

DUQUESNE LIGHT COMPANY  
Beaver Valley Unit 1  
P. O. Box 4  
Shippingport, PA 15077

(Final Period)

## INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter in appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time that change is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that occurred the maximum (and/or minimum as appropriate) permit conditions in the analyses labeled "No. of". If none, enter "0".
4. Specify frequency of analysis for each parameter as the analysis/no. days (e.g., 3/7 is equivalent to 2 analyses per week every 7 days). If continuous enter "CON".
5. Specify sample type ("Gases" or "In. concentrate") as applicable. If frequency was continuous, enter "HA".
6. Appropriate alternative to reported on bottom of p. 1 box.
7. Enclose carbon and retain copy for your records.
8. Fold along dashed lines, staple and mail Original to office specified in permit.

PA	SY	0025615	001	4911	40°37'15"	30°26'18"
		PLUOT NUMBER	015	SIC	LATITUDE	LONGITUDE
REPORTING PERIOD FROM						
		8.11	0.16	0.11	8.11	0.63
		YEAR	MO	DAY	YEAR	MO
				DAY		

PARAMETER	QUANTITY				UNITS	NO. OF SAMPLES	CONCENTRATION			UNITS	FREQ. OF ANALYSIS	SAMPLE TYPE
	MAXIMUM	AVERAGE	MINIMUM	MAXIMUM			AVERAGE	MINIMUM	MAXIMUM			
Flow	16.78	24.29	26.88	MGD	***	***	***	***	Cont.	recorded		
Temperature	N/A	N/A	N/A		***	***	***	***	Cont.	recorded		
Oil and Grease	***	***	***		75	83	93	of	Cont.	recorded		
Free Available Chlorine	N/A	N/A	N/A		N/A	N/A	N/A	6	1/30	grab		
pH	N/A	N/A	N/A		0.00	0.03	0.30	mg/l	1/30	grab		
	***	***	***		N/A	0.2	0.5	condition #9	See special			
	***	***	***		6.60	N/A	8.35	standard	Cont.	recorded		
					6.0	N/A	9.0	units	Cont.	recorded		

Twenty that I am familiar with the information contained in this report and that the five of them are in complete fact of the data submitted. The results of the oral meeting.

Teitknecht, C.  
457  
K 1157

Leon S. Steed

B108040010 B10731  
PDR ADCK 05000334  
PDR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

Form Approved  
OMB NO. 155-R0073

DUQUESNE LIGHT COMPANY  
Beaver Valley Unit 1  
P. O. Box 4  
Shippingport, PA 15077

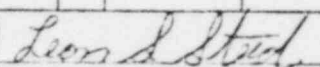
(Final Period)

INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
5. Specify sample type ("grab" or "24-hr. composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

12-P PA ST	14-15 0025615 PERMIT NUMBER	117-121 401 DIS	191-195 4911 SIC	101-105 40°37'15" LATITUDE	106-110 80°26'18" LONGITUDE
122-221 REPORTING PERIOD: FROM 8/1 0/6 0/1 YEAR MO DAY		TO 8/1 0/6 3/0 YEAR MO DAY			

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM				MINIMUM	AVERAGE	MAXIMUM					
Flow	REPORTED	0	0.011	0.025		MGD		***	***	***				Cont.	calculated
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***				Cont.	calculated
Total Suspended Solids	REPORTED	0.24	0.45	0.66		lbs/day	0						2/30	grab	
	PERMIT CONDITION	N/A	3.8	45				N/A	N/A	N/A			2/30	24-hr. composite	
Oil and Grease	REPORTED	0.03	0.14	0.19		lbs/day	0						2/30	grab	
	PERMIT CONDITION	N/A	1.9	9.0				N/A	N/A	N/A			2/30	grab	
pH	REPORTED	***	***	***				6.69		7.72	standard units	0	2/30	grab	
	PERMIT CONDITION	***	***	***			6.0	N/A	9.0			2/30	grab		
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														
	REPORTED														
	PERMIT CONDITION														

NAME OF PRINCIPAL EXECUTIVE OFFICER	TITLE OF THE OFFICER	DATE	I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Feitknecht, C. LAST FIRST MI	Gen. Supt. Fossil Pwr. Gen. TITLE	8/1 0/7 3/0 YEAR MO DAY		

DUQUESNE LIGHT COMPANY  
Beaver Valley Unit 1  
P. O. Box 4  
Shippingport, PA 15077

(Final Period)

INSTRUCTIONS

1. Provide data for period covered by this report in space marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. For test values in boxes containing asterisks, "AVERAGE" is average computed over actual flow discharge in boxes containing asterisks, "MINIMUM" is minimum value observed during the reporting period and "MAXIMUM" is maximum value observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the volume labeled "No. Exceeding".
4. Specify frequency of analysis for each parameter as the analysis frequency (e.g., "3/7" is equivalent to 3 samples per week for 7 days). If continuous, enter "CONT".
5. Specify sample type ("Grab" or "Composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, staple and mail. Original to office specified in permit.

102	4911	40° 37' 15"	80° 26' 13"
102	4911	40° 37' 15"	80° 26' 13"
811	0630	811	0630
811	0630	811	0630

REPORTING PERIOD FROM

PARAMETER	QUANTITY				CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		
Flow	N/A	N/A	N/A	MGD	***	***	***		N/A	N/A
Total Iron	N/A	N/A	N/A		N/A	N/A	1	mg/l	2/30	grab
Total Copper	N/A	N/A	N/A		N/A	N/A	1	mg/l	2/30	grab
No Flow From Discharge 102 During June, 1981										
Flow	N/A	N/A	N/A	MGD	***	***	***		N/A	N/A
Total Iron	N/A	N/A	N/A		N/A	N/A	1	mg/l	2/30	grab
Total Copper	N/A	N/A	N/A		N/A	N/A	1	mg/l	2/30	grab

I verify that I am familiar with the above information and that it is true and correct to the best of my knowledge and belief and that I am not aware of any falsification of this report.

Signature of Permittee: *John D. Dard*  
Date: 5/10/81

Feltrecht, C.  
1981

(Final Period)

## INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time elapse in sampling. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that were at the maximum (and/or minimum as appropriate) special conditions in the columns labeled "No. at". If none, enter "0".
4. Describe frequency of study as for each parameter as the analysis is done (e.g., "3.7" is equivalent to frequency of study at or less 7 days). If continuous enter "CONT".
5. Specify sample type ("Sub" or "Sur", compare) as appropriate. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove station and release date from this field. Do not sign along dotted line.

103	4911	4027'15"	80°26'18"
LINE	SIC	LATITUDE	LONGITUDE

811	016	01	811	016	30
YEAR	MO	DAY	YEAR	MO	DAY

TO

420 211 122 201 130 311

0025675  
PRINT NUMBER

REPORTING PERIOD FROM

PARAMETER	QUANTITY			CONCENTRATION			UNITS	NO. OF ANALYSIS	SAMPLE TYPE
	MINIMUM	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM			
Flow	0.020	0.020	0.020	***	***	***		4/30	estimate
Total Suspended Solids	N/A	N/A	N/A	***	***	***		2/30	estimate
Oil and Grease	N/A	N/A	N/A	1.0	1.0	1.0	mg/l	0 2/30	grab
	N/A	N/A	N/A	N/A	30	100		2/30	grab
	N/A	N/A	N/A	1	1	1	mg/l	0 2/30	grab
	N/A	N/A	N/A	N/A	15	20		2/30	grab

NAME OF PRINCIPAL EXECUTIVE: **Feitknecht, C.**

DATE: **8/10/73**

TIME: **11:00 AM**

TITLE OF THE OFFICER: **Gen. Supt. Fossil Pwr. Gen.**

DATE: **8/10/73**

TIME: **11:00 AM**

SIGNATURE OF PRINCIPAL EXECUTIVE: *Leon S. Latham*

SIGNATURE OF AUTHORIZED AGENT: \_\_\_\_\_

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(Final Period)

## INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
  2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over a total time duration in operating "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
  3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) percent condition in the columns labeled "YES (%)". If none, enter "N".
  4. Specify frequency of analysis for each parameter as the number/days (e.g., "1/2" is equivalent to 3 times a week) or frequency every 7 days. If continuous enter "CONT".
  5. Specify sample type (solid, liquid, or gas) and, if appropriate, its composition. If frequency was continuous, enter "N/A".
  6. Appropriate signature is required on bottom of this form.
- Please attach and return copy for your records.

12-8	PA ST	0025615 PRINT NUMBER	002 DIS	4911 SIC	137-189
12-8	14-18				
REPORTING PERIOD FROM		810601 YEAR MO DAY	TO		810630 YEAR MO DAY
		120-211 120-201 14-20			120-211 120-201 14-31
			LATITUDE		40°37'15" N
			LONGITUDE		80°26'18" W

NAME OF PRINCIPAL EDUCATIONAL OR OTHER ORGANIZATION

Feitknecht, C.

Gen. Supt. Fossil Par. Cer. 81 0730

I recall that I am familiar with the volume you mentioned in this connection and that I give to it my knowledge and belief with reference to the fact, which you said is correct.

Leon & Stead



(Final Period)

## INSTRUCTIONS

1. Provide dates for period covered by data report in spaces marked "REPORTING PERIODS".
  2. Enter reported minimum, average and maximum values under "MINIMUM", "AVERAGE" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in bases containing infinity. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
  3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns indicated. Do not enter "0". If more, enter "N".
  4. Specify frequency of analysis for each parameter as follows: *daily*, *weekly*, *bi-weekly*, *monthly*, *quarterly*, *semi-annually*, *annually*, *test on demand*, *continuous*, *continuous with 7 days of 14 continuous water testing*.
  5. Specify sample type(s). With "G" for *grab*, the complexity as applicable. If frequency was continuous, enter "N/A".
  6. Alternative signature is required on bottom of this form.
  7. Remove carbon and retain only for your records.
- Print along dotted lines, staple and mail. Original will be retained in master file.

[illegible]

(Final Period)

## INSTRUCTIONS

1. Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
  2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
  3. Give, by the number of analyzed samples, that exceed the maximum limit for minimum as appropriate) permit conditions in the column headed "EXCEEDS". If none, enter "0".
  4. Specify frequency of study in the each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days). If continuous enter "CONT".
  5. Specify sample type ("g/L" or "mg/L concentrate") as applicable. If frequency was continuous, enter "NA".
  6. Appropriate signature is required on bottom of this form.
  7. Review carbon and oxygen levels for your records.
- Field alone, dotted lines. Mobile and Land. Original office specified in permit.

12-20	PA	55
0025615		
VESSEL NUMBER		
12-1991	003	US
4911		
SIC		
126-211	126-225	126-230
811	060	17
YEAR	MO	DAY
REPORTING PERIOD: FROM		
TO		
126-211	126-225	126-230
811	060	17
YEAR	MO	DAY
40°37'15" N		
LATITUDE		
80°26'18" W		
LONGITUDE		

Leon d. Steel

I write to that I am familiar with the information contained in this report and that to the best of my knowledge and belief are correct.

NAME	DATE	NO.	AGE
Gen. Supt. Fossil Fur. Co.	8/1	0730	

Feilbucht, C.

JPA 9-00000-2220-1 (13 P.2)

1000

DUQUESNE LIGHT COMPANY  
Beaver Valley Unit 1  
P. O. Box 4  
Shippingport, PA 15077

(Final Period)

## INSTRUCTIONS

1. dates for period covered by this report in spaces marked "REPORTING PERIOD";
  2. sorted minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter or appropriate; the not water values to losses containing materials; "AVERAGE" is average computed over actual time discharge is operating; "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period;
  3. Specify the number of analyzed samples that covered the maximum (and/or minimum as appropriate) percent condition in the estimate labeled "the %"; If none, enter "0%";
  4. Specify frequency of analysis for each parameter in No. analyses/line, days (e.g., "3/7" is equivalent to 1 analysis is required every 7 days); If continuous enter "CONT";
  5. Give 1/s sample type ("Gals" or "mils" comparative) as applicable. If frequency was continuous, enter "NA";
  6. Appropriate signature is required on bottom of this form;
  7. Remove carbon wax return copy for your records.
- Fill along dotted line a, sample and anal. contained within specified in permit.

1-2-20	PA	5 F
0025615 PERMIT NUMBER		
1-4-180	301	4911
1-37-180	US	SIC
811 016 01 YEAR MO DAY		
REPORTING PERIOD FROM		
811 016 310 YEAR MO DAY		
TO		
40°37'15"      80°26'18" LATITUDE      LONGITUDE		
124-271    124-294    124-311 124-271    124-271    124-271		



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

Form Approved  
EPA Form 333-1 (10-72)

DUQUESNE LIGHT COMPANY  
Beaver Valley Unit 1  
P. O. Box 4  
Shippingport, PA 15077

(Final Period)

INSTRUCTIONS

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2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating. "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
3. Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the column labeled "No. Ex." If none, enter "0".
4. Specify frequency of analysis for each parameter as No. analyses/No. days (e.g., "3/7" is equivalent to 3 analyses performed every 7 days). If continuous, enter "CONT".
5. Specify sample type ("grab" or "composite") as applicable. If frequency was continuous, enter "NA".
6. Appropriate signature is required on bottom of this form.
7. Remove carbon and return copy for your records.
8. Fold along dotted lines, staple and mail Original to office specified in permit.

PA ST	0025615 PERMIT NUMBER	302 EPS	4911 SIC	40°37'15" LATITUDE	80°26'18" LONGITUDE
REPORTING PERIOD FROM		8 1 60 1 YEAR MO DAY	TO		8 1 0 63 0 YEAR MO DAY

PARAMETER		QUANTITY				UNITS	NO. EX	CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	MINIMUM			AVERAGE	MAXIMUM					
Flow	REPORTED	0.001	0.008	0.022	MGD			***	***	***			30/30	measured
	PERMIT CONDITION	N/A	N/A	N/A				***	***	***				
pH	REPORTED	***	***	***				6.10		8.05	standard units	0	30/30	grab
	PERMIT CONDITION	***	***	***				6.0	N/A	9.0				
	REPORTED									Highest				
	PERMIT CONDITION							Monthly	Weekly					
	REPORTED									Average				
	PERMIT CONDITION								Average					
Total Suspended Solids	REPORTED								36	44	mg/l	0	30/30	grab
	PERMIT CONDITION	N/A	N/A	N/A				N/A	30	45				
BOD-5	REPORTED								9	36	mg/l	0	5/30	grab
	PERMIT CONDITION	N/A	N/A	N/A				N/A	30	45				
Fecal Coliform	REPORTED								28	120	colonies 100 ml	0	5/30	grab
	PERMIT CONDITION	N/A	N/A	N/A				N/A	200	400				
	REPORTED												2/30	grab
	PERMIT CONDITION													

NAME OF PRINCIPAL EXECUTIVE OFFICER		TITLE OF THE OFFICER		DATE	
Feitknecht, C.		Gen. Supt. Fossil Pwr. Gen.		8 1 0 17 3 10 YEAR MO DAY	

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

*Leon L. Steel*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

DUQUESNE LIGHT COMPANY  
Beaver Valley Unit 1  
P. O. Box 4  
Shippingport, PA 15077

(Final Period)

PA 0025615  
PLANT NUMBER

303  
DIS.

4911  
SEC

40° 17' 15" 80° 26' 18"  
LATITUDE LONGITUDE

8 1 06 0 1  
YEAR MO DAY YEAR MO DAY

REPORTING PERIOD FROM

INSTRUCTIONS

1. Provide dates for period covered by this report in column marked "REPORTING PERIOD".
2. Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over a fixed time interval for the reporting period and "MAXIMUM" is extreme value observed during that interval. The maximum for minimum as appropriate. Specify the number of analytical samples that were the maximum for minimum as appropriate. Points conditions in the column labeled "NO. EX." If none, enter "0".
3. Specify frequency of analysis for each parameter in the column labeled "FREQ." in days. For example, "1/30" is equivalent to 3 analyses performed every 30 days. If appropriate, specify "CONT." for continuous or "N/A" for none.
4. Appropriate signature is required on bottom of this form.
5. Prepare copies and retain only for your records.
6. Field along dotted lines, staple and mail Original to office specified in parenthesis.

PARAMETER	REPORTED	QUANTITY			CONCENTRATION			NO. EX.	FREQ.	ANALYSIS	SAMPLE TYPE
		MIN	MAX	AVERAGE	MIN	MAX	AVERAGE				
Flow	REPORTED	N/A	0.140	N/A	N/A	N/A	N/A		1/30	estimate	
Total Suspended Solids	REPORTED	N/A	N/A	N/A	N/A	N/A	3.9	0	1/30	estimate	
Oil and Grease	REPORTED	N/A	N/A	N/A	N/A	N/A	3.9	0	1/30	grab	
pH	REPORTED	N/A	N/A	N/A	N/A	N/A	100	0	1/30	grab	
	REPORTED	N/A	N/A	N/A	N/A	N/A	4	0	1/30	grab	
	REPORTED	N/A	N/A	N/A	N/A	N/A	15	0	1/30	grab	
	REPORTED	N/A	N/A	N/A	N/A	N/A	20	0	1/30	grab	
	REPORTED	N/A	N/A	N/A	N/A	N/A	8.19	0	1/30	grab	
	REPORTED	N/A	N/A	N/A	N/A	N/A	9.0	0	1/30	grab	

Gen. Sept. Fossil Par. Gen. 81 0730  
Feltknecht, C.  
Signature

(Final Period)

## INSTITUTIONS

1. Example data for period covered by this paper. (1) masses marked "ACCOMPLISHING IT FULLY" (later reported instrument, average and maximum weights under "QUANTITY" and "CONCENTRATION" in the same column) for each parameter; (2) approximate (not exact) values in terms of percentage achieved; (3) "AVERAGE" for average measured per action; (4) "MAXIMUM" for maximum achieved; (5) "RANGE" for extreme values obtained during the operating period.
2. Basis for the number of analyzed values that were used in the calculation of an average (as appropriate) for conditions in the column labeled "No. In." It is not, in every case, 10.
3. Sample frequency of analysis for each parameter for the analysis. No days for  $\bar{X}$ ,  $\sigma$ ,  $\sigma^2$ , or  $\sigma^2/\bar{X}$  are based on 1 analysis per clinical case (2 days). If continuous value "COUNT" is used, the sample size is  $\infty$ . Rate of  $\sigma$  is composite. If frequency was continuous, error =  $1/\sqrt{N}$ .
4. Approximate logarithm is recorded on bottom of this line. (Because column 1 is data entry for your records.)
5. Sample weight (mass, kilograms) and (original, off-line) value as entered on record.

PA ST	0025615	PLANT NUMBER	004	4911	524
REPORTING PERIOD FROM			81	06	01
			YEAR	MO	DAY
			26	06	1980
			LATITUDE		
			40°37'15" 80°26'18"		
			LONGITUDE		
			26 06 1980		
			YEAR		
			MO		
			DAY		

HEPOTONIC PLANTING 413

