

Nuclear Group P.O. Box 4 Shippingport, PA 15077-0004 Telephone (412) 393-6000

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October 27, 1998 NPD3VPO: 0912

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,

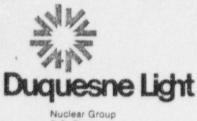
Keven I. Ostrowski

Kevin L. Ostrowski Division Vice President Nuclear Operations and Plant Manager

SLV/trs

cc: D. A. Orndorf J. K Cool S. K. Hobbs Central File

The Nuclear Professionals 980930 9811030111 ADOCK PDR



P.O. Box 4 Shippingport, PA 15077-0004 Telephone (412) 393-6000

October 27, 1998 NPD3VPO: 0913

United States Environmental Protection Agency Region III, Pennsylvania (3WM53) Water Permits Branch Water Management Division 1650 Arch Street Philadelphia, PA 19103-2029

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,

Keven L. Otrowski

Kevin L. Ostrowski Division Vice President Nuclear Operations and Plant Manager

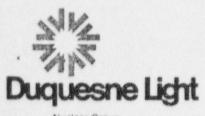
SLV/trs

Attachment

cc: D. A. Orndorf J. K. Cool S. K. Hobbs Central File



The Nuclear Professionals



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Nuclear Group P.O. Box 4 Shippingport, PA 15077-0004 Telephone (412) 393-6000

October 27, 1998 NPE 3VPO: 0914

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

NPDES Monthly Report, EPA Permit No. PA0025615

Gentlemen:

NPDES Monthly Report for Duquesne Light Company, Beaver Valley Power Station for September 1998 is submitted for your consideration.

Sincerely,

Kevent. Ostrawski

Kevin L. Ostrowski Division Vice President Nuclear Operations and Plant Manager

SLV/trs

cc: D. A. Orndorf J. K. Cool S. K. Hobbs Central File



The Nuclear Professionals



Nuclear Group P.O. Box 4 Shippingport, PA 15077-0004 Telephone (412) 393-6000

October 27, 1998 NPD3VPO: 0915

United States Environmental Protection Agency Region III, Pennsylvania (3WM53) Water Permits Branch Water Management Division 1650 Arch Street Philadelphia, PA 19103-2029

EPA Permit No. PA0025615 Reportable Occurrence

Dear Sir:

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

On September 10, 1998 the pH of the #1 Unit oil/water separator (Outfall 303) was 9.4, slightly above our permit limit of 9.0. Investigation into this incident revealed that the abnormally high pH was a result of draining the #2 Unit Auxiliary Boiler Steam return to a Unit #1 turbine plant drain due to maintenance activities. As a result of this incident, the existing operating procedure is being modified to include additional coordination with the chemistry group to prevent future occurrences. All subsequent samples taken in September were within permit limits.

X

October 27, 1998 NPD3VPO: 0915 Page 2

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If you have any questions concerning this report, please do not hesitate to contact David A. Orndorf at 412-393-5113.

Sincerely,

Kevin L. Ostrowski

Kevin L. Ostrowski Division Vice President Nuclear Operations and Plant Manager

SLV/trs

cc: D. A. Orndorf
J. K. Cool
S. K. Hobbs
Central File - Keywords: NPDES Reportable Occurence

Instructio						Unit 2	>	Year:	1498
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(SSR-1 3/21	(91)			Signature	r	Title	Date	/	Telephone

Title Date

Telephone

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Ins	structions:		Year: 1999
Internet Concepts	Complete monthly and submit with each DMR. Attach additional	Unit 1	<u>rear: 1998</u>
	sheets and comments as needed for completeness and clarity.	Permittee: DUQO	DESNE LIGHT CUMPANY
2.	Sludge production information will be used to evaluate plant		VALLEY TOWER STATION
	performance. Report only sludge which has been removed from	NPDES: PA C	025615
	digesters and other solids which have been permanently removed	Municipality: *	HITTINGPORT BUR VEIL
	from the treatment process. Do not include sludge from other	County: BEAM	R
	plants which is processed at your facility.		and the second
3.	In the disposal site section, report all sludge leaving your	For sludge that is in	cinerated:
	facility for disposal. If another plant processes and disposes	Pre-incineration we	
	of your sludge, just provide the name of that plant. If you	Post-incineration w	eight a dry tons
	dispose of sludge from other plants, include their tonnage in the		
	disposal site section and provide their names and individual dry	ł	

tonnage on the back of this form. 4. If no sludge was removed, note on form.

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(558-1 3/21/91)

CHEMISTRY MANALER 10/27/78 412-393-5113 Title Date Telephone

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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 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

- 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 "Lischarge 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/A" 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.
- 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.
- 14. More detailed instructions for use of this *Discharge Monitoring Report (DMR)* form may be obtained from Office(s) specified in permit.

Legal Notice

NAME BEAVER VALLEY ADDRESS P.O. BOX 9	AFTA: DAVID ORNDORF			DISC	AIT NUMSER	ARGE ELIMINA ITORING R	EPORT	(DMR) 17-19)	INTAKS SCREEN DA (SUBR OS) F - FINAL			Approved. lo. 2040-0 vel expires	
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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.
- 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.
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- 6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
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- 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.
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- 14. More detailed instructions for use of this *Discharge Monitoring Report (DAR)* form may be obtained from Office(s) specified in permit.

Legal Notice

PERMITTEE NAME/ADDRESS (Include Facility NAME ADDRESS 2 . 0	POWER			DISC	HUTANT DISCH HARGE MOP (2-16) AIT NUMBER		SYSTEM (NPDES) RT (DMR) (17-19) SCHARGE NUMBER	003 0xCC (SUSA 05 F - FIRA	5)	OMB N	10. 2040-0	0004
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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.

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PERMITTEE NAME/ADDRESS (Include Fecility) NAME	POWER		101	DISCH		0	(DMR) (17-19)	AIT ONE CO SUBE 03) - FIBAL	nic +4	OMB N	pproved. o. 2040-00 sl expires (004
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Legal Notice

PERMITTEE NAME/ADDRESS (Include Facility) NAME ADDRESS	Disc	LLUTANT DISC HARGE MO (2-16) IIT NUMBER		(DMR) (17-19)	INIT ONE CO (SUBE 05) - FIDAL		OMB N	Approved. Io. 2040-0 vel expires			
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NAME/TITLE PRINCIPAL EXECUTIVE David Orndorf Chemistry Manager		CERTIFY UNDER PENALTY OF SAM FAMILIAR WITH THE INFO WY INQUIRY OF THOSE IN DBTAINING THE INFORMATION RUE, ACCURATE AND CO SIGNIFICANT PENALTIES FOR THE POSSIBILITY OF FINE AND J.S.C. § 1318. (Penalties under	DRMATION SUBMITTED H HOIVIDUALS IMMEDIATE N, I BELIEVE THE SUBMI MPLETE. I AM AWAI SUBMITTING FALSE INFI IMPRISONMENT. SEE 18	EREIN; AND B LY RESPONSI ITTED INFORM RE THAT THI ORMATION, IN U.S.C. § 1001	ASED ON BLE FOR ATION IS ERE ARE CLUDING I AND 33 \$10,000 SIGNA	TURE OF PRINCIPAL	EXECUTIVE	TELEPHON	5113	96	10 27
TYPED OR PRINTED		nd or maximum imprisonment o	f between 8 months and 6	years.)	OFF	ICER OR AUTHORIZE	DAGENT CO	DE NUMBER	R	YEAR M	DAY

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Legal Notice

ERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) IAME IDDRESS . O. OOX 4				DISC	(2-16)		SUSE OS) - FISAL	SCREP	Form Approved. OMB No. 2040-0004 Approval expires 05-31-98				
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Chemistry Manager TYPED OR PRINTED		THE POSSI	BILITY OF FINE AND IN 318. (Penalties under	MPRISORMENT. SEE 18 these statutes may inch between 6 months and 6	U.S.C. § 1001 ude fines up to	AND 33 SIGNA	TURE OF PRINCIPAL		2 893-5 DE NUMBE			0 27 40 DAY

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

PERIODS OF DISCHARGE FROM THE ALTERNATE FLOW PATH OF THE REACTOR PLANT HIVER WATER SYSTEM.

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NAME/TITLE PRINCIPAL EXECUTIVE David Orndorf Chemistry Manager TYPED OR PRINTED	AM F I MY I OBTAI TRUE, SIGNIF THE P U.S.C.	L IFY UNDER PENALTY OF AMILIAR WITH THE INFO NQUIRY OF THOSE IN NING THE INFORMATION ACCURATE AND COM QCANT PENALTIES FOR OSSIBILITY OF FINE AND \$ 1318. (Penalties under maximum imprisonment of	RMATION SUBMITTED + DIVIDUALS IMMEDIATE (I BELEVE THE SUBM WPLETE I AM AWA SUBMITTING FALSE INF IMPRISONMENT. SEE 10 V these atortices may incl	HEREIN; AND BA ELY RESPONSIE ITTED INFORMA RE THAT THI ORMATION, IN 8 U.S.C. \$ 1001 Jude fines up to	ASED ON BLE FOR ATION IS ERE ARE CLUDING I AND 33 \$10,000 SIGNA	ATURE OF PRINCIPAL	D COTAT AR	TELEPHON	113	98 1	0 27 10 DAY

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Legal Notice

*ERMITTEE NAME/ADDRESS (Include Facility)					NITORING REPORT	104401	Form Approved. OMB No. 2040-0004 (SUSE 05) P = FIRAL					
DDRESS F.O. BOX 4 ATIM: DAVID OR			PERM	IT NUMBER	R Disc	HARGE NUMBER						
SWIFFINGPORT		PA 15077					MAJOR			-		
ACILITY			YEAR	MOD	ITORING PERIOD	,						
OCATION			FROM	0.9	TO		00X 400					
ATTN: DAVID OREDORF				(22-23) (24		(28-29) (30-31)	NOTE: Read inc	ructions bet	ore con	uplating this	form.	
PARAMETER		(3 Card Only) QUA (46-53)			(4 Card Only) QU (38-45)	ANTITY OR CONC (45-53)	CENTRATION (54-61)		NO.	OF	SAMEL	
(32-37)	~	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS (64-68)	TYPE (69-70)	
28	SAMPLE	T T	022203		7.35	22400	7.68	(1	0	1/7	GRAE	
	PERMIT	000000	660000	2000 0000	6.0	000000	9.0			WEEKL	GRAD	
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Legal Notice

NAME BEAVER VALLEY ADDRESS P.O. 801 4	DORESS P.O. BOX 4 ATTA: DAVID ORNDORF			NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR) (2-16) (17-19) PERMIT NUMBER DISCHARGE NUMBER					SEL GEN BE QS) FINAL		Form Approved. OMS No. 2040-0004 Approval expires 05-31-98				
SHIPPINGPORT FACILITY		P	£ 15077	MONITORING PERIOD											
LOCATION				FROM	0.9	TO	90 09	alor	F. Paad instruc				torm		
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TYPED OR PRINTED	U.S.C. 4 1319. (Penalties under					110,000	OFFICER OF AU			A BRIDADE	- the state of the	YEAF N	O DAY		

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Legal Notice

NAME BERVER VALLEY ADDRESS P.O. BOX 4	ADDRESS P.O. BOX 4 ATTS: DAVID ORNDOR:			HUTANT DISCH HARGE MOI (2-16)	(17-19)	LOWDOWS F (SUBR C5) - FINAL	BON IN	OMB	Approved. Io. 2040-0 vel expires	05-31-98					
FACILITY	a story	PA 15077	YEAR		ITORING PERIOD		LJOB								
LOCATION			FROM							d instructions before completing this form					
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TYPED OR PRINTED	U.S.C. § 1319. (Penalities under				010,000 9	PICER OR AUTHORIZE	1 4 94	A NUMBE	R	YEAR N	O DAY				

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SHIPPIAGPORT		PA 15077			BAJOR						
FACILITY LOCATION		FROM	MONITORING PERIOD YEAR MO DAY TO YEAR MO (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)			and NO DISCHARCH			fore completing this form.		
PARAMETER	∇	13 Card Only) QUA (46-53)			(4 Card Only) QUANTITY OR CON((38-45) (46-53)		ENTRATION (54-61)		NO.	FREQUENCY	SAMPLE
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NAME/TITLE PRINCIPAL EXECUTIVE David Orndorf Chemistry Manager TYPED OR PRINTED	AM FJ MY II OBTAI TRUE, SIGNIË THE P U.S.C.	IL IFY UNDER PENALTY OF U MILLAR WITH THE INFOR NOURY OF THOSE INFO NING THE INFORMATION, ACCURATE AND COMI ICANT PENALTIES FOR S DSSIBILITY OF FINE AND IN \$ 13:10. (Penalties under statistic imprisorment of	MATION SUBMITTED + NUTOUALS IMMEDIATE I BELIEVE THE SUBMI PLETE. I AM AWA UBMITTING FALSE INF MPRISONMENT. SEE 18 these stetutes may incl	IEREIN; AND BA LY RESPONSIE ITTED INFORMA RE THAT THE ORMATION, IN U.S.C. \$ 1001 U.G.C. \$ 1001	ASED ON BLE FOR ATION IS ERE ARE CLUDING I AND 33 \$10,000 SIGNA	TURE OF PRINCIPAL			113	98 1	ATE 27

TRAME SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VIBIBLE FORM IN OTHER THAN IMACE AMOUNTS.

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NAME BERVER VALLEY ADDRESS P.O., BOI 6	DERIES INSPECTIONES STATION			DISC	HARGE MON (2-16)		(DMR) (17-19)	OUTFILL DI: (SU2E OS) - FIREL		OMB N	Approved. No. 2040-0 vel expires	0004
SGIPPINGPORT FACILITY			A 15077	FROM	MON	ITORING PERIOD	YEAR MO DAY					
PARAMETER		1	3 Card Only) QUA		(22-23) (24-) IG		(28-29) (30-31) ANTITY OR CONCE (46-53)	NOTE: Read instru NTRATION (54-61)	ctions befor	NO.	FREQUENCY	SAMPLE
(32-37)	1	1	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX (62-63)	ANALYSIS (64-68)	TYPE (69-70)
CTANIDE, WEAK ACID, DISOCIABLE	SAMP		000500	000000		646465	<.010	<,010	(19)	0	2/92	GRAB
CO718 1 0 0 EFFLUERT CROSS VALU	PERM		******	0000000	0000	000000	TEOSER DVA STEU	REPORT DAILY MI	MG/L		TWICE OTRL	GRAP
CYASIDE, TOTAL (AS CN)	SAMP		*****	动动动动动动		00000	2.010	2.010	(19)	0	2/92	GRAB
00720 1 0 0 SEFLORET GROSS VALU	PERM		400800	水水的水水谷	3000 (11000) (11000)	444304	TROUGS DVA RIEG	REPORT DAILY 80	NG/L		TRICE OTEL	GRAE
ANTINGET, TOTAL (AS SB)	SAMP		市政委员会合	举律由身态参		******	<0.0	<2.0	(19)	0	2/92	GRAB
01097 1 0 0 EFFLUENT GROSS VALU	PERM		600000	*****	0 0 0 0 0 0 0 0 0	******	TROUSS DVA SING	REPORT DAILY 81	86/1		TRICE QTEL	GRAR
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NAME/TITLE PRINCIPAL EXECUTIVE	OFFICER	AM FAM	Y UNDER PENALTY OF LI	MATION SUBMITTED H	EREIN; AND BA	ASED ON	10		TELEPHON	θE	DI	ATE
David Orndorf Chemistry Manager		OBTAINII TRUE, A SIGNIFIC	UURY OF THOSE IND NG THE INFORMATION, ACCURATE AND COMP ANT PENALTIES FOR SI SIBILITY OF FINE AND IN	I BELIEVE THE SUBMI PLETE. I AM AWA UBMITTING FALSE INF	RE THAT THE	ATION IS ERE ARE CLUDING	Aut	24	21 393-5	5113	98	10 27
U.S.C. § 1319. (A			1319. (Penalties under eximum imprisonment of L				ATURE OF PRINCIPAL FICER OR AUTHORIZE	EXECUTIVE APE			YEAR N	AO DAY

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Legal Notice

ADDRESS P.O. BOX 4	DDRESS P.O. BOX 4 ATTS; DAVID ORNDOBY			NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR) (2-16) (17-19) PERMIT NUMBER DISCHARGE NUMBER				ICAL WAS	Form Approved. OMB No. 2040-0004 Approval expires 05-31-98				
FACILITY FACILITY LOCATION	FROM (20-21) (22-23)			то	DD MO DAY 7) (28-29) (30-31)		ISCHARGE	fore completing this form					
PARAMETER		(3 Card Only) QUA (46-53)	NTITY OR LOADIN (54-61)	NG	(4 Card Only) ((38-45)	UANTITY OR CON	CENTRATION (54-61)	1	NO. EX	FREQUENC	SAWFLL		
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	.¢RAGE	MAXIMU	M UNITS	162-63)	ANALYSIS (64-68)	5 TYPE (69-70)		
PB	SAMPLE MEASUREMEN	000000	600000		7.23	0000	7.63	(-1.2	0	1/7	GRAB		
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SOLIDS, TOTAL MUSPENDED	SAMPLE MEASUREMEN	0.0000	*****		0.000		<4	(19	0	1/7	248# (0mp		
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OIL ASS GREASE FREON EXTR+GRAV BET	SAMPLE MEASUREMEN	ាងដល់ងន់ T	000000		\$ \$ \$ \$ \$	Construction of the operation of the operation of the operation of the	< 5	(19	0	117	GRAB		
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00610 1 0 0 EFFLUENT CROSS VALU	PERMIT REQUIREMENT	000000	000000	00.00 00.00	*****	ROSSE BO AVG	CT3A 1 DALLY			* 5.2 % 1	GRAS.		
FLOR, IN CONDULT OF THEO TREATBOAT PLAN	SAMPLE MEASUREMEN	. 001	.005	(-03)	0000	000000	0.00	0.44	0	30/30	CONTIN		
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HYDRALINE	SAMPLE MEASUREMEN	0000000 T	0.00000		10 (A	NA -		-> (19	NO		>		
61313 1 0 0 SPFLUENT CROSS VALU	PERMIT REQUIREMENT	000000	* abu 0.6	0.000 Q 4.000 Q	49444	A ALPOR NO AVG	REPO DAILY			VEEKI	GRRD.		
	SAMPLE MEASUREMEN	F											
	PERMIT												
AM FAMILIAR WIT		AMILIAR WITH THE INFOI	I I I R PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR			3.7	1	TELEPHON	NE	D	ATE		
David Orndorf Chemistry Manager	TRUE SIGNI THE F	INING THE INFORMATION ACCURATE AND CON FICANT PENALTIES FOR POSSIBILITY OF FINE AND I	APLETE. I AM AWA SUBMITTING FALSE INF IMPRISONMENT. SEE 18	RE THAT THE ORMATION, IN 8 U.S.C. \$ 1001	AND 33	INATURE OF PRINCIP	AL EXECUTIVE	412 393-5	113	98	10 27		
TYPED OR PRINTED		. § 1319. <i>Penetties under maximum imprisonment of</i>			10,000	OFFICER OR AUTHORI		AREA NUMBE	R	YEAR	MO DAY		

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Legal Notice

NAME BEAVER VALLEY ADDRESS P.O. 80% 4	DDRESS P.O. BOX 4 ATTA: DAVID OREDORF			LUTANT DISCH HARGE MOI (2-16) NT NUMBER		(DMR) 117-19)	102 1874KE (3088 05) C - Fisal		OMB N	Approved. Io. 2040-0 vel expires	
SHIPPING PORT FACILITY LOCATION	PA 15077	FROM (20-21)	NOTE: Read instructions before completing this for								
PARAMETER	N	13 Card Only) QUA (46-53)	The second statement of the se			28-29) (30-31) ANTITY OR CONC (46-53)	ENTRATION (54-61)		NO. EX	FREQUENCY	SAWIFLE
(32-37)	1	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	ANALYSIS (64-68)	TYPE (69-70)
12 IS	SAMPLE		606600		7.34	00000	7.93	(12	0	2/30	GRAB
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SOLIDS, TOTAL SUSPENDED	SAMPLE		0 4 4 9 0 Q		00000	5.8	7,5	(-2,9	0		GRIB
00530 1 0 0 Effloret cross valu	PERMIT	○中心的的か NT	0000000	0000	<i><i>a</i>#\$</i> \$\$\$\$	NO ANG	100 DAILY 81	MG/L		T¥1C£, n0≲Ti	GRAS
OIL AND GREARD FREGA EXTH-GRAV MET	SAMPLE		00000		化化化化化化	6	7	(19	0	1	GRAB
00556 1 0 0 2FFLUENT GEOSS VALU	PERMIT	NT CONTRACTOR	******	0000	400000	15 80 AVG	20 DAILY M	ng/L		TKICE. MOTT	GRAB
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER						•		TELEPHON	VE	D/	ATE
David Orndorf Chemistry Manager	M OI TI SI	Y INQUIRY OF THOSE INE BTAINING THE INFORMATION, IUE, ACCURATE AND COM GNIFICANT PENALTIES FOR S & POSSIBILITY OF FINE AND II	DIVIDUALS IMMEDIATE I BELIEVE THE SUBMI PLETE. I AM AWA SUBMITTING FALSE INF	LY RESPONSIE TTED INFORM RE THAT THE ORMATION, IN	BLE FOR ATION IS FRE ARE CLUDING	Auto	mp 4	2,393-	5113	98 14	0 27
TYPED OR PRINTED	U.S.C. § 1319. (Penalties under th		these statutes may incl	ude fines up to	\$10,000 SIGNA	TURE OF PRINCIPAL	EXECUTIVE ARI	ECUTIVE			AO DAY

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FACILITY LOCATION		₽A	15077	FROM	MON MO DA (22-23) (24-)	TO 90	MO DAY	NOTE: Read instru			pleting this	form.
PARAMETER	N	13 0	rd Only) QUA (46-53)	NTITY OR LOADIN (54-61)			ANTITY OR CONCI (46-53)			NO.	FREQUENCY	SAMPLE
(32-37)	×		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE (69-70)
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SOLIDS, TOTAL SUSPENDED	SAMP		\$30\$00	000000		60000	11.4	14,1	(19	0	2/30	2967 COMP
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NAME/TITLE PRINCIPAL EXECUTIVE	OFFICER	AM FAMILIAR MY INQUIRY OBTAINING T	OF THOSE INFOR	AW THAT I HAVE PERSI MATION SUBMITTED H DIVIDUALS IMMEDIATE I BELIEVE THE SUBMI PLETE. I AM AWA	EREIN; AND BA	SED ON LE FOR TION IS	XT. L		TELEPHON	VE	DA	
Chemistry Manager TYPED OR PRINTED		SIGNIFICANT THE POSSIBIL U.S.C. \$ 131	PENALTIES FOR S ITY OF FINE AND II 9. (Penalties under	UBMITTING FALSE INF MPRISONMENT. SEE 18 these statutes may incl between 6 months and 6	ORMATION, INC U.S.C § 1001 use fines up to	AND 33 SIGNA	TURE OF PRINCIPAL			113 R	98 1 YEAR M	D DAY

* measured by flow totalizer.

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Legal Notice

PERMITTEE NAME/ADDRESS (Include Facility) NAME BEAVER VALLEY				DISCI	LUTANT DISCH HARGE MOT (2-16)		REPORT	тем (NPDES) (DMR) (17-19)	UNIT 2 S		OMBR	4. ved. lo. 2040-0	004
ADDRESS 2.0. BOX 4				PERM	IT NUMBER	_	DISCH	ARGE NUMBER	(SUBR OS		Approv	vai expires	05-31-98
ATTR: DAVID OR SHIRPINGPORT			A 15077		ar nomben		Luser		F - FINA NAJOR	.1.			
FACILITY			E 1221	VEAD			PERIOD		nagua				
LOCATION				FROM	MODA	TO	TEAR	MO DAY		ISCHARGE	X	3 000	
ATTH: DAVID OREDORF				120-211	122-23) (24-	251	126-27) (2	28-29) (30-31)	NOTE: Read i	nstructions bef	ora com	pleting this	form.
PARAMETER	N	1	3 Card Only) QUA (46-53)	NTITY OR LOADIN (54-61)	IG		nlyi QUA 8-451	ANTITY OR CONC (46-53)	ENTRATION (54-61)	,	NO.	FREQUENCY	SAMPLE
(32-37)	X	1	AVERAGE	MAXIMUM	UNITS		MUM	AVERAGE	MAXIMU		EX (62-63)	ANALYSIS	TYPE (69-70)
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NAME/TITLE PRINCIPAL EXECUTIVE	OFFICER			AW THAT I HAVE PERSO					L	TELEPHO	NE	D/	ATE
David Orndorf Chemistry Manager		MY INO OBTAININ TRUE, A SIGNIFIC	UIRY OF THOSE IN NG THE DEFORMATION ACCURATE AND COM ANT PENALTIES FOR S	DIVIDUALS IMMEDIATES , I BELIEVE THE SUBMI IPLETE. I AM AWAI SUBMITTING FALSE INFO	TTED INFORMA RE THAT THE ORMATION, IN	ATION IS RE ARE CLUDING	1 4	huto	f.	110 000		98 1	
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Legal Notice

AME BEAVER VALLEY DDRESS 9.0. 808 4	ATTS: DAVID ORSDORF DRIPPINGPORT PA 15077				HARGE MO	NITORIN		YSTEM (NPDE) T (DMR) (17-19)		11 DIES SUBR 05)		OMB N	Approved Io. 2040 val expin	-0004	
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Legal Notice

NAME BEAVER VALLEY ADDRESS F.O. DOI 4	ESS F.O. BOL 4 ATTN: DAVID ORNDORF SHIPPINGPORT PA 15977					(DMR) (17-19)	211 TURSIN (SURR 05) - FISAL		OMB	Approved. No. 2040-0 val expires	0004
SHIPPINGPORT FACILITY LOCATION		PA 15077	FROM	MON MO DA (22-23) (24-	TO	MO DAY	NOTE: Read instru			pleting this	
PARAMETER		13 Card Only) QUA (46-53)	ANTITY OR LOADIN (54-61)	a later frateway and the second s		ANTITY OR CONCE (46-53)	NTRATION (54-61)		NO. EX	FREQUENCY	SAMPLE
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	ANALYSIS (64-58)	TYPE (69-70)
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David Orndorf Chemistry Manager	OBTA TRUE, SIGNI	NING THE INFORMATION ACCURATE AND CON HCANT PENALTIES FOR DOSSIBILITY OF FINE AND I	I, I BELIEVE THE SUBM APLETE. I AM AWA SUBMITTING FALSE INF	RE THAT THE	ATION IS ERE ARE CLUDING	Andes		2 393-	5113	98	10 27
TYPED OR PRINTED	U.S.C and or	§ 1318. (Penalties under maximum Imprisonment of	r these statutes may incl between 6 months and 2	lude fines up to	\$10,000 SIGNA	TURE OF PRINCIPAL	1 4 00	A NUMBE	R	YEAR N	NO DAY

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NAME BERVER VALLEY ADDRESS P.O. BOX G	ESS P.O. BOX 4 ATTR; DAVID ONNDORF SHIPPINGPORT PA 15077			DISC	LUTANT DISCHARGE MOI		(DMR) (17-19)	NET 2 COO (SUBE 05)	L TOWE	OMB N	pproved. io. 2040-0 ral expires	
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PARAMETER	N	1	3 Card Onlyi QUA (46-53)				ANTITY OR CONCL (46-53)	NTRATION (54-61)		NO. EX	FREQUENCY	SAMPLE
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Chemistry Manager TYPED OR PRINTED		THE POS	SIBILITY OF FINE AND IN 1318. (Penalties under wimum imprisonment of i	MPRISONMENT. SEE 18 these statutes may inch	U.S.C. § 1001 ude fines up to	AND 33 SIGNA	TURE OF PRINCIPAL	D ADTAIT AP	EA NUMBE		98 YEAR N	10 2 10 DAY

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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.

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MITTEE NAME/ADDRESS (In: Sade Facility Name/Location If Differente ME DRESS		10#	DISC	HARGE MON (2-16)		(DMR) (17-19)	siT 2 40% (SUBR 05) - Fisal	SOILE	OMB N	Approved. Io. 2040-0 vel expires	
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Legal Notice

PERMITTEE NAME/ADDRESS (Inchedu Faciliti NAME ADDRESS P				ONAL POL	HUTANT DISC HARGE MC (2-16)		G REPOR	YSTEM () T (DMP (17-15	(7	USIT 1 (SUBR D)		WATER	OMB N	Approved to. 2040 val expire		-98
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Legal Notice

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Legal Notice

ERMITTEE NAME/ADDRESS (Include Facility IAME	PAO	HUTANT DISCH HARGE MOI (2-16) MIT NUMBER		CHARGE NUMBER	CONDENSA (SUBR OS) F - FISA	IS BLOUD	Form Approved. OMB No. 2040-0004 Approval expires 05-3					
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CPA form 3320-1 (08-95) Previous editions may be used.

1-1 WHEN DISCHARGING (24 BR. COMP.):

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

BG/L. (IME LIMIT IS 35 MG/L AS A DAILY RAX.)

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				FROM 20-211 (22-23) (24-25) (26-27) (28-29) (30-31)					NOTE: Read instructions before completing this form.						
PARAMETER	N	1	(3 Card Only) QUA (46-53)			14 Card Or	d Only) QUANTITY OR CON (38-45) (46-53)		CENTRATION (54-61)			1.0.	FREQUENC	SAMPLE	
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EPA Form 3320-1 (08-95) Previous editions may be used.

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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 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 burde to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW West gton, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, 3, ashington, 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 paramete: 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 on-3 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.
- 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.
- 14. More detailed instructions for use of this *Discharge Monitoring Report (DMR)* form may be obtained from Office(s) specified in permit.

Legal Notice

PERMITTEE NAME/ADDRESS (Include Facility) NAME	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR) (2-16) PERMIT NUMBER DISCHARGE NUMBER													
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TYPED OR PRINTED U.S.C. \$ 1319. (Penatties und and or maximum imprisonment of			1319. (Penalties under	these statutes may inci	lude fines up to \$	10,000 SIGNA	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			R	YEAR N	AO DAY		

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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.

6