



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

Telephone (412) 383-6000

January 21, 1992

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

NPDES Monthly Reports, EPA Permit Number PA0025615 PA001589

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

Dear Sir:

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

Very truly yours,

T. P. Noonan  
General Manager  
Nuclear Operations Unit

DNH/ijj

230016

9201310239 911231  
PDR ADDCK 05000334  
R PDR

*(ent No)*  
*P315320192*  
*TEA8*  
*11*



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

Telephone (412) 393-6000

January 21, 1992

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

NPDES Monthly Reports, EPA Permit Number PA0025615 & PA0001589

Gentlemen:

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

Very truly yours,

T. P. Noonan  
General Manager  
Nuclear Operations Unit

DNH/ijj



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

Telephone (412) 393-6000

January 21, 1992

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

NPDES Monthly Reports, EPA Permit Number PA0025615 & PA0001589

Gentlemen:

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

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

Very truly yours,

T. P. Noonan  
General Manager  
Nuclear Operations Unit

DNH/ijj





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

NAME ATLAS POLYMERIZATION STATION

ADDRESS 11701 MILLER POLICE

WILLOWVILLE OH 43077

FACILITY ATLAS POLYMERIZATION

LOCATION ATLAS POLYMERIZATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2.16)

(2.19)

PA025615

PERMIT NUMBER

401 1

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR 91 MO 12 DAY 01 TO YEAR 91 MO 12 DAY 31

SAJOT  
(SUBC 05)  
F - FINAL  
201 SOFTENER REGENERANTS

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

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-53)			(1 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			
P.A.	SAMPLE MEASUREMENT	*****	*****	( )	7.90	*****	7.90	( 12 )	0	1/mc	G
	PERMIT REQUIREMENT	*****	*****	*****	6.6	*****	9.0	*****		TWICE/GRAB	
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****	( )	*****	1.00	1.00	( 19 )	0	1/mc	G
	PERMIT REQUIREMENT	*****	*****	*****	*****	30	100	*****		TWICE/GRAB	
GEL SOL VOLUME	SAMPLE MEASUREMENT	*****	*****	( )	*****	1.00	1.00	( 19 )	0	1/mc	G
	PERMIT REQUIREMENT	*****	*****	*****	*****	15	20	*****		TWICE/GRAB	
FLUORIDE, TOTAL	SAMPLE MEASUREMENT	0.001	0.020	( 01 )	*****	*****	*****	( )	0	1/mc	Est
	PERMIT REQUIREMENT	REPORT	REPORT	*****	*****	*****	*****	*****		TWICE/ESTIMA	
	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 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 PENALTY OF FINE AND IMPRISONMENT FOR EACH VIOLATION AND THE PENALTY OF FINE AND IMPRISONMENT FOR EACH VIOLATION AND THE PENALTY OF FINE AND IMPRISONMENT FOR EACH VIOLATION.

*A. M. Dulick*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412 393-5113 92 01 21  
AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all pages of this report)

Only one softener regeneration was performed in December 1991.





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

NAME WILLIAM W. WILSON  
 ADDRESS 1111 S. WILSON  
CHICAGO, ILL. 60607  
 FACILITY WILLIAM W. WILSON  
 LOCATION CHICAGO, ILL. 60607  
 ATTN: WILLIAM WILSON

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

PERMIT NUMBER 40025615 DISCHARGE NUMBER 501 A

PERMIT TYPE FINAL  
 UNIT 1 GPM/100 GALLONS

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

MONITORING PERIOD  
 FROM 7/1 12 71 TO 7/1 12 71  
 (2071) (2273) (2475) (2677) (2879) (3081)

000 NO DISCHARGE 000  
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. EX (52-53)	FREQUENCY OF ANALYSIS (54-55)	SAMPLE TYPE (56-59)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
JULIAN, TREATMENT PLANT	SAMPLE MEASUREMENT	000000	000000	( )	000000			( 19)		
	PERMIT REQUIREMENT	000000	000000	000	000000	30	100			WEEKLY GRAB
FLOW, IN CONDUIT OR TRENCH, TREATMENT PLANT	SAMPLE MEASUREMENT	No Flow		( 03)	000000	000000	000000	( )		
	PERMIT REQUIREMENT	REPORT	REPORT		000000	000000	000000	000		WEEKLY ESTIMA
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
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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 KNOWLEDGE OF THE INFORMATION SUBMITTED, I AM RESPONSIBLE FOR OBTAINING THE INFORMATION AND BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE FORFEITURE OF THIS AND APPROPRIATE CIVIL AND CRIMINAL PENALTIES.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
A. M. Dulick

AREA CODE 412 NUMBER 393-5113 YEAR 92 MO 01 DAY 21

COMMENT AND EXPLANATION OF ANY VARIATIONS FROM THE MONITORING PERIOD  
NO DISCHARGE





PAGE OF

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

NAME VALLEY VIEW WASTE TREATMENT

ADDRESS 100 1st St

CITY ANDOVER, MA

STATE MA ZIP 01907

FACILITY

LOCATION

ATTN: ANDREW DULICK

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

PERMIT NUMBER  
PA0025615

DISCHARGE NUMBER  
102 A

MAJOR  
(SUBS 05)  
F - FINAL  
102 INTAKE SCREENHOUSE

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

MONITORING PERIOD

FROM YEAR 91 MO 12 DAY 01 TO YEAR 91 MO 12 DAY 31

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	( )	6.48	*****	7.57	( 12 )	0 2/mo	G
PH	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0		TWICE/GRAB	MONTH
AMMONIA NITROGEN	SAMPLE MEASUREMENT	*****	*****	( )	*****	3.38	4.46	( 19 )	0 2/mo	G
AMMONIA NITROGEN	PERMIT REQUIREMENT	*****	*****	****	*****	30	100		TWICE/GRAB	MONTH
AMMONIA NITROGEN	SAMPLE MEASUREMENT	*****	*****	( )	*****	3.73	6.26	( 19 )	0 2/mo	G
AMMONIA NITROGEN	PERMIT REQUIREMENT	*****	*****	****	*****	15	20		TWICE/GRAB	MONTH
AMMONIA NITROGEN	SAMPLE MEASUREMENT	0.001	0.001	( 03 )	*****	*****	*****	( )	0 3/mo	EST
AMMONIA NITROGEN	PERMIT REQUIREMENT	REPORT	REPORT	****	*****	*****	*****	****	TWICE/ESTIMA	MONTH
AMMONIA NITROGEN	SAMPLE MEASUREMENT									
AMMONIA NITROGEN	PERMIT REQUIREMENT									
AMMONIA NITROGEN	SAMPLE MEASUREMENT									
AMMONIA NITROGEN	PERMIT REQUIREMENT									
AMMONIA NITROGEN	SAMPLE MEASUREMENT									
AMMONIA NITROGEN	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 INSPECTION OF 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 FINE, IMPRISONMENT OR BOTH, AND I AM COMMITTING MYSELF TO THE PENALTIES FOR SUBMITTING FALSE INFORMATION.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412 393-5113 92 01 21  
AREA CODE NUMBER YEAR MO DAY

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

NAME WATKINS VALLEY POWER PLANT

ADDRESS 1000 N. 1000 E.

ATTN: ANDREW DULICK

MISSOURI 64107

FACILITY

LOCATION

ATTN: ANDREW DULICK

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

(2-16)

(17-19)

PA0025615

002 1

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR 91 MO 12 DAY 01 TO YEAR 91 MO 12 DAY 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

SA308

(SUBR US)

F - FINAL

INTAKE SCREEN BACKWASH

Form Approved.

OMB No. 2040-0004.

Approval expires 6-30-91.

\*\*\* NO DISCHARGE ☐ \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(4 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			
FLOW, IN CONDUIT OR TANK, EXCEPT AT PLANT OUTLET 1 0 0 APPLY AT GROSS VALVE	SAMPLE MEASUREMENT	0.001	0.001	( 03 )	*****	*****	*****	( )	0	1/wk	EST
	PERMIT REQUIREMENT	REPORT MTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	****			WEEKLY ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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 PENALTIES FOR FINE AND IMPRISONMENT. SEE 18 USC 1001 AND 18 USC 1002. I AM AWARE THAT THESE PENALTIES APPLY TO ALL INFORMATION SUBMITTED TO THE EPA AND TO ALL STATES, TERRITORIES AND POSSESSIONS OF THE UNITED STATES.

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412 393-5113

92 01 21

AREA  
CODE

NUMBER

YEAR

MO

DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (If any, include date, time, and location)



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

NAME VALLEY FERTILIZER STATION  
 ADDRESS 24 15077  
 FACILITY SLUDGE SETTLING BASIN  
 LOCATION ATLANTA, GEORGIA

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

PERMIT NUMBER PAC025615  
 DISCHARGE NUMBER 103 A

MAJOR  
 (SUBB 05)  
 F - FINAL

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

MONITORING PERIOD  
 FROM YEAR 91 MO 12 DAY 01 TO YEAR 91 MO 12 DAY 31  
 (12/31) (12/23) (12/25) (12/27) (12/29) (12/31)


SLUDGE SETTLING BASIN

\*\*\* 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 (58-65)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	( )	6.27	*****	7.09	( 12 )	0	2/MO G
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0			TWICE/GRAB MONTH
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****	( )	*****	8.47	10.94	( 19 )	0	2/MO 14 H/COMP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30	100			TWICE/COMP 24 MONTH
FLOW, 15 CONDUIT OR	SAMPLE MEASUREMENT	0.001	0.001	( 03 )	*****	*****	*****	( )	0	2/MO ESE
1946 TREATMENT PLANT	PERMIT REQUIREMENT	REPORT	REPORT	NGD	*****	*****	*****	****		TWICE/ESTIMA MONTH
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 SEVERAL PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING FINE, IMPRISONMENT, AND DEBARMENT. I AGREE TO THESE PENALTIES AND I AGREE TO SIGN AND SUBMIT THIS REPORT.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE  
 412 393-5113

DATE  
 92 01 21

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 (12/16) 203 A (17/19)  
 PERMIT NUMBER

MAJOR (5088 05)  
 Form Approved OMB No. 2040-0004  
 Approval expires 6-30-91  
 PAIN SEWAGE TREAT PLANT

MONITORING PERIOD  
 FROM YEAR MO DAY TO YEAR MO DAY  
 (12/21) (12/23) (12/25) (12/27) (12/29) (12/31)

NO. OF DISCHARGES 11  
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	(3 Card Only) QUANTITY OR LOADING (54-61)			(4 Card Only) QUANTITY OR CONCENTRATION (54-61)			NO. EX	FREQUENCY OF ANALYSIS (54-55)	SAMPLE TYPE (55-70)
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SAMPLE MEASUREMENT	*****	*****	( )	*****	*****	*****	(12)	0	6
PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	(19)	TWICE/MONTH	GRAB
SAMPLE MEASUREMENT	*****	*****	( )	*****	27.63	33.60	(19)	0	84C
PERMIT REQUIREMENT	*****	*****	*****	*****	30 MONTH AVG	60 DLY MAX	( )	TWICE/MONTH	COMP-B
SAMPLE MEASUREMENT	0.010	0.030	(03)	*****	*****	*****	( )	0	WEEKLY MEASRD
PERMIT REQUIREMENT	0.023 MONTH AVG	REPORT DLY MAX	*****	*****	*****	*****	(13)	0	6
SAMPLE MEASUREMENT	*****	*****	*****	*****	850.00	*****	(13)	0	6
PERMIT REQUIREMENT	*****	*****	*****	*****	2000 JODA GEO	*****	(19)	TWICE/MONTH	GRAB
SAMPLE MEASUREMENT	*****	*****	( )	*****	12.00	12.00	(19)	0	84C
PERMIT REQUIREMENT	*****	*****	*****	*****	25 MONTH AVG	50 DLY MAX	( )	TWICE/MONTH	COMP-B
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	( )	( )	( )
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	( )	( )	( )
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	( )	( )	( )
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	( )	( )	( )
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	( )	( )	( )
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	( )	( )	( )

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
 A. M. Dulick  
 Chemistry Manager

TELEPHONE DATE  
 412 393-5113 92 01 21

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all other reports first)  
 E. H. Heston quality for 4500, was date, wind from NW, its of only one sample. The second sample was lost in transit to the lab. E. Heston and was not analyzed.

Academy Name (Location of different)

NAME ST. JAMES VALLEY COLLEGE

ADDRESS 121 W. 4th  
APT. 2, ANCHORAGE, ALASKA  
99501 PA 15077

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

12-16

1719

280525615

303 A

PERMIT NUMBER

◎◎◎◎◎

## MONITORING PERIOD

FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
71	12	31	71	12	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

MAJOR  
(SER 05)  
F - FINAL  
UNIT 1 OF

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

UNIT 1 OIL WATER SEPARATOR

\*\*\* 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				
FRESH WATER		SAMPLE MEASUREMENT	*****	*****	( )	6.39	*****	7.94	( 12)	0	1/wk	G
PERMIT REQUIREMENT		*****	*****	****	****	6.0	*****	9.0	50		WEEKLY	GRAB
OIL AND GREASE		SAMPLE MEASUREMENT	*****	*****	( )	*****	5.37	7.30	( 19)	0	1/wk	G
PERMIT REQUIREMENT		*****	*****	****	****	*****	30	100	MG/L		WEEKLY	GRAB
OIL AND GREASE		SAMPLE MEASUREMENT	*****	*****	( )	*****	9.85	18.18	( 19)	0	1/wk	G
PERMIT REQUIREMENT		*****	*****	****	****	*****	15	20	MG/L		WEEKLY	GRAB
FRESH IN CONDUIT		SAMPLE MEASUREMENT	0.019	0.056	( 03)	*****	*****	*****	( )	0	1/wk	EST
PERMIT REQUIREMENT		REPORT	REPORT	****	****	*****	*****	*****	****		WEEKLY	ESTIMATE
FRESH IN CONDUIT		SAMPLE MEASUREMENT										
PERMIT REQUIREMENT												
FRESH IN CONDUIT		SAMPLE MEASUREMENT										
PERMIT REQUIREMENT												
FRESH IN CONDUIT		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 PENALTY FOR FINE AND IMPRISONMENT SEE 18 USC 1001 AND 18 USC 1003.

*A. M. Dulick*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-5113

DATE

92 01 21





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

NAME PAUL J. DULICK

ADDRESS 1000 E. 10th St

ATLANTA, GEORGIA 30303

PH 404-525-1507

FACILITY PAUL J. DULICK

LOCATION ATLANTA, GEORGIA

ATLANTA, GEORGIA

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA0025615

PERMIT NUMBER

003 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

003 UNCONTAMINATED STORM WATER

Form Approved.

OMB No. 2040-0004.

Approval expires 6-30-91.

MONITORING PERIOD

FROM YEAR 91 MO 12 DAY 01 TO YEAR 91 MO 12 DAY 31  
(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 (52-55)				NO. EX (52-53)	FREQUENCY OF ANALYSIS (54-55)	SAMPLE TYPE (56-57)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OF THIS TREATMENT PLANT 50000 I O O EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.032	0.092	( 63 )	*****	*****	*****	( )	0	2/mo	Est
	PERMIT REQUIREMENT	REPORT MTH AVG	REPORT CLY MAX	POD	*****	*****	*****	****			TRICE/ESTIMA MONTH
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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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 KNOWLEDGE OF THOSE INDIVIDUALS INDICATEDLY 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 VIOLATION OF THE LAW AND IMPROPERMENT SEE 40 USC 5101 AND 40 USC 5102. I AM AWARE THAT THE PENALTY FOR VIOLATION OF THE LAW IS \$10,000 AND \$10,000 PER DAY FOR EACH DAY OF VIOLATION.

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-5113

AREA  
CODE

NUMBER

DATE

92 01 21

YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS. If present, list violations here.

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

NAME ATLANTA VALLEY POWER STATION

ADDRESS 2000 N. 10TH ST.

ATLANTA, GA 30303

ATTN: ADDRESS POLICE

ATLANTA, GA 30303

FACILITY ATLANTA VALLEY POWER STATION

LOCATION ATLANTA, GA 30303

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

(2-16) 1A0025615 PERMIT NUMBER	(17-19) 000 4 DISCHARGE NUMBER
--------------------------------------	--------------------------------------

82308  
(5688 05)  
F - FINAL  
UNIT ONE COOLG TOW. & OVERFLOW

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

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	71	12	01		71	12	31
	(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 (58-63)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	( )		*****		( 12 )		
00400 1 3 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0		WEEKLY	GRAB
EFFLUENT pH VALUE					MINIMUM		MAXIMUM	50		
FLOW, IN CUBIC FT.	SAMPLE MEASUREMENT	NO FLOW		( 03 )	*****	*****	*****	( )		
THROUGH TREATMENT PLANT	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****	WEEKLY	MEASRD
50000 1 0 0		MONTH AVG	DLY MAX							
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	( )	*****			( 19 )		
CHLORINE, FREE	PERMIT REQUIREMENT	*****	*****	****	*****	0.2	0.5		CONTINUOUS	RECORDS
AVAILABLE						DAILY MAX	INST MAX	MG/L		
50000 1 0 1										
EFFLUENT GROSS VALUE	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 INSPECTION 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 SEVERAL PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE REVOCATION OF THIS PERMIT AND A FINE AND IMPRISONMENT. SEE 33 USC 1365 AND 40 CFR 121.101.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
A. M. Dulick Chemistry Manager TYPED OR PRINTED			412 393-5113	92	01	21

COMMENT AND EXPLANATION OF ANY VIOLATIONS: NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
 NAME SEALED VALLEY POWER STATION  
 ADDRESS Box 4  
1111 ABRAHAM DULICK  
SWIFTINGPORT PA 15077  
 FACILITY  
 LOCATION  
 ATTN: ABRAHAM DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 (12-16) 1A0025415 (17-19) 006 A  
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR (SBR 05)  
 F - FINAL  
 AUX. INTAKE SCREEN BACKWASH  
 Form Approved.  
 OMB No. 2040-0004.  
 Approval expires 6-30-91.

MONITORING PERIOD  
 FROM YEAR 91 MO 12 DAY 01 TO YEAR 91 MO 12 DAY 31  
 (30-31) (32-23) (24-25) (26-27) (28-29) (30-31)

\*\*\* NO DISCHARGE \*\*\*  
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PLUM, 1X CONDUIT AT THIRD TRANSFORMER PLANT SOUTH SIDE OF FIELD AT GRID 7113	REPORT 8TH AVG	REPORT DLY MAX	UNITS MGT	( 03 )	*****	*****	*****	( )		
	PERMIT REQUIREMENT				*****	*****	*****	***	WEEKLY	STIMA
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	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 33 USC 1361 AND 1362. I, U.S. E.P.A., shall take appropriate action up to \$10,000 and/or imprisonment of 12 months for each violation.	TELEPHONE	DATE			
A. M. Dulick Chemistry Manager TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	412 393-5113	92	01	21
		AREA CODE	NUMBER	YEAR	MO	DAY

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

NO DISCHARGE

PERMITTEE NAME/ADDRESS (include facility name/location if different)

NAME VALLEY POWER CO. INC.  
 ADDRESS 1000 N. 10TH ST.  
ATLANTA, GEORGIA 30309  
PA 15077  
 FACILITY  
 LOCATION  
 ATTN: ANNEA DULICK

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

PERMIT NUMBER PA0025015  
 DISCHARGE NUMBER 037 A

MAJOR  
 (S081 05)  
 F - FINAL  
 AUT. INTAKE SYSTEM

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

MONITORING PERIOD

FROM YEAR 91 MO 12 DAY 01 TO YEAR 91 MO 12 DAY 31  
 (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 (64-65)	SAMPLE TYPE (66-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OF FACILITY TREATMENT PLANT 50053 1 0 0 EFFLUENT GROSS VALUE CHLORINE, FREE AVAILABLE 50064 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NO FLOW			( 03 )	*****	*****	*****	( )		
	PERMIT REQUIREMENT	REPORT MONTH AVG	REPORT DLY MAX	MD	*****	*****	*****	*****	***	WEEKLY	ESTIMATE
	SAMPLE MEASUREMENT	*****	*****	( )	*****				( 19 )		
	PERMIT REQUIREMENT	*****	*****	****	*****	0.2 DAILY MX	0.5 INST MX	MG/L		WEEKLY	GRAB
	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 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. I AGREE TO USE MY BEST AND FAITHFULNESS TO OBTAIN AND SUBMIT THE INFORMATION REQUIRED BY THIS PERMIT.  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
 TELEPHONE  
412 393-5113  
 AREA CODE NUMBER  
 DATE  
92 01 21  
 YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS: NO DISCHARGE  
 THIS PERMIT IS VALID FOR THE PERIOD OF DISCHARGE FROM 12/01/91 TO 12/31/91. THIS PERMIT IS VALID FOR THE PERIOD OF DISCHARGE FROM 12/01/91 TO 12/31/91.



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

NAME TRAY VALLEY POWER STATION  
 ADDRESS 1214 4  
ATTN: ANDREW DULICK  
INDIANAPOLIS IN 46201  
 FACILITY PA 15077  
 LOCATION ATTN: ANDREW DULICK

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

(2-16) PA0025615  
 PERMIT NUMBER

(17-19) 001 A  
 DISCHARGE NUMBER

MONITORING PERIOD  
 FROM YEAR 91 MO 12 DAY 01 TO YEAR 91 MO 12 DAY 31  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MAJOR (SUBP US) F - FINAL  
 UNIT 1 COOLING TOWER PUMPHOUSE

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

\*\*\* 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) (38-45) QUALITY OR CONCENTRATION (46-53) (34-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	( )	7.69	*****	7.87	( 12 )	0	2/mo G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0			TWICE/GRAB MONTH
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	( )	*****	1.86	1.94	( 19 )	0	2/mo G
00510 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30	100			TWICE/GRAB MONTH
OIL AND GREASE FELON AXP-GRAY	SAMPLE MEASUREMENT	*****	*****	( )	8.05	14.05	14.05	( 19 )	0	2/mo G
00550 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	15	20	30			TWICE/GRAB MONTH
FLUO, 14 CONDUIT O THER TREATMENT PLANT	SAMPLE MEASUREMENT	0.001	0.001	( 03 )	*****	*****	*****	( )	0	1/WK EST
00550 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MONTH AVG	REPORT DLY MAX	MD	*****	*****	*****	****		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 FINE AND IMPRISONMENT. SEE US USE A 1000 AND 10000 PENALTIES UNDER 18 USC 1001 AND 1002.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 893-5113

DATE

92 01 21

AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATION

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

NAME ATLANTA VALLEY POWER PLANT  
 ADDRESS U.S. ROAD 9  
ATLANTA, GEORGIA 30304  
PERMIT NO. PA 15077  
 FACILITY ATLANTA VALLEY POWER PLANT  
 LOCATION ATLANTA, GEORGIA

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

PERMIT NUMBER PA0025615  
 DISCHARGE NUMBER 010 A

MAJOR (SUBS) F - FINAL

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

MONITORING PERIOD  
 FROM YEAR 91 MO 12 DAY 01 TO YEAR 91 MO 12 DAY 31  
 (12-21) (12-22) (12-23) (12-24) (12-25) (12-26) (12-27) (12-28) (12-29) (12-30) (12-31)

UNIT 2 COOLING WATER

\*\*\* NO DISCHARGE \*\*\*  
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(1 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (46-51)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	( )	6.85	*****	8.05	( 12 )	0	1/wk G
PERMIT REQUIREMENT	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0	30	WEEKLY	GRAB
FLOW, IN CONDUIT OR THROUGH TREATMENT PLANT	SAMPLE MEASUREMENT	5.000	5.000	( 03 )	*****	*****	*****	( )	0	1/wk Meas
PERMIT REQUIREMENT	PERMIT REQUIREMENT	REPORT MONTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	***	WEEKLY	MEASRD
CHLORIDE, FIBER AVAILABLE	SAMPLE MEASUREMENT	*****	*****	( )	*****	0.01	0.02	( 19 )	0	1/wk G
PERMIT REQUIREMENT	PERMIT REQUIREMENT	*****	*****	***	*****	0.2	0.5	MG/L	WEEKLY	GRAB
	SAMPLE MEASUREMENT					DAILY MX	INST MX			
	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 REVOCATION OF THE PERMIT AND IMPRISONMENT. SEE 18 USC 1001 AND 18 USC 1003. Penalties under 18 USC 1001 may be increased up to \$1,000,000 and 10 years imprisonment.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

*A. M. Dulick*

TELEPHONE

412 393-5113

DATE

92 01 21

AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (If any, include NPDES permit number)

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

NAME LIVELY VALLEY POWER STATION  
ADDRESS PO BOX 4  
ATTN: ANDREW DULICK  
WILLINGBORO NJ 08077

FACILITY  
LOCATION

ATTN: ANDREW DULICK

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

(2-16)  
PA0025615  
PERMIT NUMBER

(17-19)  
012 A  
DISCHARGE NUMBER

MAJOR  
(SUBS)  
P - FINAL

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

BLOWDOWN FROM THE HVAC C. TOWER

MONITORING PERIOD

FROM YEAR 91 MO 12 DAY 01 TO YEAR 91 MO 12 DAY 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (58-65)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	( )	8.32	*****	8.32	( 12 )	0 1/mo	G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	50	ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR TREATMENT PLANT	SAMPLE MEASUREMENT	0.001	0.001	( 03 )	*****	*****	*****	( )	0 1/mo	ESC
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	***	ONCE/ MONTH	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	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 PROSECUTION OF CRIMINAL AND CIVIL ACTIONS, AND THE REVOCATION OF THE PERMIT. I HAVE BEEN ADVISED OF THESE PENALTIES AND I UNDERSTAND THEM.	TELEPHONE	DATE		
A. M. Dulick Chemistry Manager TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	412 393-5113 AREA CODE NUMBER	92 YEAR	01 MO

COMMENT AND EXPLANATION OF ANY VIOLATIONS (If Applicable, Attach Report)

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

NAME CRATER VALLEY POWER PLANT

ADDRESS 1001 N. 10TH ST.

ATTS: ANDREW DULICK

PHILADELPHIA PA 19107

FACILITY CRATER VALLEY POWER PLANT

LOCATION PHILADELPHIA PA 19107

ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA0025515

PERMIT NUMBER

110 A

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR 91 MO 12 DAY 01 TO YEAR 91 MO 12 DAY 31  
(120-21) (122-23) (124-25) (126-27) (128-29) (130-31)

BAJDD

(SUBB 05)

F - FINAL

UNIT 2 SERVICE WATER BACKWASH

Form Approved

OMB No. 2040-0004

Approval expires 6-30-91

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW, IN COADUIT 3	SAMPLE MEASUREMENT	NO FLOW		( 03)	*****	*****	*****			
THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****			WEEKLY ESTIMA
50000 1 0 0		MONTH AVG	DLY MAX	MGD						
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
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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 PENALTIES OF FINE AND IMPRISONMENT SET FORTH IN 33 USC 1361 AND 33 USC 1362. I understand these penalties and I am aware that I am signing this statement as a responsible official of the facility.

*Andrew M. Dulick*  
SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-5113

AREA  
CODE

NUMBER

DATE

92 01 21

YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Provide all attachments, here)

NO DISCHARGE



PERMITTEE NAME/ADDRESS (include  
Facility Name; Location if different)

NAME: ATLANTA VALLEY POWER STATION  
ADDRESS: 1000 10th St  
ATLANTA, GA 30309  
FACILITY: ATLANTA VALLEY POWER STATION  
LOCATION: PA 15077

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

PERMIT NUMBER: PA0025615 (12-16)  
DISCHARGE NUMBER: 111 A (17-19)

MAJOR  
(3000-05)  
F - FINAL  
111 DIESEL GENERATOR #LDG

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

FACILITY  
LOCATION

ATLANTA VALLEY POWER STATION

MONITORING PERIOD

FROM: YEAR 91 MO 12 DAY 01 TO: YEAR 91 MO 12 DAY 31  
(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)	(1 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (58-63)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-47)	MAXIMUM (48-49)	UNITS (50-51)	MINIMUM (58-59)	AVERAGE (60-61)	MAXIMUM (62-63)			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	( )	6.33	*****	7.38	( 12 )	0	1/wk G
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0			WEEKLYGRAB
SUSPENDED SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****	( )	*****	*****	*****	*****	*****	*****
SUSPENDED SOLIDS, TOTAL	PERMIT REQUIREMENT	*****	*****	****	*****	30	100			WEEKLYGRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	( )	7.02	16.11	16.11	( 19 )	0	1/wk G
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	15	20	30			WEEKLYGRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	( )	*****	*****	*****	*****	*****	*****
OIL AND GREASE	PERMIT REQUIREMENT	*****	*****	****	30 DA AV	DAILY MX	INST MX	MG/L		WEEKLYGRAB
FLUX IN CONDUIT OR	SAMPLE MEASUREMENT	0.001	0.001	( 03 )	*****	*****	*****	( )	0	1/wk Est
FLUX IN CONDUIT OR	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		WEEKLYESTIMA
FLUX IN CONDUIT OR	SAMPLE MEASUREMENT									
FLUX IN CONDUIT OR	PERMIT REQUIREMENT									
FLUX IN CONDUIT OR	SAMPLE MEASUREMENT									
FLUX IN CONDUIT OR	PERMIT REQUIREMENT									
FLUX IN CONDUIT OR	SAMPLE MEASUREMENT									
FLUX IN CONDUIT OR	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 HEREON AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC 1001 AND 18 USC 1003. I hereby certify that the information submitted is true and correct.

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-5113

DATE

92 01 21

AREA CODE

NUMBER

YEAR

MO

DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference to attachments, if any)

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

NAME SLAYERS VALLEY POWER STATION  
ADDRESS P.O. BOX 4  
ATTN: ARTHUR DULICK  
SHIPPERSPORT PA 15977

FACILITY  
LOCATION

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

(2-16) PA0025615 (17-19) 111 B  
PERMIT NUMBER DISCHARGE NUMBER

MAJOR  
(5034 05)  
F - FINAL  
111 DIFSKA GENERATOR BLDG

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

MONITORING PERIOD

FROM YEAR 91 MO 10 DAY 01 TO YEAR 91 MO 12 DAY 31  
(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 (38-45)			UNITS (54-61)	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
2-CHLOROPHENOL	SAMPLE MEASUREMENT	*****	*****	( )	*****	0.000	0.000	( 19)	0	2/01	G
34556 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L			
EFFLUENT GROSS VALUE						MONTH AVG	DLY MAX				
PENTACHLOROPHENOL	SAMPLE MEASUREMENT	*****	*****	( )	*****	0.000	0.000	( 19)	0	2/01	G
31032 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L			
EFFLUENT GROSS VALUE						MONTH AVG	DLY MAX				
	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 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 PROBABILITY OF FINE AND IMPRISONMENT. SEE 40 CFR 1.1001 AND 40 CFR 1.1002. Penalties under these provisions may include fines up to \$100,000 and/or imprisonment for up to 1 year.

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412 393-5113 92 01 21  
AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference to permit conditions, if any)

NO VIOLATIONS. ALL DATA IN THIS REPORT IS THE SAME AS CALIFORNIA MONTHLY.

lower limit of detection: 2-chlorophenol 0.500 ug/l  
Pentachlorophenol 0.500 ug/l

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

FACILITY CLAYTON VALLEY 10-22 STATION

ADDRESS PO BOX 101

1131 AMERICAN AVENUE

CHILLICOTTE IA 5077

FACILITY CLAYTON VALLEY 10-22 STATION

LOCATION CHILLICOTTE IA 5077

ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PAC025815

011 A

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR 91 MO 12 DAY 01 TO YEAR 91 MO 12 DAY 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MAJOR

(SUBR 05)

F - FINAL

DIESEL GEN & TURBINE DRAINS

Form Approved.


OMB No. 2040-0004.

Approval expires 6-30-91.

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT (38-41)	QUANTITY OR LOADING (46-51)			QUALITY OR CONCENTRATION (56-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE (46-51)	MAXIMUM (52-55)	UNITS (56-58)	MINIMUM (56-58)	AVERAGE (59-61)	MAXIMUM (62-64)	UNITS (65-67)			
FLOW, IN CONDUIT OF THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	REPORT MONTH AVG	0.002	0.002	( 03)	*****	*****	*****	( )	0	1/wk	EST
	PERMIT REQUIREMENT	REPORT MONTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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 A FINE AND IMPRISONMENT. SEE 18 USC 1001 AND 18 USC 1003. I understand that my signature may include false information.	TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	412   393-5113	92	01

COMMENT AND EXPLANATION OF ANY VIOLATIONS (If any, include date, time, and location)



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

NAME HEAVY VALLEY TOWN STATION  
ADDRESS PA 15077  
CITY SHIPPENSBURG

FACILITY SHIPPENSBURG  
LOCATION PA 15077

ATTN: ANDREW DULICK

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

PERMIT NUMBER  
PA0025615

DISCHARGE NUMBER  
211 A

MAJOR  
(SUBR 05)  
F - FINAL  
211 TURBINE BLDG

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

MONITORING PERIOD

FROM YEAR 91 MO 12 DAY 01 TO YEAR 91 MO 12 DAY 31  
(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 (58-63)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	( )	6.29	*****	7.18	( 12 )	0	1/wk	G
00450 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SI		WEEKLY	GRAB
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM				
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****	( )	*****	3.49	10.60	( 19 )	0	1/wk	G
SUSPENDED	PERMIT REQUIREMENT	*****	*****	****	*****	30	100	MG/L		WEEKLY	GRAB
00540 1 0 0						MONTH AVG	DLY MAX				
EFFLUENT GROSS VALUE											
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	( )	5.35	12.50	12.50	( 19 )	0	1/wk	G
FACON BATH-GRAY MATR	PERMIT REQUIREMENT	*****	*****	****	15	20	30	MG/L		WEEKLY	GRAB
00550 1 0 0					30 DA CV	DAILY MX	INST MX				
EFFLUENT GROSS VALUE											
FLOW, IN CONDUIT G	SAMPLE MEASUREMENT	0.001	0.001	( 03 )	*****	*****	*****	( )	0	1/wk	Est
THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		WEEKLY	ESTIMA
00600 1 0 0		MONTH AVG	DLY MAX					****			
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 POSSIBLE TO LOSE MY PERMIT AND IMPROVEMENT SEE 40 USC 6101 AND 40 CFR 121.10. I am aware that the penalty for submitting false information is \$10,000 per day.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-5113

AREA CODE

NUMBER

DATE

92 01 21

YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference to 40 CFR 121.10)



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

NAME PAVED VALLEY POWER STATION

ADDRESS PAVED VALLEY

CITY ATLANTA

STATE GA ZIP 30377

FACILITY

LOCATION

ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA0025615

211 B

PERMIT NUMBER

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

211 TURBINE BLDG

Form Approved.

OMB No. 2040-0004.

Approval expires 6-30-91.

MONITORING PERIOD

FROM YEAR 91 MO 10 DAY 01 TO YEAR 91 MO 12 DAY 31  
(10-21) (12-23) (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 (58-63)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
2-CHLOROPHENOL	SAMPLE MEASUREMENT	*****	*****	( )	*****	0.000	0.000	( 19)	0	4/2 6
14500 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MC/L	TWICE GRAB	QTRLY
EFFLUENT GROSS VALUE						MONTH AVG	DLY MAX			
2,4-DICHLOROPHENOL	SAMPLE MEASUREMENT	*****	*****	( )	*****	0.009	0.013	( 19)	0	4/2 6
39032 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MC/L	TWICE GRAB	QTRLY
EFFLUENT GROSS VALUE						MONTH AVG	DLY MAX			
	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 18 USC § 1379. (Signatures under these penalties may include fines up to \$10,000 and a maximum imprisonment of 5 years and 3 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412 393-5113 92 01 21  
AREA CODE NUMBER YEAR MO DAY

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

NO VIOLATIONS REPORTED FOR MONITORING PERIOD IN LAST ELAPSED MONTH.

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

NAME VALLEY POWER STATION

ADDRESS 1000 N. 10TH ST.

PHILADELPHIA, PA 19107

FACILITY ATTN: ANDREW DULICK

LOCATION PHILADELPHIA, PA 19107

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA0025615

PERMIT NUMBER

113 A

DISCHARGE NUMBER

MAJOR

(SUBJ 05)

F - FINAL

UNIT 2 SEWAGE TMT PLANT

Form Approved

OMB No. 2040-0004

Approval expires 6-30-91

MONITORING PERIOD

FROM YEAR 91 MO 12 DAY 01 TO YEAR 91 MO 12 DAY 31  
(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)			UNITS (62-63)	NO. EX (64-65)	FREQUENCY OF ANALYSIS (66-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
PH	SAMPLE MEASUREMENT	*****	*****	( )	6.70	*****	7.11	( 12 )	0	2/mo	G
00000 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SU		TWICE/GRAB	MONTH
EFFLUENT GROSS VALUE											
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****	( )	*****	22.37	23.15	( 19 )	0	2/mo	BHC
SUSPENDED	PERMIT REQUIREMENT	*****	*****	****	*****	30	60	MG/L		TWICE/COMP-8	MONTH
00530 1 0 0											
EFFLUENT GROSS VALUE											
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	0.030	0.040	( 0 )	*****	*****	*****	( )	0	1/wk	Meas
TREATMENT PLANT	PERMIT REQUIREMENT	0.043	REPORT	MGD	*****	*****	*****	****		WEEKLY MEASRD	
00030 1 0 0		MONTH AVG	DLY MAX								
EFFLUENT GROSS VALUE											
COLIFORM, FCAL	SAMPLE MEASUREMENT	*****	*****	( )	*****	1748.00	*****	( 13 )	0	3/mo	G
00000 1 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	2000	*****	/		TWICE/GRAB	MONTH
EFFLUENT GROSS VALUE						3000 GPD		100ML			
BOD, CARBONACEOUS	SAMPLE MEASUREMENT	*****	*****	( )	*****	11.00	11.00	( 19 )	0	1/mo	BHC
5 DAY, 20C	PERMIT REQUIREMENT	*****	*****	****	*****	25	50	MG/L		TWICE/COMP-8	MONTH
00200 1 0 0						MONTH AVG	DLY MAX				
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 18 USC 1003. (Penalty: Fines and Imprisonment may be levied up to \$250,000 and 5 years respectively.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412  
AREA  
CODE

393-5113  
NUMBER

92 01 21  
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS: Effluent quality for BODs was determined from results of only one sample. The second sample was not a transit to the water laboratory and was not analyzed.

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

NAME HEAVEN VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: ANDREW DULICK

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(12-16)

(17-19)

2A0025615

PERMIT NUMBER

213 A

DISCHARGE NUMBER

MAJOR

(SUBB 05)

F - FINAL

UNIT 2 COOL TOWER PUMPHOUSE

Form Approved.

OMB No. 2040-0004.

Approval expires 6-30-91.

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	91	12	01		91	12	31
	(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) (46-51) QUANTITY OR LOADING			(4 Card Only) (38-43) QUALITY OR CONCENTRATION				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)	UNITS (52-53)			
PH	SAMPLE MEASUREMENT	*****	*****	( )	8.13	*****	8.36	( 12 )	6	2/mo	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	*****	*****	( )	*****	26.38	43.90	( 19 )	0	2/mo	G
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MONTH AVG	100 DLY MAX	MG/L		TWICE/GRAB MONTH	
OIL AND GREASE FUEL OIL EXCH-CHAV	SAMPLE MEASUREMENT	*****	*****	( )	*****	5.69	6.83	( 19 )	0	2/mo	G
00550 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MONTH AVG	20 DLY MAX	MG/L		TWICE/GRAB MONTH	
FLU4, IN CONDUIT ON TREATMENT PLANT	SAMPLE MEASUREMENT	0.001	0.001	( 03 )	*****	*****	*****	( )	0	1/wk	Est
00150 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MONTH AVG	REPORT DLY MAX	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. Violations under these statutes may include fines up to \$200,000 and/or imprisonment of 5 years and/or both.	TELEPHONE		DATE		
A. M. Dulick Chemistry Manager TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	412 AREA CODE	393-5113 NUMBER	92 YEAR	01 MO

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

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

NAME LEAVEN VALLEY POWER STATION  
 ADDRESS P.O. BOX 4  
ATLANTA, GEORGIA  
31307

FACILITY ATLANTA, GEORGIA  
 LOCATION ATLANTA, GEORGIA

ATTN: ANDREW DULICK

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

PERMIT NUMBER  
PA0025615

DISCHARGE NUMBER  
313 A

MAJOR  
(SUHR 05)  
P - FINAL  
313 TURBINE BLDG DRAIN

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

MONITORING PERIOD								
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY	
	91	12	01		91	12	31	
	(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 (54-57)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	( )	6.17	*****	7.32	( 12 )	0	1/wk G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SV		WEEKLY GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	( )	*****	1.91	4.08	( 19 )	0	1/wk G
00510 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 Mnth Avg	100 DLY MAX	MG/L		WEEKLY GRAB
OIL AND GREASE FRIED EXTH-GRAY MTH	SAMPLE MEASUREMENT	*****	*****	( )	*****	4.91	8.63	( 19 )	0	1/wk G
00555 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 Mnth Avg	20 DLY MAX	MG/L		WEEKLY GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.001	0.001	( 03 )	*****	*****	*****	( )	0	1/wk Est
00650 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT Mnth Avg	REPORT DLY MAX	MG/D	*****	*****	*****	****		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 18 USC 1003. Penalties under these statutes may include fines up to \$100,000 and/or imprisonment of up to 5 years.

SIGNATURE OF PRINCIPAL EXECUTIVE  
 OFFICER OR AUTHORIZED AGENT  
Andrew Dulick

TELEPHONE  
 412 393-5113  
 AREA CODE NUMBER  
 DATE  
 92 01 21  
 YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference to Discharge Permit)



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

NAME WALTON VALLEY POWER STATION

ADDRESS PA. DLR 4

ATTN: JOHN DULICK

SHIPPERSPORT PA 15077

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

1A0025615

PERMIT NUMBER

413 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

BULK FUEL STORAGE DRAIN

Form Approved.

OMB No. 2040-0004.

Approval expires 6-30-91.

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	91	12	01		91	12	31
	(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 (54-63)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-51)	MAXIMUM (52-53)	UNITS (54-55)	MINIMUM (56-57)	AVERAGE (58-59)	MAXIMUM (60-61)	UNITS (62-63)			
PH	SAMPLE MEASUREMENT	*****	*****	( )		*****		( 12)			
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM				
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****	( )	*****			( 19)			
SUSPENDED	PERMIT REQUIREMENT	*****	*****	****	*****	30	100	MG/L		WEEKLY	GRAB
00510 1 0 0						MONTH AVG	DLY MAX				
EFFLUENT GROSS VALUE											
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	( )	*****			( 19)			
FROM EXTH-CHAV BITE	PERMIT REQUIREMENT	*****	*****	****	*****	15	20	MG/L		WEEKLY	GRAB
00550 1 0 0						MONTH AVG	DLY MAX				
EFFLUENT GROSS VALUE											
FLUX, IN CONDUIT OR	SAMPLE MEASUREMENT	*****	*****	( 03)	*****	*****	*****	( )			
THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****		WEEKLY	ESTIMA
00600 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 PENALTY OF FINE AND IMPRISONMENT. SEE 18 USC 1001 AND 18 USC 1003. Signature must be made in ink and must be legible. I will not knowingly make any false or misleading statements.

*A. M. Dulick*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412 393-5113

92 01 21

AREA CODE

NUMBER

YEAR

MO

DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS: *No discharge*

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

NAME WALLEY 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) 013 A  
 DISCHARGE NUMBER

MAJOR  
 (SUBR 05)  
 F - FINAL

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

UNCONTAMINATED STORMWATER

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
91	12	01		91	12	31

(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 OF THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.032	0.042	( 03 )	*****	*****	*****	( )			
	PERMIT REQUIREMENT	REPORT MONTH AVG	REPORT DLY MAX	*GD	*****	*****	*****	***		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										
	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 § 1012. Penalties under these statutes may include fines up to \$100,000 and 5 years imprisonment or both, and/or civil penalties.	TELEPHONE	DATE			
A. M. Dulick Chemistry Manager		412 393-5113	92	01	21	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

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



NAME Duquesne Light Company  
ADDRESS One Third Centre  
301 Grant Street

Pittsburgh, PA 15279

FACILITY Shippingport Atomic Power Station  
LOCATION Shippingport Borough, Beaver County

FA-001589  
PERMIT NUMBER

101  
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

NPDES

MONITORING PERIOD

Year Month Day Year Month Day  
FROM 91 12 01 TO 91 12 31

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing this form

PARAMETER	QUANTITY OR LOADINGS			QUALITY OF CONCENTRATION			NO. FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	UNITS		
Flow	Sample Measure.							
	Permit Require.							
Suspended Solids	Sample Measure.							
	Permit Require.							
Oil & Grease	Sample Measure.							
	Permit Require.							
	Sample Measure.							
	Permit Require.							
	Sample Measure.							
	Permit Require.							
	Sample Measure.							
	Permit Require.							
	Sample Measure.							
	Permit Require.							
	Sample Measure.							
	Permit Require.							
<p>NAME/TITLE PRINCIPAL EXECUTING OFFICER A. M. Dulick Chemistry Manager</p> <p>DATE 91 12 01</p> <p>TELEPHONE 412 393-5113</p> <p>MAILING ADDRESS 301 Grant Street, Pittsburgh, PA 15279</p>								

REFERENCE TO ATTACHMENTS (Reference all attachments here)

NO DISCHARGE



FACILITY NAME  
Duquesne Light Company  
301 Grand Centre  
Pittsburgh, PA 15279

FACILITY ADDRESS  
301 Grand Centre  
Pittsburgh, PA 15279

LOCATION  
Shippingport Borough, Beaver County

PERMIT NUMBER  
PA0001589

DISCHARGE NO.  
301

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

NPDES

MONITORING PERIOD

Year Month Day  
91 12 01

Year Month Day  
91 12 31

FROM

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LIMIT			QUALITY OF CONCENTRATION			NO. EX. OF ANALYSIS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	Sample Measure.	NO FLOW							
	Permit Require.							2/MO	EST
Suspended Solids	Sample Measure.								
	Permit Require.				30	100	MS/L	2/MO	GRAB
Oil & Grease	Sample Measure.								
	Permit Require.				15	20	MS/L	2/MO	GRAB
	Sample Measure.								
	Permit Require.					9.0	S.U.	2/MO	GRAB
	Sample Measure.								
	Permit Require.								
	Sample Measure.								
	Permit Require.								
	Sample Measure.								
	Permit Require.								
	Sample Measure.								
	Permit Require.								
	Sample Measure.								
	Permit Require.								
	Sample Measure.								
	Permit Require.								
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER ANDREW DUCK CHIEF OF POLICE COMMENTS AND VIOLATIONS (Reference all attachments here) NO DISCHARGE									

TELEPHONE  
412 513 5113  
DATE  
01 31

NO DISCHARGE