

Duquesne Light Company

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

THOMAS P. NOONAN Division Vice President Nuclear Operations

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

October 25, 1996 NPD3VPO: 0535

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

NPDES Monthly Report, EPA Permit No. PA0025615

SUBJECT: Beaver Valley Power Station, Unit No. 1 and No. 2

BV-1 Docket No. 50-334, License No. DPR-66 BV-2 Docket No. 50-412, License No. NPF-73

Dear Sir:

Enclosed is a copy of the NPDES Monthly Report as submitted to the Pennsylvania Department of Environmental Protection.

Sincerely,

T. P. Noonan

Division Vice President Nuclear Operations

DNH/trs

cc: D. A. Orndorf

J. A. Cool

R. K. Brosi Central File IE25/1

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Duquesne Light Company

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

THOMAS P. NOONAN Division Vice President Nuclear Operations

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

October 25, 1996 NPD3VPO: 0536

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

NPDES Monthly Report, EPA Permit No. PA0025615

Dear Sir:

This letter forwards a copy of our NPDES Monthly Report as submitted to the Pennsylvania Department of Environmental Resources, Bureau of Water Quality Management

Sincerely,

T. P. Noonan

Division Vice President

Nuclear Operations

DNH/trs

Attachment

cc: D. A. Orndorf

J. A. Cool R. K. Brosi Central File





Duquesne Light Company

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

THOMAS P. NOONAN Division Vice President Nuclear Operations (412) 393-7622 Fax (412) 393-4905

October 25, 1996 NPD3VPO: 0534

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

NPDES Monthly Report, EPA Permit Number PA0025615

Gentlemen:

NPDES Monthly Report for Duquesne Light Company, Beaver Valley Power Station for September 1996 is submitted for your consideration.

Sincerely,

T. P. Noonan

Division Vice President Nuclear Operations

DNH/trs

Enclosure

cc: D. A. Orndorf

J. A. Cool

R. K. Brosi

Central File



DISCHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT Month: September Instructions: Year: 1. Complete monthly and submit with each DMR. Attach additional sheets and comments as needed for completeness and clarity. Permittee: DUQUESNE LIGHT COMPANY 2. Sludge production information will be used to evaluate plant Plant: REAVER VALLEY FOWER STATION WAT IL performance. Report only sludge which has been removed from NPDES: PA 0025615 digesters and other solids which have been permanently removed Municipality: SHIFFING PORT BURGUEI from the treatment process. Do not include sludge from other County: DEAVER plants which is processed at your facility. 3. In the disposal site section, report all sludge leaving your For sludge that is incinerated: facility for disposal. If another plant processes and disposes Pre-incineration weight = dry tons of your sludge, just provide the name of that plant. If you Post-incineration weight = dry tons 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. SLUDGE PRODUCTION INFORMATION (prior to incineration) HAULED AS LIQUID SLUDGE HAULED AS DEWATERED SLUDGE (Conversion (Tons of (Gallons) X (% Solids) Factor) Dry Tons Dewatered Sludge) X (% Solids) X (.01) - Dry Tons 2% .0000417 1,33 16000 TOTAL TOTAL DISPOSAL SITE INFORMATION: List all sites, even if not used this month Sile 1 Site 2 Site 3 Site 4 BOROVEN OF MUNACA SEWALE TREATMENTILANT

Site 1

BOROVON OF MONACA

Name:

SENALE TREATMENTILANT

Permit No.:

PA DO 20125

Type: (check one)

Landfill

Agr. Utilization

Other (specify)

County:

DEAVER

CHEMI

TILLE DATE DATE

412-393-5113 Telephone

DISCHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

Instructions:

 Complete monthly and submit with each DMR. Attach additional sheets and comments as needed for completeness and clarity.

 Sludge production information will be used to evaluate plant performance. Report only sludge which has been removed from digesters and other solids which have been permanently removed from the treatment process. Do not include sludge from other plants which is processed at your facility.

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. Permittee: DNQUESNE LIGHT COMPANY

Plant: BEAVER VALLEY POWER STATION ONE I

NPDES: PA 0025615

Municipality: SHIPINGPORT BURGUEII

County: BEAVER

For sludge that is incinerated:

Pre-incineration weight = dry tons

Post-incineration weight = dry tons

Year: 199

September

4. If no sludge was removed, note on form.

HAULED AS LIQUID SLUDGE PRODUCTION INFORMATI				HAULED AS DEWATERED SLUDGE			
NAME AND ADDRESS OF THE OWNER, THE OWNER, THE PARTY OF THE OWNER,	X (% Solids)	(Conversion X Factor)	- Dry Tons	(Tons of Dewatered Sludge)	X (% Solids)		Dry Tone
3000	2%	.0000417	0.250		1	1.01	019 10113
					-		
		District Talks					
					-		
					-		
TOTAL .				TOTAL #			

DISPOSAL SITE INFORMATION: List all sites, even if not used this month Site 2 Site 1 Site 3 Site 4 BOROVON OF MONACA Name: SEWALE TREATMENTILANT Permit No .: PA UO 20125 Dry Tons Disposed: 0.250 Type: (check one) Landfill Agr. Utilization Other (specify) County: BEAVER

Almoof Ignature

TILLE DAYE DAYE

412-393-5113 Telephone

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES: Form Approved. PERMITTEE NAME/ADDRESS (Include Facility Name Location if Different) DISCHARGE MONITORING REPORT (DMR) OMB No. 2040-0004 DATE 2 COOLING WA 有回来证明的 专业工具积率 即的保证款 机管电管系统经 Approval expires 05-31-98 ADDRESS P. D. MOY 4 750nn - 051 PERMIT NUMBER DISCHARGE NUMBER F - FISAL ATTN: DATED OHNDORF SHIPPIHSPORF MONITORING PERIOD FACILITY RELYER VALLEY POWER STATION MO DAY YEAR MO YEAR DAY LOCATION FROM 等效性 LO DIESTER BOX TO NOTE: Read instructions before completing this form. ATTR: DAVID DRYDDRY (20-21) (22-23) (24-25) 126-271 (28-29) (30-31) QUANTITY OR LOADING QUANTITY OR CONCENTRATION 13 Card Onlyl 14 Card Only! FREQUENCY NO SAMPLE PARAMETER (46-53) (38-45) (46-53) (54-61) 154-611 OF EX TYPE 132-371 ANALYSIS MINIMINA MILIMIXAM AVERAGE MAXIMUM UNITS AVERAGE UNITS (62-63) (64-68) 169-701 SAMPLE 000000 131 MEASUREMENT T MILE PERMIT 物类物质系统 . 0 STELY CRAR REQUIREMENT HIMTHUR MARTMUM SAMPLE MEASUREMENT PERMIT 动态色布物态 660060 REQUIREMENT INST. BAX SAMPLE MEASUREMENT MAGS PERMIT BRDADT 西京日本集中 REQUIREMENT CO LES 我生工生产 知文 SAMPLE 000000 MILORISE. MEASUREMENT PERMIT 配套图 REQUIREMENT PPERSONAL GROSS VALU NO AFG SAMPLE TREBERY. MEASUREMENT PERMIT 在在在在在在 REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE DATE 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 Chemistry Manager

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

REPORT THE DAILY MARTHEW FOR REFE DE-1 CHEF DESCRIBERING (24 RE. COMP.) :

THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. \$ 1001 AND 33

U.S.C. § 1319. (Penalties under these statutes mey include fines up to \$10,000

and or maximum imprisonment of between 5 months and 5 years I

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TYPED OR PRINTED

YEAR

NUMBER

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

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Public reporting burden for this collection of information is estimated to vary from a range of 10 hours as an average per response for some minor facilities, to 110 hours as an average per response for some major facilities, with a weighted average for major and minor facilities of 18 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

General Instructions

- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
- Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
- 3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
- 4. Enter each "Parameter" as specified in monitoring requirements of permit.
- 5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period", "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period." (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum")
- 6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
- Under "No Ex" enter number of sample measurments during monitoring period that exceed maximum (and/or minimum or 7 day average as appropriate) permit requirement for each parameter. If none, enter "0"
- 8. Enter "Frequency of Analysis" both as "Sample Measurment" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
- Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement," (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/4" for continuous monitoring, etc.)
- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
- 11. If "no discharge" occurs during monitoring period, enter "No Discharge" across form in place of data entry
- Emor. "Name Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Igent," "Telephone Number," and "Date" at bottom of form.
- Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
- 14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit

Legal Notice

This report is required by law (32 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$15,000 per day of violation; or in original penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) Form Approved. PERMITTEE NAME/ADDRESS (Include Facility Name: Location if Different) DISCHARGE MONITORING REPORT (DMR) OMB No. 2040-0004 BERALL AFFIEL BORES ELVISION MITS 162 contc. 117-19 (2-16) Approval expires 05-31-98 fuder: ADDRESS P. O. PERMIT NUMBER DISCHARGE NUMBER ATTM: DAVID DANDORF - PINEL MONITORING PERIOD FACILITY REATER TALLEY POWER STATION YEAR MO DAY YEAR MO DAY LOCATION BOS WG BISCHARGE FROM TO NOTE: Read instructions before completing this form. 120-211 122-231 124-251 126-271 128-291 130-311 ATTHE DATE OF MANAGER **CUANTITY OR LOADING** QUANTITY OR CONCENTRATION 3 Card Only) (4 Card Only) FREQUENCY NO PARAMETER SAMPLE 146-531 154-611 (38-45) (46-53) 154-611 OF EX TYPE (32-37) ANALYSIS AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS (62-63) (64-68) (69-70) SAMPLE 14 MEASUREMENT PERMIT 2000000 600000 医胚胎生素 1 公克力 . 0 REQUIREMENT KTHTHIN MARINUM SAMPLE 2 01 MEASUREMENT 2 PERMIT 在压力性表面 REQUIREMENT BO 422 DATES BY SAMPLE MEASUREMENT PERMIT 在在在中各位 REQUIREMENT SAMPLE MEASUREMENT BETT PERMIT BEBARR REQUIREMENT DATEY NY SAMPLE RIDRIES. MEASUREMENT PERMIT 医内部性性后位 . 25 REQUIREMENT THES MAY PPLUTAT GASSS VALU BO EVG SAMPLE REDRINE, PREE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf

TYPED OR PRINTED

TEFLUSET GROSS VALUE

Chemistry Manager

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. (Penaldes under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 6 years.)

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DATE 14 NUMBER YEAR MO DAY

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

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PERMIT

REQUIREMENT

SAMPLE MEASUREMENT PERMIT

REQUIREMENT

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General Instructions

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- 6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
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- 8. Enter "Frequency of Analysis" both as "Sample Measurment" (actual frequency of sampling and analysis used during monitoring period) and as "Parmit Requirement" specified in permit. (e.g., Enter "Cont," for continuous monitoring, "17" for one day per week, "130" for one day per month, "190" for one day per quarter, etc.)
- Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement." (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "NA" for continuous monitoring, etc.)
- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
- 11. If "no discharge" occurs during menitoring period, enter "No Discharge" across form in place of data entry
- Enter "Name Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent," "Telephone Number," and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
- More detailed instructions for use of this Discharge Manitoring Report (DMR) form may be obtained from Office(s) specified in permit.

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) Form Approved. PERMITTEE NAME/ADDRESS (Inchede Facility Name Location if Different) DISCHARGE MONITORING REPORT (DMR) OMB No. 2040-0004 INTAKE SCREEN NA HUNGEL VALLUE POWER TEATION (2-16) Approval expires 05-31-98 (SUBR DS) ADDRESS . . . PERMIT NUMBER DISCHARGE NUMBER F - FIREL ATTW: DAVID ORRDORF MONITORING PERIOD FACILITY REAVER VILLEY POWER STATION YEAR MO DAY YEAR MO DAY LOCATION AND DESCHANGE I FROM TO NOTE: Read instructions before completing this form. (20-21) (22-23) (24-25) (26-27) (28-29) (30-31) ATTRE DARYS DERIGORF QUANTITY OR LOADING QUANTITY OR CONCENTRATION (3 Card Only) 14 Card Onlyl FREQUENCY NO. SAMPLE PARAMETER (46-53) 154-611 (38-45) (46-53) (54-61) OF EX TYPE (32-37) ANALYSIS AVFRAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS (62-63) (64-68) 169-701 SAMPLE MEASUREMENT 0,046 0.006 PERMIT REQUIREMENT NO 1 WC PREINGHT CHARG TAILS DETTY HI SAMPLE MEASUREMENT PERMIT REQUIREMENT NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND TELEPHONE DATE 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 412.393-51134 14 THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. \$ 1001 AND 33 SIGNATURE OF PRINCIPAL EXECUTIVE U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 AREA NUMBER TYPED OF PRINTED OFFICE? OR AUTHORIZED AGENT YEAR MO DAY and or maximum imprisonment of between 6 months and 5 years.) COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all ettachments here)

OF

Public reporting burden for this collection of information is estimated to vary from a range of 10 hours as an average per response for some minor facilities, to 110 hours as an average per response for some major facilities, with a weighted average for major and minor facilities of 18 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.5. Environmental Protection Agency, 401 M Street, SW Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

General Instructions

- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
- Enter "Permittee Name-Mailing Address (and facility name/location, if different)," "Permit Number." and "Discharge Number" where indicated. (A separate form is required for each discharge.)
- 3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated
- 4. Enter each "Parameter" as specified in monitoring requirements of permit.
- 5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit.
 "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Maniforing Period", "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period." (Note to municipals with secondary treatment requirement: Enter 36-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum.")
- 6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
- Under "No Ex" enter number of sample measurments during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
- 8. Enter "Frequency of Analysis" both as "Sample Measurment" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont." for continuous monitoring. "177" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
- 9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement," (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)
- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
- 11. If "no discharge" occurs during monitoring period, enter "No Discharge" across form in place of data entry
- 12, Enter "Name Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent," "Telephone Number," and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
- More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit

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DISCHARGE MONITORING REPORT (DMR) 003 UNDOSTANTER OMB No. 2040-0004 BEARTE VALLEY POWER STATION (2-16) Approval expires 05-31-98 (500) 051 PERMIT NUMBER DISCHARGE NUMBER F + FIREL ATTR: DARTE DERDORF MAJOR THEOPERSONET MONITORING PERIOD FACILITY STAVES VALLEY PORES STATION YEAR MO DAY YEAR MO DAY LOCATION SES MO STYPHANCE A FROM TO NOTE: Read instructions before completing this form. AFTH: DAVID ORBDORF (20-21) (22-23) (24-25) (26-27) (28-29) (30-31) **CUANTITY OR LOADING** QUANTITY OR CONCENTRATION 13 Card Onlyl (4 Card Only) FREQUENCY NO. PARAMETER SAMPLE (46-53) 154-611 (38-45) (46-53) 154-611 OF EX TYPE (32-37) ANALYSIS MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS AVERAGE (62-63) 164-681 169-701 SAMPLE MEASUREMENT 0.016 PHEU THEATHERT PLANT PERMIT CEDARE REQUIREMENT NO AVE ORTEV NY SAMPLE MEASUREMENT PERMIT REQUIREMENT I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE DATE 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, INC. SIGNIFICANT PENALTIES FALSE INFORMATION PENALTIES FALSE FALSE INFORMATION PENALTIES FALSE F David Orndorf 14 THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. \$ 1001 AND 33 Chemistry Manager SIGNATURE OF PRINCIPAL EXECUTIVE U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 AREA TYPED OR PRINTED OFFICER OR AUTHORIZED AGENT NUMBER YEAR MO DAY and or maximum imprisonment of between 6 months and 5 years ! COMMEN'S AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

PERMITTEE NAME/ADDRESS (Include Facility Name: Location (f Different)

00039/560618-0903

Form Approved.

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- 6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
- 7. Under "No Ex" enter number of sample measurments during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0"
- 8. Enter "Frequency of Analysis" both as "Sample Measurment" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit (e.g., Enter "Cont," for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
- Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement," (e.g., Enter "Grab" for individual sample. "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)
- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
- 11. If "no discharge" occurs during monitoring period, enter "No Discharge" across form in place of data entry
- Enter "Name Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent," "Telephone Number," and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Fetam copy for your records.
- More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

Legal Notice

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in evil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

CMB No. 2040-0004 UNIT ONE COOLS BEXALU AFTELL BORES CLEALDS 12-161 Approval expires 05-31-98 ISUAR DSA ADDRESS ... PERMIT NUMBER DISCHARGE NUMBER F - FIREL ATTH: DAVED GRADORY MONITORING PERIOD FACILITY REAVER VALLEY POWER STATION YEAR MO DAY YEAR MO DAY LOCATION 李珍章 联合 防军运行用表面信贷 FROM TO NOTE: Read instructions before completing this form. APTHY DAVID DERDORF (20-21) (22-23) (24-25) (26-27) (28-29) (30-31) QUANTITY OR LOADING QUANTITY OR CONCENTRATION 3 Card Only) 14 Card Only) FREQUENCY NO. SAMPLE PARAMETER (38-45) (46-53) 154-611 (46-53) (54-61) OF EX TYPE (32-37) ANALYSIS MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS AVERAGE (62-63) (64-68) (69-70) SAMPLE 2025555 MEASUREMENT PERMIT neesbo does SEKLY BEAR REQUIREMENT PART HOUSE CONCE WALL MINT MIN MARTHUM SAMPLE £ 033 MEASUREMENT PERMIT REPORT **中产的公司**于 0000000 REQUIREMENT DATES HE PPLUCAT CROSS VELU SAMPLE BLOSTHE, TOTAL MEASUREMENT PERMIT 政治会会所有 医布拉克氏管 自 @hhans 1.25 BEKLYBUAR REQUIREMENT MO AVE INST BAK SAMPLE THEORYME. PHEE MEASUREMENT PERMIT 10064 2 Service Sir 880 REQUIREMENT BAXTEDR SEZ1 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 TELEPHONE DATE 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 David Ornborr TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING Chemistry Manager 393-5113 96 THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. \$ 1001 AND 33 SIGNATURE OF PRINCIPAL EXECUTIVE U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 AREA NUMBER TYPED OR PRINTED OFFICER OR AUTHORIZED AGENT YEAR MO DAY and or maximum impresonment of between 6 months and 6 years.) COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

OF

00042/960518-0903

Form Approved.

Public reporting burden for this collection of information is estimated to vary from a range of 10 hours as an average per response for some major facilities, with a weighted average for major and minor facilities of 18 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

General Instructions

- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
- 2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
- 3. Enter dates beginning and ending "Manitoring Period" covered by form where indicated.
- 4. Enter each "Parameter" as specified in monitoring requirements of permit.
- S. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period", "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period". (Note to municipals with secondary treatment requirement. Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum.")
- 6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
- Under "No Fx" enter number of sample measurments during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0"
- Enter "Frequency of Analysis" both as "Sample Measurment" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont," for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
- 9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement," (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "NA" for continuous monitoring, etc.)
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- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
- 14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

Legal Notice

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) Form Approved. PERMITTEE NAME/ADDRESS (Include Facility Name: Location (f Different) DISCHARGE MONITORING REPORT (DMR) OMB No. 2040-0004 AGA. INCARE SCAFF 12-15) Approval expires 05-31-98 ADDRESS P. D. BOK W PERMIT NUMBER DISCHARGE NUMBER F - FIRAL ATTM: DAVID DANDORF MONITORING PERIOD FACILITY REAVER WALLEY POWER STATION YEAR MO DAY YEAR MO DAY LOCATION FROM TO SES SOUTH OF SERVICE SES NOTE: Read instructions before completing this form. 120-21) (22-23) (24-25) 126-271 (28-29) (30-31) ATTM: DAVID DENDORF **QUANTITY OR LOADING** QUANTITY OR CONCENTRATION (3 Cerd Only) 14 Card Only) FREQUENCY NO. SAMPLE PARAMETER (46-53) (54-61) (38-45) (46-53) (54-61) OF EX TYPE (32-37) ANALYSIS MAXIMUM AVERAGE MAXIMUM UNITS MINIMUM AVERAGE UNITS 162-631 (64-68) (69-70) SAMPLE MEASUREMENT 0,5160 PERMIT 在在在在东西, STITE REQUIREMENT 90 375 BETTY BY SAMP E MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE DATE 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 Chemistry Manager 14 412393-5113 THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. \$ 1001 AND 33 SIGNATURE OF PRINCIPAL EXECUTIVE U.S.C. § 1319. (Penelties under these statutes may include fines up to \$10,000 AREA TYPED OR PRINTED OFFICER OR AUTHORIZED AGENT NUMBER YEAR MO DAY and or maximum imprisonment of between 6 months and 5 years.) COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

EPA Form 3320-1 (08-95) Previous editions may be used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

PAGE 00085/960618-0903

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General Instructions

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- 3. Enter dates beginning and ending "Manitoring Period" covered by form where indicated
- 4. Enter each "Parameter" as specified in monitoring requirements of permit.
- 5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period", "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period." (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum.")
- 6. Enter "Parmit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
- 7. Under "No Ex" enter number of sample measurments during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, entry "0"
- 8. Enter "Frequency of Analysis" both as "Sample Measurment" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont," for continuous monitoring, "1.7" for one day per week, "1.30" for one day per month, "1.90" for one day per quarter, etc.)
- 4. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement," (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "NA" for continuous monitoring, etc.)
- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
- 11. If "no discharge" occurs during monitoring period, enter "No Discharge" across form in place of data entry
- Enter "Name Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent," "Telephone Number," and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records
- 14. More detailed instructions for use of this Discharge Monitoring Report (DAIR) form may be obtained from Office(s) specified in permit.

Legal Notice

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Form Approved. NATIONAL POLILITANT DISCHARGE FLIMINATION SYSTEM (NPDES) PERMITTEE NAME/ADDRESS (Include Facility Name Location if Different) DISCHARGE MONITORING REPORT (DMR) OMB No. 2040-0004 NAME BEAVER VALLEY WORKS STATION AUR. THTAKE STST Approval expires 05-31-98 4508R 054 ADDRESS P. D. BOK U PERMIT NUMBER DISCHARGE NUMBER F 4 FIRST ATTN: DAVID GRADORE MONITORING PERIOD FACILITY MER VELLEY POWER STRIIOS YEAR MO DAY YEAR MO DAY LOCATION FROM TO NOTE: Read instructions before completing this form. (20-21) (22-23) (24-25) (26-27) (28-29) (30-31) ATTRY DAVIS GREENERS QUANTITY OR CONCENTRATION 3 Card Only! QUANTITY OR LOADING 14 Card Onlyl FREQUENCY NO SAMPLE PARAMETER (46-53) (54-61) (38-45) (46-53) (54-61) OF EX TYPE (32-37) ANALYSIS UNITS MINIMUM AVERAGE MAXIMUM UNITS AVERAGE MAXIMUM (52-63) (64-68) (69-70) SAMPLE 1 121 MEASUREMENT PERMIT SCHOOL SCOOL 2.0 - 17 EERLY BRAR REQUIREMENT PRESENT CREST VALUE MAXINGH SAMPLE 6 0 23 LOW. IN COMPRIT OR MEASUREMENT NO FI THEN TREATERNT PLACE PERMIT REDORT EFALTESTIN) REQUIREMENT BIT A TO DETLY MY SAMPLE HEORINE, IDTAL MEASUREMENT PERMIT 300000 0000 - 5 1.25 BRELVERAB REQUIREMENT FFLORNY SROSS TALE INST MAKE SAMPLE **有应的有效的** ****** Himarke, Fees MEASUREMENT PERMIT 各位在自在在 200 REQUIREMENT SATINGS. SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. \$ 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

00048/960618-0903

TELEPHONE DATE 393-5113 14 NUMBER YEAR MO DAY

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

PERMIT REQUIREMENT

KINITORING KON KLOM, FREE AMATUREEN CHINGIME, AND TOTAL ERSIONAL CHLORING ARE BROUTARD ONLY DURING THOSE PROTODS OF DISCHARGE FROM THE ALTERNATE FLOW PATH OF THE REACTOR PLANT RIVER HATER SYSTEM. DISCHARAE

Public reporting burden for this collection of information is estimated to vary from a range of 10 hours as an average per response for some minor facilities, to 110 hours as an average per response for some major facilities, with a weighted average for major and minor facilities of 18 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

General Instructions

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- Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
- 3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated
- 4. Enter each "Parameter" as specified in monitoring requirements of permit
- 5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "As altering Period", "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period." (Note to municipals with secondary treatment requirement. Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum.")
- 6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
- Under "No Ex" enter number of sample measurments during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0"
- 8. Effet "Frequency of Analysis" both as "Sample Measurment" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont," for continuous monitoring, "17" for one day per week, "130" for one day per month, "190" for one day per quarter, etc.)
- 9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement," (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/4" for continuous monitoring, etc.)
- fD. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
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- Enter "Name Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent," "Telephone Number," and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
- More detailed instructions for use of this Discharge Manitoring Report (DMR) form may be obtained from Office(s) specified in permit.

Legal Notice

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) Form Approved. PERMITTEE NAME/ADDRESS (Include Facility Name Location if Different) DISCHARGE MONITORING REPORT (DMR) OMB No. 2040-0004 BEAVER VALLEY POWER STATION UNIT 1 COOLING T 12-161 Approval expires 05-31-98 ADDRESS (SUBR 054 PERMIT NUMBER DISCHARGE NUMBER ATTN: DAFID ORSOORP F - FIREL MONITORING PERIOD FACILITY BEAVER VALLEY POWER STATION YEAR MO DAY YEAR MO DAY **LOCATION** FROM TO NOTE: Read instructions before completing this form. ATTR: DAVID ORRDDEP 120-211 122-231 124-251 (26-27) (28-29) (30-31) **CUANTITY OR LOADING** QUANTITY OR CONCENTRATION 13 Card Only) (4 Card Only) FREQUENCY NO. SAMPLE PARAMETER (46-53) 154-611 (38-45) (46-53)(54-61) OF EX TYPE (32-37) ANALYSIS AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS (62-63) (64-68) 169-701 SAMPLE 550505 MEASUREMENT PERMIT enects. REQUIREMENT 所在某工例识别 MINE TO SAMPLE DLIDS, TOTAL MEASUREMENT PERMIT 点效应在处在 格内内内内内 (REQUIREMENT PRELIENT GRACE VALU DATES ME SAMPLE 5-65 MEASUREMENT BP PERMIT (注意查查查查 SERVICE ! REQUIREMENT CHARL FALLS NO AKG INST BAX SAMPLE MEASUREMENT 13 15 15 PERMIT **非立立在这位** REQUIREMENT MATTY MY SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE DATE 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 Chemistry Manager 10 15 393-5113 THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. \$ 1001 AND 33

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

TYPED OR PRINTED

U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000

and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

00051/060618-0903

YEAR

MO

OF

DAY

NUMBER

Public reporting burden for this collection of information is estimated to vary from a range of 10 hours as an average per response for some minor facilities, to 110 hours as an average per response for some major facilities, with a weighted average for major and minor facilities of 18 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

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(SUBB -95) ADDRESS P. C. BOX 4 DISCHARGE NUMBER PERMIT NUMBER F - FIGAL ATTHE DAVID DENDORY RCLAS SHIPPINGRORY MONITORING PERIOD FACILITY BRAYER VILLEY POWER STREET YEAR MO DAY YEAR MO DAY dob his hischieben I & LOCATION FROM TO NOTE: Read instructions before completing this form. (26-27) (28-29) (30-31) (20-21) (22-23) (24-25) ATTHE DAVID DEMODRE **CUANTITY OR LOADING** QUANTITY OR CONCENTRATION FREQUENCY 14 Cerd Only! 13 Cord Onlyl NO. SAMPLE PARAMETER OF (38-45) (46-53) (54-61) (46-53) 154-611 EX TYPE ANALYSIS 132-371 MAXIMUM UNITS MAXIMUM UNITS MINIMUM AVERAGE AVERAGE 162-631 164-681 169-701 SAMPLE LOW, IN COMPUTE OR MEASUREMENT BRE PREATREMY PLAN PERMIT DEBMER 57287 SPRINE EXLY REQUIREMENT PFLUERY CROSS VALUE SO AVE BATTY MY SAMPLE MEASUREMENT PERMIT REQUIREMENT 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 NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE DATE 389-5113 98 18 Chemistry Manager THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. \$ 1001 AND 33 SIGNATURE OF PRINCIPAL EXECUTIVE AREA U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 OFFICER OR AUTHORIZED AGENT NUMBER YEAR MO DAY TYPED OR PRINTED and or maximum imprisonment of between 6 months and 5 years.) COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all ettechments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

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

图书表证证明 草及复见图案 整理编图器 巴里克里亚印料

NAME

OF

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

00057/960618-0903

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- 3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated,
- 4. Enter each "Parameter" as specified in monitoring requirements of permit.
- 5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period": "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period." (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum.")
- 6. Enter "Fermit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit
- Under "Wa Ex" enter number of sample measurments during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
- 8. Enter "Frequency of Analysis" both as "Nample Measurment" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit (e.g., Erner "Cont," for continuous monitoring, "1/7" for one day per week. "1/30" for one day per month, "1/20" for one day per quarter, etc.)
- Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as
 "Permit Requirement," (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for
 continuous monitoring, etc.)
- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
- 11. If "no discharge" occurs during monitoring period, enter "No Discharge" across form in place of data entry
- Enter "Name Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent," "Telephone Number," and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
- 14. More detailed instructions for use of this Discharge Manutoring Report (DMR) form may be obtained from Office(s) specified in permit.

Legal Notice

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125,27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

DISCHARGE MONITORING REPORT (DMR) OMB No. 2040-0004 - BERKER VALLEY POWER BESTION BEORDORN FROM TH (2-16) Approval expires 05-31-98 (SUBE DS) PERMIT NUMBER DISCHARGE NUMBER F - FINAL ATTN: DAVID ORNOOSF ROLLER MONITORING PERIOD FACILITY STAYER VALLEY POWER STATION YEAR MO DAY YEAR MO DAY LOCATION ada an hischascs ! ! FROM NOTE: Read instructions before completing this form. APPRE DAMIN DRADORF (20-21) (22-23) (24-25) 126-271 (28-29) (30-31) QUANTITY OR LOADING 14 Card Onlyl QUANTITY OR CONCENTRATION (3 Card Only) FREQUENCY NO. SAMPLE PARAMETER 138-451 (46-53)(54-61) (46-53) 154-611 OF EX TYPE (32-37) ANALYSIS AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS 152-631 (64-68) (69-70) SAMPLE 古古古古古古古 MEASUREMENT PERMIT 0.00000 tra est est REQUIREMENT 共业医工共识别 SAMPLE MEASUREMENT 0.001 PERMIT SEPORT REQUIREMENT CHASS WALK 光色 法原位 ASTEW HE SAMPLE MEASUREMENT PERMIT REQUIREMENT NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND TELEPHONE DATE AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR David Orndorf OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCULATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING Chemistry Manager 96 18 THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. \$ 1001 AND 33 SIGNATURE OF PRINCIPAL EXECUTIVE U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 AREA TYPED OR PRINTED OFFICER OR AUTHORIZED AGENT NUMBER YEAR MO DAY and or maximum imprisonment of between 6 months and 6 years.) COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

PERMITTEE NAME/ADDRESS (Include Facility Name Location of Different)

OF

Form Approved.

00060/360618-0903

Public reporting burden for this collection of information is estimated to vary from a range of 10 hours as an average per response for some minor facilities, to 110 hours as an average per response for some major facilities, with a weighted average for major and minor facilities of 18 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

General Instructions

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- Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
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- 6. Enter "Pernit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
- Under "No Ex" enter number of sample measurments during monitoring period that exceed maximum and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
- 8. Enter "Frequency of Analysis" both as "Sample Measurment" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont." for continuous monitoring, "17" for one day per week, "1730" for one day per month, "1/90" for one day per quarter, etc.)
- Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement," (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)
- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
- 14. If "no discharge" occurs during monitoring period, enter "No Discharge" across form in place of data entry.
- Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent," "Telephone Number," and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records,
- 14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

Legal Notice

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) Form Approved. DISCHARGE MONITORING REPORT (DMR) OMB No. 2040-0004 医克里里氏 甲基乙基化甲二甲酚磺基苯 医肾盂管医切除 12-161 Approval expires 05-31-98 (5898 05) ADDRESS F. O. BOX W PERMIT NUMBER DISCHARGE NUMBER F - FINAL ATTW: DANID DRADORF RAJOS MONITORING PERIOD FACILITY BEATER VALLEY POWER STATION MO DAY YEAR MO DAY LOCATION COS SO STREET, 1 1 MAG. FROM NOTE: Read instructions before completing this form. ATTW: DAVID GRADGRY (20-21) (22-23) (24-25) (26-27) (28-29) (30-31) (3 Card Only) QUANTITY OR LOADING QUANTITY OR CONCENTRATION 14 Card Only) PREQUENCY NO. SAMPLE PARAMETER (46-53) (38-45) (54-61) (46-53) (54-61) EX TYPE (32-37) ANALYSIS AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS 162-631 (64-68) 169-701 SAMPLE MEASUREMENT PERMIT **西西西拉布安** 2000 REQUIREMENT 胡丁尼亚州北京 SARTHIN. 0.31 SAMPLE MEASUREMENT 0,0091 PERMIT DEDART REQUIREMENT BIAR SEERS TRADITION DETLY MY SAMPLE HACRINE, TOTAL 193 MEASUREMENT 200000 0000 ibdvio t PERMIT BERRARE REPRAT REQUIREMENT THEF HAR SAMPLE MEASUREMENT <0.5 KO. 5 < O- S ANTIMONY PERMIT REQUIREMENT M6/6 SAMPLE MEASUREMENT K-01.0 Chanide Free PERMIT REQUIREMENT SAMPLE MEASUREMENT 2000 <0,02 <0.00 Cymide Total PERMIT REQUIREMENT MOTE SAMPLE MEASUREMENT PERMIT REQUIREMENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Orndorf Chemistry Manager TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

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TELEPHONE

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

THERE SHALL HE NO DISCHARGE OF ELOAPTHO SOLIDS OF FISIALS FOAM IN OTHER THAN THACS AMOUNTS.

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General Instructions

- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
- 2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
- 3. Enter dates beginning and ending "Menutoring Period" covered by form where indicated
- 4. Enter each "Parameter" as specified in monitoring requirements of permit.
- 5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period", "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period" (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements under "Maximum.")
- 6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
- Under "No Ex" enter number of sample measurments during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "θ".
- 8. Enter "Frequency of Analysis" both as "Sample Measurment" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont," for continuous monitoring. "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
- Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement," (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)
- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
- 11. If "no discharge" occurs during monitoring period, enter "N) Discharge" across form in place of data entry
- Enter "Name Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Anthorized Agent," "Telephone Number," and "Date" at bottom of form.
- (3. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
- More detailed instructions for use of this Discharge Manitoring Report (DMR) form may be obtained from Office(s) specified in permit.

Legal Notice

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) Form Approved. PERMITTEE NAME/ADDRESS (Inchese Facility Name/Location if Different) DISCHARGE MONITORING REPORT (DMR) OMB No. 2040-0004 NAME IDL CHENICAL WAST REAVER VALLEY POWER STATION 12-161 Approval expires 05-31-98 (SUBE 05) ADDRESS P. D. BOX W PERMIT NUMBER DISCHARGE NUMBER F - FIELD ATTM: DAVID DENDORF がしまる物 MONITORING PERIOD FACILITY APAYER VALLET POWER STATION MO YEAR MO DAY YEAR DAY LOCATION eco an armodance i i FROM NOTE: Read instructions before completing this form. (20-21) (22-23) (24-25) (26-27) (28-29) (30-31) ATTHE DAVID DRADDER QUANTITY OR CONCENTRATION **CUANTITY OR LOADING** 14 Card Only) FREQUENCY (3 Card Only) NO. SAMPLE PARAMETER (38-45) (46-53) (54-61) OF (46-53) 154-611 EX TYPE (32-37) ANALYSIS UNITS MINIMUM AVERAGE MAXIMUM UNITS AVERAGE MAXIMUM (62-63) 164-68) (59-70) SAMPLE MEASUREMEN? PERMIT 200000 1883 REQUIREMENT **発下以下無計辨** MAXINDE PERSONAL DESIGN VALUE SAMPLE MEASUREMENT 2 4 accease PERMIT 医自然性性病 00000 000000 REQUIREMENT 875 890 DATLY M 7 SAMPLE ***** MEASUREMENT · 陈尼尔特· 新哲学者~ 红衣医草 PERMIT Part Charles 京美市 REQUIREMENT DAILT BY EFFLURNY ORDES VALUE SAMPLE EITHOGEN. AMMONIA MEASUREMENT TOTAL (AS NI PERMIT 内内内内内内 200 REQUIREMENT NO AVE DAILY MA SAMPLE MEASUREMENT PERMIT REQUIREMENT NO AVE DATES NO SAMPLE MEASUREMENT PERMIT 物のから REQUIREMENT 超改 水果烷 DAILY MY SAMPLE MEASUREMENT PERMIT REQUIREMENT NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE DATE

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 lines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

00067/960619-0903

NUMBER YEAR MO DAY

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

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- 2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
- 3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated
- 4. Enter each "Parameter" as specified in monitoring requirements of permit
- 5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit.

 "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Manitoring Period", "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period" (Note to municipals with secondary treatment requirement; Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum.")
- 6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
- Under "No Ex" enter number of sample measurments during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0"
- Enter "Frequency of Analysis" both as "Sample Measurment" (actual frequency of sampling and analysis used during menitoring period) and as "Perinit Requirement" specified in permit. (e.g., Enter "Cont," for continuous monitoring, "1-7" for one day per week, "U30" for one day per month, "190" for one day per quarter, etc.)
- Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as
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- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date
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PERMITTEE NAME/ADDRESS (Include Facility Name: Location of Different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) Form Approved. DISCHARGE MONITORING REPORT (DMR) OM8 No. 2040-0004 NAME 法国家收收税 对出售机图案 网络葡萄属 医骨套骨套角板 (17-19) 12-16) Approval expires 05-31-98 (SUBE 05) PERMIT NUMBER DISCHARGE NUMBER F - FIREL ATTRI DARTO GANDORF MONITORING PERIOD FACILITY STAYER VALLEY POWER STATION MO DAY YEAR MO DAY YEAR LOCATION www no orschance ! FROM NOTE: Read instructions before completing this form. AFTN: DAVID DENDORF (20-21) (22-23) (24-25) (26-27) (28-29) (30-31) QUANTITY OR LOADING QUANTITY OR CONCENTRATION 13 Card Onlyi (4 Card Only) FREQUENCY NO. SAMPLE PARAMETER (46-53) 154-611 138-451 (46-53) 154-61) OF EX TYPE (32-37) ANALYSIS AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS (62-63) 164-68) 169-701 SAMPLE 存在存在由社 MEASUREMENT PERMIT **电台运输机** 在市场在市场 西方方法 HANG REQUIREMENT STATEMEN HDW TR SAMPLE 200200 TOTAL DATES MEASUREMENT 14.2 PERMIT 会员的政治会会 nechta 各自由市 日及社 REQUIREMENT 药具丁克罗 药管 SAMPLE MEASUREMENT 在市场的港市 PERMIT REQUIREMENT **州内・北東広** DAILY BE SAMPLE 0.34 MEASUREMENT PERMIT REPORT proner # Street person REQUIREMENT NO REC BATTY HE MORT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE DATE 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 David Orndorf TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING 393-5113 ChemisteryManagor 96 THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. \$ 1001 AND 33 SIGNATURE OF PRINCIPAL EXECUTIVE U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 AREA TYPED OR PRINTED NUMBER YEAR MO DAY OFFICER OR AUTHORIZED AGENT and or maximum imprisonment of between 6 months and 6 years.) COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

OF

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Form Approved. PERMITTEE NAME/ADDRESS (Inchide Facility Name Location if Different) NATIONAL POLLUTANT DISCHARGE FLIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT IDMRI 9MB No. 2040-0004 NAME RELEASE CALLEY POWER STATION (2-16) (17-19) Approval expires 05-31-98 (SUBI 05) ADDRESS P. D. BOX 4 PERMIT NUMBER DISCHARGE NUMBER F - FIRAL ATTHE DARID GREEGER MONITORING PERIOD FACILITY RESURES WALLEY POWER STATION YEAR MO DAY YEAR MO DAY LOCATION the Mo STATHARRE & FROM NOTE: Read instructions before completing this form. (26-27) (28-29) (30-31) (20-21) (22-23) (24-25) PAARS DYALD OBBDORE CUANTITY OR LOADING QUANTITY OR CONCENTRATION 13 Card Only) 14 Card Only) FREQUENCY NO. SAMPLE PARAMETER (46-53) (38-45) (46-53) 154-611 (54-61) OF EX TYPE 132-371 **ANALYSIS** UNITS AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM 162-631 (64-68) (69-70) SAMPLE 企业有效企业 的经验检验证法 MEASUREMENT 产在安全管理 海水水水 PERMIT **** REQUIREMENT **新草里图料设施** 经约 被 学出 SAMPLE DLIDS. TOTAL MEASUREMENT 2441 PERMIT 起作的 机色色色 白色护卫。 REQUIREMENT PFILIPAT CROSS FALS MIN BERT SAMPLE IN COMPRIT MEASUREMENT 0,0012 0-0014 PERMIT BEPORT 自立自立立立 6. RECUIREMENT PARTHER SECURE TAKES TAKES おひ ま草点 DATIF HE SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE DATE 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 David Orndorf 46 THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. \$ 1001 AND 33 SIGNATURE OF PRINCIPAL EXECUTIVE U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 AREA TYPED OR PRINTED OFFICER OR AUTHORIZED AGENT NUMBER YEAR MO DAY and or maximum imprisonment to between 6 months and 5 years.) COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00073/960618-0903

OF

Public reporting burden for this collection of information is estimated to vary from a range of 10 hours as an average per response for some major facilities, to 110 hours as an average per response for some major facilities, with a weighted average for major and minor facilities of 18 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

General Instructions

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- 3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated
- 4. Enter each "Parameter" as specified in monitoring requirements of permit.
- 5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period", "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period" (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Afaximum.")
- 6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
- Under "No Ex" enter number of sample measurments during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0"
- 8. Enter "Frequency of Analysis" both as "Sample Measurment" (actual frequency of sampling and analysis used during mondoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont," for communous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
- Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement," (e.g., Enter "Cirab" for individual sample, "24HC" for 24-hour composite, "NA" for continuous monitoring, etc.)
- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
- 11. If "no discharge" occurs during monitoring period, enter "No Discharge" across form in place of data entry
- Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Sutherized Agent," "Telephone Number," and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
- More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s)
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UNIT 2 SERVICE ON OMB No. 2040-0004 BEANER VALLEY POWER STATION 12-161 Approval expires 05-31-98 ADDRESS . D. BOX H DISCHARGE NUMBER PERMIT NUMBER F - FIRAL ATTM: DAVID ORNDORF MONITORING PERIOD FACILITY BEAVER VALLEY POWER STATION YEAR MO DAY YEAR MO DAY LOCATION TO FROM NOTE: Read instructions before completing this form. (26-27) (28-29) (30-31) (20-21) (22-23) (24-25) ATTW: DAVID GRACOSF QUANTITY OR CONCENTRATION QUANTITY OR LOADING 14 Card Only! FREQUENCY (3 Cerd Only) NO. SAMPLE PARAMETER (46-53) (38-45)(46-53) 154-611 OF (54-61) EX TYPE ANALYSIS 132-371 AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS 162-531 (64-58) (69-70) SAMPLE € 031 LOW. IN COMPOST OF MEASUREMENT THEN THEATHERT PLAN BERLIESTIN PERMIT BEDDET 201000 EXPART REQUIREMENT 00 BUT PPPLOINT GABSE WALD DETEN HY SAMPLE MEASUREMENT PERMIT REQUIREMENT CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE DATE 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 393-5113 n96 18 Chemistry Manager THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. \$ 1001 AND 33 SIGNATURE OF PRINCIPAL EXECUTIVE U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 AREA NUMBER TYPED OR PRINTED OFFICER OR AUTHORIZED AGENT YEAR MO DAY and or maximum imprisonment of between 6 months and 5 years.) COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) No Dickellare

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

00076/960618-0903

Form Approved.

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) Form Approved. PERMITTEE NAME/ADDRESS (Include Facility Name Location if Different) DISCHARGE MONITORING REPORT (DMR) 111 presser Senes OMB No. 2040-0004 NAME 经的复数条件 摩瓦瓦瓦斯堡 医内隔积的 语言含于正行的 12-161 Approval expires 05-31-98 (S08R-05) PERMIT NUMBER DISCHARGE NUMBER P & FIRST ATTR: CAVID DESDORF MAJUE SHIPPINGPORT MONITORING PERIOD FACILITY DEATER VELLEY POWER STATION YEAR MO DAY YEAR MO DAY LOCATION FROM TO NOTE: Read instructions before completing this form. AFTHS DAVID DENDORF (20-21) (22-23) (24-25) (26-27) (28-29) (30-31) QUANTITY OR CONCENTRATION **CUANTITY OR LOADING** (4 Card Only) 13 Card Only FREQUENCY NO. SAMPLE PARAMETER (46-53) (54-61) (38-45) (46-53) (54-61) OF EX TYPE (32-37) ANALYSIS AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS (62-63) (64-58) 169-701 SAMPLE MEASUREMENT PERMIT 在自身在自身, MELE REQUIREMENT SINTRUN MAXIMUS PPLUFET CROSS FALU SAMPLE MEASUREMENT PERMIT REQUIREMENT FFEBERT CROSS VALU SAMPLE MEASUREMENT PECON EXTE-GRAV MET PERMIT 各点的的资金 20 数 20 REQUIREMENT THEF HAR SAMPLE MEASUREMENT 下有的基金性反射管 少其其物 0,001 PERMIT REQUIREMENT DATET BY DO AFE SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE DATE AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON 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 Chemistry Manager 393-5113 THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. \$ 1001 AND 33 SIGNATURE OF PRINCIPAL EXECUTIVE U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 AREA NUMBER YEAR MO DAY TYPED OR PRINTED and or maximum imprisonment of between 6 months and 5 years. OFFICER OR AUTHORIZED AGENT COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

000797960618-0903

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19) PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NAME BEAVER VALLEY DONER STATION ADDRESS P. D. BOY 4 PERMIT NUMBER DISCHARGE NUMBER ATTN: DAVID DREGORY SEIPPINGBORT DA 15077 MONITORING PERIOD FACILITY REGIVER VALLEY POWER STATION YEAR MO DAY YEAR MO DAY LOCATION FROM

Form Approved. UNIT 2 SEWAGE THY OMB No. 2040-0004 Approval expires 05-31-98 **#5088 054**

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ATTH: DAVID CREDORY		(20-21) (22-23) (24-25) (26-27) (28-29) (30-31) NOTE: Read Instructions beto							INO.	FREQUENCY	
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U.S.C.		. § 1319. (Penalties under these statutes may include fines up to maximum imprisonment of between 6 months and 6 years.)						NUMBE		YEAR M	10 DAY

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- 5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit.

 "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period", "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period." (Note to municipals with secondary treatment requirement. Enter 10-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum.")
- 6. Emer "Parmit Regulrement" for each parameter under "Quantity" and "Quality" as specified in permit
- Under "No Ex" emer number of sample measurments during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) period requirement for each parameter. If none, oner "0"
- 8. Enter "Frequency of Analysis" both as "Sample Measurment" (actual frequency of sampling end analysis used during monitoring period) and as "Permit Requirement" specified in period. (e.g., Enter "Cont." for continuous monitoring, "1-7" for one day per week, "1-30" for one day per month, "1-90" for one day per quarter, etc.)
- Buter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as
 "Permit Requirement," (e.g., Enter "Grab" for individual sample. "24/fC" for 24-hour composite, "N/A" for
 communication monitoring, etc.)
- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
- 11. If "no discharge" occurs during monitoring period, enter "No Discharge" across form in place of data entry
- Enter "Name Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent," "Telephone Number," and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
- More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s)
 specified in permit.

Legal Notice

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) Form Approved PERMITTEE NAME/ADDRESS (Include Facility Name) Location if Different) DISCHARGE MONITORING REPORT (DMR) OMB No. 2040-0004 門直直接 写用设度信息 學術學 BELTER VALLEY PRODUCE STATEON 12-16) Approval expires 05-31-98 ADDRESS P. D. HOX (SUBP PERMIT NUMBER DISCHARGE NUMBER F . FIRAL ATTR: NEWYD ORENORF MONITORING PERIOD FACILITY REAVER VALLEY PORER STATION YEAR MO DAY YEAR MO DAY LOCATION FROM TO NOTE: Read instructions before completing this form. ATTWO DAVID GRADDER (20-21) (22-23) (24-25) (26-27) (28-29) (30-31) QUANTITY OR CONCENTRATION 13 Card Only) QUANTITY OR LOADING 14 Card Only PREDUENCY NO. SAMPLE PARAMETER (46-53) 154-611 (38-45) (46-53) (54-61) OF EX TYPE 132-371 ANALYSIS AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS 162-631 (64-68) (69-70) SAMPLE MEASUREMENT PERMIT ADDOBE **南京東京市市** in the fall REST REQUIREMENT 经工程工程的证 SAMPLE MEASUREMENT PERMIT 政治方 D25 9 -REQUIPEMENT 利力量でも SAMPLE MEASUREMENT 0.0075 PERMIT PASS REQUIREMENT FFIREST CROSS FALS BETTY HE SAMPLE SLOSINE. 0.19 MEASUREMENT Corne PERMIT 855.5 表式物态资金 REQUIREMENT PPLUEST DROSS VALU IRST HAY SAMPLE OLIFORM. FECAL MEASUREMENT Cornel PERMIT 资本企业资金 REQUIREMENT 施力 斯华 SAMPLE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

5 DAY.

Chemistry Hanager TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

000088/960618-0403

AREA NUMBER YEAR MO DAY

TELEPHONE

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

MEASUREMENT

PERMIT

REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT

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DATE

Public reporting burden for this collection of information is estimated to vary from a range of 10 hours as an average per response for some minor facilities, to 110 hours as an average per response for some major facilities, with a weighted average for major and minor facilities of 18 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM 223, U.S. Environmental Protection Agency, 401 M Street, SW Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

General Instructions

- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
- 2. Enter "Permittee Name Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
- 3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated
- 4. Enter each "Parameter" as specified in monitoring requirements of permit.
- 5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit, "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period", "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period." (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum.")
- 6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
- Under "No Ex" enter number of sample measurments during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "θ"
- 8. Enter "Frequency of Analysis" both as "Sample Measurment" (actual frequency of sampling and analysis used during monitoring period) and as "Fermit Requirement" specified in permit. (e.g., Enter "Cont," for continuous monitoring, "1/7" for one day per week. "1/30" for one day per month, "1/90" for one day per quarter; etc.)
- 9 Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement," (e.g., Entet "Cirab" for individual sample, "24HC" for 24-hour composite, "NA" for continuous monitoring, etc.)
- Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) Form Approved. PERMITTEE NAME/ADDRESS (Include Facility Name Location if Different) DISCHARGE MONITORING REPORT (DMR) OMB No. 2040-0004 SCIPLIS SAMOS ASTITAR DUARANT Approval expires 05-31-98 (SDBR 05) ADDRESS PERMIT NUMBER DISCHARGE NUMBER ATTR: DANED DERDORF F - FIRAL RULAN MONITORING PERIOD FACILITY REAVER VALLEY POWER STATION DAY YEAR MO DAY YEAR MO LOCATION FROM NOTE: Read instructions before completing this form. ATTUS DAVID DENDORF 120-21) 122-23) 124-251 (26-27) (28-29) (30-31) QUANTITY OR CONCENTRATION **CUANTITY OR LOADING** 13 Card Only) 14 Card Only! FREQUENCY NO. PARAMETER SAMPLE (46-53) 154-611 (38-45) (46-53) (54-61) OF EX (32-37) TYPE ANALYSIS AVERAGE MUMIXAM UNITS MINIMUM AVERAGE MAXIMUM UNITS 162-631 (64-68) (69-70) SAMPLE MEASUREMENT PERMIT 在在在在在在 ERKLY REQUIREMENT MINIBIES MARINUS SAMPLE DLIDS, TOTAL MEASUREMENT K 4 PERMIT 自由自由各种 Accepte. 200 日真田 REQUIREMENT NO AFR DAILY MY SAMPLE MEASUREMENT de the say REDR EXTR-GRAY BET PERMIT 9美兒 REQUIREMENT SAMPLE 033 MEASUREMENT PERMIT REQUIREMENT SETTR BY SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE DATE 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 393-5±13 96 Chemistry Manager THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. \$ 1001 AND 33 SIGNATURE OF PRINCIPAL EXECUTIVE U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 AREA TYPED OR PRINTED NUMBER and or maximum imprisonment of between 6 months and 6 years OFFICER OR AUTHORIZED AGENT YEAR MO DAY COMMENTS AND EXPLANATION OF ANY VIO. ATIONS (Reference all attachments here)

OF

00091/960618-0903

Public reporting burden for this collection of information is estimated to vary from a range of 10 hours as an average per response for some minor facilities, to 110 hours as an average per response for some major facilities, with a weighted average for major and minor facilities of 18 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

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- 6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit
- Under "No Ex" enter number of sample measurments during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
- 8. Enter "Frequency of Analysis" both as "Sample Measurment" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont." for continuous monitoring. "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per guarter, etc.)
- Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement," (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "NA" for continuous monitoring, etc.)
- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
- 11," If "no discharge" occurs during monitoring period, enter "Na Discharge" across form in place of data entry
- 12. Enter "Name Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent," "Telephone Number," and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain capy for your records
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Legal Notice

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DISCHARGE MONITORING REPORT (DMR) OMB No. 2040-0004 印尼克里拉拉 甘西土瓦尼茅 中心疑察器 医学科学生白垩 UNIT 2 COOL TOWN (2-16) Approval expires 05-31-98 ADDRESS P. D. BOX B 7598R 051 PERMIT NUMBER DISCHARGE NUMBER F W FIRST SHIPPIHIPONT MONITORING PERIOD FACILITY DELYER VALLEY POWER STATION YEAR MO DAY YEAR DAY LOCATION FROM NOTE: Read instructions before completing this form. ATTR: DAVID DENDORF (20-21) (22-23) (24-25) (26-27) (28-29) (30-31) QUANTITY OR LOADING 3 Card Only) QUANTITY OR CONCENTRATION 4 Card Only PARAMETER NO. FREQUENCY SAMPLE 145-531 (54-61) (38-45) 146-531 (54-61) OF 132-371 EX TYPE ANALYSIS AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS 52-631 (64-68) 169-701 SAMPLE 0.00000 在自己在自己 MEASUREMENT PERMIT **在在在中书台** SICE/FRAD REQUIREMENT PERSONAL CONCO PALC STRIBUN H DATE SAMPLE ***** DLIDS. (19) MEASUREMENT PERMIT 作业业业业的 RICE/ DRAB REQUIREMENT BRILL RY SAMPLE MEASUREMENT 医乳化溶解 医黑罗斯斯氏腺液体 医皮质 PERMIT 在东西在教育 在水水水水水水 SARS REQUIREMENT 15/T 图的 医单位 DATLY MY SONTH SAMPLE 0.31 LOW, IN COMDUIT MEASUREMENT CHRO TREATERET PLAN PERMIT CERLY REQUIREMENT PPLHENT CROSS VALU SID A 製造 DATES RE SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE DATE 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 Chemistry Manager 393-5113 THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. \$ 1001 AND 33 96 SIGNATURE OF PRINCIPAL EXECUTIVE U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 AREA TYPED OR PRINTED and or maximum imprisonment of between 6 months and 6 years.) OFFICER OR AUTHORIZED AGENT NUMBER YEAR MO DAY COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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

00094/960618-0903

Form Approved.

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General Instructions

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- 6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
- Under "No Ex" enter number of sample measurments during menitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0"
- 3. Enter "Frequency of Analysis" both as "Sample Measurment" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit (e.g., Enter "Cont." for continuous monitoring, "1/7" for one day per week. "1/30" for one day per month, "1/90" for one day per quarter, etc.)
- 9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement" (e.g., Enter "Grah" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)
- 10. Where violations of permit requirements are reported, attach a brief explanation to describe L. Se and corrective actions taken, and reference each violation by date.
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Approval expires 05-31-98 PERMIT NUMBER DISCHARGE NUMBER P - FINAL MAJOR MONITORING PERIOD FACILITY CREWER VALLEY POWER STATION YEAR MO DAY YEAR MO DAY LOCATION see HO BISCHARGE DE SOO FROM TO NOTE: Read instructions before completing this form. ATTM: DAVID DENDORF (20-21) (22-23) (24-25) (26-27) (28-29) (30-31) (3 Card Only) QUANTITY OR LOADING QUANTITY OR CONCENTRATION (4 Card Only) FREQUENCY NO. SAMPLE PARAMETER (45-53) 154-611 (38-45) (46-53) (54-61) OF EX (32-37) TYPE **ANALYSIS** UNITS AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM (62-63) (64-68) (69-70) SAMPLE DLIBB. TOTAL MEASUREMENT PERMIT BARRED B 000 RAB REQUIREMENT E世界不明尼县专 元本市 SAMPLE MEASUREMENT PERMIT 666666 B665 1 日 日 5 REQUIREMENT PELBERT GROSS WA THE TIME HE SAMPLE ** A SUREMENT No Flow PERMIT DPDODT REKLY STINE REQUIREMENT BATTY BY ED AFC MGB 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 TELEPHONE DATE 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 Chemistry Manager 412, 393-5113 96 THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 SIGNATURE OF PRINCIPAL EXECUTIVE U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 NUMBER TYPED OR PRINTED OFFICER OR AUTHORIZED AGENT YEAR MO DAY and or maximum imprisonment of between 6 months and 6 years.) COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

12-16)

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

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Form Approved.

UNIT 2 AUN BUILE

OMB No. 2040-0004

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- 6. Enter ""cenut Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
- Under "Wa Fx" enter number of sample measurments during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMITTEE NAME/ADDRESS (Include Facility Name: Location if Different) Form Approved. DISCHARGE MONITORING REPORT IDMRI OMB No. 2040-0004 UNIT I DIL WATER RELATE VALLEY POWER STREET (2-16) Approval expires 05-31-98 ASURE 051 PERMIT NUMBER DISCHARGE NUMBER 幹 海 野星的名名 ATTN: DAVID OFFDORF MONITORING PERIOD FACILITY APAYER VALLEY POWER STATION YEAR MO DAY YEAR | MO | DAY LOCATION FROM 70 NOTE: Read instructions before completing this form. ATTWO DARID DRNDOUS 120-21) 122-231 124-251 (26-27) (28-29) (30-31) QUANTITY OR LOADING 14 Card Inly! QUANTITY OR CONCENTRATION (3 Card Only) FREQUENCY NO. SAMPLE PARAMETER (46-53) (54-61) 138-4-(46-53) (54-61) OF EX TYPE 132-371 ANALYSIS UNITS MINIMUM AVERAGE MUMIXAM UNITS AVERAGE MAXIMUM (62-63) (64-68) 169-701 SAMPLE 你的我就是在 古世的老女子 MEASUREMENT 3706 PERMIT 古古古古古古 .0 CERLY 现象包 REQUIREMENT PPERPRE CASSS VALUE 医里尼罗斯兹特 BATTADE SAMPLE 3 91 MEASUREMENT 10.2 PERMIT 各市市市各市市 SEXLY RAS REQUIREMENT RO AND SAMPLE MEASUREMENT 6 5 TENK PERMIT 在在在在在在 6 10 to 10 REQUIREMENT NO AVE 36/1 SAMPLE MEASUREMENT 0.019 PERMIT **电影性 医** 000000 REQUIREMENT DATES NO **米の ままて** MIGH SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE DATE 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 Chemestry Manager SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING 393-5133 96 THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. & 1001 AND 33 SIGNATURE OF PRINCIPAL EXECUTIVE U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 AREA

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

and or maximum imprisonment of between 6 months and 5 years.)

TYPED OR PRINTED

OFFICER OR AUTHORIZED AGENT

00100/960618-0903

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Public reporting burden for the average per response for some a facilities, to 110 hours as an average per response for some a facilities, to 110 hours as an average per response for some major facilities, with a weighted average for an and minor facilities of 18 hours per response, including time for reviewing instructions, searching existing and sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

General Instructions

- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
- Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
- 3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
- 4. Enter each "Parameter" as specified in monitoring requirements of permit.
- 5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period", "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period." (Note to municipals with secondary treatment requirement: Enter 30-dev average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum.")
- 6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
- Under "No Ex" enter number of sample measurments during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
- 8. Enter "Frequency of Analysis" both as "Sample Measurment" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont," for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
- Enter "Sample Type" both as "Sample Aleasurement" (actual sample type used during monitoring period) and as "Permit Requirement," (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)
- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
- 11. If "no discharge" occurs during monitoring period, onler "No Discharge" across form in place of data entry.
- 12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent," "Telephone Number," and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retrain copy for your records.
- More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

Legal Notice

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report trainfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

PERMITTEE NAME! ADDRESS (Include Facility Name Location if Different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) Form Approved. DISCHARGE MONITORING REPORT (DMR) OMB No. 2040-0004 MUNICIPAL VALLEY POWER STATEDS (2-16) Approval expires 05-31-98 PERMIT NUMBER DISCHARGE NUMBER ATTR: DAVID GENOURF P w FIRE SHIPPINGPORT 初えるの家 MONITORING PERIOD FACILITY DELYCE VALLEY PORCE STATION YEAR MO DAY YEAR MO DAY LOCATION con we discharge ! FROM TO NOTE: Read instructions before completing this form. ANTH: DAVID ORNOORF (20-21) (22-23) (24-25) (26-27) (28-29) (30-31) **CUANTITY OR LOADING** QUANTITY OR CONCENTRATION (3 Card Only) 14 Card Only! FREQUENCY PARAMETER NO. SAMPLE 146-531 (54-61) (38-45) (45-53) (54-61) OF EX (32-37) TYPE ANALYSIS AVERAGE MALIMIXAM LINITS BAINIBALIBA AVERAGE MA SIMUM UNITS 162-631 (64-68) (69-70) SAMPLE MEASUREMENT PERMIT RA.H REQUIREMENT BEFERR CHASS TRACES MINIMIM MARTRON SAMPLE Salos, Toral (10) MEASUREMENT PERMIT 6000000 REQUIREMENT PPIDENT CADSS TALD MIT NYC DATLY 100 SAMPLE **西方台市** 6 MEASUREMENT PERMIT 香色香色香色 **食物** (1) (3) REQUIREMENT RO AVE NATIE MY SAMPLE 1-031 MEASUREMENT 0.002 PERMIT REPORM REQUIREMENT BO AVE DATE WAY SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE **IMEASUREMENT** PERMIT REQUIREMENT NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND TELEPHONE DATE 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. AM A-VARE THAT THERE ARE David Orndorf SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING Chemistry Manager THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. \$ 1001 AND 33 20 SIGNATURE OF PRINCIPAL EXECUTIVE U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 TYPED OR PRINTED NUMBER and or maximum imprisonment of between 6 months and 6 years.) OFFICER OR AUTHORIZED AGENT YEAR MO DAY COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00103/960618-0903

Public reporting burden for this collection of information is estimated to vary from a range of 10 hours as an average per response for some minor facilities, to 110 hours as an average per response for some major facilities, with a weighted average for major and minor facilities of 18 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

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- Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Fermit Requirement," (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "NA" for continuous monitoring, etc.)
- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date
- 11. If "no discharge" occurs during monitoring period, enter "No Discharge" across form in place of data entry
- Enter "Name Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent," "Telephone Number," and "Date" at bottom of form
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
- 14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

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Approval expires 05-31-98 ISURA OSI ADDRESS P. D. HOY D DISCHARGE NUMBER PERMIT NUMBER F - FIRAL ATTHE DAVID DEWNORF FAILS N SHIDDINGADAT MONITORING PERIOD FACILITY AMARKS VALLEY POWER STATION YEAR MO DAY YEAR MO DAY LOCATION FROM TO NOTE: Read instructions before completing this form. 126-271 (28-29) (30-31) ATTH: DAVID ONEDDRY 120-211 122-231 124-251 QUANTITY OR LOADING QUANTITY OR CONCENTRATION 13 Card Only) 14 Card Only! FREQUENCY NO. SAMPLE PARAMETER (46-53) (54-61) (38-45) (46-53) (54-61) OF EX T (32-37) ANALYSIS UNITS AVERAGE MAXIMUM AVERAGE MAXIMUM UNITS MINIMUM 162-631 (64-68) 159-SAMPLE 在的内容的方 **MEASUREMENT** PERMIT COCCE 西西西西南南 REPOST WICE/ TRAB REQUIREMENT PRINCES CROSS VALU MINIMUM 的表案工物目然 SAMPLE MEASUREMENT PERMIT WICE/ BAB REQUIREMENT PPLOUNT CAPES VALUE DATEY NE SAMPLE 000000 191 MEASUREMENT · 殊型的於 美国市份+ 信用為於 的名字: PERMIT 556840 RICE/ RAS REQUIREMENT MONT SAMPLE MEASUREMENT PERMIT カウカバカナ 我也会在在在 STIM SEKLE REQUIREMENT BETTER ME SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE DATE AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON 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 Chemistry Manager SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING 393-5113 THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. \$ 1001 AND 33 SIGNATURE OF PRINCIPAL EXECUTIVE U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 AREA NUMBER TYPED OR PRINTED YEAR MO DAY and or maximum imprisonment of between 6 months and 5 years.) OFFICER OR AUTHORIZED AGENT COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

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

BEAVER VALLEY FORER STATION

Form Approved.

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00106/960618-0903

OMB No. 2040-0004

Public reporting burden for this collection of information is estimated to vary from a range of 10 hours as an average per response for some minor facilities, to 110 hours as an average per response, for some major facilities, with a weighted average for major and minor facilities of 18 hours per response, in adding time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

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- 6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
- Under "No Ex" enter number of sample measurments during monitoring period that exceed maximum (and/or n infimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
- 8. Enter "Frequency of Analysis" both as "Sample Measurment" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont," for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
- Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement," (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) Form Approved. PERMITTEE NAME/ADDRESS (Include Facility Name Location if Different) DISCHARGE MONITORING REPORT (DMR) OM8 No. 2040-0004 TORDERSAYS BLOWD RELAKE ANTICK BOMES STREET (2-16) Approval expires 05-31-98 ISUBE 051 ADDRESS P. D. HOLL DISCHARGE NUMBER PERMIT NUMBER P - PINAL MONITORING PERIOD FACILITY RESERVE VALLEY POWER STATION YEAR MO DAY YEAR MO DAY LOCATION FROM TO NOTE: Read instructions before completing this form. (20-21) (22-23) (24-25) (26-27) (28-29) (30-31) attwa David Chudows **CUANTITY OR LOADING** QUANTITY OR CONCENTRATION 14 Card Only) FREQUENCY (3 Card Only) NO. SAMPLE PARAMETER (45-53) (54-61) (38-45) (45-53) (54-61) OF EX TYPE (32-37) ANALYSIS AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS 162-631 (54-68) (69-70) SAMPLE MEASUREMENT PERMIT 产品的设备会 2000 SELT BEAD REQUIREMENT MARYMITH SAMPLE CLIDS, TOTAL MEASUREMENT 各个会员各在 PERMIT 1000 CRELTTRAB REQUIREMENT PATLY MY SAMPLE MEASUREMENT PERMIT **** SERLY HAS 6.60 REQUIREMENT DAILY BY PPLOENT CASS VALUE SAMPLE ·至于我的位於高。 及用效的报复数 MEASUREMENT FOREL CAS SI PERMIT REQUIREMENT DATES MX SAMPLE **表的证的证**证 DEAMTRON CTHIL. MEASUREMENT PERMIT 在中华中中的 2012010 OMPSE 01351 REQUIREMENT DISCI SAMPLE MEASUREMENT PERMIT 1978 工業 REQUIREMENT PPLUPHT SRORS VALU DETTY NY SAMPLE BLOBISE. MEASUREMENT 放放点 PERMIT **的东西北京** 1946 425 REQUIREMENT INSP SAX NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND TELEPHONE DATE AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR

Chemistry Manager

TYPED OR PRINTED

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 6 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

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

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Form Approved. NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMITTEE NAME/ADDRESS (Include Facility Name Location if Different) DISCHARGE MONITORING REPORT (DMR) OMB No. 2040-0004 COMBERSATE BLOWDO NAME BEARTH VALLEY POWER STATEOS Approval expires 05-31-98 (5098 05) ADDRESS D. D. BOX 4 DISCHARGE NUMBER PERMIT NUMBER F - FINAL ATTR: DAVID DREDORF MONITORING PERIOD FACILITY BEAVER VALLEY POWER STATION YEAR MO DAY YEAR MO DAY LOCATION FROM TO NOTE: Read instructions before completing this form. (20-21) (22-23) (24-25) (26-27) (28-29) (30-31) ATTES DAVID ORROOMF 14 Card Only) QUANTITY OR CONCENTRATION (3 Card Only) QUANTITY O. (LOADING FREQUENCY NO. SAMPLE PARAMETER (54-61) OF (38-45) (46-53) (46-53) 154-611 EX TYPE (32-37) ANALYSIS AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS (62-63) (64-68) (69-70) SAMPLE 5000000 (I9) MEASUREMENT PERMIT 555560 0000 **运售货售货** HERLY CRAD PEQUIREMENT DAILY DE MOZI HO AVG PERCHANT CORNER VALUE SAMPLE No Alow MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE DATE 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 Chemistry Manager 393-5113 THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. \$ 1001 AND 33 SIGNATURE OF PRINCIPAL EXECUTIVE U.S.C. § 1318. (Penalties under those statutes may include fines up to \$10,000 AREA TYPED OR PRINTED OFFICER OR AUTHORIZED AGENT NUMBER YEAR MO DAY and or maximum imprisonment of between 6 months and 5 years) COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

日本的资本企业保证。在证明,在经过证证证据,但项目主要的证证证证。不知,在原作证明,你的原义和信息和信息的证明。""心中,但是实一定法律任序。"但是中心法生,使其实正好,由其实正好证明,它的统一会会全位。 WHEN DESCRINGING (2% HA. COMP.) : (THE LIMIT IS 35 BUIL AS A DAILY MAX.)

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1 1 . 1 PERMITTEE NAME/ADDRESS (Include Facility Name Location of Different) NATIONAL POLLUTANT DISCHARGE FLIMINATION SYSTEM (NPDES) Form Approved. DISCHARGE MONITORING REPORT IDMRI OMB No. 2040-0004 BEAVER VALUES PORES STATEON BULK FURL STORAG (17-19) 12-161 Approval expires 05-31-98 4 SUBS 051 ADDRESS P. D. ROT U PERMIT NUMBER DISCHARGE NUMBER F - FIREL ATTES OLUTO ORNDORF REJOR MONITORING PERIOD FACILITY RELEVED VALLEY POWER STATION YEAR MO DAY YEAR MO DAY LOCATION FROM NOTE: Read instructions before completing this form. armes David Devoors (20-21) (22-23) (24-25) 126-271 (28-29) (30-31) **CUANTITY OR LOADING** (3 Card Only) (4 Card Only) QUANTITY OR CONCENTRATION NO. FREQUENCY PARAMETER SAMPLE (46-53) (54-61) 138-451 (46-53) (54-61) OF EX TYPE (32-37) ANALYSIS AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS 162-63/ 164-681 (69-70) SAMPLE MEASUREMENT PERMIT 化作品的作品 经价值的 EEKLY \$883 REQUIREMENT MEXIMIM SAMPLE DETON. TOTAL MEASUREMENT PERMIT 在各种的合金 (芭笙队工艺术的政治 REQUIREMENT DAILY MS SAMPLE MEASUREMENT PERMIT 000505 内布洛的省份 BRAB REQUIREMENT NO AVO DRILY MY SAMPLE MEASUREMENT PERMIT REQUIREMENT DATES BY SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE DATE 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 SIGNATURE OF PRINCIPAL EXECUTIVE U.S.C. § 1319. (Penelties under these statutes may include fines up to \$10,000 AREA TYPED OR PRINTED and or maximum imprisonment of between 6 months and 5 years. OFFICER OR AUTHORIZED AGENT NUMBER YEAR MO DAY COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference ell attachments here)

00115/960818+0903

Public reporting burden for this collection of information is estimated to vary from a range of 10 hours as an average per response for some minor facilities, to 110 hours as an average per response for some major facilities, with a weighted average for major and minor facilities of 18 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

General Instructions

- 1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
- 2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number," where indicated. (A separate form is required for each discharge.)
- 3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated
- 4. Enter each "Parameter" as specified in monitoring requirements of permit.
- 5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified (1.1). "nit. "Awrage" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period", "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period." (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum.")
- 6. Effect "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
- Under "No Ex" enter number of sample measurments during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0"
- Enter "Frequency of Analysis" both as "Sample Measurment" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont," for continuous monitoring, "1/7" for one day per week, "1/30" for one day per menth, "1/90" for one day per quarter, etc.)
- Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as
 "Permit Requirement," (e.g., Enter "Grah" for individual sample, "24HC" for 24-hour composite, "NA" for
 continuous monitoring, etc.)
- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
- 11. If "no discharge" occurs during monitoring period, enter "No Discharge" across form in place of data entry
- Enter "Name Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Anthorized Agent," "Telephone Number," and "Date" at bottom of form.
- Mail signed Repart to Office(s) by date(s) specified in permit. Retain copy for your records.
- 14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in perait.

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在房里里 主 信息的竞争员 相志 BEAVER VALLEY POWER STATION 12-161 Approval expires 05-31-98 ADDRESS . D. BOX W (\$888 95) PERMIT NUMBER DISCHARGE NUMBER F - FINAL ATEN: DAVID ORRDORF MONITORING PERIOD FACILITY READER VALLEY POWER STATION YEAR | MO DAY YEAR MO DAY LOCATION DOD HO DISCHARGE 124 000 FROM TO NOTE: Read instructions before completing this form. (20-21) (22-23) (24-25) (26-27) (28-29) (30-31) ATTHE DAYED DREDGER QUANTITY OR CONCENTRATION QUANTITY OR LOADING (3 Card Only) 14 Card Only) NO. FREQUENCY SAMPLE PARAMETER (38-45) (46-53) (54-61) 146-531 (54-61) OF EX TYPE (32-37) ANALYSIS AVERAGE MAXIMUM UNITS UNITS MINIMUM AVERAGE MAXIMUM (62-63) (64-68) 169-701 SAMPLE 人名斯特斯森岛 西西拉拉 在市市 (19) OLIDS, TOTAL MEASUREMENT PERMIT 000000 000000 0000 PERLYCEAR REQUIREMENT DATES MY SAMPLE (0.33 MEASUREMENT PERMIT 現在に工事 ESTINA REQUIREMENT PPLHENT CRASS VALUE 我当下老师一姓立 阿拉拉 SAMPLE MEASUREMENT PERMIT REQUIREMENT NAME/TITLE PRINCIPAL EXECUTIVE OFFICER CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND TELEPHONE DATE 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 Chemistry Manager 412,393-5113 THE POSSIBILITY OF FINE AND IMPRIS INMENT. SEE 18 U.S.C. \$ 1001 AND 33 SIGNATURE OF PRINCIPAL EXECUTIVE U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 AREA TYPED OR PRINTED OFFICER OR AUTHORIZED AGENT NUMBER YEAR MO DAY and or maximum imprisonment of betwein 6 months and 6 years.) COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location (7 Different)

NAME

00110/960618-0903

OF

4 1 3 8

Form Approved.

OMB No. 2040-0004

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- 4. Enter each "Parameter" as specified in monitoring requirements of permit.
- 5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in onits specified in permit.
 "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period", "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period" (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements under "Maximum.")
- 6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit
- 7. Under "No Ex" enter number of sample measurments during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0"
- Enter "Frequency of Analysis" both as "Sample Measurment" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont." for continuous monitoring, "17" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
- Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as
 "Permit Requirement," (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "NZ4" for
 continuous monitoring, etc.)
- 10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
- 11. B "no discharge" occurs during monitoring period, enter "No Discharge" across form in place of data entry
- 12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent," "Telephone Number," and "Date" at bottom of form.
- 13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records
- More detailed instructions for use of this Discharge Moreusing Report (DMR) form may be obtained from Office(s)
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