>	TELEPHONE	DATE		
			412 393-5113	92	07	21

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

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

NAME BEAYER 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)

PA0025615

PERMIT NUMBER

303 A

DISCHARGE NUMBER

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

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

MONITORING PERIOD

FROM YEAR 92 MO 06 DAY 01 TO YEAR 92 MO 06 DAY 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE [] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH		*****	*****	()	7.42	*****	8.43	(12)	0 1/w	G
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	6.0	*****	9.0		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED		*****	*****	()	*****	5.50	8.74	(19)	0 1/w	G
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	30	100		WEEKLY	GRAB
OIL AND GREASE		*****	*****	()	*****	5.07	7.17	(19)	0 1/w	G
FREON EXTR-GRAV METH		*****	*****	****	*****	15	20		WEEKLY	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	MNTH AVG	DLY MAX	MG/L		
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.019	0.056	(03)	*****	*****	*****	()	0 1/w	Est
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT	REPORT	****	*****	*****	*****	****	WEEKLY	ESTIMA
		MNTH AVG	DLY MAX	MGD						

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 U.S.C. § 1001 AND 33 U.S.C. § 1373. Penalties under these statutes may include fines up to \$100K and/or maximum imprisonment of between 6 months and 3 years.)	TELEPHONE		DATE		
		412 393-5113	92 07 21	AREA CODE	NUMBER	YEAR
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 PA G2 BOX 4

ATTN: ANDREW DULICK

SHIPPINGSPO RT PA 15077

FACILITY _____

LOCATION _____

ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) (17-19)

PA0025615
PERMIT NUMBER

403 A
DISCHARGE NUMBER

MAJOR
(SUP 05)
F - FINAL

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

CONDENSATE BLOWDOWN & RIVR WAT


MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	06	01		92	06	30

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-5)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE (54-61)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (38-45)	AVERAGE (38-45)	MAXIMUM (38-45)			
PH		*****	*****	()	7.88	*****	8.21	(12)	0 /w G	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU	WEEKLY	CRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	()	*****	4.00	4.00	(19)	0 /w G	
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****	*****	30 Mnth Avg	100 DLY MAX	MG/L	WEEKLY	CRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	()	*****	5.00	5.86	(19)	0 /w G	
FREON EXTR-GRAV METH	PERMIT REQUIREMENT	*****	*****	*** ****	*****	15 Mnth Avg	20 DLY MAX	MG/L	WEEKLY	CRAB
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	CRAB
00610 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.001	0.005	(03)	*****	*****	*****	()	0 /w Est	
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	*****	*****	()	*****	*****	*****	(19)		
HYDRAZINE	PERMIT REQUIREMENT	*****	*****	*** ****	*****	*****	0 DLY MAX	MG/L	WEEKLY	CRAB
61313 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 U.S.C. § 1001 AND 33 U.S.C. § 1314). 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 07 21	AREA CODE	NUMBER	YEAR

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

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

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

NAME HEAVEN VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: ANDREW DULICK

SHIPPINGPORT PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

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

PA0025615

PERMIT NUMBER

003 A

DISCHARGE NUMBER

MAJOR
(SURE 05)
F - FINAL

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

003 UNCONTAMINATED STORM WATER

MONITORING PERIOD

FROM YEAR 92 MO 06 DAY 01 TO YEAR 92 MO 06 DAY 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE [] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (38-43)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE		0.050	0.082	(03)	*****	*****	*****	()	0 2/m Est	
		REPORT Mnth Avg	REPORT Dly Max	MGD	*****	*****	*****	***	TWICE/ESTIMA MONTH	
		SAMPLE MEASUREMENT								
		PERMIT REQUIREMENT								
		SAMPLE MEASUREMENT								
		PERMIT REQUIREMENT								
		SAMPLE MEASUREMENT								
		PERMIT REQUIREMENT								
		SAMPLE MEASUREMENT								
		PERMIT REQUIREMENT								
		SAMPLE MEASUREMENT								
		PERMIT REQUIREMENT								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER A. M. Dulick Chemistry Manager	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 11 USC § 1339. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.	TELEPHONE 412 393-5113	DATE			
			92	07	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 JEFFERSON VALLEY POWER STATION
 ADDRESS P.O. BOX 4
ATTN: ANDREW DULICK
SHIPPENSBURG PA 15077

FACILITY _____
 LOCATION _____
 ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)


PA0025615 (2-16) 004 A (17-19)
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR (5086 05) Form Approved. CMB No. 2040-0004. Approval expires 6-30-91.
 F - FINAL UNIT ONE COOLG TOWER OVERFLOW

MONITORING PERIOD
 FROM YEAR 92 MO 06 DAY 01 TO YEAR 92 MO 06 DAY 30
 (120-21) (122-23) (124-25) (126-27) (128-29) (130-31)

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

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (46-51)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH		*****	*****	()		*****			(12)	
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	()	6.0	*****	9.0			WEEKLY GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	***	MINIMUM		MAXIMUM	50		
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	No Flow		(03)	*****	*****	*****		()	
CHLORINE, FREE AVAILABLE	PERMIT REQUIREMENT	REPORT Mnth Avg	REPORT Dly Max	MGD	*****	*****	*****	***		WEEKLY 9-ASRD
50064 1 0 1 EPILUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	()	*****				(19)	
	PERMIT REQUIREMENT	*****	*****	***	*****	0.2	0.5			CONTIN RECORDR
	SAMPLE MEASUREMENT					DAILY MX	INST EX	MG/L		DOUS
	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 § 1343. Penalties under these statutes may include fines up to \$100K and a maximum imprisonment of between 6 months and 3 years.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE			
			412 393-5113	92	07	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: ANDREW DULICK
SHIPPINGPORT PA 15077

FACILITY _____
 LOCATION _____
 ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER: PA0025615 (2-16)
 DISCHARGE NUMBER: 006 A (12-19)

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

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

MONITORING PERIOD
 FROM YEAR 92 MO 06 DAY 01 TO YEAR 92 MO 06 DAY 30
(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	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			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	<i>No Flow</i>			(03)	*****	*****	*****	()		
	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 U.S.C. § 1001 AND 18 U.S.C. § 1019). Penalties under these statutes may include fines up to \$100,000 and a maximum imprisonment of between 6 months and 5 years.

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

TELEPHONE: 412 393-5113
 DATE: 92 07 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 HEAVY VALLEY POWER STATION
 ADDRESS 100 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
 007 A DISCHARGE NUMBER
 MONITORING PERIOD
 FROM YEAR 92 MO 06 DAY 01 TO YEAR 92 MO 06 DAY 30
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

PARAMETER (32-37)	SAMPLE MEASUREMENT	(1 Card Only) QUANTITY OR LOADING (46-51)			(1 Card Only) QUALITY OR CONCENTRATION (46-51)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NO FLOW (03)			*****	*****	***** ()			
	PERMIT REQUIREMENT	REPORT Mnth Avg	REPORT Dly Max	MCD	*****	*****	*****	***	WEEKLY ESTIMA	***
CHLORINE, FREE AVAILABLE 50064 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	***** ()			*****		(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	0.2 DAILY MX	0.5 INST MX	MG/L	WEEKLY GRAB	***
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER A. M. Dulick Chemistry Manager TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC 1001 AND 18 USC 1011. Penalties under these statutes may include a fine up to \$100,000 and/or maximum imprisonment of 5 years 6 months and 1 year.	TELEPHONE	DATE		
		412 393-5113 AREA CODE NUMBER	92	07	21
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 					


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 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
 008 A
 DISCHARGE NUMBER
 MONITORING PERIOD
 FROM YEAR 92 MO 06 DAY 01 TO YEAR 92 MO 06 DAY 30
 (120-21) (122-23) (124-25) (126-27) (128-29) (130-31)

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

PARAMETER (32-37)	X	QUANTITY OR LOADING (46-51)			QUALITY OR CONCENTRATION (46-51)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	()	7.79	*****	8.00	(12)	0 2/m G	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0		TWICE/GRAB	
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		TWICE/GRAB	
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	()	*****	5.00	5.00	(19)	0 2/m G	
FREON EXTRE-GRAY METH	PERMIT REQUIREMENT	*****	*****	***	15	20	30		TWICE/GRAB	
00556 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	(03)	*****	*****	*****	()	0 1/w Est	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	***	WEEKLY ESTIMA	
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.001	0.001							
	PERMIT REQUIREMENT	MNTH AVG	DLY MAX							
	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 1361. (Penalties and other details may include fines up to \$10,000 and/or a maximum imprisonment of between 6 months and 3 years.)	TELEPHONE	DATE			
		412 393-5113	92	07	21	
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	AREA CODE	NUMBER	YEAR	MO	DAY
		412	393-5113	92	07	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

010
 DISCHARGE NUMBER


MAJOR (SUBS 05)
 F - FISCAL
 UNIT 2 COOLING WATER

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

MONITORING PERIOD
 FROM YEAR 92 MO 06 DAY 01 TO YEAR 92 MO 06 DAY 30
(12/21) (12/22) (12/23) (12/27) (12/29) (12/31)

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

PARAMETER (32-37)	X	QUANTITY OR LOADING (1 Card Only) (46-53)			QUALITY OR CONCENTRATION (1 Card Only) (48-55)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-67)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH		*****	*****	()	7.36	*****	7.57	(12)	0 /w G	
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*** ****	6.0 MINIMUM	*****	9.0 MAXIMUM	50	WEEKLY GRAB	
FLOW, IN CONDUIT OF THRU TREATMENT PLANT		5.000	5.000	(03)	*****	*****	*****	()	0 /w Meas	
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT	REPORT	MGD	*****	*****	*****	*** ****	WEEKLY BEASPD	
CHLORINE, FREE AVAILABLE		*****	*****	()	*****	0.00	0.00	(19)	0 /w G	
50064 1 0 1 EFFLUENT GROSS VALUE		*****	*****	*** ****	*****	0.2 DAILY MX	0.5 INST MX	MG/L	WEEKLY GRAB	

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 § 1363 AND 33 USC § 1319. (Violations under these statutes may include fines up to \$20,000 and/or maximum imprisonment of 6 months and 3 years.)	TELEPHONE	DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	412 AREA CODE	393-5113 NUMBER	92 YEAR


COMMENT AND EXPLANATION OF ANY VIOLATIONS (If present, off-line format, below)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME BLAYNE VALLEY POWER STATION
 ADDRESS 200 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) (1-19)
 PAC025615 012 A
 PERMIT NUMBER DISCHARGE NUMBER
 MONITORING PERIOD
 FROM YEAR 92 MO 05 DAY 01 TO YEAR 92 MO 06 DAY 07
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MAJOR (SRR 05) Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.
 F - FINAL BLOWDOWN FROM THE HVAC C. TOWER
 000 NO DISCHARGE 000
 NOTE: Read instructions before completing this form

PARAMETER (32-37)	X	QUANTITY OR LOADING (46-51)			QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (72-73)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH		000000	000000	()	7.87	000000	7.87	(12)	0 1/M	G
00400 1 0 0 EFFLUENT GROSS VALUE		000000	000000	0000	6.0	000000	9.0		ONCE/	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT				0000	MINIMUM		MAXIMUM	SU	MONTH	
50050 1 0 0 EFFLUENT GROSS VALUE		0.001	0.001	(03)	000000	000000	000000	()	0 1/M	EST
		REPORT	REPORT	MGT	000000	000000	000000	0000	ONCE/	ESTIMA
		MNTH AVG	DLY MAX					0000	MONTH	

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 40 CFR 121.100) AND EX-GRATIA RESTITUTION (FINE) WHEN SUCH VIOLATION HAS OCCURRED (SEE 40 CFR 121.101).	TELEPHONE	DATE		
A. M. Dulick Chemistry Manager TYPED OR PRINTED		 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	412 393-5113 AREA CODE NUMBER	92	07

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

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

NAME SEAVEE VALLEY POWER STATION

ADDRESS 200 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
(SUBP (5)
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	06	01		92	06	30
	(12/31)	(12/31)	(12/31)		(12/31)	(12/31)	(12/31)

000 NO DISCHARGE 000

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(If Card Only) QUANTITY OR LOADING (46-53)			(If Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (52-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE		No flow			(03)	000000	000000	000000	{ }	
		REPORT	REPORT						WEEKLY	ESTIMA
		*MTH AVG	DLY MAX	%GD				000		
								0000		

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 NO SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 18 USC § 1011. Offenses under these statutes may include fines up to \$250,000 and/or maximum imprisonment of 5 years, 6 months and 1 year.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Andrew Dulick</i>	TELEPHONE	DATE		
			412 393-5113	92	07	21
		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (If you have all attachments here)

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) PA0025615 (17-19) 111 A
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR (5088 05) Form Approved.
 F - FINAL OMB No. 2040-0004
 111 DIESEL GENERATOR BLDG Approval expires 6-30-91.

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
92	06	01		92	06	30
(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 Cont Only) QUANTITY OR LOADING (46-51)			(1 Cont Only) QUALITY OR CONCENTRATION (46-51)			NO. EX (52-53)	FREQUENCY OF ANALYSIS (54-55)	SAMPLE TYPE (56-59)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH		*****	*****	()	7.26	*****	8.83	(12)	0	1/w G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.3			WEEKLYGRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	()	*****	15.50	61.75	(19)	0	1/w G
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30	20			WEEKLYGRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	()	9.01	28.59	28.59	(19)	1	1/w G
FREON EXIF-GEAV METH	PERMIT REQUIREMENT	*****	*****	***	15	20	30			WEEKLYGRAB
00555 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.001	0.001	(03)	*****	*****	*****	()	0	1/w Est
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	***		WEEKLYSTIMA
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 18 U.S.C. § 1001 AND 33 U.S.C. § 1321f. Penalties under these statutes may include fines up to \$250,000 and/or maximum imprisonment of 5 years, 6 months and 1 year.

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

TELEPHONE: 412 393-5113
 DATE: 92 07 21

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):
 Please refer to the enclosed reputable occurrence letter concerning the oil and grease daily max.

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

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

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

PERMIT NUMBER PA0025615 (12.16)
 DISCHARGE NUMBER 111 (17.19)

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

FACILITY _____
 LOCATION _____
 ATTN: ANDREW DULICK

MONITORING PERIOD
 FROM YEAR 92 MO 04 DAY 01 TO YEAR 92 MO 06 DAY 30
 (120-21) (122-23) (124-25) (126-27) (128-29) (130-31)

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

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (46-57)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (66-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
2-CHLOROPHENOL	SAMPLE MEASUREMENT	*****	*****	()	*****	0.000	0.000	(9)	0	2/Q G
32586 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MTH AVG	REPORT DLY MAX	MG/L		TWICE GRAB QTRLY
PENTACHLOROPHENOL	SAMPLE MEASUREMENT	*****	*****	()	*****	0.001	0.001	(19)	0	2/Q G
39032 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MTH AVG	REPORT DLY MAX	MG/L		TWICE GRAB QTRLY
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

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

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY KNOWLEDGE OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC 1001 AND 33 USC 1319. Penalties under these statutes may include fines up to \$250,000 and/or maximum imprisonment of 5 years for individuals and 1 year for organizations.


 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NUMBER: 412 393-5113
 DATE: 92 07 21
 AREA CODE NUMBER 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 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) (1719)
 PA0025615
 PERMIT NUMBER
 211 A
 DISCHARGE NUMBER

MONITORING PERIOD
 FROM YEAR 92 MO 06 DAY 01 TO YEAR 92 MO 06 DAY 30
 (12/21) (12/21) (12/21) (12/21) (12/29) (12/31)

MAJOR (SUBR 05)
 F - FINAL
 211 TURBINE #LUG

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

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

P/ PARAMETER (32-37)	X	(If Card Only) QUANTITY OR LOADING (46-51)			(If Card Only) QUALITY OR CONCENTRATION (46-51)			NO. OF DISCH. (42-43)	FREQUENCY OF ANALYSIS (54-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH		*****	*****	()	7.05	*****	7.47	(12)	0 1/w G	
00400 1 0 0 EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED		*****	*****	*** ***	6.0 MINIMUM	*****	9.0 MAXIMUM	50	WEEKLYGRAB	
00530 1 0 0 EFFLUENT GROSS VALUE OIL AND GREASE FROM EXTR-GRAV METH		*****	*****	()	*****	4.94	8.72	(19)	0 1/w G	
00556 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	*****	*** ***	*****	30 Mnth Avg	100 DLY MAX	MG/L	WEEKLYGRAB	
50050 1 0 0 EFFLUENT GROSS VALUE		*****	*****	()	5.34	6.74	6.74	(19)	0 1/w G	
		*****	*****	*** ***	15 30 DA AT	20 DAILY MX	30 INST MX	MG/L	WEEKLYGRAB	
		0.001	0.001	(03)	*****	*****	*****	()	0 1/w Est	
		REPORT Mnth Avg	REPORT DLY MAX	MGD	*****	*****	*****	*** ***	WEEKLYESTIMA	

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. Signatories under their mandate may include: Director of Maximum Impairment of Resource Facilities and Owners.

TYPED OR PRINTED: _____

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

TELEPHONE: 412 393-5113
 DATE: 92 07 21

AREA CODE: 412 NUMBER: 393-5113 YEAR: 92 MO: 07 DAY: 21

COMMENT AND EXPLANATION OF ANY VIOLATIONS (8-10 lines; 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 15677
 FACILITY
 LOCATION
 ATTN: ANDREW DULICK


NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (12-16) (17-19)
 PA0025615 113 A
 PERMIT NUMBER DISCHARGE NUMBER
 MONITORING PERIOD
 FROM YEAR 92 MO 06 DAY 01 TO YEAR 92 MO 06 DAY 30
 (12-21) (12-23) (12-25) (12-27) (12-29) (12-31)

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

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (38-43)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH		*****	*****	()	7.05	*****	7.11	(12)	0 2/m	G
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	6.0	*****	9.0		TWICE/GRAB	
SOLIDS, TOTAL SUSPENDED		*****	*****	()	*****	10.4	15.03	(19)	0 2/m	84C
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	30	60		TWICE/COMP-8	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.022	0.030	(03)	*****	*****	*****	()	0 60	Weekly Mon
50050 1 0 0 EFFLUENT GROSS VALUE		0.043	REPORT	MGD	*****	*****	*****	****	WEEKLY	MEASRD
COLIFORM, FECAL GENERAL		*****	*****	()	*****	0.00	*****	(13)	0 2/m	G
74055 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	200	*****	/	TWICE/GRAB	
BOD, CARBONACEOUS 05 DAY, 20C		*****	*****	()	*****	7.00	7.00	(19)	0 2/m	84C
80082 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	25	50		TWICE/COMP-8	

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 16 U.S.C. § 1363 AND 40 C.F.R. § 131.9. (Violators under these statutes may include persons who knowingly and/or recklessly misrepresent or falsify data and/or reports.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE 412 393-5113
 DATE 92 07 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: ANDREW DULICK
SHIPPINGPORT PA 15077

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

PA0025615
 PERMIT NUMBER

213 A
 DISCHARGE NUMBER

NAJOP
 (SUBP 05)
 F - FINAL
 UNIT 2 COOL TOWER PURPHOUSE

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

FACILITY
 LOCATION
 ATTN: ANDREW DULICK

MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	
92	06	01		92	06	30	
(20-21)		(22-23)		(24-25)		(26-27)	
		(28-29)		(30-31)			

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

PARAMETER (32-37)	X	(1 Cont Only) QUANTITY OR LOADING (46-51)			(4 Cont Only) QUALITY OR CONCENTRATION (52-57)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-67)	SAMPLE TYPE (68-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH		*****	*****	()	8.03	*****	8.15	(12)	0 2/M G	
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU	TWICE/GRAB MONTH	
SOLIDS, TOTAL SUSPENDED		*****	*****	()	*****	7.20	8.83	(19)	0 2/M G	
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	30 Mnth Avg	100 DLY MAX	MG/L	TWICE/GRAB MONTH	
OIL AND GREASE		*****	*****	()	*****	5.00	5.00	(19)	0 2/M G	
FREON EXTR-GRAV METH		*****	*****	*****	*****	15 Mnth Avg	20 DLY MAX	MG/L	TWICE/GRAB MONTH	
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	(03)	*****	*****	*****	()	0 1/W Est	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.001	0.001	(03)	*****	*****	*****	*****	0 1/W Est	
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT Mnth Avg	REPORT DLY MAX	MGD	*****	*****	*****	*****	WEEKLY ESTIMA	
		SAMPLE MEASUREMENT								
		PERMIT REQUIREMENT								
		SAMPLE MEASUREMENT								
		PERMIT REQUIREMENT								
		SAMPLE MEASUREMENT								
		PERMIT REQUIREMENT								

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

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY 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 § 1314). (Indicate under these headings any violations of these provisions.)

Andrew Dulick
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 412 393-5113
 DATE
 92 07 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: ANDREW DULICK
 SHIPPINGPORT PA 15077

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PA0025615 (276) 3732 (1729)
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR (SRR 05) F - FINAL 313 TURBINE BLDG DRAIN

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

FACILITY LOCATION
 ATTN: ANDREW DULICK

REPORTING PERIOD
 FROM YEAR 92 MO 05 DAY 01 TO YEAR 92 MO 05 DAY 30
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (46-51)			(4 Cards Only) QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	000000	000000	()	6.78	000000	7.95	(12)	0	W	G
	PERMIT REQUIREMENT	*****	*****	000	6.0	*****	9.0				WEEKLY GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	000000	000000	()	000000	5.03	9.83	(19)	0	W	G
	PERMIT REQUIREMENT	*****	*****	000	*****	30	100				WEEKLY GRAB
OIL AND GREASE FREON EXTRA-GRAV METH 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	000000	000000	()	000000	5.82	6.77	(19)	0	W	G
	PERMIT REQUIREMENT	*****	*****	000	*****	15	20				WEEKLY GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00950 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.001	0.001	(03)	000000	000000	000000	()	0	W	Est
	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	000			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 PENALTIES OF FINE AND IMPRISONMENT. SEE 40 C.F.R. § 101.11 AND § 101.11-1. Penalties under these statutes may vary from up to \$10,000 and 30 months imprisonment or 6 months and 3 years.

Andrew Dulick
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
 412 393-5113 92 07 21
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all permittees 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)
 (2-18) (17-19)
PA0025615 (PERMIT NUMBER)
413 A (DISCHARGE NUMBER)
MONITORING PERIOD
 FROM 92 05 01 TO 92 06 30
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MAJOR (SUPR 05) F - FINAL
 BULK FUEL STORAGE DRAIN
 Form Approved. OMB No. 2040-0004
 Approval expires 6-30-91
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (34-37)			(4 Card Only) QUALITY OR CONCENTRATION (34-37)			NO. EX (52-63)	FREQUENCY OF ANALYSIS (54-65)	SAMPLE TYPE (59-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	()		*****				
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLYGRAB	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	()	*****					
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 Mnth Avg	100 Dly Max		WEEKLYGRAB	
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	()	*****					
FREON EXTR-GRAV METH	PERMIT REQUIREMENT	*****	*****	****	*****	15 Mnth Avg	20 Dly Max		WEEKLYGRAB	
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NO DISCHARGE			(03)	*****	*****	*****		
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									
	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 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 33 USC 1325 AND 40 CFR 131.119. (Qualifier under this statement may include the word "Estimated" or "Approximate" if appropriate.)	TELEPHONE 412 393-5113	DATE 92 07 21		
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	AREA CODE	NUMBER

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments by #)

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)
013 A (DISCHARGE NUMBER)
MONITORING PERIOD
 FROM YEAR 92 MO 06 DAY 01 TO YEAR 92 MO 06 DAY 30
 (12.21) (12.28) (12.29) (12.27) (12.29) (12.31)

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

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (46-53)			(1 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-62)	SAMPLE TYPE (62-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE		0.024	0.032	(03)	*****	*****	***** ()		0 /w	Est
		REPORT Mnth Avg	REPORT Dly Max	MGD	*****	*****	***** 0000		WEEKLY	ESTIMA
		SAMPLE MEASUREMENT								
		PERMIT REQUIREMENT								
		SAMPLE MEASUREMENT								
		PERMIT REQUIREMENT								
		SAMPLE MEASUREMENT								
		PERMIT REQUIREMENT								
		SAMPLE MEASUREMENT								
		PERMIT REQUIREMENT								
		SAMPLE MEASUREMENT								
		PERMIT REQUIREMENT								
		SAMPLE MEASUREMENT								
		PERMIT REQUIREMENT								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER A. M. Dulick Chemistry Manager TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY 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 81001 AND 33 USC 81112. Facilities under these sections may include those up to 200000 gpd in maximum capacity or 200000 gpd and 200000 gpd.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Andrew Dulick</i>	TELEPHONE	DATE			
			412 393-5113	92	07	21	
			AREA CODE	NUMBER	YEAR	MO	DAY

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

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

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

FA-101589
 PERMIT NUMBER

101
 DISCHARGE NO.

MONITORING PERIOD
 Year: 92, Month: 06, Day: 01
 To: 92, Month: 06, Day: 30

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OF CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measure.								
	Permit Require.	No Flow	MGD					2/MO	EST
Suspended Solids	Sample Measure.					MS/L			
	Permit Require.					10		2/MO	GRAB
Oil & Grease	Sample Measure.					MS/L			
	Permit Require.					20		2/MO	GRAB
	Sample Measure.								
	Permit Require.				5.0	9.0		2/MO	GRAB
	Sample Measure.								
	Permit Require.								
	Sample Measure.								
	Permit Require.								
	Sample Measure.								
	Permit Require.								
	Sample Measure.								
	Permit Require.								

TELEPHONE NUMBER: 412 393 5113
 DATE: 92 07 21

Andy Dulick
 SUPERVISOR OF PRODUCTION CONTROL

I, SUPERVISOR OF PRODUCTION CONTROL, hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the same was obtained from reliable sources. I am duly sworn to the truthfulness of the foregoing and the accuracy of the data furnished herein. My commission expires on 10/1/93.

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER
 ANDY DULICK
 CHEMISTRY MANAGER

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

NO DISCHARGE

NAME: Duquesne Light Company
 ADDRESS: One Jaffric Centre
 291 Grant Street
 Pittsburgh, PA 15279

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

PA 001589
 PERMIT NUMBER

291
 DISCHARGE NO.

MONITORING PERIOD
 Year: 92, Month: 06, Day: 01
 Year: 92, Month: 06, Day: 30

FROM

DISCHARGE MONITORING REPORT (DMR)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. OF ANALYSIS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Flow	No Flow		MGD						
Suspended Solids	Sample Measure								
	Permit Require							2/MO	EST
pH	Sample Measure								
	Permit Require				6.0	9.0	S.U.	2/MO	GRAB
Total Suspended Solids	Sample Measure								
	Permit Require					100	MG/L	2/MO	GRAB
Total Dissolved Solids	Sample Measure								
	Permit Require								
Total Hardness	Sample Measure								
	Permit Require								
Calcium	Sample Measure								
	Permit Require								
Magnesium	Sample Measure								
	Permit Require								
Total Phosphorus	Sample Measure								
	Permit Require								
Total Nitrogen	Sample Measure								
	Permit Require								
Ammonia Nitrogen	Sample Measure								
	Permit Require								
Nitrate Nitrogen	Sample Measure								
	Permit Require								
Total Chloride	Sample Measure								
	Permit Require								
Total Sulfate	Sample Measure								
	Permit Require								
Total Hardness (Calcium + Magnesium)	Sample Measure								
	Permit Require								
NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER ADDY DULICH (CHEMISTRY MANAGER) TYPE OR PRINTED TELEPHONE NUMBER: 412 353 5113 DATE: 07 21 92 SIGNATURE: [Signature] TITLE: [Signature] TELEPHONE NUMBER: [Signature]									

REFERENCE TO EXPLANATION OF ABBREVIATIONS (Reference all attachments here)

NO DISCHARGE

