



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

Telephone (412) 393-6000

May 22, 1991

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

NPDES Monthly Reports, EPA Permit Number PA0025615 & PA001589

SUBJECT: Beaver Valley Power Station, Unit No. 1 and No. 2  
BV-1 Docket No. 50-334, License No. DPR-66  
BV-2 Docket No. 50-412, License No. NPF-73

Dear Sir:

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

Very truly yours,

T. P. Noonan  
General Manager  
Nuclear Operations

DNH/ijj

9105310244 910430  
PDR ADDCK 05000334  
R PDR

*Cert No 1053314113*  
*TEAG*  
*11*



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

Telephone (412) 393-6000

May 22, 1991

U. S. Environmental Protection Agency  
Region III, Pennsylvania Section (3WM52)  
Water Permits Branch  
Water Management Division  
841 Chestnut Street  
Philadelphia, PA 19107

NPDES Monthly Reports, EPA Permit Number PA0025615 & PA0001589

Gentlemen:

This letter forwards copies of our NPDES Monthly Reports as submitted to the Pennsylvania Department of Environmental Resources, Bureau of Water Quality Management.

Very truly yours,

T. P. Noonan  
General Manager  
Nuclear Operations

DNH/ijj



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

Telephone (412) 393-6000

May 22, 1991

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

EPA Permit No. PA0025615 Reportable Occurrence

Dear Sir:

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

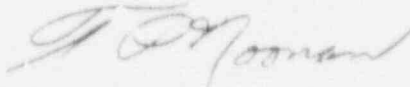
Discharge 303, Unit One Oil and Water Separator, exceeded the daily maximum specification of 20.0 mg/l oil and grease on April 11, 1991 when the daily maximum was 23.0 mg/l.

The separator had been temporarily overloaded during a maintenance outage in the Turbine Building of which separator 303 receives drains. Isolation of the separator was performed immediately after sampling and cleaned out by a licensed waste hauler before being returned to service. Operation of the separator has continued without further occurrence.

Since the monthly average oil and grease value of 4.51 mg/l was well below the specification of 15.0 mg/l and the corrective actions were performed in a timely manner then no significant environmental harm or impact expected.

If you have any questions concerning this report, please do not hesitate to contact me.

Very truly yours,

A handwritten signature in dark ink, appearing to read 'T. P. Noonan', written in a cursive style.

T. P. Noonan  
General Manager

DNH/ijj



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

Telephone (412) 393-6000

May 22, 1991

Pennsylvania Department of Environmental Resources  
Attn: Water Quality Specialist  
206 Municipal Building  
8th Avenue and 15th Street  
Beaver Falls, PA 15010

NPDES Monthly Reports, EPA Permit Number PA 0025615 & PA0001589

Gentlemen:

NPDES Monthly Reports for Duquesne Light Company, Beaver Valley Power Station and Shippingport Atomic Power Plant for April 1991 are submitted for your consideration.

Please be advised that required techniques, even if performed properly, do not measure actual conditions with 100 percent accuracy 100 percent of the time, and therefore, some reported values in the attached DMRs may not represent actual conditions with absolute accuracy.

Very truly yours,

T. P. Noonan  
General Manager  
Nuclear Operations

DNH/ijj



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

Telephone (412) 393-6000

May 22, 1991  
ND1PCD: 1500

Department of Environmental Resources  
Bureau of Water Quality Management  
600 Highland Building  
121 South Highland Avenue  
Pittsburgh, PA 15206

NPDES Monthly Reports, EPA Permit Number PA 0025615 & PA0001589

Gentlemen:

NPDES Monthly Reports for Duquesne Light Company, Beaver Valley Power Station and Shippingport Atomic Power Plant for April 1991 are submitted for your consideration.

Please be advised that required techniques, even if performed properly, do not measure actual conditions with 100 percent accuracy 100 percent of the time, and therefore, some reported values in the attached DMRs may not represent actual conditions with absolute accuracy.

Very truly yours,

T. P. Noonan  
General Manager  
Nuclear Operations

DNH/ijj

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA0025615

PERMIT NUMBER

101 A

DISCHARGE NUMBER

MAJOR  
 (SUFR 05)  
 F - FINAL  
 101 CHEMICAL WASTE TREATMENT

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


MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
 91 04 01 91 04 30  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-63)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Pb		*****	*****	( )	6.79	*****	8.45	( 12 )	O	1/wk G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY GRAB
SOLIDS, TOTAL SUSPENDED		*****	*****	( )	*****	18.91	52.92	( 19 )	O	1/wk 24 HC
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30	100 MAXIMUM	MG/L		WEEKLY COMP 24
OIL AND GREASE FREON EXTR-GRAV METER		*****	*****	( )	*****	3.00	4.00	( 19 )	O	1/wk G-4
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MTH AVG	20 DLY MAX	MG/L		WEEKLY GRAB-4
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.008	0.055	( 03 )	*****	*****	*****	( )	O	Daily CONT
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	****		DAILY CONTIN
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Andrew M. Dulick Chemistry Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 18 USC § 1011. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 412 393-5113	DATE 91 05 22		
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO

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

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 9

ATTN: ANDREW DULICK

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

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

(2-16)

PA0025615

PERMIT NUMBER

(17-19)

201 A

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR 91 MO 04 DAY 01 TO YEAR 91 MO 04 DAY 30  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MAJOR

(SUHR 05)

F - FINAL

201 SOFTENER REGENERANTS

Form Approved

OMB No. 2040-0004

Approval expires 6-30-91

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

ATTN: ANDREW DULICK

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-63)				NO. EX (62-69)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	( )	7.33	*****	7.84	( 12)	0	1/wk	G
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM				
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****	( )	*****	1.00	1.00	( 19)	0	1/wk	G
SUSPENDED	PERMIT REQUIREMENT	*****	*****	****	*****	30	100	MG/L		WEEKLY	COMP-2
00530 1 0 0					MONTH AVG		DLY MAX				
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	( )	*****	2.83	3.22	( 19)	0	1/wk	G
OIL AND GREASE	PERMIT REQUIREMENT	*****	*****	****	*****	15	20	MG/L		WEEKLY	GRAB-4
FROM EXTRA-GRAV METER					MONTH AVG		DLY MAX				
00556 1 0 0	SAMPLE MEASUREMENT	*****	*****	( 03)	*****	*****	*****	( )	0	1/wk	calc.
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****		DAILY	CONTIN
FLOW, IN CONDUIT OR											
THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.001	0.020	MGD	*****	*****	*****	****			
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT								
EFFLUENT GROSS VALUE		MONTH AVG	DLY MAX								
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Andrew M. Dulick  
Chemistry Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY KNOWLEDGE OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 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 1 between 6 months and 1 year.)

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412 393-5113 91 05 22  
AREA CODE NUMBER YEAR MO DAY

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

This discharge occurred twice in April 1991 with a duration of < one hour each time.

ATTN: ANDREW DULICK

CHC 4A 月 12 日 14:00 截止

UNIT 2 AUX BOILER BLOWDOWN

Approval expires 6-30-91.

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	91	04	01		91	04	30
	120.22	121.22	124.25		126.27	128.28	130.31

\*\*\* NO DISCHARGE I I \*\*\*

NOTE: Read instructions before completing this form.

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

ATTN: ANDREW DULICK

◎15歲以下未成年者 禁止觀看

CHEM. FEED AREA OF AUX BOILERS

Approval expires 6-30-91.

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	91	04	01		91	04	30
	(75-24)	(23-22)	(24-25)		(75-25)	(28-26)	(30-31)

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.


PARAMETER (32-37)		X	(1 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (58-63)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		SAMPLE MEASUREMENT	*****	*****	( )		*****		( 12)			
00400 1 0 0 EFFLUENT GROSS VALUE		PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	50		WEEKLY GRAB	
SOLIDS, TOTAL		SAMPLE MEASUREMENT	*****	*****	( )	*****			( 19)			
00530 1 0 0 EFFLUENT GROSS VALUE		PERMIT REQUIREMENT	*****	*****	****	*****	30 Mnth Avg	100 DLY MAX	MG/L		WEEKLY COMP-2	
OIL AND GREASE		SAMPLE MEASUREMENT	*****	*****	( )	*****			( 19)			
FREON EXTR-GRAV MTH		PERMIT REQUIREMENT	*****	*****	****	*****	15 Mnth Avg	20 DLY MAX	MG/L		WEEKLY GRAB-4	
00556 1 0 0 EFFLUENT GROSS VALUE		SAMPLE MEASUREMENT	NO DISCHARGE			( 03)	*****	*****	*****	( )		
FLOW, IN CONDUIT OR		PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		DAILY CONTIN	
THRU TREATMENT PLANT			Mnth Avg	DLY MAX	MGD				****			
00050 1 0 0 EFFLUENT GROSS VALUE		SAMPLE MEASUREMENT										
		PERMIT REQUIREMENT										
		SAMPLE MEASUREMENT										
		PERMIT REQUIREMENT										
		SAMPLE MEASUREMENT										
		PERMIT REQUIREMENT										
		SAMPLE MEASUREMENT										
		PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Andrew M. Dulick  
Chemistry Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY KNOWLEDGE OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 18 USC § 1011. Penalties under these statutes may include fines up to \$200K and/or a maximum imprisonment of between 6 months and 3 years.



SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-5113

AREA CODE NUMBER

DATE

91 05 22

YEAR MO DAY

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

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: ANDREW DULICK

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

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

(2-16)

(17-19)

PA0025615

PERMIT NUMBER

501 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 1 GENRTR BLWDN FILT BW

Form Approved

OMB No. 2040-0004

Approval expires 6-30-91

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
91 04 01 TO 91 04 30  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (52-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	( )	*****			( 19)		
	PERMIT REQUIREMENT	*****	*****	****	*****	30	100		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NO DISCHARGE			( 03)	*****	*****	*****	( )	
	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****	WEEKLY	ESTIMA
		MNTH AVG	DLY MAX	MGD				****		
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Andrew M. Dulick  
Chemistry Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 18 USC § 1011. Penalties under these statutes may include fines up to \$10,000 and a maximum imprisonment of between 6 months and 3 years.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412 393-5113  
AREA CODE NUMBER

91 05 22  
YEAR MO DAY

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

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: ANDREW DULICK

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

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

(2-16)

PA0025615

PERMIT NUMBER

(17-19)

001 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNITS 162 COOLG. TOWER BLWDN.

Form Approved.

OMB No. 2040-0004.

Approval expires 6-30-91.

MONITORING PERIOD

FROM YEAR 91 MO 04 DAY 01 TO YEAR 91 MO 04 DAY 30  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

\*\*\* NO DISCHARGE ! ! ! \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	( )	7.27	*****	8.26	( 12 )	0 1/wk	G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	50	WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	25.204	35.568	( 03 )	*****	*****	*****	( )	0 D	CONT
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	****	DAILY	CONTIN
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****	( )	*****	0.07	0.10	( 19 )	0 1/wk	G
50064 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MTH AVG	0.2 DLY MAX	MG/L	WEEKLY	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Andrew M. Dulick

Chemistry Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY KNOWLEDGE OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT (SEE 16 U.S.C. § 1361 AND 33 U.S.C. § 1365). Penalties under these statutes may include fines up to \$100K and/or maximum imprisonment of 5 years and 1 year.

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-5113

AREA CODE

NUMBER

DATE

91 05 22

YEAR MO DAY

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

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: ANDREW DULICK

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA0025615

PERMIT NUMBER

102 A

DISCHARGE NUMBER

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	91	04	01		91	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR

(SUBR 05)

F - FINAL

102 INTAKE SCREENHOUSE

Form Approved.

OMB No. 2040-0004.

Approval expires 6-30-91.

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	( )	6.86	*****	7.80	( 12 )	0	1/wk G
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0			WEEKLY GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	SU		
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****	( )	*****	7.94	26.0	( 19 )	0	1/wk 24HC
SUSPENDED	PERMIT REQUIREMENT	*****	*****	****	*****	30	100			WEEKLY COMP 24
00530 1 0 0				****		MONTH AVG	DLI MAX	MG/L		
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	( )	*****	4.58	7.37	( 19 )	0	1/wk G-4
OIL AND GREASE	PERMIT REQUIREMENT	*****	*****	****	*****	15	20			WEEKLY GRAB-4
FRECK EXTH-GRAV METER				****		MONTH AVG	DLI MAX	MG/L		
00556 1 0 0	SAMPLE MEASUREMENT	0.001	0.001	( 03 )	*****	*****	*****	( )	0	1/wk 8t
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		DAILY CONTIN
FLOW, IN CONDUIT OR		MONTH AVG	DLI MAX	MGD				****		
THRU TREATMENT PLANT	SAMPLE MEASUREMENT									
50050 1 0 0	PERMIT REQUIREMENT									
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Andrew M. Dulick  
Chemistry Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 40 C.F.R. 141.151 AND 141.152. I FURTHER CERTIFY THAT THE INFORMATION SUBMITTED HEREIN IS TRUE AND ACCURATE AND COMPLETE.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-5113

AREA CODE

NUMBER

DATE

91 05 22

YEAR MO DAY

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

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

NAME HEAVEN VALLEY POWER STATION

ADDRESS P.O. BOX 9

ATTN: ANDREW DULICK

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA0025615

PERMIT NUMBER

002 A

DISCHARGE NUMBER

MAJOR

(SUHR 05)

F - FINAL

INTAKE SCREEN BACKWASH

Form Approved.

OMB No. 2040-0004.

Approval expires 6-30-91.

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	91	04	01		91	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

\*\*\* NO DISCHARGE [ ] \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (52-53)	FREQUENCY OF ANALYSIS (54-58)	SAMPLE TYPE (59-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT SC050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.001	0.001	( 03)	*****	*****	*****	( )		0 1/wk	Est.
	PERMIT REQUIREMENT	REPORT MONTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Andrew M. Dulick  
Chemistry Manager

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412 393-5113  
AREA NUMBER

91 05 22  
YEAR MO DAY

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

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: ANDREW DULICK

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

PA0025615

PERMIT NUMBER

(17-19)

103 A

DISCHARGE NUMBER

MAJOR

(SUBE 05)

F - FINAL

SLUDGE SETTLING BASIN

Form Approved.

OMB No. 2040-0004.

Approval expires 6-30-91.

MONITORING PERIOD

FROM YEAR 91 MO 04 DAY 01 TO YEAR 91 MO 04 DAY 30  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-33)		(1 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
PH	SAMPLE MEASUREMENT	*****	*****	( )	7.01	*****	7.88	( 12)	0	1/wk	G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	( )	*****	1.52	1.78	( 19)	0	1/wk	24 HC
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MNTH AVG	100 DLY MAX	MG/L		WEEKLY	COMP 24
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	( )	*****	2.64	3.53	( 19)	0	1/wk	G-4
FREON EXTR-GRAV MTH	PERMIT REQUIREMENT	*****	*****	****	*****	15 MNTH AVG	20 DLY MAX	MG/L		WEEKLY	GRAB-4
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.002	0.012	( 03)	*****	*****	*****	( )	0	1/wk	EST
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	PERMIT REQUIREMENT	REPORT MNTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	****		DAILY	CONTIN
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Andrew M. Dulick  
Chemistry Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY KNOWLEDGE OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT (SEE 40 USC § 1001 AND EPCRA § 1119). Penalties under these statutes may include fines up to \$10,000 and/or imprisonment of between 6 months and 1 year.

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-5113

AREA  
CODE

NUMBER

DATE

91 05 22

YEAR MO DAY

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

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: ANDREW DULICK

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

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

(2-16)

(17-19)

PA0025615

PERMIT NUMBER

203 A

DISCHARGE NUMBER

MAJOR  
(SUBP 05)  
F - FINAL  
MAIN SEWAGE TMT PLANT

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

MONITORING PERIOD

FROM YEAR 91 MO 04 DAY 01 TO YEAR 91 MO 04 DAY 30  
(120-21) (122-23) (124-25) (126-27) (128-29) (130-31)

\*\*\* NO DISCHARGE ☐ \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	( )	7.15	*****	7.46	( 12)	0	2/mo	G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SU		TWICE/GRAB	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	( )	*****	4.18	11.90	( 19)	0	2/mo	8HC
00510 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30	60	MG/L		TWICE/COMP-8	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.007	0.007	( C3)	*****	*****	*****	( )	0	1/WK	MEAS.
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.023	REPORT	MGD	*****	*****	*****	****		WEEKLY	MEASRD
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****	( )	*****	27.15	*****	( 13)	0	2/mo	G
74055 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	2000	*****	100ML		TWICE/GRAB	
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*****	*****	( )	*****	10.50	11.00	( 19)	0	2/mo	8HC
90082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	25	50	MG/L		TWICE/COMP-8	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Andrew M. Dulick  
Chemistry Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT IT IS ILLEGAL TO MAKE ANY STATEMENTS FOR THE PURPOSE OF OBTAINING FALSE INFORMATION. I AM AWARE THAT IT IS ILLEGAL TO MAKE ANY STATEMENTS FOR THE PURPOSE OF OBTAINING FALSE INFORMATION. I AM AWARE THAT IT IS ILLEGAL TO MAKE ANY STATEMENTS FOR THE PURPOSE OF OBTAINING FALSE INFORMATION.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

*Andrew M. Dulick*

TELEPHONE

412 393-5113

AREA CODE NUMBER

DATE

91 05 22

YEAR MO DAY

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

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

NAME HEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: ANDREW DULICK

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA0025615

PERMIT NUMBER

303 A

DISCHARGE NUMBER

PAJOR

(SU8R 05)

F - FINAL

UNIT 1 OIL WATER SEPARATOR

Form Approved

OMB No. 2040-0004

Approval expires 6-30-91

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	91	04	01		91	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

\*\*\* NO DISCHARGE ☐ \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (58-63)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	***** ( )		7.13	*****	7.80	( 12)	0	1/WK	G
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM				
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	***** ( )		*****	3.06	4.44	( 19)	0	1/WK	24HC
SUSPENDED	PERMIT REQUIREMENT	*****	*****	****	*****	30	100	MG/L		WEEKLY	COMB24
00530 1 0 0						MONTH AVG	DLY MAX				
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	***** ( )		*****	4.51	23.00	( 19)	1	1/WK	G-4
OIL AND GREASE	PERMIT REQUIREMENT	*****	*****	****	*****	15	20	MG/L		WEEKLY	GRAB-4
FROM EXTH-GRAV METER						MONTH AVG	DLY MAX				
00556 1 0 0	SAMPLE MEASUREMENT	*****	***** ( 03)		*****	*****	*****	( )	0	1/WK	EST.
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		WEEKLY	ESTIMA
FLOW, IN CONDUIT OR		0.019	0.056								
THRU TREATMENT PLANT											
50050 1 0 0	SAMPLE MEASUREMENT										
EFFLUENT GROSS VALUE	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 KNOWLEDGE OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT (SEE 18 USC § 1001 AND 18 USC § 1361. (Penalties under these statutes may include fines up to \$250,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE	DATE			
Andrew M. Dulick Chemistry Manager		412 393-5113	91	05	22	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

Please reference the enclosed Reportable Occurrence Letter for a full description of the oil and grease values.

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

FACILITY  
LOCATION

ATTN: ANDREW DULICK

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

(12-16)  
PA0025615  
PERMIT NUMBER

(17-19)  
403 A  
DISCHARGE NUMBER

MAJOR  
(SUBR 05)  
F - FINAL

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

CONDENSATE BLOWDOWN & RIVR WAT

MONITORING PERIOD

FROM YEAR 91 MO 04 DAY 01 TO YEAR 91 MO 04 DAY 30  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

\*\*\* NO DISCHARGE ☐ \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (54-57)			(4 Card Only) QUALITY OR CONCENTRATION (58-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	( )	6.92	*****	6.92	( 12)	0 1/wk	G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLYGRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	( )	*****	1.75	1.75	( 19)	0 1/wk	G
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MTH AVG	100 DLY MAX			WEEKLYGRAB
OIL AND GREASE FREON EXTR-GRAV MTH	SAMPLE MEASUREMENT	*****	*****	( )	*****	2.42	2.42	( 19)	0 1/wk	G
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MTH AVG	20 DLY MAX			WEEKLYGRAB
FLOW, IN CONDUIT OP THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.001	0.010	( 03)	*****	*****	*****	( )	0 1/wk	Est
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	****		WEEKLYESTIMA
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Andrew M. Dulick  
Chemistry Manager

TYPED OR PRINTED

CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 18 USC § 1011. (Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.)

  
SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412 393-5113  
AREA CODE NUMBER

91 05 22  
YEAR MO DAY

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

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: ANDREW DULICK

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(3-16)

(17-19)

PA0025615

PERMIT NUMBER

003 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

003 UNCONTAMINATED STORM WATER

Form Approved.

OMB No. 2040-0004.

Approval expires 6-30-91.

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	91	04	01		91	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (58-63)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-76)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	( )	7.01	*****	7.88	( 12 )	0	1/wk G
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0			WEEKLY GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	SU		
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	0.029	0.085	( 03 )	*****	*****	*****	( )	0	1/wk ESC
THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		DAILY CONTIN
50050 1 0 0		MNTH AVG	DLI MAX	MGD				****		
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
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	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Andrew M. Dulick  
Chemistry Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY KNOWLEDGE OF THESE INDIVIDUALS, I AM 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 USC § 1319. Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

TELEPHONE

412

393-5113

DATE

91

05

22

AREA CODE

NUMBER

YEAR

MO

DAY

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

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: ANDREW DULICK

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA0025615

PERMIT NUMBER

004 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT ONE COOLG TOWER OVERFLOW

Form Approved.

OMB No. 2040-0004

Approval expires 6-30-91.

MONITORING PERIOD

FROM YEAR 91 MO 04 DAY 01 TO YEAR 91 MO 04 DAY 30

(20-21) (22-23) (24-25)

(26-27) (28-29) (30-31)

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			UNITS (54-61)	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
PH	SAMPLE MEASUREMENT	*****	*****	( )		*****		( 12)			
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM				
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	NO DISCHARGE			*****	*****	*****	( )			
THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT	REPORT	( 03)	*****	*****	*****	****		DAILY	CONTIN
50050 1 0 0		MONTH AVG	DLY MAX	MGD	*****	*****	*****	****			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	( )	*****	*****		( 19)			
CHLORINE, FREE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.2	MG/L		WEEKLY	GRAB
AVAILABLE				****			DLY MAX				
50064 1 0 0	SAMPLE MEASUREMENT										
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Andrew M. Dulick  
Chemistry Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY KNOWLEDGE OF 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 USC § 1001 AND 18 USC § 1011. Offenses under these statutes may include fines up to \$100,000 and/or maximum imprisonment of 5 years and/or both.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412

393-5113

91

05

22

AREA CODE

NUMBER

YEAR

MO

DAY

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

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: ANDREW DULICK

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

NATION - UNITED STATES DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA0025615

PERMIT NUMBER

006 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

AUX. INTAKE SCREEN BACKWASH

Form Approved.

OMB No. 2040-0004.

Approval expires 6-30-91.


MONITORING PERIOD

FROM YEAR 91 MO 04 DAY 01 TO YEAR 91 MO 04 DAY 30  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

\*\*\* NO DISCHARGE [ ] \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (54-63)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.001	0.001	( 03 )	*****	*****	*****	( )	0	1/WK	EST
	PERMIT REQUIREMENT	REPORT MTH AVG	REPORT DLI MAX	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT (SEE 18 USC § 1001 AND 33 USC § 1910). (Position under three statements may include false up to 100000 and 1000000 imprisonment, 1 between 6 months and 5 years)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
Andrew M. Dulick Chemistry Manager TYPED OR PRINTED			412 393-5113	91	05	22

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

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: ANDREW DULICK

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA0025615

PERMIT NUMBER

007 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

AUX. INTAKE SYSTEM

Form Approved.

OMB No. 2040-0004.

Approval expires 6-30-91.

MONITORING PERIOD

FROM YEAR 91 MO 04 DAY 01 TO YEAR 91 MO 04 DAY 30  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

\*\*\* NO DISCHARGE ☒ \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-79)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE			( 0 )	*****	*****	***** ( )			
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		WEEKLY	ESTIMA
EFFLUENT GROSS VALUE		MONTH AVG	DAY MAX	MGD							
CHLORINE, FREE	SAMPLE MEASUREMENT	*****	*****	( )	*****			( 19 )			
AVAILABLE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	0.2			WEEKLY	GRAB
50064 1 0 0				****		MONTH AVG	DAY MAX	MG/L			
EFFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1365. (Penalties under these statutes may include fines up to \$250,000 and/or maximum imprisonment of 5 years and 5 years.)	TELEPHONE	DATE			
Andrew M. Dulick Chemistry Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO
TYPED OR PRINTED		412	393-5113	91	05	22

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

MONITORING FOR FLOW AND FREE AVAILABLE CHLORINE ARE REQUIRED ONLY DURING THOSE PERIODS OF DISCHARGE FROM THE ALTERNATE FLOW PATH OF THE REACTOR PLANT RIVER WATER SYSTEM.

00892/910306-1207

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

## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

## DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA0025615

PERMIT NUMBER

008 A

DISCHARGE NUMBER

MAJOR  
(SUBR 05)  
F - FINAL  
UNIT 1 COOLING TOWER PUMPHOUSE

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

## MONITORING PERIOD

FROM YEAR 91 MO 04 DAY 01 TO YEAR 91 MO 04 DAY 30  
(12-21) (12-23) (12-25) (12-27) (12-29) (12-31)

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS	
PH	SAMPLE MEASUREMENT	*****	*****	( )	6.82	*****	7.50	( 12)	0	1/WK	G	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0			WEEKLY	GRAB	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	( )	*****		1.71	2.58	( 19)	0	1/WK	24HC
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30	100			WEEKLY	COMP 24	
OIL AND GREASE FREON EXTH-GRAB METER	SAMPLE MEASUREMENT	*****	*****	( )	*****	30	100			WEEKLY	COMP 24	
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15	20			WEEKLY	GRAB-4	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.001	0.001	( 03)	*****	*****	*****	( )	0	1/WK	E-I	
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		DAILY	CONTIN	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC 4100 AND 4101 AND 33 USC 1319. Penalties under these statutes may include fines up to \$100K and/or maximum imprisonment of between 6 months and 1 year.	TELEPHONE	DATE			
Andrew M. Dulick Chemistry Manager			412/393-5113	91	05	22
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: ANDREW DULICK

SHIPPINGPORT PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA0025615

PERMIT NUMBER

110 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 2 SERVICE WATER BACKWASH

Form Approved.

OMB No. 2040-0004.

Approval expires 6-30-91.

MONITORING PERIOD

FROM YEAR 91 MO 04 DAY 01 TO YEAR 91 MO 04 DAY 30  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (52-57)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NO DISCHARGE ( 03 )			*****	*****	*****	( )		
	PERMIT REQUIREMENT	REPORT Mnth AVG	REPORT DLY MAX	MGD	*****	*****	*****	****	WEEKLY	ESTIMA
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
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	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 KNOWLEDGE OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC 1001 AND 1103C 1103D. Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

Andrew M. Dulick  
Chemistry Manager

TYPED OR PRINTED

412 393-5113

91 05 22

AREA  
CODE

NUMBER

YEAR MO DAY

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

ATTN: ANDREW DULICK

◎ 隨心所欲 隨心所欲 隨心所欲

UNIT 2 COOLING WATER

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

## MONITORING PERIOD

FROM

YEAR	MO	DAY
91	04	01

10

YEAR	MO	DAY
97	09	10

120-21)	122-23)	124-25)
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126-27	128-30	130-31
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\*\*\* NO DISCHARGE 1 1 \*\*\*

NOTE: Read instructions before completing this form.

[illegible]

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Andrew M. Dulick  
Chemistry Manager

TYPED OR PRINTED \_\_\_\_\_

14. I, THE UNDERSIGNED, A PERSON OF LAW, HAVE PERSONALLY EXAMINED  
AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED  
ON MY KNOWLEDGE OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR  
OBTAINING THE INFORMATION, BELIEVE THE SUBMITTED INFORMATION  
IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIX  
THREE, FIVE, SEVEN, EIGHT, NINE AND TEN ALIAS INFORMATION INCLUDING  
THAT POSSIBLE TO BE TRUE AND IMPROPERLY SET IN U.S.C. 1001 AND  
18 U.S.C. 1005. Falsities under these statutes may be the force up to \$50,000  
and in some cases imprisonment of between 6 months and 5 years.

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE \_\_\_\_\_

412 1 393-5113

91 | 05 | 22

入荷定A	
CODE	

附註

	YEAR	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113	2114	2115	2116	2117	2118	2119	2120	2121	2122	2123	2124	2125	2126	2127	2128	2129	2130	2131	2132	2133	2134	2135	2136	2137	2138	2139	2140	2141	2142	2143	2144	2145	2146	2147	2148	2149	2150	2151	2152	2153	2154	2155	2156	2157	2158	2159	2160	2161	2162	2163	2164	2165	2166	2167	2168	2169	2170	2171	2172	2173	2174	2175	2176	2177	2178	2179	2180	2181	2182	2183	2184	2185	2186	2187	2188	2189	2190	2191	2192	2193	2194	2195	2196	2197	2198	2199	2200	2201	2202	2203	2204	2205	2206	2207	2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218	2219	2220	2221	2222	2223	2224	2225	2226	2227	2228	2229	2230	2231	2232	2233	2234	2235	2236	2237	2238	2239	2240	2241	2242	2243	2244	2245	2246	2247	2248	2249	2250	2251	2252	2253	2254	2255	2256	2257	2258	2259	2260	2261	2262	2263	2264	2265	2266	2267	2268	2269	2270	2271	2272	2273	2274	2275	2276	2277	2278	2279	2280	2281	2282	2283	2284	2285	2286	2287	2288	2289	2290	2291	2292	2293	2294	2295	2296	2297	2298	2299	2300	2301	2302	2303	2304	2305	2306	2307	2308	2309	2310	2311	2312	2313	2314	2315	2316	2317	2318	2319	2320	2321	2322	2323	2324	2325	2326	2327	2328	2329	2330	2331	2332	2333	2334	2335	2336	2337	2338	2339	2340	2341	2342	2343	2344	2345	2346	2347	2348	2349	2350	2351	2352	2353	2354	2355	2356	2357	2358	2359	2360	2361	2362	2363	2364	2365	2366	2367	2368	2369	2370	2371	2372	2373	2374	2375	2376	2377	2378	2379	2380	2381	2382	2383	2384	2385	2386	2387	2388	2389	2390	2391	2392	2393	2394	2395	2396	2397	2398	2399	2400	2401	2402	2403	2404	2405	2406	2407	2408	2409	2410	2411	2412	2413	2414	2415	2416	2417	2418	2419	2420	2421	2422	2423	2424	2425	2426	2427	2428	2429	2430	2431	2432
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NO

DAY

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

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

NAME HEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: ANDREW DULICK

SHIPPINGPORT PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

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

(2-16)

PA0025615

PERMIT NUMBER

(17-19)

011 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

DIESEL GEN C TURBINE DRAINS

Form Approved

OMB No. 2040-0004

Approval expires 6-30-91.

MONITORING PERIOD

FROM YEAR 91 MO 04 DAY 01 TO YEAR 91 MO 04 DAY 30  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

\*\*\* NO DISCHARGE ☐ \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (31-37)		(3 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	( )	6.66	*****	8.39	( 12 )	1/wk	G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU	WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	( )	*****	3.58	10.52	( 19 )	1/wk	24 HC
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 Mnth Avg	100 DLY MAX	MG/L	WEEKLY	COMP 24
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	( )	*****	3.62	5.60	( 19 )	1/wk	G-4
FREON EXTP-GRAN MFTS	PERMIT REQUIREMENT	*****	*****	****	*****	15 Mnth Avg	20 DLY MAX	MG/L	WEEKLY	GRAB-4
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.001	0.001	( 03 )	*****	*****	*****	( )	1/wk	ESE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT Mnth Avg	REPORT DLY MAX	MGD	*****	*****	*****	****	DAILY	CONTIN
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Andrew M. Dulick  
Chemistry Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 18 U.S.C. § 1011. Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-5113

AREA  
CODE

NUMBER

DATE

91 05 22

YEAR MO DAY

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

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: ANDREW DULICK

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE MINIMIZATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(2-19)

PA0025615

PERMIT NUMBER

012 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

Form Approved.

OMB No. 2040-0004.

Approval expires 6-30-91.

BLOWDOWN FROM THE HVAC C.TOWER

MONITORING PERIOD

FROM YEAR 91 MO 04 DAY 01 TO YEAR 91 MO 04 DAY 30  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****	( )	7.10	*****	8.23	( 12 )		1/wk	G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SU		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.001	0.001	( 03 )	*****	*****	*****	( )		1/wk	Est
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC 1001 AND 18 USC 1011. Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 5 years and 10 years.	TELEPHONE	DATE			
Andrew M. Dulick Chemistry Manager		412 393-5113	91	05	22	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 9

ATTN: ANDREW DULICK

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

P10025615

PERMIT NUMBER

113 A

DISCHARGE NUMBER

MAJOR

(SU98 05)

F - FINAL

UNIT 2 SEWAGE TMT PLANT

Form Approved.

OMB No. 2040-0004.

Approval expires 6-30-91.

MONITORING PERIOD

FROM YEAR 91 MO 04 DAY 01 TO YEAR 91 MO 04 DAY 30  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

\*\*\* NO DISCHARGE ☒ \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH		*****	*****	( )	7.40	*****	7.83	( 12 )	0	2/mo G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE/GRAB MONTH
SOLIDS, TOTAL SUSPENDED		*****	*****	( )	*****	6.77	10.48	( 19 )	0	2/mo BHC
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MONTH AVG	60 DLY MAX	MG/L		TWICE/COMP-8 MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.035	0.035	( 03 )	*****	*****	*****	( )	0	1/wk MEAS
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.043 MONTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	****		WEEKLY MEASRD
COLIFORM, FECAL GENERAL		*****	*****	( )	*****	6.50	13.00	( 13 )	0	2/mo G
74055 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	2000 30DA GEO	REPORT	100ML		TWICE/GRAB MONTH
BOD, CARBONACEOUS 05 DAY, 20C		*****	*****	( )	*****	3.50	4.00	( 19 )	0	2/mo BHC
80082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	25 MONTH AVG	50 DLY MAX	MG/L		TWICE/COMP-8 MONTH
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Andrew M. Dulick  
Chemistry Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of 5 years, 6 months and 3 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

*Andrew M. Dulick*

TELEPHONE

412 393-5113

AREA CODE NUMBER

DATE

91 05 22

YEAR MO DAY

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

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 9

ATTN: ANDREW DULICK

SHIPPINGPORT PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA0025615

PERMIT NUMBER

213 A

DISCHARGE NUMBER

MAJOR

(SUHR 05)

F - FINAL

UNIT 2 COOL TOWER PUMPHOUSE

Form Approved.

OMB No. 2040-0004

Approval expires 6-30-91.

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
91 04 01 91 04 30  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	( )	6.75	*****	7.54	( 12 )	0 1/wk	G
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0			WEEKLY GRAB
EFFLUENT GROSS VALUE					MILLION		MAXIMUM	50		
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****	( )	*****	25.14	41.30	( 19 )	0 1/wk	24HC
SUSPENDED	PERMIT REQUIREMENT	*****	*****	****	*****	30	100			WEEKLY COMP 24
00530 1 0 0						MONTH AVG	DLY MAX	MG/L		
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	( )	*****	2.58	3.75	( 19 )	0 1/wk	G-4
OIL AND GREASE	PERMIT REQUIREMENT	*****	*****	****	*****	15	20			WEEKLY GRAB-4
FREON EXTH-GRAB MET						MONTH AVG	DLY MAX	MG/L		
00556 1 0 0	SAMPLE MEASUREMENT	0.001	0.001	( 03 )	*****	*****	*****	( )	0 1/wk	Est
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		DAILY CONTIN
FLOW, IN CONDUIT OR		MONTH AVG	DLY MAX	MGD						
THRU TREATMENT PLAN	SAMPLE MEASUREMENT									
50050 1 0 0	PERMIT REQUIREMENT									
EFFLUENT GROSS VALUE										
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Andrew M. Dulick  
Chemistry Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY KNOWLEDGE OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC. 1001 AND 1003. I HAVE READ AND UNDERSTAND THESE PENALTIES AND I AGREE TO BE BOUND BY THEM.

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412 393-5113 91 05 22  
AREA CODE NUMBER YEAR MO DAY

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

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 9

ATTN: ANDREW DULICK

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA0025615

PERMIT NUMBER

313 A

DISCHARGE NUMBER

MAJOR

(SUHR 05)

F - FINAL

313 TURBINE BLDG DRAIN

Form Approved

OMB No. 2040-0004

Approval expires 6-30-91

MONITORING PERIOD

FROM YEAR 91 MO 04 DAY 01 TO YEAR 91 MO 04 DAY 30  
(12-23) (12-23) (12-23) (12-23) (12-23) (12-23)

\*\*\* NO DISCHARGE ☐ \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (58-63)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (66-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	( )	6.99	*****	8.17	( 12 )	~ 1/wk	G
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	SU		
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****	( )	*****	1.55	1.70	( 19 )	0 1/wk	24HC
SUSPENDED	PERMIT REQUIREMENT	*****	*****	****	*****	30	100		WEEKLY	COMP 24
00530 1 0 0				****		MONTH AVG	DLY MAX	MG/L		
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	( )	*****	3.55	5.01	( 19 )	0 1/wk	G-4
OIL AND GREASE	PERMIT REQUIREMENT	*****	*****	****	*****	15	20		WEEKLY	GRAB-G
FREON EXT-GRAV MTH				****		MONTH AVG	DLY MAX	MG/L		
00556 1 0 0	SAMPLE MEASUREMENT	0.001	0.001	( 03 )	*****	*****	*****	( )	0 1/wk	EST
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****	DAILY	CONTIN
FLOW, IN CONDUIT OR				MGD				****		
THRU TREATMENT PLANT										
50050 1 0 0	SAMPLE MEASUREMENT									
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Andrew M. Dulick  
Chemistry Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY KNOWLEDGE OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 40 USC § 1001 AND 33 USC § 1319. (Signature must show date and time, and be dated and signed by the Principal Executive Officer or authorized agent.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-5113

AREA CODE

NUMBER

DATE

91 05 22

YEAR MO DAY

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

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: ANDREW DULICK

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA0025615

PERMIT NUMBER

413 A

DISCHARGE NUMBER

MAJOR

(SUBH 05)

F - FINAL

BULK FUEL STORAGE DRAIN

Form Approved.

OMB No. 2040-0004.

Approval expires 6-30-91.

MONITORING PERIOD

FROM YEAR 91 MO 04 DAY 01 TO YEAR 91 MO 04 DAY 30  
(120-21) (122-23) (124-25) (126-27) (128-29) (130-31)

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (58-63)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (66-70)
		AVERAGE (46-51)	MAXIMUM (52-57)	UNITS (58-61)	MINIMUM (58-61)	AVERAGE (62-63)	MAXIMUM (64-65)	UNITS (66-70)			
PH	SAMPLE MEASUREMENT	*****	*****	( )		*****		( 12 )			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY GRAB	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	( )	*****			( 19 )			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	37 MTH AVG	100 DLI MAX	MG/L		WEEKLY COMP 24	
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	( )	*****			( 19 )			
FREON EXTH-GRAB MET	PERMIT REQUIREMENT	*****	*****	****	*****	15 MTH AVG	20 DLI MAX	MG/L		WEEKLY GRAB-4	
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NO DISCHARGE ( 03 )			*****	*****	*****	( )			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT MTH AVG	REPORT DLI MAX	MGD	*****	*****	*****	****		DAILY CONTIN	
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Andrew M. Dulick  
Chemistry Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 40 USC 81001 AND 81002. I CERTIFY I will retain these records for up to 3 years after the expiration of the permit or 3 months after the permit is renewed.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

*Andrew M. Dulick*

TELEPHONE

412 393-5113

AREA CODE NUMBER

DATE

91 05 22

YEAR MO DAY

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

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

NAME HEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: ANDREW DULICK

SHIPPINGPOST

PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA0025615

PERMIT NUMBER

013 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNCONTAMINATED STORMWATER

Form Approved.

OMB No. 2040-0004.

Approval expires 6-30-91.

MONITORING PERIOD

FROM YEAR 91 MO 04 DAY 01 TO YEAR 91 MO 04 DAY 30  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NO DISCHARGE

NOTE: Read instructions before completing this form.

ATTN: ANDREW DULICK											
PARAMETER (32-37)	<div></div>	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (66-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	( )	6.75	*****	8.17	( 12)	0	1/WK	G
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	SU			
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	0.037	0.037	( 03)	*****	*****	*****	( )	0	1/WK	Est.
THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		DAILY	CONTIN
50050 1 0 0		MONTH AVG	DLY MAX	MGD				****			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Andrew M. Dulick  
Chemistry Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY KNOWLEDGE OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THIS 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. § 1312. Offenses under these statutes may include fines up to \$25,000 and/or imprisonment or both.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412 393-5113

AREA CODE

NUMBER

YEAR

MO

DAY


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

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

Summary of Results  
for C-13 Parameters  
Permit Number PA0025615

Parameters	Units	Outfall Date					
		<u>001*</u> 4/10/91	<u>011*</u> 4/10/91	<u>002</u> 4/11/91	<u>001*</u> 4/11/91	<u>011*</u> 4/11/91	<u>002</u> 4/12/91
Silver	ug/l	<5.00	<5.00	<5.00	<5.00	<5.00	<5.00
Beryllium	ug/l	<3.00	<3.00	<3.00	<3.00	<3.00	<3.00
Thallium	ug/l	<5.00	<5.00	<5.00	<5.00	<5.00	<5.00
Chloroform	ug/l	<0.050	0.073	<0.050	0.081	<0.050	<0.050
1,1,2-Trichloroethane	ug/l	<0.050	<0.050	<0.050	<0.050	<0.050	<0.050
1,1,2,2, Tetrachloroethane	ug/l	<0.030	<0.030	<0.030	<0.030	<0.030	<0.030
2-Chlorophenol	ug/l	<0.488	0.910	<0.510	<0.488	1.04	<0.549
Pentachlorophenol	ug/l	<0.976	3.61	<1.02	<0.976	2.19	<1.10

\*Indicates a 24 HR composited sample.

  
Andrew M. Dulick  
Chemistry Manager

NAME: Lawrence Unit (Lehigh)  
 ADDRESS: One Oxford Centre  
 301 Grant, Lehigh  
 Allentown, PA 18209  
 FACILITY: Springfield Atomic Power Station  
 LOCATION: Shippenburg Borough, Beaver County

PA0001589  
 PERMIT NUMBER

911  
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)

MONITORING PERIOD

Year Month Day  
 91 04 01 TO 91 04 30

FISCHER MONITORING REPORT (FMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. OF ANALYSIS	FREQUENCY	SAMPLE TYPE
	AVERAGE	MINIMUM	MAXIMUM											
Flow	Sample Measure.	No Discharge												
	Permit Require.													
	Sample Measure.													
	Permit Require.													
	Sample Measure.													
	Permit Require.													
	Sample Measure.													
	Permit Require.													
	Sample Measure.													
	Permit Require.													
	Sample Measure.													
	Permit Require.													
	Sample Measure.													
	Permit Require.													
	Sample Measure.													
	Permit Require.													

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER  
 A. M. Dulick  
 Chemistry Manager  
 LEHIGH UNIVERSITY  
 100 SOUTH BROAD STREET  
 ALLANTOWN, PA 18209  
 TEL: 610-262-1000  
 FAX: 610-262-1001

TELEPHONE  
 610-262-1000

DATE  
 91 05 22

FOR INFORMATION OF ALL VULNERABLE POPULATIONS (Reference all attachments here)

NAME: Duck Creek Light Company  
 ADDRESS: One Jaffa Centre  
 291 Grant Street  
 Pittsburgh, PA 15279  
 FACILITY: Shippingport Atomic Power Station  
 LOCATION: Shippingport Borough, Beaver County

PA 001589  
 PERMIT NUMBER

291  
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 (NPDES)

MONITORING PERIOD  
 Year Month Day Year Month Day  
 FROM 91 04 01 TO 91 04 30

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measure.	No Discharge	MGD	*	*	*	*	2/MO	EST		
	Permit Require.	*		*	*	*	*				
Suspended Solids	Sample Measure.	*	*	*	30	100	MG/L	2/MO	GRAB		
	Permit Require.	*		*	*	*	*				
pH	Sample Measure.	*	*	6.0	*	9.0	S.U.	2/MO	GRAB		
	Permit Require.	*		*	*	*	*				
	Sample Measure.	*	*	*	*	*	*		*		
	Permit Require.	*		*	*	*	*				
	Sample Measure.	*	*	*	*	*	*		*		
	Permit Require.	*		*	*	*	*				
	Sample Measure.	*	*	*	*	*	*		*		
	Permit Require.	*		*	*	*	*				
	Sample Measure.	*	*	*	*	*	*		*		
	Permit Require.	*		*	*	*	*				
	Sample Measure.	*	*	*	*	*	*		*		
	Permit Require.	*		*	*	*	*				

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER

A. M. Dulick

Chemistry Manager

TELEPHONE: 412393-5113

DATE: 91 05 22

NAME Duquesne Light Company  
 ADDRESS One J. Fred Centre  
 301 Grant Street  
 Pittsburgh, PA 15279  
 FACILITY Shippopot Atomic Power Station  
 LOCATION Shippingport Borough, Beaver County

PA1001589  
 PERMIT NUMBER

101  
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
 NOTES

MONITORING PERIOD					
Year	Month	Day	Year	Month	Day
91	04	01	91	04	30

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OF CONCENTRATION			NO. OF ANALYSES	SAMPLE TYPE
	AVERAGE	MINIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM		
Flow	Sample Measure.	No Discharge						
	Permit Require.						2/MO	EST
Suspended Solids	Sample Measure.				30	1100	2/MO	GRAB
	Permit Require.							
Oil & Grease	Sample Measure.				15	20	2/MO	GRAB
	Permit Require.							
	Sample Measure.					9.3	2/MO	GRAB
	Permit Require.							
	Sample Measure.							
	Permit Require.							
	Sample Measure.							
	Permit Require.							
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	Permit Require.							
	Sample Measure.							
	Permit Require.							
I, the undersigned, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am duly authorized to execute this report on behalf of the facility.								
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			DATE			TELEPHONE		
A. M. Dulick Chemistry Manager			4/23/91			412393-5113		
TYPED OR PRINTED NAME OF ANALYST			ANALYST'S SIGNATURE			ANALYST'S NAME		
A. M. Dulick			[Signature]			A. M. Dulick		
DATE OF ANALYSIS			ANALYST'S SIGNATURE			ANALYST'S NAME		
4/23/91			[Signature]			A. M. Dulick		

NOTE: IN VIOLATION OF AN VIOLATION (Reference all attachments here)