

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

Telephone (412) 393-8000

April 21, 1994
NPD3VPO: 0211

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

NPDES Monthly Report, EPA Permit No. PA0025615

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

Dear Sir:

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

Sincerely,

T. P. Noonan
Division Vice President
Nuclear Operations

DNH/trs

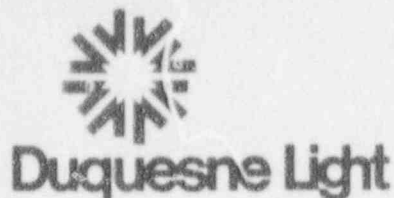
cc: J. D. Sieber
D. A. Orndorf
S. L. Pernick
N. R. Tonet
Central File



The Nuclear Professionals

9404280301 940331
PDR ADDCK 05000334
R PDR

Handwritten initials/signature
11



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

Telephone (412) 393-6000

April 21, 1994
NPD3VPO: 0212

Department of Environmental Resources
Bureau of Water Quality Management
400 Waterfront Drive
Pittsburgh, PA 15222

NPDES Monthly Report, EPA Permit Number PA0025615

Gentlemen:

NPDES Monthly Report for Duquesne Light Company, Beaver Valley Power Station for March 1994 is 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.

Sincerely,

T. P. Noonan
Division Vice President
Nuclear Operations

DNH/trs

Enclosure

cc: J. D. Sieber
D. A. Orndorf
S. L. Pernick
N. R. Tonet
Central File



The Nuclear Professionals



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

Telephone (412) 393-6000

April 21, 1994
NPD3VPO: 0213

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

NPDES Monthly Report, EPA Permit No. PA0025615

Dear Sir:

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

Sincerely,

T. P. Noonan
Division Vice President
Nuclear Operations

DNH/trs

Attachment

cc: J. D. Sieber
D. A. Orndorf
S. L. Pernick
N. R. Tonet
Central File



The Nuclear Professionals



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

Telephone (412) 393-6000

April 21, 1994
NPD3VPO: 0214

United States Environmental Protection Agency
Region III, Pennsylvania (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.

EPA discharge 213, Unit 2 cooling tower pump house sump, exceeded the monthly average specification for total suspended solids (TSS) of 30 mg/l in March with an average of 84.0 mg/l.

TSS in this sump has been above 30 mg/l as a result of the continued unusually high TSS in the river. River water makeup to the cooling tower and circulating water system leaks through the cooling tower pump stuffing boxes by design at a rate of about 1 gpm. This leakage is collected and drained to the pump house sump which discharges as EPA 213. TSS measured in the sump is affected by and approximately equal to river water TSS.

EPA 213 discharge combines with EPA 113 and 313 providing a dilution of over 30 to 1 prior to final discharge at EPA 013. No environmental impact or harm is expected to result from this discharge because of the small volume and dilution provided.

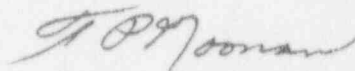


The Nuclear Professionals

Discussions with representatives from the PA Department of Environmental Resources were held to determine options available which would insure compliance. The option to recycle water in the cooling tower pump house sumps back into the cooling water system was chosen and the physical installation of valves and associated piping was performed in March. There is currently no discharge through EPA 213 which insures continued compliance with the NPDES Permit.

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

Sincerely,



T. P. Noonan
Division Vice President
Nuclear Operations

DNH/trs

Attachment

cc: J. D. Sieber
D. A. Orndorf
S. L. Pernick
N. R. Tonet

Central File (2) - Keywords: NPDES Reportable Occurrence

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

NAME UNITED STATES ENVIRONMENTAL AGENCY

ADDRESS 400 M ST SW

WASHINGTON DC 20460

PERMIT NUMBER PA 13011

FACILITY PA 13011

LOCATION PA 13011

PA 13011

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR 94 MO 03 DAY 21 TO YEAR 94 MO 03 DAY 31

101

101

101

101

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(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 (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
1.0	SAMPLE MEASUREMENT	*****	*****		6.82	*****	7.47	(14)	0 1/7	G
	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0		WEEKLY	GRAB
2.0	SAMPLE MEASUREMENT	*****	*****		*****	11.62	16.20	(14)	0 1/7	24H
	PERMIT REQUIREMENT	*****	*****	*****	*****	30	100		WEEKLY	CORP-2
3.0	SAMPLE MEASUREMENT	*****	*****		*****	<5.00	<5.00	(14)	0 1/7	G
	PERMIT REQUIREMENT	*****	*****	*****	*****	10	20		WEEKLY	GRAB
4.0	SAMPLE MEASUREMENT	*****	*****		*****	NA	NA	(14)	0 NA	NA
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT		WEEKLY	GRAB
5.0	SAMPLE MEASUREMENT	0.009	0.042	(03)	*****	*****	*****		0 1/10	CONT
	PERMIT REQUIREMENT	REPORT	REPORT	*****	*****	*****	*****		DAILY	CONTIN
6.0	SAMPLE MEASUREMENT	*****	*****		*****	NA	NA	(14)	0 NA	NA
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT		WEEKLY	GRAB
7.0	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 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.	TELEPHONE		DATE		
David Orndorf Chemistry Manager		412 393-5113		94	04	21
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)

No permits of wet layup existed.

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

NAME David Orndorf
ADDRESS 400 1st St
St. Louis, MO 63101

FACILITY St. Louis
LOCATION St. Louis

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

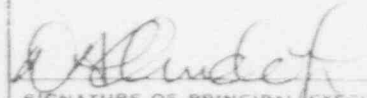
(2-16) 10000000
PERMIT NUMBER
(17-19) 001
DISCHARGE NUMBER

MONITORING PERIOD								
FROM			TO	YEAR			MO	DAY
YEAR	MO	DAY		YEAR	MO	DAY		
94	03	01	94	03	31			
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)		

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(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			
Cadmium	SAMPLE MEASUREMENT	*****	*****		7.14	*****	7.66	(14)	0	2/31 G
	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0			TWICE/GRAB MONTH
Cadmium	SAMPLE MEASUREMENT	*****	*****		*****	<4.00	<4.00	(19)	0	2/31 G
	PERMIT REQUIREMENT	*****	*****	****	*****	30 NO AVG	100 DAILY MAX	NO/L		TWICE/GRAB MONTH
Cadmium	SAMPLE MEASUREMENT	*****	*****		*****	<5.00	<5.00	(19)	0	2/31 G
	PERMIT REQUIREMENT	*****	*****	****	*****	15 NO AVG	20 DAILY MAX	NO/L		TWICE/GRAB MONTH
Cadmium	SAMPLE MEASUREMENT	0.001	0.019	(03)	*****	*****	*****		0	2/31 EST
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MAX	NO/L	*****	*****	*****	****		TWICE/ESTIMATE MONTH
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 18 USC § 1361. Penalties under these statutes may include fines up to \$10,000 and a maximum imprisonment of between 6 months and 1 year.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE		DATE		
			412	393-5113	94	04	21
			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 David Orndorf
 ADDRESS 1000 1st St. S.W.
Albuquerque, NM 87102
 FACILITY Albuquerque Water Treatment Plant
 LOCATION Albuquerque, NM

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

(2-16) 100023013 PERMIT NUMBER
 (17-19) 301 DISCHARGE NUMBER

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

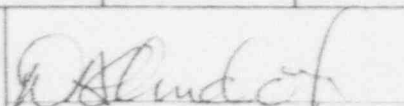
MONITORING PERIOD
 FROM YEAR 94 MO 03 DAY 31 TO YEAR 94 MO 03 DAY 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(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 (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SULFATE	SAMPLE MEASUREMENT	*****	*****		*****			(1)		
	PERMIT REQUIREMENT	*****	*****	5000	*****	10 50 AVG	100 DAILY MAX	100/L	TWICE/GRAB	MONTH
NITRATE	SAMPLE MEASUREMENT	*****	*****		*****			(1)		
	PERMIT REQUIREMENT	*****	*****	5000	*****	15 MO AVG	20 DAILY MAX	100/L	TWICE/GRAB	MONTH
FLOW	SAMPLE MEASUREMENT	NO FLOW		(03)	*****	*****	*****			EST
	PERMIT REQUIREMENT	REPORT 50 AVG	REPORT DAILY MAX	5000	*****	*****	*****	1000	WEEKLY	ESTIMATE
	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
 David Orndorf
 Chemistry Manager
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 18 U.S.C. § 1333. (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
 412 393-5113

DATE
 94 04 21
 AREA CODE NUMBER YEAR MO DAY

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

NO DISCHARGE

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

NAME
ADDRESS
CITY
STATE
ZIP

FACILITY
LOCATION

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

(2-16) (2-17)
PERMIT NUMBER
DISCHARGE NUMBER

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

Form Approved
OMB No. 2040-0004
Approval expires 6-30-91.
THIS FORM IS ONE OF TWO BUILDS

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(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			
POLLUTANT NAME	SAMPLE MEASUREMENT	*****	*****			*****				
	PERMIT REQUIREMENT	*****	*****	****	0.0 MINIMUM	*****	REPORT MAXIMUM		TWICE/GRAB	
POLLUTANT NAME	SAMPLE MEASUREMENT	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****	****	*****	30 60 AVG	100 DAILY MX	10/L	TWICE/GRAB	
POLLUTANT NAME	SAMPLE MEASUREMENT	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****	****	*****	15 60 AVG	20 DAILY MX	10/L	TWICE/GRAB	
POLLUTANT NAME	SAMPLE MEASUREMENT	NO FLOW		(03)	*****	*****	*****		1/7	EST
	PERMIT REQUIREMENT	REPORT 30 AVG	REPORT DAILY MX	AVG	*****	*****	*****	****	ANALYST'S	
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
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	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
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	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 42 USC § 1321f. Penalties under these statutes may include fines up to \$10,000 and a maximum imprisonment of between 6 months and 5 years.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>David Orndorf</i>	TELEPHONE 412 393-5113	DATE 94 04 21
			AREA CODE	NUMBER

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

NO DISCHARGE

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

NAME
ADDRESS
FACILITY
LOCATION

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

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(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 (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TOTAL SOLIDS	SAMPLE MEASUREMENT	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****		*****	30	100			WEEKLY
TOTAL SOLIDS	SAMPLE MEASUREMENT	NO FLOW			*****					EST
	PERMIT REQUIREMENT	REPORT	REPORT		*****	NO AVG	DAILY			EST
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
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	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 U.S.C. § 1001 AND 42 U.S.C. § 1924. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.	TELEPHONE		DATE		
David Grndorf Chemistry Manager		412	393-5113	94	04	21
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)

NO DISCHARGE

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

NAME
ADDRESS
CITY
STATE
ZIP

FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) (2-17) (2-18) (2-19)

PERMIT NUMBER
DISCHARGE NUMBER

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	94	03	01		94	03	31

(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	<div></div>	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
SAMPLE MEASUREMENT		*****	*****		7.21	*****	7.96	(14)	0	1/7	G
		*****	*****	****	0.0	*****	9.6				WEEKLYGRAB
SAMPLE MEASUREMENT		*****	*****		*****	NA	NA	(19)	0	NA	NA
		*****	*****	****	*****	REPORT NO AVG	REPORT DAILY EX	NO/L			WEEKLYGRAB
SAMPLE MEASUREMENT		27.467	35.568	(03)	*****	*****	*****		0	Daily cont	
		REPORT NO AVG	REPORT DAILY EX	NO	*****	*****	*****	****			DAILY CONTIN
SAMPLE MEASUREMENT		*****	*****		*****	0.09	0.12	(19)	0	2/day	G
		*****	*****	****	*****	0.2	0.5				CONTINUOUS
SAMPLE MEASUREMENT		*****	*****		*****	*****	NA	(19)	0	NA	NA
		*****	*****	****	*****	*****	0				WEEKLYGRAB
SAMPLE MEASUREMENT											
SAMPLE MEASUREMENT											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY 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 between 6 months and 3 years.	TELEPHONE 412 393-5113	DATE			
			94	04	21	
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):
No periods of net keep existed.

Facility Name/Location (Include Facility Name/Location if different)

NAME
ADDRESS
CITY
STATE
ZIP

FACILITY
LOCATION

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

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	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			
1. pH										
2. Temperature										
3. Dissolved Oxygen										
4. Total Suspended Solids										
5. Total Dissolved Solids										
6. Total Solids										
7. Total Organic Carbon										
8. Total Organic Halogen										
9. Total Organic Nitrogen										
10. Total Organic Phosphorus										
11. Ammonia Nitrogen										
12. Nitrate Nitrogen										
13. Nitrite Nitrogen										
14. Total Nitrogen										
15. Total Phosphorus										
16. Reactive Phosphorus										
17. Silica										
18. Chloride										
19. Sulfate										
20. Fluoride										
21. Cyanide										
22. Hexachlorocyclopentadiene										
23. Heptachlorocyclopentadiene										
24. Heptachlorocyclopentadiene										
25. Heptachlorocyclopentadiene										
26. Heptachlorocyclopentadiene										
27. Heptachlorocyclopentadiene										
28. Heptachlorocyclopentadiene										
29. Heptachlorocyclopentadiene										
30. Heptachlorocyclopentadiene										
31. Heptachlorocyclopentadiene										
32. Heptachlorocyclopentadiene										
33. Heptachlorocyclopentadiene										
34. Heptachlorocyclopentadiene										
35. Heptachlorocyclopentadiene										
36. Heptachlorocyclopentadiene										
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-15)

(17-19)

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	24	05	01		24	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

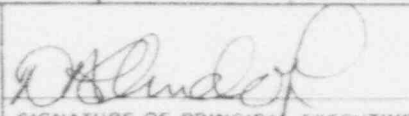
MAJOR
(2004-05)
2 - FINAL
102 191220 SCHEDULED

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

*** 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	UNITS			
Cadmium	SAMPLE MEASUREMENT	*****	*****		7.23	*****	2.38	(12)	0	2/31	G
	PERMIT REQUIREMENT	*****	*****	****	0.0	*****	9.0			TWICE/GRAB	
Cadmium	SAMPLE MEASUREMENT	*****	*****		*****	21.10	38.19	(11)	0	2/31	G
	PERMIT REQUIREMENT	*****	*****	****	*****	30	100			TWICE/GRAB	
Cadmium	SAMPLE MEASUREMENT	*****	*****		*****	NO AVG	DAILY MAX	NO/L	0	2/31	G
	PERMIT REQUIREMENT	*****	*****	****	*****	15	20			TWICE/GRAB	
Cadmium	SAMPLE MEASUREMENT	0.001	0.001	(13)	*****	*****	*****		0	2/31	EST
	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****			TWICE/ESTIMA	
Cadmium	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
Cadmium	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
Cadmium	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
Cadmium	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 § 1335. 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			
David Orndorf Chemistry Manager			412 393-5113	94	04	21	
TYPED OR PRINTED			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 David Orndorf
 ADDRESS 1000 1st St
St. Louis, MO 63101

FACILITY St. Louis
 LOCATION St. Louis

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

(2-16) 100025010 PERMIT NUMBER
 (17-19) 002 DISCHARGE NUMBER

MONITORING PERIOD
 FROM YEAR 94 MO 03 DAY 01 TO YEAR 94 MO 03 DAY 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

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 (58-63)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
1.000000	SAMPLE MEASUREMENT	0.006	0.046	(1-3)	0.000000	0.000000	0.000000		0	1/7	EST
1.000000	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MAX		0.000000	0.000000	0.000000	0.000000		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC 1001 AND 1003. 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 <i>David Orndorf</i>	TELEPHONE 412 393-5113 AREA CODE NUMBER	DATE 94 04 21 YEAR MO DAY
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

NAME: David Orndorf
 ADDRESS: 1000 N. 1st St.
St. Paul, MN 55101

FACILITY: St. Paul Water Treatment Plant
 LOCATION: St. Paul, MN

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

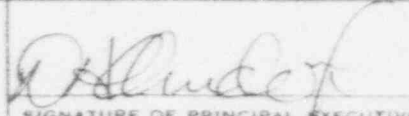
PERMIT NUMBER: 24072015
 DISCHARGE NUMBER: 103

MONITORING PERIOD
 FROM: YEAR 94 MO 03 DAY 01 TO YEAR 94 MO 03 DAY 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)				NO. EX (52-53)	FREQUENCY OF ANALYSIS (54-55)	SAMPLE TYPE (59-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD	SAMPLE MEASUREMENT	*****	*****		6.91	*****	7.00	(12)	0	2/31	G
	PERMIT REQUIREMENT	*****	*****	****	0.0 MINIMUM	*****	9.0 MAXIMUM			TWICE/30 MONTH	
SOD	SAMPLE MEASUREMENT	*****	*****		*****	29.35	30.20	(11)	0	2/31	34 HC
	PERMIT REQUIREMENT	*****	*****	****	*****	30 NO AVG	100 DAILY MA	NO/L		TWICE/COMP24 MONTH	
COT	SAMPLE MEASUREMENT	0.012	0.017	(13)	*****	*****	*****		0	2/31	EST
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MA	NO/L	*****	*****	*****	****		TWICE/ESTIMA MONTH	
	SAMPLE MEASUREMENT										
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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 § 1119. Penalties under these statutes may include fines up to \$10,000 and/or imprisonment of between 6 months and 5 years.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
David Orndorf Chemistry Manager			412 393-5113	94	04	21	
TYPED OR PRINTED			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

ADDRESS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2/16)

PERMIT NUMBER

(2/19)

DISCHARGE NUMBER

(2/20)

DISCHARGE DATE

(2/21)

DISCHARGE TIME

(2/22)

DISCHARGE LOCATION

(2/23)

DISCHARGE TYPE

FACILITY LOCATION

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
2000	02	01	2000	02	01

FROM

TO

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	(5 Card Only) QUANTITY OR LOADING (34-61)			(4 Card Only) QUALITY OR CONCENTRATION (46-51)			UNITS	NO. EX.	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE (46-51)	MAXIMUM (34-61)	MINIMUM (38-43)	AVERAGE (46-51)	MAXIMUM (34-61)	MINIMUM (38-43)				
SAMPLE MEASUREMENT										
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MONTH DAY TO YEAR MONTH DAY

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

ONLY 1 OIL WATER SEPARATION

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (58-65)			NO. EX	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		7.05	*****	7.77	(12)	0 1/7	G
	PERMIT REQUIREMENT	*****	*****	3000	0.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	10.88	24.70	(11)	0 1/7	G
	PERMIT REQUIREMENT	*****	*****	3000	*****	30 NO AVG	100 DAILY MAX	30/L	WEEKLY	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	<5.00	<5.00	(13)	0 1/7	G
	PERMIT REQUIREMENT	*****	*****	3000	*****	15 NO AVG	20 DAILY MAX	30/L	WEEKLY	GRAB
SOLIDS, TOTAL	SAMPLE MEASUREMENT	0.014	0.056	(03)	*****	*****	*****		0 1/7	EST
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MAX	3000	*****	*****	*****		WEEKLY	ESTIMATE
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
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	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Orndorf
Chemistry Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC 1001 AND 1343. 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

94 04 21

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: CHRYSLER CREDIT CORP
 ADDRESS: 300 N. LAKE ST.
CHRYSLER BLDG
CHRYSLER BLDG

FACILITY: CHRYSLER CREDIT CORP
 LOCATION: CHRYSLER BLDG

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

(2-16)
 PERMIT NUMBER: 2202001

(17-19)
 DISCHARGE NUMBER: 403

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

MONITORING PERIOD									
YEAR			MO	DAY	TO	YEAR		MO	DAY
24			03	01		24		03	31
(20-21)			(22-23)	(24-25)		(26-27)		(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(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			
CHRYSLER CREDIT CORP	SAMPLE MEASUREMENT	*****	*****			*****		(12)		
	PERMIT REQUIREMENT	*****	*****	0.0	MINIMUM	*****	9.0		WEEKLY	GRAB
CHRYSLER CREDIT CORP	SAMPLE MEASUREMENT	*****	*****		*****			(13)		
	PERMIT REQUIREMENT	*****	*****	0.0	*****	30	100		WEEKLY	GRAB
CHRYSLER CREDIT CORP	SAMPLE MEASUREMENT	*****	*****		*****	NO AVG	DAILY	(14)		
	PERMIT REQUIREMENT	*****	*****	0.0	*****	15	20		WEEKLY	GRAB
CHRYSLER CREDIT CORP	SAMPLE MEASUREMENT	*****	*****		*****	REPORT	REPORT	(15)		
	PERMIT REQUIREMENT	*****	*****	0.0	*****	NO AVG	DAILY		WEEKLY	GRAB
CHRYSLER CREDIT CORP	SAMPLE MEASUREMENT	NO FLOW		(03)	*****	*****	*****		0 1/7	ESC
	PERMIT REQUIREMENT	REPORT	REPORT	NO AVG	*****	*****	*****		WEEKLY	ESTIMA
CHRYSLER CREDIT CORP	SAMPLE MEASUREMENT	*****	*****		*****	*****		(16)		
	PERMIT REQUIREMENT	*****	*****	0.0	*****	*****	0		WEEKLY	GRAB
CHRYSLER CREDIT CORP	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 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 5 years.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>David Orndorf</i>	TELEPHONE		DATE		
			412	393-5113	94	04	21
			AREA CODE	NUMBER	YEAR	MO	DAY

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

NO DISCHARGE

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

NAME David Orndorf
 ADDRESS 1000 1st St
St. Louis, MO 63101

FACILITY St. Louis
 LOCATION St. Louis

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

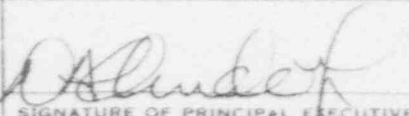
(2-16) 100010010 (17-19) 103 A
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
 FROM YEAR 94 MO 03 DAY 01 TO YEAR 94 MO 03 DAY 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

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 (40-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-55)	SAMPLE TYPE (59-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Cadmium	SAMPLE MEASUREMENT	0.033	0.04	(10)	0.00000	0.00000	0.00000		0	2/3	ESC
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MT	NO	0.00000	0.00000	0.00000	0.00000		TWICE/ESTIMATE MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREON 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 § 1361. Penalties under these statutes may include fines up to \$10,000 and/or imprisonment of between 6 months and 5 years.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			412	393-5113	94	04	21
			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 Chemistry Manager

ADDRESS 1000 N. 10th St. Ste. 1000

Minneapolis, MN 55401

Permit No. 1000

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

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

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT (38-41)	QUANTITY OR LOADING (42-45)			QUALITY OR CONCENTRATION (46-49)			NO. EX (50-51)	FREQUENCY OF ANALYSIS (52-53)	SAMPLE TYPE (54-55)
		AVERAGE (42-43)	MAXIMUM (44-45)	UNITS (46-47)	MINIMUM (48-49)	AVERAGE (50-51)	MAXIMUM (52-53)			
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	0.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY
	SAMPLE MEASUREMENT	NO FLOW			*****	*****	*****			0 1/4 HEAD
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY	*****	*****	*****	*****			WEEKLY
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2 DAILY	0.5 INST			CUSTOMER
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
David Orndorf
Chemistry Manager
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC 1001 AND 1003. (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
David Orndorf

TELEPHONE
412 393-5113

DATE
94 04 21

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO DISCHARGE

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

NAME _____
 ADDRESS _____
 FACILITY _____
 LOCATION _____

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

PERMIT NUMBER
 1401-3317

DISCHARGE NUMBER
 000 A

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

MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	
74	03	01		74	03	31	
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)	

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 (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SAMPLE MEASUREMENT		0.002	0.016	(LBS)	*****	*****	*****				
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MAX	0.00	*****	*****	*****	0.00			WEEKLY/STANDARD
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
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PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY 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. § 1333. (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 <i>David Orndorf</i>	TELEPHONE		DATE		
			412	393-5113	94	04	21
TYPED OR PRINTED			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 DAVID A. ORNDORF
 ADDRESS 1000 N. 10TH ST.
ST. LOUIS, MO 63101

FACILITY DAVID A. ORNDORF
 LOCATION ST. LOUIS, MO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER 007 A

DISCHARGE NUMBER 007 A

MONITORING PERIOD

FROM YEAR 94 MO 03 DAY 01 TO YEAR 94 MO 03 DAY 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

DAVID A. ORNDORF
 (3000 00)
 1 - 11111
 0011 11111 11111

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

NO DISCHARGE ☒ YES

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(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			
FLOW, BY COMPUTATION THIS INFORMATION IS REQUIRED ONLY IF THE FACILITY IS A SEWAGE TREATMENT PLANT	SAMPLE MEASUREMENT	NO FLOW			*****	*****	*****		0 1/7	EST
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX		*****	*****	*****			WEEKLY/ESTIMA
TOXICITY, BY COMPUTATION THIS INFORMATION IS REQUIRED ONLY IF THE FACILITY IS A SEWAGE TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****		*****				(19)	
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY MAX	0.5 INST MAX			WEEKLY/CRAB
	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 David Orndorf Chemistry Manager TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC, § 1001 AND 18 USC, § 1019. 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 <i>David Orndorf</i>	TELEPHONE 412 393-5113 AREA CODE NUMBER	DATE 94 04 21 YEAR MO DAY
--	--	---	---	-------------------------------------

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):
 NO DISCHARGE

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

NAME _____
ADDRESS _____

FACILITY _____
LOCATION _____

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

(2-16)

(17-19)

180023017
PERMIT NUMBER

001 8
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
94	03	01		94	03	31
(20-21) (22-23) (24-25)				(26-27) (28-29) (30-31)		

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.
UNIT 1 COOLING TOWER FURNACE

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			
COOLING TOWER FURNACE	SAMPLE MEASUREMENT	*****	*****		6.64	*****	7.89	(12)	0	2/31	G
	PERMIT REQUIREMENT	*****	*****	0000	0.0	*****	9.0			TWICE/GRAB	
COOLING TOWER FURNACE	SAMPLE MEASUREMENT	*****	*****		*****	8.80	13.60	(19)	0	2/31	G
	PERMIT REQUIREMENT	*****	*****	0000	*****	30	100	NO AVG DAILY MAX		TWICE/GRAB	
COOLING TOWER FURNACE	SAMPLE MEASUREMENT	*****	*****		<5.00	<5.00	<5.00	(12)	0	2/31	G
	PERMIT REQUIREMENT	*****	*****	0000	15	20	30	30DA AVG DAILY MAX INST MAX		TWICE/GRAB	
COOLING TOWER FURNACE	SAMPLE MEASUREMENT	0.001	0.001	(03)	*****	*****	*****		0	1/7	EST
	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	0000		WEEKLY/ESTIMA	
COOLING TOWER FURNACE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
COOLING TOWER FURNACE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
COOLING TOWER FURNACE	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 U.S.C. § 1001 AND 18 U.S.C. § 1003. Penalties under these statutes may include fines up to \$10,000 and a maximum imprisonment of between 6 months and 5 years.	TELEPHONE		DATE		
David Orndorf Chemistry Manager			393-5113		94	04	21
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	412 AREA CODE				

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

PERMITTEE NAME/ADDRESS (Include

Facility Name/Location if different)

NAME DAVID R. ORNDORF

ADDRESS 1000 N. 10TH ST.

CHICAGO, ILL. 60610

PERMIT NO. 1000

FACILITY DAVID R. ORNDORF

LOCATION CHICAGO, ILL. 60610

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	94	04	01		94	04	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

*** 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			
1.0	SAMPLE MEASUREMENT	*****	*****		7.19	*****	7.65	(12)		1/7	G
	PERMIT REQUIREMENT	*****	*****	****	0.0	*****	9.0			WEEKLY	GRAB
2.0	SAMPLE MEASUREMENT	3.000	3.600	(100)	*****	*****	*****			1/7	W4
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY SI	****	*****	*****	*****	****		WEEKLY	GRAB
3.0	SAMPLE MEASUREMENT	*****	*****		*****	0.00	0.00	(12)		1/7	G
	PERMIT REQUIREMENT	*****	*****	****	*****	0.2	0.5	DAILY SI INST DAI NO/L		WEEKLY	GRAB
	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 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 5 years and 6 months and/or fines.	TELEPHONE		DATE		
David Orndorf Chemistry Manager		412 893-5113		94	04	21
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)

FACILITY

LOCATION

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

(216)
PA0020613
PERMIT NUMBER

(17-19)
112 A
DISCHARGE NUMBER

(3) $\text{LAV} = \text{LAV}$
 (4) $\text{LAV} = \text{LAV}$
 (5) $\text{LAV} = \text{LAV}$
 (6) $\text{LAV} = \text{LAV}$

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

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DA
	94	03	01		94	03	01
	(120.21)	(122.23)	(124.25)		(126.27)	(128.29)	(130.3)

NOTE: Read instructions before completing this form.

[illegible]

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Orndorf
Chemistry Manager

TYPED OR PRINTED

I AM A PERSON 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 COMPLETING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR PROVIDING FALSE INFORMATION INCLUDING PROBATION OR FINE AND IMPRISONMENT. SEE CALIF. P.C. § 902.6(b)(1) AND CALIF. P.C. § 902.6(c). 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

DATE _____

412
AREA
CODE

393-5113
NUMBER

94	04	21
YEAR	MO	DAY

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

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

NAME W. S. KIMBLE CORP. PLANT
 ADDRESS 1000 N. 10TH ST.
CHICAGO, ILL. 60611

FACILITY CHICAGO
 LOCATION CHICAGO

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

PERMIT NUMBER
W00025523

DISCHARGE NUMBER
111 A

DATE
06/01/91
1 - FINAL
UNIT & SERVICE WATER WASTEWATER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
94	03	01		94	03	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NO DISCHARGE ☒ YES

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(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			
CUMULATIVE LOAD OF TOTAL DISCHARGE POLLUTANT POLLUTANT	SAMPLE MEASUREMENT	NO FLOW			*****	*****	*****			
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX		*****	*****	*****			WEEKLY ASTIMA
	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
David Orndorf
Chemistry Manager
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 1331 (C) 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.)

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE
 OFFICER OR AUTHORIZED AGENT

TELEPHONE
412 393-5113
 AREA CODE NUMBER
 DATE
94 04 21
 YEAR MO DAY

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

NO DISCHARGE

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

NAME DAVID ORNDORF
 ADDRESS 1000 10th St
CHICAGO, ILL 60601

FACILITY CHICAGO POWER PLANT
 LOCATION CHICAGO, ILL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) 120130013 (17-19) 111 A
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
 FROM YEAR 94 MO 03 DAY 01 TO YEAR 94 MO 03 DAY 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(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	UNITS			
COLEMAN 1000	SAMPLE MEASUREMENT	*****	*****		7.01	*****	7.85	(12)	0	1/4	G
	PERMIT REQUIREMENT	*****	*****	*****	0.0	*****	9.0				WEEKLY GRAB
COLEMAN 1000	SAMPLE MEASUREMENT	*****	*****		*****	<4.00	<4.00	(19)	0	1/4	G
	PERMIT REQUIREMENT	*****	*****	*****	*****	30	100	NO AVG DAILY MAX			WEEKLY GRAB
COLEMAN 1000	SAMPLE MEASUREMENT	*****	*****		5.30	6.20	6.20	(19)	0	1/4	G
	PERMIT REQUIREMENT	*****	*****	*****	10	20	30	DAILY MAX INST MAX			WEEKLY GRAB
COLEMAN 1000	SAMPLE MEASUREMENT	0.001	0.001	(03)	*****	*****	*****		0	1/4	EST
	PERMIT REQUIREMENT	REPORT	REPORT	*****	*****	*****	*****	*****			WEEKLY ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC 1001 AND 15 USC 1351. 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		DATE		
			412	393-5113	94	04	21
			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
ADDRESS
CITY/STATE/ZIP

FACILITY
LOCATION

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

PERMIT NUMBER
DISCHARGE NUMBER

MONITORING PERIOD
FROM TO
YEAR MO DAY YEAR MO DAY

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
1. CHLORIDE	SAMPLE MEASUREMENT	*****	*****		*****	<0.0005	<0.0005	(1)	0	2/90 G
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT NO AVG	REPORT DAILY MA	ns/L		Twice Grab QTRLY
2. SULFATE	SAMPLE MEASUREMENT	*****	*****		*****	<0.001	<0.001	(1)	0	2/90 G
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT NO AVG	REPORT DAILY MA	ns/L		Twice Grab QTRLY
	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	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 § 1919. 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			
David Orndorf Chemistry Manager			412 393-5113	94	04	21	
TYPED OR PRINTED			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
ADDRESS
CITY/STATE/ZIP

FACILITY
LOCATION

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

(2-16) 120025015 PERMIT NUMBER
(17-19) 211 A DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 94 MO 03 DAY 01 TO YEAR 94 MO 03 DAY 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

CAUSE
(300-00)
1 - Final
111 Funding 0000

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(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	UNITS			
JUNIOR 1-0-0 SEWAGE TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****		7.11	*****	7.97	(12)	0	1/7	G
	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	30		WEEKLY	GRAB
JULIUS 1-0-0 SEWAGE TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****		*****	6.64	17.20	(13)	0	1/7	G
	PERMIT REQUIREMENT	*****	*****	****	*****	30 30 AVG	100 DAILY MAX	30/L		WEEKLY	GRAB
JAN 1-0-0 SEWAGE TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****		5.24	6.20	6.20	(14)	0	1/7	G
	PERMIT REQUIREMENT	*****	*****	****	15 30DA AVG	20 DAILY MAX	30 INST MAX	30/L		WEEKLY	GRAB
JAN 1-0-0 SEWAGE TREATMENT PLANT	SAMPLE MEASUREMENT	0.001	0.001	(15)	*****	*****	*****		0	1/7	EST
	PERMIT REQUIREMENT	REPORT 30 AVG	REPORT DAILY MAX	30	*****	*****	*****	****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY 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. THE FINE IS \$1000 AND IMPRISONMENT IS 6 MONTHS. Penalties under these statutes may be increased to \$10,000 and 5 years imprisonment if the violation is intentional.	TELEPHONE 412 393-5113	DATE 94 04 21		
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: DAVID ORNDORF
 ADDRESS: 111 S. 11th St.
Minneapolis, MN 55402

FACILITY: DAVID ORNDORF
 LOCATION: 111 S. 11th St.

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

PERMIT NUMBER: 3320-1

DISCHARGE NUMBER: 111

MONITORING PERIOD

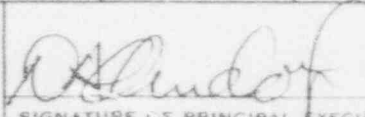
FROM: YEAR 94 MO 01 DAY 01 TO: YEAR 94 MO 03 DAY 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

UNDER: (0000 00)
1 - final
all violations

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

*NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(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	UNITS			
1. <u>CHLORIDE</u>	SAMPLE MEASUREMENT	*****	*****		*****	<0.0005	<0.0005	(1)	0	2/90	G
2. <u>AMMONIA</u>	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			TWICE GRAB	
3. <u>NITRATE</u>	SAMPLE MEASUREMENT	*****	*****		*****	NO AVG	DAILY SA	10/L		QTRLY	
4. <u>NITRITATE</u>	SAMPLE MEASUREMENT	*****	*****		*****	<0.001	<0.001	(1)	0	2/90	G
5. <u>PHOSPHATE</u>	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			TWICE GRAB	
6. <u>PHOSPHORUS</u>	SAMPLE MEASUREMENT					NO AVG	DAILY SA	10/L		QTRLY	
7. <u>PHOSPHORUS</u>	PERMIT REQUIREMENT										
8. <u>PHOSPHORUS</u>	SAMPLE MEASUREMENT										
9. <u>PHOSPHORUS</u>	PERMIT REQUIREMENT										
10. <u>PHOSPHORUS</u>	SAMPLE MEASUREMENT										
11. <u>PHOSPHORUS</u>	PERMIT REQUIREMENT										
12. <u>PHOSPHORUS</u>	SAMPLE MEASUREMENT										
13. <u>PHOSPHORUS</u>	PERMIT REQUIREMENT										
14. <u>PHOSPHORUS</u>	SAMPLE MEASUREMENT										
15. <u>PHOSPHORUS</u>	PERMIT REQUIREMENT										
16. <u>PHOSPHORUS</u>	SAMPLE MEASUREMENT										
17. <u>PHOSPHORUS</u>	PERMIT REQUIREMENT										
18. <u>PHOSPHORUS</u>	SAMPLE MEASUREMENT										
19. <u>PHOSPHORUS</u>	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY 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	94	04	21
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):
1. CHLORIDE - NO VIOLATION IN 1994

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

NAME
ADDRESS
CITY/STATE/ZIP

FACILITY
LOCATION

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

(2-16)

(17-19)

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

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

WATER BODY
USE

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (58-65)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
1.000000	0.002	0.002	REPORT	REPORT	0.000000	0.000000	0.000000	0.000000	0	1	FSC
2.000000	80 AVG	DAILY	SI	800	0.000000	0.000000	0.000000	0.000000	0	1	SEE TESTS
3.000000											
4.000000											
5.000000											
6.000000											
7.000000											
8.000000											
9.000000											
10.000000											
11.000000											
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Orndorf
Chemistry Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1329. (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

David Orndorf

TELEPHONE

412 393-5113

AREA CODE NUMBER

DATE

94 04 21

YEAR MO DAY

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

NAME _____
ADDRESS _____
FACILITY _____
LOCATION _____

PAU020010
PERMIT NUMBER

117-19

013
DISCHARGE NUMBER

MONITORING PERIOD

FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
94	03	01	94	03	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

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

*** NO DISCOUNTS ***

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				UNITS
SAMPLE MEASUREMENT		0.008	0.032	(53)	*****	*****	*****				
PERMIT REQUIREMENT		REPORT NO AVG	REPORT DAILY MX		*****	*****	*****			ESC WEEKLY ESTIMA	
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME FAUJZOOIS
 ADDRESS 113 A
DISCHARGE NUMBER
PERMIT NUMBER

FACILITY LOCATION

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

(2-16) (17-19)
 FAUJZOOIS 113 A
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 74 03 01 74 03 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (52-53)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SAMPLE MEASUREMENT		*****	*****		6.80	*****	7.00	(14)		2/30	G
	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0			TWICE/GRAB	
SAMPLE MEASUREMENT		*****	*****		*****	*****	*****	(14)		2/30	8HC
	PERMIT REQUIREMENT	*****	*****	****	*****	30	60			TWICE/COMP-B	
SAMPLE MEASUREMENT		0.026	0.030	(03)	*****	*****	*****			1/7	MEAS
	PERMIT REQUIREMENT	0.043	REPORT		*****	*****	*****			WEEKLY/MEASRD	
SAMPLE MEASUREMENT		*****	*****		*****	*****	*****	(13)		2/30	G
	PERMIT REQUIREMENT	*****	*****	****	*****	2000	*****			TWICE/GRAB	
SAMPLE MEASUREMENT		*****	*****		*****	*****	*****	(14)		2/30	8HC
	PERMIT REQUIREMENT	*****	*****	****	*****	20	30			TWICE/COMP-B	
SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT										
SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Orndorf
Chemistry Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 15 U.S.C. § 1339. 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

David Orndorf

TELEPHONE

412 393-5113

DATE

94 04 21

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

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

NAME David Orndorf
 ADDRESS 1111 1st St
St. Louis, MO 63101

FACILITY St. Louis Water Works
 LOCATION St. Louis, MO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER 11111111

DISCHARGE NUMBER 213

MONITORING PERIOD

FROM YEAR 74 MO 03 DAY 01 TO YEAR 74 MO 03 DAY 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

FORM APPROVED
 OMB No. 2040-0004
 Approval expires 6-30-91

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (40-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-67)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CONDUCTIVITY	SAMPLE MEASUREMENT	*****	*****		7.82	*****	7.82	(12)	0	2/31	G
	PERMIT REQUIREMENT	*****	*****	****	0.0	*****	9.0			TWICE/GRAB	
SULFIDE	SAMPLE MEASUREMENT	*****	*****		*****	84.00	84.00	(11)	1	2/31	G
	PERMIT REQUIREMENT	*****	*****	****	*****	30	100	NO AVG DAILY MAX		TWICE/GRAB	
FIBER	SAMPLE MEASUREMENT	*****	*****		*****	<5.00	<5.00	(19)	0	2/31	G
	PERMIT REQUIREMENT	*****	*****	****	*****	10	20	NO AVG DAILY MAX		TWICE/GRAB	
TSS	SAMPLE MEASUREMENT	0.001	0.001	(103)	*****	*****	*****		0	2/7	ESC
	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****			WEEKLY/ESTIMA	
	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 1371. A FINE - Penalties under these statutes may include fines up to \$100,000 and or maximum imprisonment of between 6 months and 5 years.	TELEPHONE	DATE		
David Orndorf Chemistry Manager				412	393-5113	94 04 21
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)
 Discharge at 213 was terminated before the end of March. The second sampling was "no flow."
 Refer to the enclosed reportable occurrence letter concerning TSS.

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

NAME David Orndorf
ADDRESS 1111 1st St
1111 1st St

FACILITY 1111 1st St
LOCATION 1111 1st St

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

(2-16) 11111111
PERMIT NUMBER

(17-19) 111
DISCHARGE NUMBER

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	94	03	01		94	03	31

(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

11111111
(11111111)
11111111
11111111

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(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			
11111111	SAMPLE MEASUREMENT	*****	*****		6.79	*****	7.22	(11)	0 1/2	G
	PERMIT REQUIREMENT	*****	*****	****	0.0	*****	2.0		RELATIVITY	
11111111	SAMPLE MEASUREMENT	*****	*****		*****	5.52	11.60	(11)	0 1/2	G
	PERMIT REQUIREMENT	*****	*****	****	*****	30	100		RELATIVITY	
11111111	SAMPLE MEASUREMENT	*****	*****		*****	5.22	6.10	(11)	0 1/2	G
	PERMIT REQUIREMENT	*****	*****	****	*****	15	20		RELATIVITY	
11111111	SAMPLE MEASUREMENT	0.001	0.001	(03)	*****	*****	*****		0 1/2	EST
	PERMIT REQUIREMENT	REPORT	REPORT	****	*****	*****	*****		RELATIVITY	
11111111	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
11111111	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
11111111	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 1331(a)(1)(A). (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE	DATE
David Orndorf Chemistry Manager		412 393-5113	94 04 21
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER

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

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

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

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

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (45-53)			(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			
POLLUTANT NAME	SAMPLE MEASUREMENT	*****	*****			*****		(1)			
	PERMIT REQUIREMENT	*****	*****		5.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
POLLUTANT NAME	SAMPLE MEASUREMENT	*****	*****		*****			(1)			
	PERMIT REQUIREMENT	*****	*****		*****	10 NO AVG	100 DAILY MAX	10/L		WEEKLY	GRAB
POLLUTANT NAME	SAMPLE MEASUREMENT	*****	*****		*****			(1)			
	PERMIT REQUIREMENT	*****	*****		*****	15 NO AVG	20 DAILY MAX	10/L		WEEKLY	GRAB
POLLUTANT NAME	SAMPLE MEASUREMENT	NO FLOW			*****	*****	*****			C 1/7	EST
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MAX		*****	*****	*****			WEEKLY	ESTIMA
POLLUTANT NAME	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
POLLUTANT NAME	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
POLLUTANT NAME	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Orndorf
Chemistry Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 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 5 years.

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412
AREA CODE

393-5113
NUMBER

94
YEAR

04
MO

21
DAY

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

NO DISCHARGE