



Duquesne Light

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

Telephone (412) 393-6000

March 22, 1993

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

NPDES Monthly Reports, EPA Permit No. 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.

Sincerely,

Dale E. Spoerry
Division Vice President
Nuclear Operations

DNH/ijj

300038

9303300342 930228
PDR ADOCK 05000334
R PDR

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1211346102
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11



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

Telephone (412) 393-6000

March 22, 1993

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

NPDES Monthly Reports, EPA Permit No. PA0025615 & PA001589

Dear Sir:

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

Sincerely,

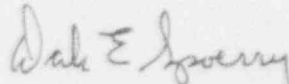
Dale E. Spoerry
Division Vice President
Nuclear Operations

DNH/ijj

We do not expect that this slight elevation in pH at discharge 313 would have caused any environmental impact or harm. There have been no further occurrences of elevated pH to this date with the measured pH ranging from 8.21 to 8.72 on Discharge 313 samples.

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

Sincerely,



Dale E. Spoerry
Division Vice President
Nuclear Operations

DNH/ijj



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

Telephone (412) 393-6000

March 22, 1993

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.

Discharge 313, Unit Two oil and water separator receiving turbine building drains, exceeded the daily maximum pH specification of 9.00 on February 10, 1993 when the sample taken at 9:05 AM measured 9.14. An investigation of the turbine building revealed a high flow rate on a heater drain pump's seal water which was adjusted at 07:00 PM. A second sample taken for pH at 9:50 PM measured an acceptable 8.83.

The water flowing from the heater drain pump seal water comes from the secondary system and has a pH of 9.0 to 9.5 due to ammonia and morpholine dissolved in demineralized water at concentrations of 3 and 10 ppm respectively. Although the pH of discharge was above 9.0, very little alkalinity was present and this water would be rapidly buffered when combined with discharges 113 and 213 before entering Peg's Run at discharge 013.



Duquesne Light

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

Telephone (412) 393-6000

March 22, 1993

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

NPDES Monthly Reports, EPA Permit No. PA0025615 & PA001589

Dear Sir:

NPDES Monthly Reports for Duquesne Light Company, Beaver Valley Power Station and Shippingport Atomic Power Plant for February 1993 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.

Sincerely,

Dale E. Spoerry
Division Vice President
Nuclear Operations

DNH/ijj

201	DISCHARGE NO.
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

Pittsburg, PA 15279

[illegible]

Beaver County

MONITORING PERIOD

Year	Month	Day	Year	Month	Day
93	02	01	93	02	28

DISCHARGE MONITORING REPORT (DMR)

FROST

1. Get into the habit of completing the

PARAMETER	QUANTITY OR LOADING				UNITS	QUALITY OR CONCENTRATION				NO. OF ANALYSIS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM		AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measure.	NO DISCHARGE								0	2/mo	Est
	Permit Require.				MGD						2/MO	EST
Suspended Solids	Sample Measure.											
	Permit Require.						30		100		2/MO	GRAB
pH	Sample Measure.											
	Permit Require.					6.0			9.0		2/MO	GRAB
	Sample Measure.											
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER ANDREW DULICH CHEMISTRY MANAGER												
TELEPHONE NUMBER 412 393 5113										DATE 93 03 22		

[illegible]

NAME Duquesne Light Company
ADDRESS One Oxford Centre
301 Grant Street
Pittsburgh, PA 15279

FACILITY Shippingport Atomic Power Station
LOCATION Shippingport Borough, Beaver County

FA0101589
PERMIT NUMBER

10:
DISCHARGE NO.

MONITORING PERIOD

Year	Month	Day
93	02	01

FROM

Year	Month	Day
93	02	28

DISCHARGE MONITORING REPORT (DMR)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
(NPDES)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OF CONCENTRATION				FREQUENCY OF ANALYSIS	NO. OF EX	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	Sample Measure.	No Discharge							0	EST
	Permit Require.		MGD						2/MO	EST
Suspended Solids	Sample Measure.									GRAB
	Permit Require.					20	MG/L		2/MO	GRAB
Oil & Grease	Sample Measure.					15	MG/L			GRAB
	Permit Require.					20	MG/L		2/MO	GRAB
	Sample Measure.			6.0		9.0	S.U.			GRAB
	Permit Require.								2/MO	GRAB
	Sample Measure.									
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SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

TELEPHONE

412 393 5713 93 03 22

Andrew Duick
CHEMISTRY MANAGER

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

NAME: Duquesne Light Company
 ADDRESS: One Oxford Centre
 301 Grant Street

Fittsburgh, PA 15279

Facility: Shippingport Atomic Power Station
 Location: Shippingport Borough, Beaver County

PA0001589
 PERMIT NUMBER

001
 DISCHARGE NO.

MONITORING PERIOD

Year Month Day
 93 02 28

FROM

DISCHARGE MONITORING REPORT (DMR)

11/02/93

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. OF ANALYSIS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measure.	No Discharge	MGD					2mo	EST
	Permit Require.								
	Sample Measure.							CONT	EST
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME DEANER VALLEY POWER PLANT
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) **PAG025615** (17-19) **001 A**
PERMIT NUMBER **DISCHARGE NUMBER**
MONITORING PERIOD
 FROM **YEAR 93 MO 02 DAY 01** TO **YEAR 93 MO 02 DAY 28**
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MAJOR (338A 65) Form Approved
 F - FINAL OMB No. 2040-0004
 JETS 102 COOLG. TOWER PLANT.
 *** NO DISCHARGE ***
 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			
PH	SAMPLE MEASUREMENT	*****	*****	()	7.18	*****	8.38	(12)	0 1/WK	G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****	()	*****			(19)		
00610 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT NO AVG	REPORT DAILY MX	MG/L		WEEKLY GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	31.642	35.28	(03)	*****	*****	*****	()	0 %	CONT
50650 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		DAILY CONTIN
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****	()	*****	0.07	0.08	(19)	0 2/D	G
50664 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.2 DAILY MX	0.5 INST MAX	MG/L		CONTINUOUS
HYDRAZINE	SAMPLE MEASUREMENT	*****	*****	()	*****	*****		(19)		
81313 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0 DAILY MX	MG/L		WEEKLY GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

A. 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 between 6 months and 5 years.)

Andrew Dulick
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-5113

AREA CODE NUMBER

DATE

93 03 22

YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 INVASIVE AND STRONG CONTAMINANTS TO APPLY DURING PERIODS OF WET LAYUP. CORRESPONDING SAMPLING TO BE CONDUCTED IN DRY CONDITIONS. *No wet lay conditions existed.*

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

NAME SEVEN VALLEY FOUNDRY 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)

PA0025615

PERMIT NUMBER

002 A

DISCHARGE NUMBER

SAJON

(3000 05)

F - FINAL

INTAKE SCREEN BACKWASH

Form Approved

OMB No. 2040-0004

MONITORING PERIOD

FROM YEAR 93 MO 02 DAY 01 TO YEAR 93 MO 02 DAY 28
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE ***

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 (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPL TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT SC050 1 0 0 EFFLUENT GROSS VALUE		0.001	0.046	(03)	*****	*****	*****	()			
	SAMPLE MEASUREMENT	REPORT NO AVG	REPORT DAILY EX	MGD	*****	*****	*****	***			
	PERMIT REQUIREMENT							****			
	SAMPLE MEASUREMENT										
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

A. 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 \$100,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

[Signature]

TELEPHONE

412 393-5113

DATE

93 03 22

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME HEAVY VALLEY POWER STATION
ADDRESS P.O. BOX 4
 AITN: ANDREW DULICK
 SHIPPINGPORT 2A 15077
FACILITY
LOCATION
 AITN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)
 PA0025615
 PERMIT NUMBER

(17-19)
 003 A
 DISCHARGE NUMBER

1A303
 (0088-05)
 F - FINAL
 003 UNCONTAMINATED STORM WATER


Form Approved
 OMB No. 2040-0004

MONITORING PERIOD
 FROM YEAR 93 MO 02 DAY 01 TO YEAR 93 MO 02 DAY 28
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	<div></div>	(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				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 00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.029	0.075	(03)	*****	*****	*****	()	0	2/mo	EST
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		THREE/ESTIM	MONTH
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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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 SIG- NIFICANT 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 5 years.	TELEPHONE		DATE		
A. M. Dulick Chemistry Manager TYPED OR PRINTED			 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		412 393-5113 AREA CODE NUMBER		93 03 22 YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME SEASIDE VALLEY POWER STATION
ADDRESS P.O. BOX 4
ATLANTA, ANDREW DULICK
SHIPPINGPORT LA 15077

FACILITY LOCATION
ATLANTA, ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
 (2-16) PA0025615
PERMIT NUMBER
 (17-19) 004 A
DISCHARGE NUMBER

16 JOR
(SJR 03)
1 - FINAL
UNIT ON COULD POWER OVERFLOW


Form Approved
 OMB No. 2040-0004

MONITORING PERIOD
 FROM YEAR 93 MO 02 DAY 01 TO YEAR 93 MO 02 DAY 28
 (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 (46-53)			(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			
PH	SAMPLE MEASUREMENT	*****	*****	()		*****		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****	6.0 MINIMUM	*****	9.0 MAXIMUM	30			WEEKLY GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO FLOW		(03)	*****	*****	*****	()			0 / wk M
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MAX	MGD	*****	*****	*****	*** ****			WEEKLY BASED
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****	()	*****			(19)			
50064 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****	*****	0.2 DAILY MAX	0.5 INST MAX	MG/L			CONTINUOUS RECORDS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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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 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 5 years.)	TELEPHONE		DATE				
A. M. Dulick Chemistry Manager		 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		412 393-5113		93	03	22
TYPED OR PRINTED				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 GRAYSON VALLEY POWER STATION
 ADDRESS P.O. BOX 4
ATTN: ANDREW DULICK
SHIPPINGPORT 28 15077

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA0025615

COB A

PERMIT NUMBER

DISCHARGE NUMBER

1A10R

Form Approved

OMB No. 2040-0004

(SUBR 55)

F - FINAL

AUX.1A10R GREEN BACKWASH

FACILITY
 LOCATION
 ATTN: ANDREW DULICK


MONITORING PERIOD

FROM YEAR 93 MO 02 DAY 01 TO YEAR 93 MO 02 DAY 28
 (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 (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT SC050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	No Flow			*****				0	1/WK EST	GREENHASTINA
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY BX	MGD	*****	*****	*****	***			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER A. 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 33 USC § 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	93	03	22
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 GRAVEL VALLEY PAPER MILL
ADDRESS P.O. BOX 4
ATTN: ANDREW DULICK
SHIPPINGPORT PA 15077

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
 (2-16) PA0025615
 (17-19) 007 A
PERMIT NUMBER **DISCHARGE NUMBER**

MAJOR (SUDR 03) **Form Approved**
F - FINAL **OMB No. 2040-0004**
ADA - INITIAL SYSTEM

FACILITY
LOCATION
ATTN: ANDREW DULICK

MONITORING PERIOD
 FROM 93 02 01 TO 93 02 23
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NO DISCHARGE ☒ **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	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NO FLOW			(03)	*****	*****	*****	()		
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****			ANALYST/ESTIMATE
CHLORINE, FREE AVAILABLE 50064 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	()	*****			(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	0.2 DAILY MX	0.5 INST 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										
	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 5 years.)	TELEPHONE		DATE			
A. M. Dulick Chemistry Manager			412 393-5113		93	03	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)

NO DISCHARGE FOR FLOW AND FREE AVAILABLE CHLORINE ALL REQUIRED ONLY DURING THOSE PERIODS OF DISCHARGE FROM THE SHIPMENT FLOW WITH OF THE REACTION PLANT WITH WATER SYSTEM. **NO DISCHARGE**

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
 (12-16) PA0025615
PERMIT NUMBER
 (17-19) 000 A
DISCHARGE NUMBER

MAJOR (30-35) _____
 F - FINAL
 UNIT 1 COOLING TOWER PUMPHOUSE

Form Approved
 OMB No. 2040-0094

MONITORING PERIOD
 FROM YEAR 93 MO 02 DAY 01 TO YEAR 93 MO 02 DAY 28
 (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 (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	()	7.35	*****	7.78	(12)	0	2/mo G
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0			
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	50		THICE/GRAB MONTH
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****	()	*****	ON 2/28/93 4.00	4.00	(19)	0	2/mo G
SUSPENDED	PERMIT REQUIREMENT	*****	*****	***	*****	30	100			
00530 1 0 0				****		NO AVG	DAILY ME	MG/L		THICE/GRAB MONTH
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	()	5.00	5.00	5.00	(19)	0	2/mo G
OIL AND GREASE	PERMIT REQUIREMENT	*****	*****	***	15	20	30			
00550 1 0 1				****	30DA AVG	DAILY ME	INST MAX	MG/L		THICE/GRAB MONTH
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.001	0.001	(G3)	*****	*****	*****	()	0	1/WK EST
FLOW, IN CONDUIT OR	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	***		REALLY ESTIMATE
THRU TREATMENT PLANT		NO AVG	DAILY ME	MGD						
00050 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 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 5 years.)	TELEPHONE		DATE		
A. M. Dulick Chemistry Manager		412 393-5113		93	03	22
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO

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 9. 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)

(17-19)

PAG025615

610 A

PERMIT NUMBER

DISCHARGE NUMBER

MAJOR

(SUBR 35)

F - FINAL

UNIT 2 COOLING WATER

Form Approved

OMB No. 2040-0004

MONITORING PERIOD

FROM YEAR 93 MO 02 DAY 01 TO YEAR 93 MO 02 DAY 29
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE ***

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			
PB		*****	*****	()	6.67	*****	7.67	(12)	0	1/wk	Grab
00400 1 0 0		*****	*****	***	6.0	*****	9.0				
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			***	MINIMUM		MAXIMUM	50			WEEKLY GRAB
FLOW, IN CONDUIT OR	PERMIT REQUIREMENT			***	*****	*****	*****	()	0	1/wk	MEAS
THRU TREATMENT PLANT	SAMPLE MEASUREMENT	5.000	5.000	(03)	*****	*****	*****				WEEKLY MEAS
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	***			WEEKLY MEAS
EFFLUENT GROSS VALUE		NO AVG	DAILY MX	MGD	*****	*****	*****	***			
CHLORINE, FREE	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****				
AVAILABLE	PERMIT REQUIREMENT	*****	*****	***	*****	0.00	0.00	(19)	0	1/wk	Grab
50064 1 0 1		*****	*****	***	*****	0.2	0.5				WEEKLY GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			***		DAILY MX	INST MAX	MG/L			
	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

A. 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 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

TELEPHONE

DATE

93 03 22

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

412 393-5113

AREA CODE NUMBER

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME DEWEY VALLEY POWER STATION
ADDRESS 10 BOX 4
ATTN: ANDREW DULICK
SHIPPINGPORT PA 15077
FACILITY
LOCATION
ATTN: ANDREW DULICK


NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
 (2-18) PA0025615
 (17-19) 011 A
PERMIT NUMBER
DISCHARGE NUMBER

Form Approved
 OMB No. 2040-0004
 2 - F1546
 DIESEL GEN & TURBINE DRAINS

MONITORING PERIOD
 FROM YEAR 93 MO 02 DAY 01 TO YEAR 93 MO 02 DAY 28
 (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 (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (34-61)			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 50950 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.002	0.002	(03)	*****	*****	*****	()		
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		
	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 A. 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 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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			412	393-5113	93	03	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

LA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA0025615

012 A

PERMIT NUMBER

DISCHARGE NUMBER

MAJOR

(CUBR 05)

F - FINAL

DOWNDOWN P01 THS HVAC C-TOWER

Form Approved

OMB No. 2040-0004

MONITORING PERIOD

FROM YEAR 93 MO 02 DAY 01 TO YEAR 93 MO 02 DAY 28
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (34-61)			(4 Card Only) (58-63) QUALITY OR CONCENTRATION (34-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****	()	6.48	*****	6.48	(12)	0	1/yr	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	6.0	*****	9.0	50			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM				ONCE/ GRAB MONTH
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.001	0.001	(03)	*****	*****	*****	()	0	Once month	Est
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY OR	NGD	*****	*****	*****	***			ONCE/ ESTIMA MONTH
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

A. 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 between 6 months and 5 years.)

TELEPHONE

412 393-5113

DATE

93 03 22

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Andrew Dulick

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 SEVIER VALLEY POWER STATION
 ADDRESS P.O. BOX 4
ATTN: ANDREW DULICK
SHIPPINGPORT PA 15977
 FACILITY _____
 LOCATION _____
ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
 1A0025615 013 A
 PERMIT NUMBER DISCHARGE NUMBER
 MONITORING PERIOD
 FROM YEAR 93 MO 02 DAY 01 TO YEAR 93 MO 02 DAY 28
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

InJOn Form Approved
 (SUBA 25) OMB No. 2040-0004
 F - FINAL
 UNCONTAMINATED STORMWATER

*** 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 (54-61)				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	0.015	0.022	(03)	*****	*****	*****	()	0	1/WK	EST
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MI MGD		*****	*****	*****	*** ****			REAL-TIME
	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	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.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
A. M. Dulick Chemistry Manager TYPED OR PRINTED			412 393-5113	93	03	22	
			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 NO U. SHALL I OF DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.

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

NAME LEAVEN VALLEY POWER STATION

ADDRESS P.O. BOX 4

AIRTEL: ANDREW DULICK

CHIPPINGHOLT CA 15077

FACILITY

LOCATION

AIRTEL: ANDREW DULICK

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

(2-16)

(17-19)

PA0025015

191 A

PERMIT NUMBER

DISCHARGE NUMBER

TAJON

(GULY 95)

2 - FINAL

Form Approved

OMB No. 2040-0004

101 CHEMICAL WASTE TREATMENT

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	93	02	01		94	02	29
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)				NO. EX	FREQUENCY OF ANALYSIS (64-68)	SAMPLI TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****	()	7.29	*****	8.14	(12)			
00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	***	6.0	*****	9.0	***			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	SU			WEEKLY GRAB
SOLIDS, TOTAL		*****	*****	()	*****	13.36	31.80	(19)			
SUSPENDED	SAMPLE MEASUREMENT	*****	*****	***	*****	30	100	***			
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	NO AVG	DAILY MX	MG/L			WEEKLY COMP-2
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	()	*****	5.00	5.00	(19)			
OIL AND GREASE	PERMIT REQUIREMENT	*****	*****	***	*****	15	20	***			
PERON EXTR-GRAV METH	SAMPLE MEASUREMENT	*****	*****	()	*****	NO AVG	DAILY MX	MG/L			WEEKLY GRAB
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT	MG/L			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	()	*****	NO AVG	DAILY MX	MG/L			WEEKLY GRAB
NITROGEN, AMMONIA	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT	MG/L			
TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****	(03)	*****	*****	*****	()			
00610 1 0 1	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	***			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	***			
FLOW, IN CONDUIT OR	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	***			
THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.009	0.019	(03)	*****	*****	*****	***			
00650 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	***			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	***			
HYDRAZINE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	***			
01313 1 0 1	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	***			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	***			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	***			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	***			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	***			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	***			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

A. 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 between 6 months and 3 years.

Andrew M. Dulick

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412
AREA
CODE

393-5113
NUMBER

93 03 22
YEAR MO DAY

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

NO wet layup conditions existed.

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
 (17-19) 102 A
PERMIT NUMBER
DISCHARGE NUMBER

MAJOR (3068 05)
 F - FIRM
 102 INPAK SCREENHOUSE
 Form Approved
 OMB No. 2040-0004

MONITORING PERIOD
 FROM YEAR 93 MO 02 DAY 01 TO YEAR 93 MO 02 DAY 28
 (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	(3 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (38-43)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-51)	MAXIMUM (52-53)	UNITS (54-55)	MINIMUM (38-43)	AVERAGE (44-45)	MAXIMUM (46-51)			
PH	SAMPLE MEASUREMENT	*****	*****	()	7.18	*****	7.41	(12)	0	2/mo Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	50		THICE/GRAB MONTH
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	()	*****	4.00	4.00	(19)	0	2/mo Grab
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 NO AVG	100 DAILY ME	MG/L		THICE/GRAB MONTH
OIL AND GREASE FREON EXTRA-GRAY METH	SAMPLE MEASUREMENT	*****	*****	()	*****	5.00	5.00	(19)	0	2/mo Grab
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	15 NO AVG	20 DAILY ME	MG/L		THICE/GRAB MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.001	0.001	(03)	*****	*****	*****	()	0	2/mo EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY ME	MGD	*****	*****	*****	***		THICE/ESTIMA MONTH
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

A. 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 between 6 months and 5 years.)


SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-5113

AREA CODE NUMBER

DATE

93 03 22

YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include

Facility Name/Location if different)

NAME CLAY VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: ANDREW DULICK

SHIPPINGSFORD

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

1A3JB

(SUDB 04)

F - FINAL

SLUDGE SETTLING BASIN

Form Approved

OMB No. 2040-0004

MONITORING PERIOD

FROM YEAR 93 MO 02 DAY 01 TO YEAR 93 MO 02 DAY 20
(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 (34-41)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****	()	6.56	*****	7.23	(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	50			
SOLIDS, TOTAL SUSPENDED		*****	*****	()	*****	9.90	14.30	(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 NO AVG	100 DAILY ME	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.001	0.001	(03)	*****	*****	*****	()			
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY ME	MGD	*****	*****	*****	***			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

A. 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 between 6 months and 5 years.)

Andrew Dulick

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-5113

DATE

93 03 22

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 4

ATTN: ANDREW DULICK

SHIPPINGPORT CA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(12-16)

PA0025615

PERMIT NUMBER

(17-19)

110 A

DISCHARGE NUMBER

DAJDP

(SUBB 05)

2 - FINAL

UNIT 2 SERVICE WATER BACKWASH

Form Approved

OMB No. 2040-0004

MONITORING PERIOD

FROM YEAR 93 MO 02 DAY 01 TO YEAR 93 MO 02 DAY 28
(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 (46-53)			(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			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT SOURCE 1 5 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	No Flow			(03)	*****	*****	*****	()	0 weekly Est	EST
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MAX	MGD	*****	*****	*****	***	***	*****	*****
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

A. 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 between 6 months and 5 years)



SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-5113

AREA
CODE

NUMBER

DATE

93 03 22

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 DEVED 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)

PAGU25615

PERMIT NUMBER

(17-19)

111 A

DISCHARGE NUMBER

111 J08

(3086 05)

P - FINAL

111 LIGGED GENERATOR PLDS

Form Approved

OMB No. 2040-0004

MONITORING PERIOD

FROM YEAR 93 MO 02 DAY 01 TO YEAR 93 MO 02 DAY 24
(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 (46-53)			(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			
PH	SAMPLE MEASUREMENT	*****	*****	()	6.83	*****	7.44	(12)	0	1/yr Grab
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0			WEEKLY GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	SU		
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****	()	*****	4.00	4.00	(19)	0	weekly Grab
SUSPENDED	PERMIT REQUIREMENT	*****	*****	***	*****	30	100			WEEKLY GRAB
00530 1 0 0				****	NO AVG	DAILY MX	DAILY MX	MG/L		
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	()	5.05	5.20	5.20	(19)	0	weekly Grab
OIL AND GREASE	PERMIT REQUIREMENT	*****	*****	***	15	20	30			WEEKLY GRAB
PERON EXTR-GRAV METH				****	30DA AVG	DAILY MX	INST MAX	MG/L		
00556 1 0 0	SAMPLE MEASUREMENT	0.001	0.001	(03)	*****	*****	*****	()	0	weekly Est.
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	***	*****	*****	*****	***		WEEKLY TESTING
FLOW, IN CONDUIT OR		NO AVG	DAILY MX	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

A. 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 between 6 months and 5 years.)

Andrew M. Dulick

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412
AREA
CODE

393-5113
NUMBER

93 03 22
YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME PEARL VALLEY POWER STATION
ADDRESS P.O. BOX 4
ATTN: ANDREW DULICK
SHIPPINGPORT PA 15177

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER PA0025615

DISCHARGE NUMBER 113 A

MAJOR

Form Approved

OMB No. 2040-0004

(SUBD US)

F - PLANT

UNIT 2 SEWAGE TREAT PLANT

FACILITY

LOCATION

ATTN: ANDREW DULICK


MONITORING PERIOD

FROM YEAR 93 MO 02 DAY 01 TO YEAR 93 MO 02 DAY 28
 (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 (46-53)			(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			
PH	SAMPLE MEASUREMENT	*****	*****	()	6.43	*****	6.81	(12)	0	2/mo	Grab
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0	SD			
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM				
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****	()	*****	13.75	15.00	(19)	0	2/mo	BAC
SUSPENDED	PERMIT REQUIREMENT	*****	*****	***	*****	30	60	MG/L			
00530 1 0 0				****	NO AVG	DAILY MX					
EFFLUENT GROSS VALUE											
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	0.03	0.020	(03)	*****	*****	*****	()	0	weekly	Mass.
THRU TREATMENT PLANT	PERMIT REQUIREMENT	0.043	REPORT	***	*****	*****	*****	***			
50050 1 0 0		NO AVG	DAILY MX	MGD	*****	*****	*****	****			
EFFLUENT GROSS VALUE											
COLIFORM, FECAL	SAMPLE MEASUREMENT	*****	*****	()	*****	319.00	*****	(13)	0	2/mo	Grab
GENERAL	PERMIT REQUIREMENT	*****	*****	***	*****	2000	*****	/			
74055 1 1 0				****	30DA GEO			100ML			
EFFLUENT GROSS VALUE											
BOD, CARBONACEOUS	SAMPLE MEASUREMENT	*****	*****	()	*****	8.50	10.00	(19)	0	2/mo	BAC
55 DAY, 20C	PERMIT REQUIREMENT	*****	*****	***	*****	25	50	MG/L			
80062 1 0 0				****	NO AVG	DAILY MX					
EFFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER A. 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 between 6 months and 3 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			412	393-5113	93	03	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 DEAVER 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) PA0025515
PERMIT NUMBER
 (17-19) 201 A
DISCHARGE NUMBER

MAJOR (508-04)
 F - FINAL
 201 SOFTWARE REQUIREMENTS

Form Approved
 OMB No. 2040-0004

MONITORING PERIOD
 FROM YEAR 93 MO 02 DAY 01 TO YEAR 93 MO 02 DAY 20
 (120-21) (122-23) (124-25) (126-27) (128-29) (130-31)

*** 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 (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH		*****	*****	()	7.48	*****	7.78	(12)	0	2/mo Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	5.0 MINIMUM	*****	9.0 MAXIMUM	50		TWICE/GRAB MONTH
SOLIDS, TOTAL SUSPENDED		*****	*****	()	*****	4.00	4.00	(19)	0	2/mo Grab
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 NO AVG	100 DAILY MX	MG/L		TWICE/GRAB MONTH
OIL AND GREASE		*****	*****	()	*****	5.00	5.00	(19)	0	2/mo Grab
FACON EXTRA-GRAV METH	PERMIT REQUIREMENT	*****	*****	***	*****	15 NO AVG	20 DAILY MX	MG/L		TWICE/GRAB MONTH
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	(03)	*****	*****	*****	()	0	2/mo Est
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		TWICE/ESTIM MONTH
00550 1 0 0 EFFLUENT GROSS VALUE										
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

A. 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 between 6 months and 5 years.)

Andrew Dulick
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-5113

AREA CODE NUMBER

DATE

93 03 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
 SHIPPENSBURG PA 15977

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA0025615

203 A

PERMIT NUMBER

DISCHARGE NUMBER

NAJ01

Form Approved

OMB No. 2040-0004

(5488 US)

2 - FINAL

RAIN STORAGE TREAT PLANT

FACILITY
LOCATION
 ATTEN: ANDREW DULICK

MONITORING PERIOD

FROM YEAR 93 MO 02 DAY 21 TO YEAR 93 MO 02 DAY 29
 (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 (34-43)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****	()	6.65	*****	7.03	(12)		0 2/mo	G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	5.0 MINIMUM	*****	9.0 MAXIMUM	50		TWICE/GRAB	NORTH
SOLIDS, TOTAL SUSPENDED		*****	*****	()	*****	26.05	30.10	(19)		0 2/mo	BK
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 NO AVG	60 DAILY MX	MG/L		TWICE/COMP-S	NORTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.008	0.013	(03)	*****	*****	*****	()		0 1/week	Meas.
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.023 NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		WEEKLY/MEAS	
COLIFORM, FECAL GENERAL		*****	*****	()	*****	119.50	*****	(13)		0 2/mo	Grab
74055 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	2000 30DA GEO	*****	1 100 AL		TWICE/GRAB	NORTH
BOD, CARBONACEOUS 5 DAY, 20C		*****	*****	()	*****	6.00	9.00	(19)		0 2/mo	BK
80082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	25 NO AVG	50 DAILY MX	MG/L		TWICE/COMP-S	NORTH
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

A. 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 between 6 months and 3 years.)

TELEPHONE

DATE

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

412 393-5113

93 03 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
 AITN: ANDREW DULICK
 SHIPPINGPORT PA 15077
FACILITY
LOCATION
 AITN: ANDREW DULICK


NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
 (12-16) **PA0025615**
 (17-19) **211 A**
PERMIT NUMBER
DISCHARGE NUMBER

1A100 Form Approved
 (5080 USA) OMB No. 2040-0004
 F - FINAL
 211 TURBINE BLDG

MONITORING PERIOD
 FROM YEAR 93 MO 02 DAY 01 TO YEAR 93 MO 02 DAY 28
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE ***
 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 (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)			
PH	SAMPLE MEASUREMENT	*****	*****	()	7.36	*****	7.77	(12)	0	Daily Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	30		WEEKLY GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	()	*****	4.00	4.00	(19)	0	1/week Grab
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 NO AVG	130 DAILY MX	MG/L		WEEKLY GRAB
OIL AND GREASE FACON EXTR-GRAV MATH	SAMPLE MEASUREMENT	*****	*****	()	5.00	5.00	5.00	(19)	0	1/week Grab
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	15 30DA AVG	20 DAILY MX	30 INST MAX	MG/L		WEEKLY GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.001	0.001	(03)	*****	*****	*****	()	0	1/week EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		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 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 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.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
A. M. Dulick Chemistry Manager			412 393-5113	93	03
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 HEAVEN VALLEY POWER STATION
ADDRESS P.O. BOX 4
ATTN: ANDREW DULICK
SHIPPINGPORT VA 15077
FACILITY
LOCATION
ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
213 A
DISCHARGE NUMBER

MAJOR
(SUBJECT)
F - FINAL
UNIT 2 COOL TOWER PUMPHOUSE

Form Approved
 OMB No. 2040-0004

MONITORING PERIOD
 FROM YEAR 93 MO 02 DAY 01 TO YEAR 93 MO 02 DAY 28
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE ***
 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 (38-43)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVG.	MAXIMUM	UNITS			
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	()	8.02	*****	8.11	(12)	0	2/mo	Grab
	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	50		TWICE/GRAB MONTH	
SOLIDS, TOTAL 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	()	*****	4.90	5.80	(19)	0	2/mo	Grab
	PERMIT REQUIREMENT	*****	*****	***	*****	30 NO AVG	100 DAILY MX	MG/L		TWICE/GRAB MONTH	
OIL AND GREASE FREON EXTRA-GRAV METH 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	()	*****	5.55	6.10	(19)	0	2/mo	Grab
	PERMIT REQUIREMENT	*****	*****	***	*****	15 NO AVG	20 DAILY MX	MG/L		TWICE/GRAB MONTH	
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 NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		WEEKLY ESTIMATE	
	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 § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
A. M. Dulick Chemistry Manager TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	412 393-5113	93	03	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
 SHIPPERSPORT PA 15077

FACILITY
LOCATION
 ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) **PA0025615** (17-19) **301 A**
PERMIT NUMBER **DISCHARGE NUMBER**

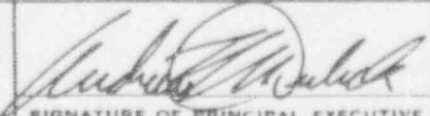
Form Approved
 OMB No. 2040-0004
 (508R 05)
 FINAL
 UNIT 2 AUX BOILER FLOWDOWN

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	93	02	01		93	02	29
	(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 (38-43)	(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			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	()	*****	4.30	4.60	(19)	0	2/MO Grab
	PERMIT REQUIREMENT	*****	*****	***	*****	30 NO AVG	100 DAILY	MG/L		TWICE/GRAB MONTH
OIL AND GREASE FREON EXTRA-GRAV METER 00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	()	*****	5.00	5.00	(19)	0	2/MO Grab
	PERMIT REQUIREMENT	*****	*****	***	*****	15 NO AVG	20 DAILY	MG/L		TWICE/GRAB MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT S0050 1 0 0 EFFLUENT GROSS VALUE		0.001	0.001	(03)	*****	*****	*****	()	0	1/WK 6ST
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY	MGD	*****	*****	*****	***		WEEKLY ESTIMATE
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER A. 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 33 USC § 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	93	03	22

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
 (12-16) 2A0025615
 (17-19) 303 A
PERMIT NUMBER **DISCHARGE NUMBER**


MAJOR (SUH) 25)
 2 - FINAL
 UNIT 1 OIL WATER SEPARATOR

Form Approved
 OMB No. 2040-0004

MONITORING PERIOD
 FROM YEAR 93 MO 02 DAY 01 TO YEAR 93 MO 02 DAY 28
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE ***
 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 (38-43)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	()	6.50	*****	7.29	(12)	0 weekly	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	SU	WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	()	*****	4.00	4.00	(19)	0 weekly	Grab
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 NO AVG	100 DAILY MX	MG/L	WEEKLY	GRAB
OIL AND GREASE FREON EXTRA-GRAV METH	SAMPLE MEASUREMENT	*****	*****	()	*****	5.00	5.00	(19)	0 weekly	Grab
00356 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	15 NO AVG	20 DAILY MX	MG/L	WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.019	0.056	(03)	*****	*****	*****	()	0 weekly	Est.
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***	WEEKLY	ESTIMATE
	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 § 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			
A. M. Dulick Chemistry Manager			412 393-5113	93	03	22	
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 BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: ANDREW DULICK

SHIPPINGPORT IN 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

PA0025615

PERMIT NUMBER

(17-19)

313 A

DISCHARGE NUMBER

24J04

(SUBJ) 03

1 - FINAL

313 TURBINE BLDG DRAIN

Form Approved

OMB No. 2040-0004

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	93	02	01		93	02	28
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (46-53)			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		*****	*****	()	7.51	*****	9.14	(12)			
00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	***	6.0	*****	9.0	50		1 weekly Grab	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM			WEEKLY GRAB	
SOLIDS, TOTAL		*****	*****	()	*****	4.00	5.00	(19)			
SUSPENDED	SAMPLE MEASUREMENT	*****	*****	***	*****	30	100	MG/L		0 weekly Grab	
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	NO AVG	DAILY MX			WEEKLY GRAB	
EFFLUENT GROSS VALUE		*****	*****	()	*****	5.00	5.00	(19)			
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	***	*****	15	20	MG/L		0 weekly Grab	
FREON EXT-GRAV HEI	PERMIT REQUIREMENT	*****	*****	***	*****	NO AVG	DAILY MX			WEEKLY GRAB	
00556 1 0 0	SAMPLE MEASUREMENT	0.001	0.001	(03)	*****	*****	*****	()		0 weekly Est.	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	NO AVG	DAILY MX	MGD	*****	*****	*****	***		WEEKLY EST.	
FLOW, IN CONDUIT OR											
THRU TREATMENT PLANT	SAMPLE MEASUREMENT										
00050 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

A. 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 between 6 months and 5 years.)

Andrew Dulick

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412 393-5113

93 03 22

AREA CODE NUMBER

YEAR MO DAY

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

Please reference the enclosed reportable occurrence letter regarding the pH values.

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

NAME SEATTLE 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)

401 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

P - FINAL

IDEA: FLED AREA OF AUX BOILERS

Form Approved

OMB No. 2040-0004

MONITORING PERIOD

FROM YEAR 93 MO 02 DAY 01 TO YEAR 93 MO 02 DAY 20
(12-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE IXI ***

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 (34-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	()		*****		(12)			
00400 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	REPORT MAXIMUM	50		TWICE/GRAB MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	()	*****			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 NO AVG	100 DAILY MX	MG/L		TWICE/GRAB MONTH	
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	()	*****			(19)			
FREON EXTRA-GRAV METH	PERMIT REQUIREMENT	*****	*****	***	*****	15 NO AVG	20 DAILY MX	MG/L		TWICE/GRAB MONTH	
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	No FLOW			(03)	*****	*****	*****	()	0 Weekly EST	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***	***	WEEKLY EST	
00650 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

A. 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 between 6 months and 5 years.)

TELEPHONE

412 393-5113

DATE

93 03 22

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Andrew Dulick

AREA CODE

NUMBER

YEAR

MO

DAY

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

NO DISCHARGE

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

NAME LEAVEN VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: ANDREW DULICK

SHIPPINGPORT

PA 15077

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

(2-16)

PA0025615

PERMIT NUMBER

(17-19)

403 A

DISCHARGE NUMBER

MAJOR

(3034-03)

r - FINAL

Form Approved

OMB No. 2040-0004

CONDENSATE BLOWDOWN 5 RIVER WAT

FACILITY

LOCATION

ATTN: ANDREW DULICK

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	93	02	01		93	02	28
(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 (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)				NO. EX	FREQUENCY OF ANALYSIS (64-68)	SAMPL TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****	()	7.74	*****	7.75	(12)	0	1/wk	Gr
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0	50			WEEKLYGRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	()	*****	4.00	4.00	(19)	0	weekly	Grab
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30	100	4G/L			WEEKLYGRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	()	*****	5.00	5.00	(19)	0	weekly	Grab
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	15	20	MG/L			WEEKLYGRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	()	0	weekly	Est
00610 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	***			WEEKLYESTIMA
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.001	0.005	(03)	*****	*****	*****	***			WEEKLYGRAB
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***			WEEKLYGRAB
HYDRAZINE	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			WEEKLYGRAB
81313 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0	MG/L			WEEKLYGRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

A. 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 between 6 months and 3 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412

393-5113

93

03

22

AREA
CODE

NUMBER

YEAR

MO

DAY

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

No wet layup conditions existed.

EPA Form 3320-1 (Rev. 9-88) Previous editions may be used.

(REPLACES EPA FORM T-45 WHICH MAY NOT BE USED.)

107/13/100-10-1

PAGE OF

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME CLAYTON 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) 413 A
 DISCHARGE NUMBER


MAJOR (S08F 05)
 2 - FINAL
 BULK FUEL STORAGE DRAIN
 Form Approved
 OMB No. 2040-0004

MONITORING PERIOD
 FROM YEAR 93 MO 02 DAY 01 TO YEAR 93 MO 02 DAY 29
 (10-21) (12-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

PARAMETER (12-37)		(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			
PH	SAMPLE MEASUREMENT	*****	*****	()		*****		(12)		
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****	6.0 MINIMUM	*****	9.0 MAXIMUM	50	WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	()	*****			(19)		
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****	*****	30 NO AVG	100 DAILY MX	MG/L	WEEKLY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	*****	*****	()	*****			(19)		
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****	*****	15 NO AVG	20 DAILY MX	MG/L	WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	No Flow			(03)	*****	*****	*****	()	
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	*** ****	0 weekly Est	WEEKLY ESTIMATE
	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 § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE	
A. M. Dulick Chemistry Manager TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		412 AREA CODE	393-5113 NUMBER

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

No Discharge

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: ANDREW DULICK

SHIPPINGPORT LA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

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

(2-16)

PAUC25615

PERMIT NUMBER

(17-19)

501 A

DISCHARGE NUMBER

HAJDA

(5000 05)

F - Final

UNIT 1 CEMENT BLWDWN FILT BW

Form Approved
OMB No. 2040-0004

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	93	02	01		93	02	20
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				N.J. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	()	*****			(19)			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30	100				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	SAMPLE MEASUREMENT	NO FLOW		(03)	*****	NO AVG	DAILY MX	MG/L			WEEKLY GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****			Weekly Est WEEKLY ESTIMATE
	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

A. 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 between 6 months and 5 years.

Andrew Dulick
SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412
AREA
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393-5113
NUMBER

93
YEAR

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MO

22
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE