



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

Telephone (412) 393-6000

April 20, 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

290035

9304300004 930331
PDR ADOCK 05000334
R FDR

*Copy No
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IE48
1/1*



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

Telephone (412) 393-6000

April 20, 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 March 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



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

Telephone (412) 393-6000

April 20, 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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME WPAV VALLEY CORP. SEMI
ADDRESS P.O. BOX 4
ATTN: ANDREW DULICK
SHIPLEIGHT
FACILITY
LOCATION
ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)
PA0025015
PERMIT NUMBER
DISCHARGE NUMBER
MONITORING PERIOD
FROM YEAR 93 MO 4 DAY 1 TO YEAR 94 MO 4 DAY 1
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

Form Approved
OMB No. 2040-0004

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (58-63)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	()	7.41	*****	8.29	(12)	0	1/7 G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	5.0 MINIMUM	*****	9.0 MAXIMUM	50		WEEKLY GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	()	*****	16.38	45.10	(14)	0	1/7 2HC
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 NO AVG	100 DAILY MX	MG/L		WEEKLY COMP-2
OIL AND GREASE FRIEN EXTRA-GRAV MATR	SAMPLE MEASUREMENT	*****	*****	()	*****	5.00	5.00	(19)	0	1/7 G
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	15 NO AVG	20 DAILY MX	MG/L		WEEKLY GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****	()	*****			(19)		N/A
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	0.009	0.035	(03)	*****	*****	*****	()	0	DAILY CONT.
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		DAILY CONTIN
HYDRAZINE	SAMPLE MEASUREMENT	*****	*****	()	*****			(19)		N/A
81313 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT NO AVG	REPORT DAILY MX	MG/L		WEEKLY GRAB
	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		
Andrew M. Dulick Chemistry Manager		412	393-5113	93	04	20
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)

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP.
No periods of wet layup existed.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME DEVER VALLEY FUEL STATION
ADDRESS P.O. BOX 7
ATIN; ANDREW DULICK
SHIPPINGPORT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA0025615

PERMIT NUMBER

221

DISCHARGE NUMBER

HAJ00

(30-31)

Form Approved

OMB No. 2040-0004

FACILITY
LOCATION
ATIN: ANDREW DULICK

MONITORING PERIOD

FROM YEAR 93 MO 1 DAY 1 TO YEAR 93 MO 1 DAY 1
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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 (64-65)	SAMPLE TYPE (66-70)
		AVERAGE (46-53)	MAXIMUM (54-57)	UNITS (58-61)	MINIMUM (54-57)	AVERAGE (58-61)	MAXIMUM (62-65)			
PH	SAMPLE MEASUREMENT	6.84	6.84	()	6.84	6.84	6.84	0	1/30	G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	6.0	9.0	MINIMUM	MAXIMUM	50			TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	4.00	4.00	()	4.00	4.00	4.00	0	1/30	G
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30	100	NO AVG	DAILY MX	MG/L			TWICE/MONTH	GRAB
OIL AND GREASE FROM EXTRA-GRAV BATH	SAMPLE MEASUREMENT	5.00	5.00	()	5.00	5.00	5.00	0	1/30	G
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	15	20	NO AVG	DAILY MX	MG/L			TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.001	0.019	(03)				0	2/30	FST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	NO AVG	DAILY MX	MGD			TWICE/MONTH	ESTIMA
	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 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412 393-5113

93 04 20

AREA
CODE

NUMBER

YEAR

MO

DAY

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

Only one sample was obtained since discharge was isolated 3-20-93 through 4-3-93. The second sampling was a NO-FLOW.

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)

(17-19)

PA0025615

101 A

PERMIT NUMBER

DISCHARGE NUMBER

DATE

(2008-05)

1 - FIVE

DATE OF DISCHARGE

Form Approved

OMB No. 2040-0004

MONITORING PERIOD

FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
93	03	01	94	04	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)		(1 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	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	()	*****			(19)		
	PERMIT REQUIREMENT	*****	*****	***	*****	30 NO AVG	100 DAILY MX	MG/L		TWICE/GRAB MONTH
OIL AND GREASE FREON EXTRA-HEAVY METALS 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	()	*****			(19)		
	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	NO FLOW			(03)	*****	*****	*****	()	0 1/7 EST
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***	****	WEEKLY ESTIMA
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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 | 04 | 20

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 OSCEOLA VALLEY POWER STATION
ADDRESS P.O. BOX 4
ATIN; ANDREW DULICK
SHIPPENSBURG

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

1A0025515 (2.16) PERMIT NUMBER	111 (17.19) DISCHARGE NUMBER
--------------------------------------	------------------------------------

Form Approved
OMB No. 2040-0004

FACILITY
LOCATION
ATIN; ANDREW DULICK

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
93	03	01	93	03	11
(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 (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (66-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	()		*****		(12)		
00400 1 0 1 EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	REPORT MAXIMUM	SU	TWICE/GRAB MONTH	
00530 1 0 0 EFFLUENT GROSS VALUE	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 GRADE FRPON EXTR-GRAV METH	SAMPLE MEASUREMENT	*****	*****	()	*****			(19)		
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	15 NO AVG	20 DAILY MX	MG/L	TWICE/GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	No flow		(03)	*****	*****	*****	()	0 1/7 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 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	04	20	
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 CLAYTON VALLEY POWER STATION
ADDRESS P.O. BOX 4
ATIN: ANDREW DULICK
BRIDGEPORT PA 15777
FACILITY _____
LOCATION _____
ATIN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA0025615
 PERMIT NUMBER

501 A
 DISCHARGE NUMBER

Form Approved

OMB No. 2040-0004


MONITORING PERIOD

FROM YEAR 93 MO 3 DAY 11 TO YEAR 93 MO 3 DAY 11
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

000 TO DISCHARGE: ☒ YES

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (38-43)			NO. EX	FREQUENCY OF ANALYSIS (54-58)	SAMPLE TYPE (60-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	()	*****			(19)		
	PERMIT REQUIREMENT	*****	*****	***	*****	30 NO AVG	100 DAILY MX	MG/L		WEEKLY GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NO DISCHARGE (03)			*****	*****	*****	()		
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		WEEKLY ESTIMA
	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 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 	TELEPHONE 412 393-5113	DATE 93 04 20		
TYPED OR PRINTED		OFFICER OR AUTHORIZED AGENT	AREA CODE 412	NUMBER 393-5113	YEAR 93	MO 04

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

NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include
Facility Name/Location if different)
NAME GOVERNMENT VALLEY POWER PLANT
ADDRESS P.O. BOX 1
ALLEN ANDERSON DULICK
SHIPPING
FACILITY
LOCATION
ALLEN ANDERSON DULICK

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

(2-16) 1A0025015
PERMIT NUMBER
(17-19) 001
DISCHARGE NUMBER

Form Approved
OMB No. 2040-0004

MONITORING PERIOD
FROM YEAR 93 MO 1 DAY 1 TO YEAR 93 MO 1 DAY 1
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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)			NO. EX	FREQUENCY OF ANALYSIS (54-55)	SAMPLE TYPE (60-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	()	7.07	*****	8.16	(12)	0 1/7	G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	30	WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****	()	*****	NA	NA	(19)	NA	
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	30.421	39.715	(13)	*****	*****	*****	()	0 DAILY	CONT
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***	DAILY	CONTIN
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****	()	*****	0.08	0.10	(19)	0 2/DAY	G
50064 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.2 DAILY MX	0.5 INST MAX	MG/L	CONTINUE	CORDP DOUS
HYDRAZINE	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	NA	(19)	NA	
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 \$100,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-5113
AREA CODE NUMBER

DATE

93 04 20
YEAR MO DAY

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WFT LAYUP. QUARTERLY SAMPLING TO BE CONDUCTED IN JAN MONTH. No periods of wet layup existed.

PAGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
 ADDRESS P.O. BOX 1
ATTN: ANDREW DULICK
STATE CAPITAL
 FACILITY
 LOCATION
ATTN: ANDREW DULICK

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

(216) (1719)
 PA0020415
 PERMIT NUMBER DISCHARGE NUMBER

Form Approved
 OMB No. 2040-0004

MONITORING PERIOD
 FROM YEAR MONTH DAY TO YEAR MONTH DAY
 (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 (58-65)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (66-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
00000 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	()	7.25	*****	7.26	(12)	0	2/30 G
	PERMIT REQUIREMENT	*****	*****	***	5.0 MINIMUM	*****	9.0 MAXIMUM	50		TWICE/GRAB MONTH
00000 1 0 0 SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	()	*****	13.90	14.00	(13)	0	2/30 24Hr
	PERMIT REQUIREMENT	*****	*****	***	*****	30 MO AVG	100 DAILY MX	MG/L		TWICE/COMP20 MONTH
00000 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.001	0.001	(13)	*****	*****	*****	()	0	2/30 EST
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	1GD	*****	*****	*****	***		TWICE/ESTIMA MONTH
	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 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		
A. M. Dulick Chemistry Manager		412 393-5113	93	04	20
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 ARMY & AIR FORCE ENGINEERING CENTER
 ADDRESS P.O. BOX 4
ATIN, ARDEN DULICK
SHREVEPORT, LA 70577
 FACILITY
 LOCATION
 ATIN: ARDEN DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA0025615

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR 83 MO 3 DAY 1 TO YEAR 83 MO 3 DAY 1
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)


Form Approved

OMB No. 2040-0004

DO NOT DISCHARGE

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) (46-51) QUANTITY OR LOADING (34-61)			(4 Card Only) (18-45) QUALITY OR CONCENTRATION (34-61)				NO. EX (62-67)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****	()	6.60	*****	6.71	(12)	0	2/30	G
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	6.0	*****	9.0	50		TWICE/GRAB	
	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM			MONTH	
SOLIDS, TOTAL SUSPENDED		*****	*****	()	*****	26.05	28.10	(13)	0	2/30	8HC
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	*****	30	60	MG/L		TWICE/COMP-8	
	PERMIT REQUIREMENT	*****	*****	****	*****	NO AVG	DAILY MX			MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.006	0.002	(03)	*****	*****	*****	()	0	1/7	MEAS
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.023	REPORT		*****	*****	*****	***		WEEKLY MEASRD	
	PERMIT REQUIREMENT	NO AVG	DAILY MX	MGD	*****	*****	*****	****			
COLIFORM, TOTAL GENERAL		*****	*****	()	*****	0.00	*****	(13)	0	2/30	G
74055 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	*****	2000	*****	/		TWICE/GRAB	
	PERMIT REQUIREMENT	*****	*****	****	*****	30DA GEO	*****	100ML		MONTH	
BOO, CARBONACEOUS 5 DAY, 20C		*****	*****	()	*****	15.00	15.00	(14)	0	2/30	8HC
80002 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	*****	25	50	MG/L		TWICE/COMP-8	
	PERMIT REQUIREMENT	*****	*****	****	*****	NO AVG	DAILY MX			MONTH	
	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 TYPED OR PRINTED			412	393-5113	93	04	20

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

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

NAME: GARY A. FUGG T POWER STATION
ADDRESS: 0.000 000 0
CITY: ANDER INTL
STATE: OHIO

FACILITY:
LOCATION:
AID: ANDER DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER: 160025015
DISCHARGE NUMBER: 1-1
MONITORING PERIOD:
FROM: YEAR 93 MO 1 DAY 1 TO YEAR 93 MO 1 DAY 1
(120-21) (122-23) (124-25) (126-27) (128-29) (130-31)

Form Approved
OMB No. 2040-0004

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 (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	()	6.62	*****	7.44	(12)	0 1/7	G	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	5.0 MINIMUM	*****	9.0 MAXIMUM	53	WEEKLY	GRAB	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	()	*****	7.72	18.00	(19)	0 1/7	G	
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 NO AVG	100 DAILY MX	45/L	WEEKLY	GRAB	
OIL AND GREASE FROM EXHAUST	SAMPLE MEASUREMENT	*****	*****	()	*****	5.18	5.90	(19)	0 1/7	G	
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	15 NO AVG	20 DAILY MX	30/L	WEEKLY	GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.019	0.056	(03)	*****	*****	*****	()	0 1/7	EST	
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	NO AVG	DAILY MX	"GD"	*****	*****	*****	***	WEEKLY	ESTIMA	
	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 3 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

A. M. Dulick

TELEPHONE

412 393-5113

AREA CODE NUMBER

DATE

93 04 20

YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include
Facility Name/Location if different)
NAME LEWIS VALLEY POWER STATION
ADDRESS P.O. BOX 4
ATIN; ANDREW DULICK
SHELLENGTON 1-77

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

(12-16)

(17-19)

DA0025015

473

PERMIT NUMBER

DISCHARGE NUMBER

Form Approved

OMB No. 2040-0004

MONITORING PERIOD

FROM YEAR 93 MO 23 DAY 11 TO YEAR 94 MO 03 DAY 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

DATE OF DISCHARGE 1-11-93

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 (34-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-51)	MAXIMUM (52-53)	UNITS (54-55)	MINIMUM (34-35)	AVERAGE (36-37)	MAXIMUM (38-39)	UNITS (40-41)			
PH		*****	*****	()	*****	*****	*****	(12)			
00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	()	6.63	*****	8.17	(12)	0	1/7	G
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	30			WEEKLY GRAB
SOLIDS, TOTAL		*****	*****	()	*****	*****	*****	(19)			
SUSPENDED	SAMPLE MEASUREMENT	*****	*****	()	*****	19.08	42.40	(19)	0	1/7	G
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	30	100	MG/L			WEEKLY GRAB
EFFLUENT GROSS VALUE		*****	*****	()	*****	*****	*****	(19)			
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	()	*****	7.94	15.90	(19)	0	1/7	G
PERON EXTRACTABLE METH	PERMIT REQUIREMENT	*****	*****	****	*****	15	20	MG/L			WEEKLY GRAB
00556 1 0 0		*****	*****	()	*****	*****	*****	(19)			
EFFLUENT GROSS VALUE		*****	*****	()	*****	*****	*****	(19)			
NITROGEN, AMMONIA	SAMPLE MEASUREMENT	*****	*****	()	*****	N/A	N/A	(19)			N/A
TOTAL (AS N)	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L			WEEKLY GRAB
00610 1 0 1		*****	*****	()	*****	*****	*****	()			
EFFLUENT GROSS VALUE		*****	*****	()	*****	*****	*****	()	0	1/7	EST
FLOW, IF CONDUIT OR	SAMPLE MEASUREMENT	0.002	0.010	()	*****	*****	*****	()			
THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****			WEEKLY ESTIMA
50050 1 0 0		*****	*****	()	*****	*****	*****	(19)			
EFFLUENT GROSS VALUE		*****	*****	()	*****	*****	*****	(19)			
HYDRAZINE	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	N/A	(19)			N/A
81313 1 0 1	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0	MG/L			WEEKLY GRAB
EFFLUENT GROSS VALUE		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
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	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
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	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
		*****	*****	()	*****	*****	*****	(19)			
	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	****							

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME WATKINS & WILLY FURNACE SERVICE
 ADDRESS 1000 N. 10th St.
ATTN: WATKINS & WILLY
CHICAGO, ILL. 60642
 FACILITY WATKINS & WILLY
 LOCATION CHICAGO, ILL. 60642

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


(2-16) (17-19)
 PERMIT NUMBER PA0023515
 DISCHARGE NUMBER 1000

Form Approved
 OMB No. 2040-0004

MONITORING PERIOD
 FROM YEAR 91 MO 1 DAY 1 TO YEAR 91 MO 1 DAY 1
 (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 (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CUBIC FEET PER SECOND THROUGH TREATMENT PLANT 60050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.010	0.018	(13)	*****	*****	*****	()	0	2/30	EST
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		TWICE/ESTIMA MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	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 THE INFORMATION 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	04	20
			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 PAUL DULICK
 ADDRESS 1718; ADD-XX DULICK
CHICAGO, ILL

FACILITY
 LOCATION
ALCO PAUL DULICK

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


(2-16) PAU 125915
 PERMIT NUMBER
 (17-19) 4
 DISCHARGE NUMBER

Form Approved
 OMB No. 2040-0004

MONITORING PERIOD
 FROM YEAR 93 MO 4 DAY 21 TO YEAR 93 MO 4 DAY 21
 (120-21) (122-23) (124-25) (126-27) (128-29) (130-31)

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 (64-65)	SAMPLE TYPE (66-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	()		*****		(12)			
00000 1 2 3 4 EFFLUENT GROSS VOLT	PERMIT REQUIREMENT	*****	*****	*** ****	6.0 MINIMUM	*****	9.0 MAXIMUM	50			WEEKLY GRAB
FLUX, IN LBS/HR THRU PLANT	SAMPLE MEASUREMENT	No flow			*****	*****	*****	()		0 1/7	MEAS
00000 1 2 3 4 EFFLUENT GROSS VOLT	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	530	*****	*****	*****	*** ****			WEEKLY MEASRD
CHLORINE, PPM AVAILABLE	SAMPLE MEASUREMENT	*****	*****	()	*****			(12)			
00000 1 2 3 4 EFFLUENT GROSS VOLT	PERMIT REQUIREMENT	*****	*****	*** ****	*****	0.2 DAILY MX	0.5 INST MAX	10/L			CONTINUOUS
	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.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
A. M. Dulick Chemistry Manager TYPED OR PRINTED			412 393-5113 AREA CODE NUMBER	93 YEAR	04 MO	20 DAY

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

No Discharge

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

NAME AVCO VULCANIZING CO
 ADDRESS 3000 J. A. J.
1111 S. LEXINGTON
CHICAGO, ILL. 60605

FACILITY AVCO VULCANIZING CO
 LOCATION CHICAGO, ILL.

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

(2-16) (17-19)
 PERMIT NUMBER 00000001
 DISCHARGE NUMBER 00000001

Form Approved
 OMB No. 2030-0004

MONITORING PERIOD
 FROM YEAR 82 MO 1 DAY 1 TO YEAR 82 MO 1 DAY 1
 (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 (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (58-63)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN GALLONS PER THRU TREATMENT PLANT SOURCES 1 & 2 EFFLUENT AVERAGE VALUE	SAMPLE MEASUREMENT	NO FLOW			*****	*****	*****	()	0	1/7	EST
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	100	*****	*****	*****	***			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
A. M. Dulick Chemistry Manager			412 393-5113		93	04	20
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 AMERICAN PUBLIC
 ADDRESS 400 N. 1st St.
St. Louis, MO 63101
 FACILITY AMERICAN PUBLIC
 LOCATION AMERICAN PUBLIC

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (216) 177192
 42302-125
 PERMIT NUMBER
 MONITORING PERIOD
 FROM YEAR 93 MO 1 DAY 1 TO YEAR 93 MO 1 DAY 1
 (20 21) (22 23) (24 25) (26 27) (28 29) (30 31)

Form Approved
 OMB No. 2040-0004

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(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	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, 100% AVAILABLE THRU TREATMENT PLANT SURF 100% EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	NO FLOW		()	*****	*****	*****	()	0	1/7	4SE
	PERMIT REQUIREMENT	REPORT 10 AVG	REPORT DAILY MX	100	*****	*****	*****	***		WEEKLY	ESTIMA
CHLORINE, 100% AVAILABLE SURF 100% EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****	()	*****			()			
	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										

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 18 USC § 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 93 04 20
			AREA CODE NUMBER	YEAR MO DAY

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

MONITORING FOR FLOW AND 100% AVAILABLE CHLORINE ARE REQUIRED ONLY DURING THOSE PERIODS OF DISCHARGE FROM THE ALTERNATE FLOW PATH OR TPA REACTION PLANT RIVER WATER SYSTEM. NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME JOHN A. DULICK
 ADDRESS 1000 N. 11th St.
APT. 100
PHILADELPHIA, PA 19107
 FACILITY PHILADELPHIA
 LOCATION PHILADELPHIA
 APTS: PHILADELPHIA

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

10002115
 PERMIT NUMBER

DISCHARGE NUMBER


Form Approved

OMB No. 2040-0004

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

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)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (66-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	()	7.26	*****	7.50	(12)	0	2/30 G
00000 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	50		TWICE/GRAB MONTH
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	()	*****	7.15	7.20	(19)	0	2/30 G
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 NO AVG	100 DAILY MX	10/L		TWICE/GRAB MONTH
OIL AND GREASE FROM EXTRACTOR	SAMPLE MEASUREMENT	*****	*****	()	5.25	5.50	5.50	(19)	0	2/30 G
00554 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	15 30DA AVG	20 DAILY MX	30 INST MAX	10/L		TWICE/GRAB MONTH
FLOW, IN CUBIC FT THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.001	0.001	(3)	*****	*****	*****	()	0	4/1 EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	0.10	*****	*****	*****	***		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 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 TYPED OR PRINTED			412 393-5113	93	04	20

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

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

NAME JOHN J. DULICK
 ADDRESS 1000 N. J. A. 1
1000 N. J. A. 1
1000 N. J. A. 1

FACILITY 1000 N. J. A. 1
 LOCATION 1000 N. J. A. 1
 ADDRESS 1000 N. J. A. 1

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

(216) 1000 N. J. A. 1
 (17-19) 1000 N. J. A. 1
 PERMIT NUMBER 1000 N. J. A. 1
 DISCHARGE NUMBER 1000 N. J. A. 1

Form Approved
 OMB No. 2040-0004

MONITORING PERIOD
 FROM YEAR 91 MO 1 DAY 1 TO YEAR 91 MO 1 DAY 1
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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 (64-65)	SAMPLE TYPE (66-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
POLLUTANT GROSS VALUE FLOW, IN CUMULATIVE OR THRU TREATMENT PLANT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	()	6.99	*****	7.65	(13)	0	1/7	G
	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	50			WEEKLY GRAB
POLLUTANT GROSS VALUE CHLORINE, FREE AVAILABLE GROSS VALUE	SAMPLE MEASUREMENT	6.800	6.800	(13)	*****	*****	*****	()	0	1/7	MFAS
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****			WEEKLY MEASRD
POLLUTANT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	()	*****	0.00	0.00	(19)	0	1/7	G
	PERMIT REQUIREMENT	*****	*****	****	*****	0.2 DAILY MX	0.5 INST MAX	10/L			WEEKLY GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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 <u>A. M. Dulick</u>	TELEPHONE		DATE		
			412	393-5113	93	04	20
			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 ALCOA ANDREW DULICK
ADDRESS ALCOA ANDREW DULICK
SHIPPING

FACILITY
LOCATION ALCOA ANDREW DULICK

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


(2-16) 13002515
PERMIT NUMBER
(17-19) 1
DISCHARGE NUMBER

Form Approved
OMB No. 2040-0004

MONITORING PERIOD
FROM YEAR 93 MO 1 DAY 1 TO YEAR 94 MO 1 DAY 1
(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 (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	()	6.92	*****	7.25	(12)	0 1/7	G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	30	WEEKLYGRAB	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	()	*****	4.00	4.00	(19)	0 1/7	G
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 MO AVG	100 DAILY MX	15/L	WEEKLYGRAB	
OIL AND GREASE FROM MAIN-SEWAGE	SAMPLE MEASUREMENT	*****	*****	()	5.10	5.40	5.40	(19)	0 1/7	G
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	15 30DA AVG	20 DAILY MX	30 INST MAX	15/L	WEEKLYGRAB	
FLOW, IN CFS/DISCH THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.001	0.001	(3)	*****	*****	*****	()	0 1/7	Est
00559 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***	WEEKLYESTIMA	
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	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 18 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	DATE 93 04 20
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 W. J. ...
 ADDRESS ...
...
...

FACILITY ...
 LOCATION ...

NAME/ADDRESS/LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER ...


DISCHARGE NUMBER ...

Form Approved
 OMB No. 2040-0004

MONITORING PERIOD						
FROM			TO			
YEAR	MO	DAY	YEAR	MO	DAY	
75	1	1	75	1	1	
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)	

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 (64-65)	SAMPLE TYPE (66-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
2-CHLOROPHENOL	SAMPLE MEASUREMENT	*****	*****	()	*****	0.000	0.000	(1)	0	2/yr G
34536 1 870	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT			TWICE GRAB
EFFLUENT GROSS VALUE				****		NO AVG	DAILY MX	MG/L		QTRLY
2-CHLOROPHENOL	SAMPLE MEASUREMENT	*****	*****	()	*****	0.000	0.000	(1)	0	2/yr G
34032 1 870	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT			TWICE GRAB
EFFLUENT GROSS VALUE				****		NO AVG	DAILY MX	MG/L		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 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	DATE			
			412 393-5113	93	04	20	
			AREA CODE	NUMBER	YEAR	MO	DAY

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

QUANTITIES SAMPLED TO BE CONSIDERED IN THE DATE CALIBRATED TO THE.

LLD for 2-chlorophenol is 0.0005 mg/l, LLD for 2-chlorophenol is 0.0001 mg/l.

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

NAME XXXXX XXXXX XXXXX XXXXX
 ADDRESS XXXXX XXXXX XXXXX XXXXX
XXXXX XXXXX XXXXX XXXXX
XXXXX XXXXX XXXXX XXXXX

FACILITY XXXXX XXXXX XXXXX XXXXX
 LOCATION XXXXX XXXXX XXXXX XXXXX
XXXXX XXXXX XXXXX XXXXX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

[2-16]

[17-19]

PERMIT NUMBER XXXXXX XXXXX XXXXX XXXXX

DISCHARGE NUMBER XXXXXX XXXXX XXXXX XXXXX

Form Approved

OMB No. 2040-0001

MONITORING PERIOD

FROM YEAR 92 MO 12 DAY 25 TO YEAR 92 MO 12 DAY 31
 (120-21) (122-23) (124-25) (126-27) (128-29) (130-31)

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 (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (66-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	8.0	8.0	()	7.09	8.0	7.46	(12)	0	1/7	G
COBALT 1	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	30	*****	*****	*****
COBALT 1	SAMPLE MEASUREMENT	8.0	8.0	()	*****	4.00	4.00	(14)	0	1/7	G
COBALT 1	PERMIT REQUIREMENT	*****	*****	*****	*****	30	100	100	*****	*****	*****
COBALT 1	SAMPLE MEASUREMENT	8.0	8.0	()	5.07	5.30	5.30	(14)	0	1/7	G
COBALT 1	PERMIT REQUIREMENT	*****	*****	*****	15	20	30	30	*****	*****	*****
COBALT 1	SAMPLE MEASUREMENT	0.001	0.001	(13)	*****	*****	*****	()	0	1/7	EST
COBALT 1	PERMIT REQUIREMENT	REPORT	REPORT	*****	*****	*****	*****	*****	*****	*****	*****
COBALT 1	SAMPLE MEASUREMENT										
COBALT 1	PERMIT REQUIREMENT										
COBALT 1	SAMPLE MEASUREMENT										
COBALT 1	PERMIT REQUIREMENT										
COBALT 1	SAMPLE MEASUREMENT										
COBALT 1	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 18 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

93 04 20

DATE

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)

PERMIT NUMBER
DISCHARGE NUMBER

MONITORING PERIOD
FROM TO
YEAR MO DAY YEAR MO DAY

Form Approved
OMB No. 2040-0001

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
2-CHLOROPHENOL	SAMPLE MEASUREMENT	0.0005	0.0005	()	0.0005	0.000	0.000	(1)	0	2/gr	G
34576 1	PERMIT REQUIREMENT	*****	*****	0.000	*****	REPORT	REPORT			TWICE GRAB	
EFFLUENT QUALITY VALUE				0.000		NO AVG	DAILY MX	10/L		QIRLY	
2-CHLOROPHENOL	SAMPLE MEASUREMENT	0.0005	0.0005	()	0.0005	0.000	0.000	(1)	0	2/gr	G
34532 1	PERMIT REQUIREMENT	*****	*****	0.000	*****	REPORT	REPORT			TWICE GRAB	
EFFLUENT QUALITY VALUE				0.000		NO AVG	DAILY MX	10/L		QIRLY	
	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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

A. M. Dulick

TELEPHONE

412 393-5113

DATE

93 04 20

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

QUALITY VALUE FOR 2-CHLOROPHENOL IS 0.0005 mg/l. QUALITY VALUE FOR 2-CHLOROPHENOL IS 0.0001 mg/l.

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

NAME _____
ADDRESS _____
FACILITY _____
LOCATION _____
DATE: _____


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

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	UNITS			
EFFLUENT CONCENTRATION 1410 TREATMENT PLANT SUSP 1 - 2 EFFLUENT SUSP VAL	SAMPLE MEASUREMENT	0.002	0.002	(13)	*****	*****	*****	()	0	1/7	EST
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	NO	*****	*****	*****	*****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	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		DATE		
			412	393-5113	93	04	20
			AREA CODE	NUMBER	YEAR	MO	DAY

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

(236)

PERMIT NUMBER

(1719)

2015年12月10日

MONITORING PERIOD

FROM

1

54

1999

44

48

34

10

124.25

126-27

22820

13031

NOTE: Read instructions before completing this form.

OMB No. 2040-0005

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) (1.7.19)

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

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			
00400 - 1 EFFLUENT GROSS VALV	SAMPLE MEASUREMENT	*****	*****	()	7.45	*****	7.45	(12)	0	1/30	G
	PERMIT REQUIREMENT	*****	*****	0.000	6.0 MINIMUM	*****	9.0 MAXIMUM	30		ONCE/ MONTH	GRAB
00400 - 1 EFFLUENT GROSS VALV	SAMPLE MEASUREMENT	0.001	0.001	(03)	*****	*****	*****	()	0	1/30	EST
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	150	*****	*****	*****	0.000		ONCE/ MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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 18 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 TYPED OR PRINTED			412 393-5113	93	04	20	
			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)

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

NAME _____
ADDRESS _____

PERMIT NUMBER _____
DISCHARGE NUMBER _____

Form Approved
OMB No. 2040-0004

FACILITY _____
LOCATION _____

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

NOTE: Read instructions before completing this form

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(1 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (38-43) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (66-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		6.47	6.70	()	6.47	6.70	()	0	2/30	G	
SOLIDS, TOTAL SUSPENDED		24.30	24.90	()	30	50	MG/L	0	2/30	8HC	
FLUORIDE, IN COMBINATION WITH FLUORIDE PLANT		0.019	0.025	()	0.019	0.025	()	0	1/7	MEAS	
CHLORIDE, TOTAL		0.00	0.00	()	2000	3000	MG/L	0	2/30	G	
ODOR, CAS		10.50	11.00	()	25	50	MG/L	0	2/30	8HC	

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

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

NAME: BARBER TAILLY TOWN JAIL
 ADDRESS: P.O. BOX 1
ATLANTA, GEORGIA 30301
 CITY: ATLANTA
 STATE: GA
 ZIP: 30301
 LOCATION: ATLANTA POLICE

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

PERMIT NUMBER: 1A0025613 (216)
 DISCHARGE NUMBER: 111 (17-19)

Form Approved
 OMB No. 2040-0004

MONITORING PERIOD
 FROM: YEAR 93 MO 1 DAY 1 TO: YEAR 93 MO 1 DAY 1
 (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			
PH	SAMPLE MEASUREMENT	*****	*****	()	7.21	*****	8.29	(12)	0	2/30 G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	50		TWICE/GRAB MONTH
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	()	*****	26.64	64.60	(13)	0	3/30 G
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 NO AVG	100 DAILY MX	10/L		TWICE/GRAB MONTH
OIL AND GREASE FROM EXTRA-GRAV SLT	SAMPLE MEASUREMENT	*****	*****	()	*****	5.00	5.00	(13)	0	2/30 G
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	15 NO AVG	20 DAILY MX	10/L		TWICE/GRAB MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.001	0.001	(03)	*****	*****	*****	()	0	1/7 WEEKLY EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	%GD	*****	*****	*****	***		WEEKLY EST
	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 <i>A. M. Dulick</i>	TELEPHONE		DATE		
			412	393-5113	04	20	93
			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: LOCAL VALLEY TREATMENT PLANT
ADDRESS: 1000 N. 10th St., Suite 100, Phoenix, AZ 85001

FACILITY: WASTEWATER TREATMENT PLANT
LOCATION: PHOENIX, ARIZONA
ATTN: ANDREW DULICK

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


PERMIT NUMBER: 23022023
DISCHARGE NUMBER: 273

Form Approved
OMB No. 2040-0004

MONITORING PERIOD
FROM: YEAR 93, MO 1, DAY 21 TO YEAR 93, MO 3, 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 (46-53)				NO. EX	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	()	7.54	*****	8.33	(12)	0 1/4	G	
00400 1 0 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	50		WEEKLY GRAB	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	()	*****	10.67	15.30	(19)	0 1/7	G	
00530 1 0 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 MO AVG	100 DAILY MX	MG/L		WEEKLY GRAB	
OIL AND GREASE FACON APTL-GRAV FTLT	SAMPLE MEASUREMENT	*****	*****	()	*****	6.35	8.20	(13)	0 1/7	G	
00556 1 0 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	15 MO AVG	20 DAILY MX	MG/L		WEEKLY GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.001	0.001	(13)	*****	*****	*****	()	0 1/7	EST	
50050 1 0 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	130	*****	*****	*****	***		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 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 TYPED OR PRINTED			412 393-5113	93	04

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

Facility Name/Location (if different)
 NAME: NEW YORK CITY POLICE STATION
 ADDRESS: 100 N 4th St
 CITY: NEW YORK
 STATE: NY
 ZIP: 10001
 FACILITY: NEW YORK CITY POLICE STATION
 LOCATION: NEW YORK CITY POLICE STATION

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

PERMIT NUMBER: 10022545
 DISCHARGE NUMBER: 411
 MONITORING PERIOD
 FROM: YEAR 93 MO 1 DAY 1 TO YEAR 93 MO 1 DAY 1
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

Form Approved
 OMB No. 2030-0064

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING (46-51)			QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE (46-51)	MAXIMUM (54-55)	UNITS (56-57)	MINIMUM (38-45)	AVERAGE (46-51)	MAXIMUM (54-55)			
00000 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(12)		
00000 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	5.0 MINIMUM	*****	9.0 MAXIMUM	30		WEEKLYGRAB
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(13)		
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 NO AVG	100 DAILY MX	16/L		WEEKLYGRAB
00550 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	(19)		
00550 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	15 NO AVG	20 DAILY MX	16/L		WEEKLYGRAB
00550 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NO FLOW	NO FLOW	(03)	*****	*****	*****	()		
00550 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	NO AVG	*****	*****	*****	***	0 1/7 EST	WEEKLYESTIMA
	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
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):
NO DISCHARGE
 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: A. M. Dulick
 TELEPHONE: 412 393-5113 DATE: 93 04 20
 AREA CODE: 412 NUMBER: 393-5113 YEAR: 93 MO: 04 DAY: 20


PERMITTEE NAME/ADDRESS (Include
Facility Name/Location if different)
NAME
ADDRESS
FACILITY
LOCATION
A110: 0000000000

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)
1A002 00015
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

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 SC050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.021	0.027	(03)	*****	*****	*****	()	0	1/7	EST
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	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 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.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 412 393-5113 AREA CODE NUMBER	DATE 93 04 20 YEAR MO DAY
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THAT I SHALL BE REPORTED TO THE FLORIDA SOLID OR VISUAL POLLUTION PREVENTION AMOUNTS.

ON 5804510
DISCARD NO 1

THE UNIVERSITY OF CHICAGO

Ettisburgh, PA 15279

FACTORY Stripping Agent Atomic Power Station

L'CAID: Shipmanport Borough, Beaver County

MONITORING PERIOD

Year	Month	Day	Year	Month	Day
93	03	01	10	93	03

FIGURE 1. (a) Fe^{2+} and (b) Fe^{3+} concentrations in the water column.

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
F1.4	Sample Measure.	No Flow									
	Permit Require.								CONT	EST	
	Sample Measure.										
	Permit Require.										
	Sample Measure.										
	Permit Require.										
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	Sample Measure.										
	Permit Require.										

AN EVALUATION OF AIR VULNERABILITY REFERENCE

NO DISCHARGE

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

PA0001589
PERMIT NUMBER

10:
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
NPDES1

MONITORING PERIOD								
Year	Month	Day		Year	Month	Day		
93	03	01	FROM	93	03	31	TO	

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	Sample Measure.	No Flow		MGD	*	*	*	*		2/MO	EST
	Permit Require.	*	*		*	*	*				
Suspended Solids	Sample Measure.	*	*	*	*	30	100	MG/L		2/MO	GRAB
	Permit Require.	*	*		*						
Oil & Grease	Sample Measure.	*	*	*	*	15	20	MG/L		2/MO	GRAB
	Permit Require.	*	*		*						
pH	Sample Measure.	*	*	*	6.0	*	9.0	S.U.		2/MO	GRAB
	Permit Require.	*	*			*					
	Sample Measure.	*	*	*	*	*	*	*			
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*			
	Permit Require.	*	*		*	*	*				
	Sample Measure.	*	*	*	*	*	*	*			
	Permit Require.	*	*		*	*	*				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
ANDY DULICK
CHEMISTRY MANAGER
TYPE OR PRINT

I certify that the information furnished on this form is true and correct. I am aware that this form and the information furnished hereon are being submitted to the EPA and the public for review and consideration. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER
DATE

TELEPHONE
412 393-5113

DATE
93 04 20

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

NO DISCHARGE

PAGE 1 OF 1

NAME: Duquesne Light Company
 ADDRESS: One Jafford Centre
 201 Grant Street
 Pittsburgh, PA 15279
 FACILITY: Shippingport Atomic Power Station
 LOCATION: Shippingport Borough, Beaver County

PA:001589
 PERMIT NUMBER

201
 DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
 (NPDES)

MONITORING PERIOD

FROM 93 03 01 TO 93 03 31
 Year Month Day Year Month Day

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form.

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

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER

ADDN DILLICK

CHEMISTRY MANAGER

COPIES OR PRINTS

TELEPHONE: 412 343 5113

DATE: 93 04 20

YEAR MONTH DAY

Signature: *[Signature]*

STATEMENT OF AUTHORITY: I certify that the information furnished on this report is true and correct to the best of my knowledge and belief.

FOR THE INFORMATION OF PERMITTING AGENCIES (Reference all attachments here)

NO DISCHARGE