

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

Telephone (412) 393-6000

March 25, 1998
NPD3VPO: 0829

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,

Richard D. Brandt
Division Vice President
Nuclear Operations and
Plant Manager

SLV/trs

cc: D. A. Orndorf
J. K. Cool
J. Arias
Central File



The Nuclear Professionals

9804060288 980228
PDR ADOCK 05000334
R PDR

IE25 %

Month: February
Year: 1998

Unit II.

- For sludge that is incinerated:
Pre-Incineration weight = _____ dry tons
Post-Incineration weight = _____ dry tons

HAULED AS DEWATERED SLUDGE

TOTAL	=
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TOTAL

Site 4

John A. Beck

CLARK, RY MAHAR

3/2/97

3115-313 (2007)

DISCHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

JUDGE REPORT

February - Unit I

Month: February

Year: 1988

Permittee: DUQUESNE LIGHT COMPANY
 Plant: BEAVER VALLEY POWER PLANT
 NPDES: PA 0025615
 Municipality: SUFFOLK COUNTY
 County: BEAVER

For sludge that is incinerated:
Pre-incineration weight = _____ dry tons
Post-incineration weight = _____ dry tons

- Instructions:
1. Complete monthly and submit with each DMR. Attach additional sheets and comments as needed for completeness and clarity.
 2. Sludge production information will be used to evaluate plant performance. Report only sludge which has been removed from digesters and other solids which have been permanently removed from the treatment process. Do not include sludge from other plants which is processed at your facility.
 3. In the disposal site section, report all sludge leaving your facility for disposal. If another plant processes and disposes of your sludge, just provide the name of that plant. If you dispose of sludge from other plants, include their tonnage in the disposal site section and provide their names and individual dry tonnage on the back of this form.
 4. If no sludge was removed, note on form.

SLUDGE PRODUCTION INFORMATION (prior to incineration)

[illegible]

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

	Site 1	Site 2	Site 3	Site 4
Name:	BOROVON OF MONACA			
Permit No.:	SEWAGE TREATMENT PLANT			
Dry Tons Disposed:	PAVOZ 01.2.2			
Type: (check one)	2.28			
Landfill				
Agr. Utilization				
Other (specify)				
County:	BEAVER			

(55R-1 3/21/91)

CHEMISTRY MANAGER 3/26/58 Date /
 Title
 412-393-5113 Telephone

PERMIT NUMBER: PA0025615
DISCHARGE NUMBER: 001A
MONITORING PERIOD: FROM 1990-02-01 TO 1990-02-29
NOTE: NO DISCHARGE 1-1
NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. OF ANALYSIS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	AVERAGE	MAXIMUM	UNITS			
00400 1 0 0	PERMIT MEASUREMENT	***	***	***	7.24	8.48	(12)	0	1/7	CEAB
EFFLUENT GROSS VALU	PERMIT MEASUREMENT	***	***	***	6.0	9.0	MAXIMUM	***	***	***
NITROGEN, AMMONIA	SAMPLE MEASUREMENT	***	***	***	***	***	***	***	***	***
TOTAL (AS N)	PERMIT MEASUREMENT	***	***	***	***	***	***	***	***	***
00010 1 0 0	PERMIT MEASUREMENT	***	***	***	***	***	***	***	***	***
EFFLUENT GROSS VALU	PERMIT MEASUREMENT	***	***	***	***	***	***	***	***	***
CLIMATE CT-1, TOTAL	SAMPLE MEASUREMENT	***	***	***	***	***	***	***	***	***
04251 1 0 0	PERMIT MEASUREMENT	***	***	***	***	***	***	***	***	***
EFFLUENT GROSS VALU	PERMIT MEASUREMENT	***	***	***	***	***	***	***	***	***
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	***	***	***	***	***	***	***	***	***
1400 TREATMENT PLAN	PERMIT MEASUREMENT	33.8	42.7	(03)	***	***	***	***	***	***
00050 1 0 0	PERMIT MEASUREMENT	***	***	***	***	***	***	***	***	***
EFFLUENT GROSS VALU	PERMIT MEASUREMENT	***	***	***	***	***	***	***	***	***
CHLORINE, TOTAL	SAMPLE MEASUREMENT	***	***	***	***	***	***	***	***	***
00050 1 0 0	PERMIT MEASUREMENT	***	***	***	***	***	***	***	***	***
EFFLUENT GROSS VALU	PERMIT MEASUREMENT	***	***	***	***	***	***	***	***	***
CHLORINE, FREE	SAMPLE MEASUREMENT	***	***	***	***	***	***	***	***	***
AVAILABLE	PERMIT MEASUREMENT	***	***	***	***	***	***	***	***	***
00050 1 0 0	PERMIT MEASUREMENT	***	***	***	***	***	***	***	***	***
EFFLUENT GROSS VALU	PERMIT MEASUREMENT	***	***	***	***	***	***	***	***	***
TRICHAZINE	SAMPLE MEASUREMENT	***	***	***	***	***	***	***	***	***
01113 1 0 0	PERMIT MEASUREMENT	***	***	***	***	***	***	***	***	***
EFFLUENT GROSS VALU	PERMIT MEASUREMENT	***	***	***	***	***	***	***	***	***
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER										
David Orndorf										
Chemistry Manager										
TYPED OR PRINTED										
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) * Samples taken at least once weekly when chlorinating. * No plant only chlorinated for 24 days in Feb										
ADDITIONAL AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ D										
C-1 WHEN DISCHARGING (24 HR. COMP.):										
NA = Plant not placed in wet layup during January. * = No plant added during February. * = Plant only chlorinated for 24 days in Feb										
EPA Form 3320-1 (08-95) Previous editions may be used. REPLACES EPA FORM 1-40 WHICH MAY NOT BE USED. 00023/980105-0934										

PERMITTEE NAME/ADDRESS (Include Facility Name, Location if Different)
NAME BEACH VALLEY POWER STATION
ADDRESS P.O. BOX 4
ATTN: DAVID ORNDORF
SHIPPIGPORT PA 15077

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
P0025015
PERMIT NUMBER
003A
DISCHARGE NUMBER

Form Approved
003 UNCONTAMINATED
(SUBR 05)
F - FINAL
MAJOR
Approval 1998-05-31-98

FACILITY LOCATION
ATTN: DAVID ORNDORF

MONITORING PERIOD
FROM YEAR 98 MO 02 DAY 01 TO YEAR 98 MO 02 DAY 28
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NO DISCHARGE 1-1

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	QUANTITY OR LOADING (13 Card Only) (46-53)			QUANTITY OR CONCENTRATION (14 Card Only) (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-58)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (53)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)			
FLOW, IN CONDUIT OR TREATMENT PLANT	SAMPLE MEASUREMENT	.030	.074	(U3)	*****	*****	*****	0	2/28	EST.
50050 1 0 0	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****			
EFFLUENT GROSS VALU	SAMPLE MEASUREMENT				*****	*****	*****			
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*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

NOTE: Read instructions before completing this form.

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

Approval: 12/23/98 05-31-98

NO DISCHARGE 11

NOTE: Read instructions before completing this form.

CENTRATION	NO	FREQUENCY	SAMPLE
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	(54-51)	EX	SAMPLE TYPE ANALYSIS OF
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MAXIMUM	UNITS	ANNUAL	1975
(62-63)		(64-68)	(69-70)

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077033

WEEKLY ESTIMATE

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4121393-5113	98	03	25
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AREA CODE	NUMBER	YEAR	MO	DAY
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PAGE 10335/980105-0934

PERMITTEE NAME/ADDRESS (Include Facility Name, Location (if Different))
NAME: CLEVELAND VALLEY POWER STATION
ADDRESS: P.O. BOX 4
ATTN: DAVID ORNDORF
SHIPPIINGPORT: PA 15077

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
PA0025615
PERMIT NUMBER: 007A
DISCHARGE NUMBER: 007A

MONITORING PERIOD
FROM: YEAR 98 MO 02 DAY 01 TO: YEAR 98 MO 02 DAY 26
NOTE: Read instructions before completing this form.

PARAMETER (32-37) QUANTITY OR LOADING (5-6) QUANTITY OR CONCENTRATION (12-31) NO. OF ANALYSIS (62-63) SAMPLE TYPE (69-70)

PH SAMPLE MEASUREMENT AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS WEEKLYGRAB

00400 1 0 0 PERMIT MEASUREMENT *** ** 6.0 *** 9.0 SU WEEKLYGRAB

EFFLUENT GROSS VALU REQUIREMENT *** ** MINIMUM *** MAXIMUM SU WEEKLYGRAB

FLOW, IN CONDUIT OR TREATMENT PLANT MEASUREMENT (03) *** ** *** ** SU WEEKLYGRAB

50050 1 0 0 PERMIT MEASUREMENT REPORT NO AVG DAILY MX MGD *** ** *** ** SU WEEKLYGRAB

CHLORINE, TOTAL SAMPLE MEASUREMENT *** ** *** ** (19) WEEKLYGRAB

RESIDUAL MEASUREMENT *** ** 0.5 *** 1.25 INST MAX MG/L (19) WEEKLYGRAB

50060 1 0 0 PERMIT MEASUREMENT *** ** 0.5 *** 1.25 INST MAX MG/L (19) WEEKLYGRAB

EFFLUENT GROSS VALU REQUIREMENT *** ** 0.5 *** 1.25 INST MAX MG/L (19) WEEKLYGRAB

CHLORINE, FREE SAMPLE MEASUREMENT *** ** 0.5 *** 1.25 INST MAX MG/L (19) WEEKLYGRAB

AVAILABLE MEASUREMENT *** ** 0.5 *** 1.25 INST MAX MG/L (19) WEEKLYGRAB

50064 1 0 0 PERMIT MEASUREMENT *** ** 0.5 *** 1.25 INST MAX MG/L (19) WEEKLYGRAB

EFFLUENT GROSS VALU REQUIREMENT *** ** 0.5 *** 1.25 INST MAX MG/L (19) WEEKLYGRAB

SAMPLE MEASUREMENT *** ** 0.5 *** 1.25 INST MAX MG/L (19) WEEKLYGRAB

PERMIT MEASUREMENT *** ** 0.5 *** 1.25 INST MAX MG/L (19) WEEKLYGRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 1 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. 1318. (Penalties under these statutes may include fines up to \$10,000 and/or a maximum imprisonment of between 6 months and 5 years.)

DAVID ORNDORF
Chemistry Manager
412 393-5113
98 03 25

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
MONITORING FOR FLOW, FREE AVAILABLE CHLORINE, AND TOTAL RESIDUAL CHLORINE ARE REQUIRED ONLY DURING THOSE PERIODS OF DISCHARGE FROM THE ALTERNATE FLOW PATH OF THE REACTOR PLANT RIVER WATER SYSTEM.

*** NO DISCHARGE | ☐ ***

NOTE: Read instructions before completing this form.

EPA Form 3320-1 (08-95) Previous editions may be used. (REPLACES EPA FORM 340 WHICH MAY NOT BE USED.) 00041/980105-0934 PAGE 20f

FACILITY LOCATION
ATTN: DAVID ORNDORF
PA 15077
MONITORING PERIOD
FROM YEAR 98 MO 2 DAY 01 TO YEAR 98 MO 2 DAY 29
NOTE: Read instructions before completing this form.

PARAMETER: (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX ANALYSIS (62-63) (64-68)	FREQUENCY OF ANALYSIS (69-70)	SAMPLE TYPE
		AVERAGE (46-50)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (45-53)	MAXIMUM (54-61)			
00400 1 0 0	PERMIT MEASUREMENT	***	***	***	6.86	***	7.69	0	1/7	GRAB
EFFLUENT GROSS VALU REQUIREMENT	PERMIT MEASUREMENT	***	***	***	6.0 MINIMUM	***	9.0 MAXIMUM			
CONTROL CT-1, TOTAL	SAMPLE MEASUREMENT	***	***	***	NA	NA	NA	NA		
04251 1 0 0	PERMIT MEASUREMENT	***	***	***	NA	NA	NA			
EFFLUENT GROSS VALU REQUIREMENT	PERMIT MEASUREMENT	***	***	***	NO AVG	***	INST MAX	0	1/7	MEASD
FLOW, IN CONDUIT OR TREATMENT PLANT	SAMPLE MEASUREMENT	3.24	3.60	(03)	***	***	***	0	1/7	MEASD
50050 1 0 0	PERMIT MEASUREMENT	REPORT NO AVG	REPORT DAILY MAX	MGD	***	***	***			
EFFLUENT GROSS VALU REQUIREMENT	SAMPLE MEASUREMENT	***	***	***	0.00	0.00	0.00	0	1/7	GRAB
CHLORINE, TOTAL RESIDUAL	PERMIT MEASUREMENT	***	***	***	0.5	0.5	1.25	0	1/7	GRAB
50060 1 0 0	PERMIT MEASUREMENT	***	***	***	0.00	0.00	0.00	0	1/7	GRAB
EFFLUENT GROSS VALU REQUIREMENT	SAMPLE MEASUREMENT	***	***	***	0.00	0.00	0.00	0	1/7	GRAB
CHLORINE, FREE AVAILABLE	PERMIT MEASUREMENT	***	***	***	0.2	0.2	0.5	0	1/7	GRAB
50064 1 0 0	PERMIT MEASUREMENT	***	***	***	0.00	0.00	0.00	0	1/7	GRAB
EFFLUENT GROSS VALU REQUIREMENT	SAMPLE MEASUREMENT	***	***	***	0.00	0.00	0.00	0	1/7	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
David Orndorf
Chemistry Manager
I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY KNOWLEDGE AND BELIEF, THE INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (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
412 393-5113
AREA CODE NUMBER
DATE
TELEPHONE

Form replicated.
BLVDOWN FROM THYOMWIA204D20004

Approved 12/25/95-31-98

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

1/3 Card Only		QUANTITY OR LOADING	1/4 Card Only		QUANTITY OR CONCENTRATION	N/A	
FREQ			FREQ			FREQ	
1	2	3	4	5	6	7	8

	TYPE	OF	EX
(54-61)	(46-53)	(38-45)	(46-53)
(46-53)	(54-61)	(46-53)	(54-61)

AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS
(62-83)	(64-66)	(69-70)				

SAMPLE	PH
*****	11
*****	(12)

MEASUREMENT					
8.04					
8.04					
	128	0578			
	U				

[illegible][illegible]

SAMPLE	(03)
FLOOR, IN CONDUIT OR	** ** *

PLANT MEASUREMENT	1.001	1.001	0.128	0.001
PLANT TREATMENT	1.001	1.001	0.128	0.001

	PERMIT	REPORT	REPORT	*****	*****	*****	DNCE/ ESTIM
50050	1	0	0				

EFFLUENT GROSS VALUE REQUIREMENT	NO AVG	DAILY EX HGD	MONTH
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[illegible]

MEASUREMENT

	PERMIT			

REQUIREMENT

[illegible][illegible]

PERMIT

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PERMIT

[illegible][illegible]

MEASUREMENT				

PERMIT

[illegible][illegible]

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PERMIT

REQUIREMENT					

NAME/TITLE	PRINCIPAL EXECUTIVE OFFICER	DATE	TELEPHONE
I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN. BASED ON			

6-1504
MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS

DAVID OINGOLF

442	393-5113	98	03	23
SIGNATURE OF PRINCIPAL EXECUTIVE				
THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1315. (Recovery under these statutes may include costs up to \$10,000.)				
CHEMISTRY READER				

TYPED OR PRINTED		OFFICER OR AUTHORIZED AGENT	
DATE	MO	YEAR	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments if any)

PA Form 3330-1 (08-95) Previous editions may be used
(REPLACES EPA FORM 340 WHICH MAY NOT BE USED)
ANN EN 10001 AC 00 30 PAGE 30

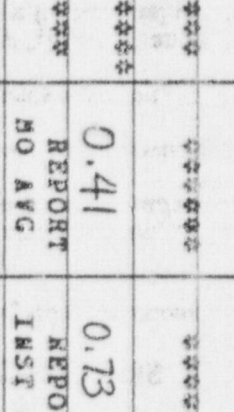
FACILITY
LOCATION
ATTN: DAVID ORNDORF

SHIPPINGPORT PA 15077

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	02	01		96	02	20
FROM: (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)						

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (46-53) (54-61)		QUANTITY OR CONCENTRATION (46-53) (54-61)		NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
X		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	
PH		*****	*****	*****	6.32	*****	7.72	(12)	
00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU	
EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****		*****			
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT			(03)		*****			
THRU TREATMENT PLAN	PERMIT REQUIREMENT					*****			
50050 1 0 0	SAMPLE MEASUREMENT					*****			
EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MG	MGD		*****			
CHLORINE, TOTAL	SAMPLE MEASUREMENT	*****	*****	*****				(19)	
RESIDUAL	PERMIT REQUIREMENT	*****	*****	*****					
50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****					
EFFLUENT GROSS VALU	PERMIT REQUIREMENT								
	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT								
	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT								
	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT								
	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT								
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INSPECTION OF 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. § 1318. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 3 months and 6 years.)				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE
David Orndorf Chemistry Manager								412 393-5113	98 03 25
TYPED OR PRINTED									

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

WHERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.

Form Approved
101 CHEMICAL WAS DMB No. 18-60-0044
Approval Expires 05-31-98

101 CHEMICAL WASP INC. 2004-2005
(SUB 05) Approved 2/23/05 95-31-98
F - FINAL

MAJOR

*** NO DISCHARGE | | ***

NOTE: Read instructions before completing this test.

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS			
00400 1 0 0 EFFLUENT GROSS VALU REQUIREMENT	PERMIT	***	***	6.0 MINIMUM	***	7.79 MAXIMUM	SO	0	1/7	GRAB
SOLIDS, TOTAL	SAMPLE MEASUREMENT	***	***		4.2	4.6	(19)	0	1/7	2HR * COMP
SUSPENDED	PERMIT	***	***		30 NO AVG	100 DAILY MX	MG/L	0	1/7	GRAB
00530 1 0 0 EFFLUENT GROSS VALU REQUIREMENT	PERMIT	***	***		<6	<6	(19)	0	1/7	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	***	***		15 NO AVG	20 DAILY MX	MG/L	NA	—	→
PACON EXTR-GRAV	PERMIT	***	***		NA	NA	(19)	NA	—	→
NITROGEN, AMMONIA	SAMPLE MEASUREMENT	***	***		***	REPORT DAILY MX	MG/L	0	8/28	CONTIN.
TOTAL (AS N)	PERMIT	***	***		***	REPORT DAILY MX	MG/L	0	DAILY	CONTI
00610 1 0 0 EFFLUENT GROSS VALU REQUIREMENT	PERMIT	***	***		***	REPORT DAILY MX	MG/L	NA	—	→
FLOW, IN CONDUIT OR TREATMENT PLANT	SAMPLE MEASUREMENT	.001	.006	(03)	***	REPORT DAILY MX	MG/L	NA	—	→
50050 1 0 0 EFFLUENT GROSS VALU REQUIREMENT	PERMIT	NO AVG	REPORT DAILY MX	MGD	***	REPORT DAILY MX	MG/L	NA	—	→
HYDRAZINE	SAMPLE MEASUREMENT	***	***		NA	NA	(19)	NA	—	→
01313 1 0 0 EFFLUENT GROSS VALU REQUIREMENT	PERMIT	***	***		NA	REPORT DAILY MX	MG/L	NA	WEEKLY	GRAB

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INSPECTION OF THESE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 35 U.S.C. § 1331B. (Penalties under these statutes may extend fines up to \$10,000 and/or maximum imprisonment of between 6 months and 6 years.)

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Orndorf
Chemistry Manager

TYPED OR PRINTED

TELEPHONE

4121393-5113

AREA CODE NUMBER

YEAR MO DAY

98 03 25

DATE

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
412	393-5113	98	03	25

* Sample is composted but discharge is much less than 2 hours.

105

PERMITTEE NAME/ADDRESS (Include Facility Name, Location & Difference)
NAME: DEEVER VALLEY POWER STATION
ADDRESS: P.O. BOX 4
ATTN: DAVID ORNDORF
SHIPPINGPORT: PA 15077

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
PERMIT NUMBER: PA0025615
DISCHARGE NUMBER: 102A

Form Approved.
102 INTAKE SCREEN NUMBER: 25040-0004
(SUBR 05)
F - FINAL
MAJOR
Approval: 2/28/98 05-31-98

FACILITY LOCATION
ATTN: DAVID ORNDORF

MONITORING PERIOD
FROM: YEAR 90 MO 02 DAY 01 TO: YEAR 90 MO 02 DAY 26
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (13 Card Only) (46-53)			QUANTITY OR CONCENTRATION (14 Card Only) (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (65-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH		***	***		6.57	***	7.44	0	2/28	GRAB
00400 1 0 0	EFFLUENT GROSS VALUE	***	***	***	0.0 MINIMUM	***	9.0 MAXIMUM	0	2/28	GRAB
SOLIDS, TOTAL	SAMPLE MEASUREMENT	***	***	***	***	15.0	22.2	0	2/28	GRAB
SUSPENDED	PERMIT REQUIREMENT	***	***	***	***	30 NO AVG	100 DAILY MX	0	2/28	GRAB
00530 1 0 0	EFFLUENT GROSS VALUE	***	***	***	***	<6	<6	0	2/28	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	***	***	***	***	15 NO AVG	20 DAILY MX	0	2/28	GRAB
FREON EXT-GRAV MET	PERMIT REQUIREMENT	***	***	***	***	***	***	0	2/28	GRAB
00556 1 0 0	EFFLUENT GROSS VALUE	***	***	***	***	***	***	0	2/28	GRAB
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	<.001	<.001	(03)	***	***	***	0	2/28	EST.
THRU TREATMENT PLANT	PERMIT REQUIREMENT	***	***	***	***	***	***	0	2/28	EST.
50050 1 0 0	EFFLUENT GROSS VALUE	***	***	***	***	***	***	0	2/28	EST.
	SAMPLE MEASUREMENT									
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME BEAVER VALLEY POWER STATION
ADDRESS P.O. BOX 4
ATTN: DAVID ORNDORF
SHIPPINGPORT PA 15077

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
PA0025615
PERMIT NUMBER
111 A
DISCHARGE NUMBER

Form Approved
111 DIESEL GENERATOR NO. 1200004
(SUBR 05)
F - FINAL
MAJOR
Approval 12/14/95 31-98

FACILITY
LOCATION
ATTN: DAVID ORNDORF

MONITORING PERIOD
FROM YEAR 98 MO 02 DAY 01 TO YEAR 98 MO 02 DAY 20
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE 1 ***
NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING			(4 Card Only) QUANTITY OR CONCENTRATION			NO. EX ANALYSIS (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)			
PH										
00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	7.02	*****	8.82	0	1/7	GRAB
EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM			
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
SUSPENDED	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	1/7	GRAB
EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
FREON EXTRA-GRAV MET	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
00556 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	1/7	GRAB
EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
50050 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	1/7	EST.
EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
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PERMITTEE NAME/ADDRESS (Include Facility Name, Location if Different)
NAME DEWEER VALLEY POWER STATION
ADDRESS P.O. BOX 4
ATTN: DAVID ORNDORF
SHIPPINGPORT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
PA0025615
PERMIT NUMBER
113A
DISCHARGE NUMBER

UNIT 2 SEWAGE TREATMENT
(SUBR 05)
P - FINAL
MAJOR
FORM APPROVED
OMB No. 2040-0004
Approved 12/3/95 05:31:98

PA 15077
ATTN: DAVID ORNDORF

MONITORING PERIOD
FROM YEAR 98 MO 02 DAY 01 TO YEAR 98 MO 02 DAY 28
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: NO DISCHARGE
Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUANTITY OR CONCENTRATION (4 Card Only) (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH		6.23	7.69	(12)				0	2/28	GRAB
00400 1 0 0	PERMIT REQUIREMENT	***	***		6.0 MINIMUM	***	9.0 MAXIMUM			
EFFLUENT GROSS VALUE		***	***							
SOLIDS, TOTAL	SAMPLE MEASUREMENT	***	***							
SUSPENDED		***	***							
00530 1 0 0	PERMIT REQUIREMENT	***	***					0	2/28	8H COMP
EFFLUENT GROSS VALUE		***	***							
FLOW, IN CONDUIT OR TREATMENT PLANT	SAMPLE MEASUREMENT	***	***	(03)				0	1/7	MEASRD
50050 1 0 0	PERMIT REQUIREMENT	***	***							
EFFLUENT GROSS VALUE		***	***							
CHLORINE, TOTAL	SAMPLE MEASUREMENT	***	***							
RESIDUAL		***	***							
50060 1 0 0	PERMIT REQUIREMENT	***	***					0	2/28	GRAB
EFFLUENT GROSS VALUE		***	***							
COLIFORM, FECAL	SAMPLE MEASUREMENT	***	***							
GENERAL		***	***							
74055 1 0	PERMIT REQUIREMENT	***	***					0	2/28	GRAB
EFFLUENT GROSS VALUE		***	***							
500, CARBONACEOUS	SAMPLE MEASUREMENT	***	***							
05 DAY, 20C		***	***							
80082 1 0 0	PERMIT REQUIREMENT	***	***					0	2/28	8H COMP
EFFLUENT GROSS VALUE		***	***							
	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. 1318. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)										
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)										
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										
412 393-5113										
AREA NUMBER										
YEAR MO DAY										
DATE										

ATTN: **DAVID ORNDORF**
LOCATION
PA 15077
FROM: **98** YEAR **02** MO **01** DAY
TO: **98** YEAR **02** MO **28** DAY
DISCHARGE NUMBER: **201-A**
NOTE: NO DISCHARGE ☒ **NO DISCHARGE** ☐
NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)			
PH		*****	*****							
00400 1 0 0	SAMPLE MEASUREMENT	*****	*****		6.0 MINIMUM	*****	*****			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****							
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****							
SUSPENDED	PERMIT REQUIREMENT	*****	*****							
00530 1 0 0	SAMPLE MEASUREMENT	*****	*****							
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****							
OIL AND GREASE FROM EXTRA-GRAV METH	SAMPLE MEASUREMENT	*****	*****							
00556 1 0 0	PERMIT REQUIREMENT	*****	*****							
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****							
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****							
50050 1 0 0	SAMPLE MEASUREMENT	*****	*****							
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****							
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PERMITTEE NAME/ADDRESS (Include Facility Name, Location if Different)
NAME DEWEY VALLEY POWER STATION
ADDRESS P.O. BOX 4
ATTN: DAVID ORNDORF
SHIPPINGPORT

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

Form Approved
EPA Form 2040-0004
Approved 12/3/95
05-31-98
MAIN SEWAGE TREATMENT PLANT
(SUBR 05)
P - FINAL
MAJOR

FACILITY LOCATION
ATTN: DAVID ORNDORF
PA 15077

FROM YEAR 98 MO 02 DAY 01 TO YEAR 98 MO 02 DAY 28
(12-21) (12-23) (12-25) (12-27) (12-29) (130-31)
MONITORING PERIOD
*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-53)		UNITS	QUANTITY OR CONCENTRATION (54-61)		UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)		AVERAGE (54-61)	MAXIMUM (54-61)				
PH		***	***		***	***	(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***	***	***	***	9.0 MAXIMUM	SU (19)		TWICE/MONTH	GRAB
SOLIDS, TOTAL	SAMPLE MEASUREMENT	***	***	***	***	***	***			
SUSPENDED	PERMIT REQUIREMENT	***	***	***	***	***	***			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***	***	***	***	30 NO AVG	MG/L		TWICE/MONTH	COMP-8
FLOW, IN CONDUIT OR TREATMENT PLANT	SAMPLE MEASUREMENT	***	***	(03)	***	60 DAILY MAX	MG/L			
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.023 NO AVG	REPORT DAILY MAX	MGD	***	***	***		WEEKLY MEASUREMENT	
CHLORINE, TOTAL	SAMPLE MEASUREMENT	***	***	***	***	***	(19)			
RESIDUAL	PERMIT REQUIREMENT	***	***	***	***	REPORT NO AVG	MG/L		TWICE/MONTH	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***	***	***	***	REPORT INST MAX	(13)			
COLOR, PPM	SAMPLE MEASUREMENT	***	***	***	***	***	***			
GENERAL	PERMIT REQUIREMENT	***	***	***	***	2000 NO GROM	100ML (19)		TWICE/MONTH	GRAB
74055 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***	***	***	***	***	***			
BOD, CARBONACEOUS	SAMPLE MEASUREMENT	***	***	***	***	***	***			
05 DAY, 20C	PERMIT REQUIREMENT	***	***	***	***	25 NO AVG	50 DAILY MAX		TWICE/MONTH	COMP-8
60082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	***	***	***	***	***	***			
PERMIT REQUIREMENT	PERMIT REQUIREMENT	***	***	***	***	***	***			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY KNOWLEDGE OF THE INFORMATION SUBMITTED HEREIN, I BELIEVE THE INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. 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.)									
David Orndorf Chemistry Manager	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED REPRESENTATIVE									
TYPED OR PRINTED	TELEPHONE									
	DATE									
	YEAR MO DAY									

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

Approved: 04/08/05 12-31-98
12345

MAJOR

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

[illegible]

PAGE 1 OF 1

UNIT 2 COOL TO THE BONE Pg. 204010004

Approved: 05-31-98
(SUBB 05)
2343

Final

0000

1
2
3
4
5

NO DISCHARGE ☒

NOTE: Read instructions before completing this form.

CENTRATION	NO.	FREQUENCY	S.A.M.P.L.
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154611	EX	OF	ANALYSIS	TYPE
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MAXIMUM	UNITS	
(62-63)	(64-68)	(69-70)

	(12)		
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[illegible]

9.0	PRICE/CGRAB
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MAXIMUM SU	MONTH
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12

(19)

[illegible]

100	TWICE/GRAB
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DAILY MX	MC/L	MONTH
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(19)

20	TWICE/GRAB
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DATE	TIME	BY	NO.	NAME	ADDRESS	CITY	STATE	ZIP
1968	11:00	MC/L	1	MC/L	MC/L	MC/L	MC/L	MC/L

	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528
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[illegible]

*****	*****	WEEKLY
*****	*****	ESTIA

 文部科学省	 厚生労働省	 文部科学省	 厚生労働省
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[illegible]

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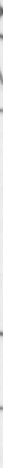
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Journal of Management Inquiry 20(4) 409-424
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DOI: 10.1177/1056492611419001
jmi.sagepub.com

	TELEPHONE	DATE
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[illegible]

412	393-5113	98	03	25
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AREA CODE	NUMBER	YEAR	MO	DAY

[illegible]

PAGE 1 OF 1
084/980105-0934

01/19/2004 2:40 PM

Approval expires 05-31-98
12345
(SUBR 05)

MAJOR

*** NO DISCHARGE | ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	QUANTITY OR LOADING (54-61)	QUANTITY OR CONCENTRATION (54-61)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	NO. OF ANALYSIS (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SOLIDS, TOTAL SUSPENDED	00530 1 0 0	PERMIT MEASUREMENT	*****	*****		*****	4.9	6.6	(19)	0	3/28	GRAB
EFFLUENT GROSS VALUE	00530 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	30 NO AVG	100 DAILY MX	MG/L		TWICE/MONTH	
OIL AND GREASE	00556 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 6	< 6	(19)	0	3/28	GRAB
PHENOL EXTRA-GRAV METH	00556 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	15 NO AVG	20 DAILY MX	MG/L		TWICE/MONTH	
EFFLUENT GROSS VALUE	00556 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	15 NO AVG	20 DAILY MX	MG/L		TWICE/MONTH	
FLOW, IN CONDUIT OR PIPING TREATMENT PLANT	50050 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	1/7	EST.
EFFLUENT GROSS VALUE	50050 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		WEEKLY ESTIM	
		PERMIT REQUIREMENT										
		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 AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY BELIEF AND THOSE OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1315. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 6 years.												
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager TYPED OR PRINTED												
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 												
AREA CODE NUMBER 412 393-5113 YEAR MONTH DAY 98 03 25												
TELEPHONE DATE												

PERMITTEE NAME/ADDRESS (Include Facility Name, Location (if different))
NAME BEAVER VALLEY POWER STATION
ADDRESS P.O. BOX 4
ATTN: DAVID ORNDORF
SHIPPIINGPORT PA 15077
FACILITY LOCATION
ATTN: DAVID ORNDORF
PA 15077
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
12-16
PA0025615
PERMIT NUMBER
313 A
DISCHARGE NUMBER
313 TURBINE BLDG (SUBR 05)
F - FINAL
MAJOR
NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (13 Card Only) (46-53)			QUANTITY OR CONCENTRATION (14 Card Only) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH		***	***		7.22	***	8.02	0	1/7	GRAB
00400 1 0 0	EFFLUENT GROSS VALUE	***	***	6.0 MINIMUM	***	***	9.0 MAXIMUM			
SOLIDS, TOTAL	SAMPLE MEASUREMENT	***	***	***	***	4.4	5.3	0	1/7	GRAB
SUSPENDED	PERMIT REQUIREMENT	***	***	***	***	30	100			
00530 1 0 0	EFFLUENT GROSS VALUE	***	***	***	***	NO AVG	DAILY MX			
OIL AND GREASE	SAMPLE MEASUREMENT	***	***	***	***	<6	<6	0	1/7	GRAB
PHOSPHORUS	PERMIT REQUIREMENT	***	***	***	***	15	20			
00556 1 0 0	EFFLUENT GROSS VALUE	***	***	***	***	NO AVG	DAILY MX			
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	0.002	0.002	(03)	***	***	***	0	1/7	EST.
THRU TREATMENT PLANT	PERMIT REQUIREMENT	***	***	***	***	***	***			
00050 1 0 0	EFFLUENT GROSS VALUE	***	***	***	***	***	***			
PERMIT REQUIREMENT	SAMPLE MEASUREMENT	***	***	***	***	***	***			
PERMIT REQUIREMENT	PERMIT REQUIREMENT	***	***	***	***	***	***			
PERMIT REQUIREMENT	SAMPLE MEASUREMENT	***	***	***	***	***	***			
PERMIT REQUIREMENT	PERMIT REQUIREMENT	***	***	***	***	***	***			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 23 U.S.C. § 1315. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)									
David Orndorf Chemistry Manager	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT									
TYPED OR PRINTED	TELEPHONE									
	DATE									
	AREA CODE NUMBER									
	YEAR MO DAY									
	COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)									

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID ORNDORF

SHIPPINGPORT

PA 15077

DISCHARGE MONITORING REPORT (DMR)

PA0025615

PERMIT NUMBER

403 A

DISCHARGE NUMBER

CONDENSATE BLOWDOWN

(SUBR 05)

P - FINAL

MAJOR

Form Approved

Approval 12/23/95

FACILITY

LOCATION

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
98	02	01	98	02	28

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUANTITY OR CONCENTRATION (4 Card Only) (38-45)			UNITS	NO. OF ANALYSIS (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
PH		***	***			***		(12)			WEEKLY GRAB
00400 1 0 0	PERMIT REQUIREMENT	***	***	***	6.0 MINIMUM	***	9.0 MAXIMUM	(19)			WEEKLY GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	***	***								
SOLIDS, TOTAL	PERMIT REQUIREMENT	***	***	***		30 NO AVG	100 DAILY MAX	(19)			WEEKLY GRAB
SUSPENDED	SAMPLE MEASUREMENT	***	***								
00530 1 0 0	PERMIT REQUIREMENT	***	***	***							
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	***	***								
OIL AND GREASE	PERMIT REQUIREMENT	***	***	***							
PRELON EXTRA-GRAV MET	SAMPLE MEASUREMENT	***	***								
00556 1 0 0	PERMIT REQUIREMENT	***	***	***		15 NO AVG	20 DAILY MAX	(19)			WEEKLY GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	***	***								
AMMONIA	PERMIT REQUIREMENT	***	***	***							
TOTAL (AS N)	SAMPLE MEASUREMENT	***	***	***							
00610 1 0 0	PERMIT REQUIREMENT	***	***	***							
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	***	***								
CLATHROL CT-1, TOTAL	PERMIT REQUIREMENT	***	***	***				(19)			WEEKLY GRAB
MAIER	SAMPLE MEASUREMENT	***	***								
04251 1 0 0	PERMIT REQUIREMENT	***	***	***		0 NO AVG	0 DAILY MAX	(19)			WEEKLY GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	***	***								
FLOW, IN CONDUIT OR	PERMIT REQUIREMENT	***	***	***							
THRU TREATMENT PLANT	SAMPLE MEASUREMENT	***	***								
50050 1 0 0	PERMIT REQUIREMENT	***	***	***							
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	***	***								
CHLORINE, TOTAL	PERMIT REQUIREMENT	***	***	***							
DESIDUAL	SAMPLE MEASUREMENT	***	***								
50060 1 0 0	PERMIT REQUIREMENT	***	***	***		0.5 NO AVG	1.25 INST MAX	(19)			WEEKLY GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	***	***								
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 KNOWLEDGE OF THE INFORMATION SUBMITTED, I BELIEVE THE INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. 1001 AND 33 U.S.C. 1313. (Provision 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

412	393-5113	98	03	25
AREA CODE	NUMBER	YEAR	MO	DAY

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ D 1-1 WHEN DISCHARGING (24 HR. COMP.):

PERMITTEE NAME/ADDRESS (Include Facility Name, Location if Different)
NAME LEAVER VALLEY POWER STATION
ADDRESS P.O. BOX 4
ATtn: DAVID ORNDORF
SHIPPINGPORT PA 15077

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
PERMIT NUMBER PA0025615
DISCHARGE NUMBER 413A

BULK FUEL STORAGE (Subh 05)
P - FIDAL
MAJOR

LOCATION FROM YEAR 98 MO 02 DAY 01 TO YEAR 98 MO 02 DAY 28
MONITORING PERIOD (12-21) (12-23) (12-25) (12-27) (12-29) (12-31)
NOTE: NO DISCHARGE ☒ ☐
NOTE: Read instructions before completing this form.

PARAMETER (12-37)	X	QUANTITY OR LOADING (13 Card Only) (146-53)			QUANTITY OR CONCENTRATION (14 Card Only) (138-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH		*****	*****			*****				
00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	6.0 MINIMUM	*****	*****			WEEKLY GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****		*****	*****			
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****			
SUSPENDED	PERMIT REQUIREMENT	*****	*****	*****		*****	*****			
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	*****		*****	*****			WEEKLY GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****			
OIL AND GREASE	PERMIT REQUIREMENT	*****	*****	*****		*****	*****			
PHOSPHATE-GRAV METH	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****			
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	*****		*****	*****			WEEKLY GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****		*****	*****			
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****			
THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	*****		*****	*****			
50050 1 0 0	PERMIT REQUIREMENT	*****	*****	*****		*****	*****			WEEKLY ESTIM
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****		*****	*****			
	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****		*****	*****			
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OMB No. 2040-0004

UNIT 1 GENKTK BLVD
Approval-exempt 05-31-98
(SUBR 05)

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NO OVERSHADES

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX (62-53)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****					
EFFLUENT GROSS VALUE PERMIT REQUIREMENT	PERMIT MEASUREMENT	*****	*****	***** (03)	*****	30 NO AVG	100 DAILY MG/L		WEEKLY GRAB	
FLOW, IN CONDUIT OR TREATMENT PLANT 00050 1 0 0	SAMPLE MEASUREMENT									
EFFLUENT GROSS VALUE PERMIT REQUIREMENT	PERMIT MEASUREMENT	REPORT NO AVG	REPORT DAILY MG/L		*****	*****	*****		WEEKLY WESTING	
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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 23 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

412393-5113

98 03 25

DATE

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

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE	
412	393-5113	98	03
AREA CODE	NUMBER	YEAR	MO
			DAY