



Duquesne Light Company

Beaver Valley Power Station
P.O. Box 4
Shippingport, PA 15077-0004

THOMAS P. NOONAN
Division Vice President
Nuclear Operations

(412) 393-7622
Fax (412) 393-4905

November 26, 1996
NPD3VPO: 0554

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

NPDES Monthly Report, EPA Permit No. PA0025615

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

Dear Sir:

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

Sincerely,

T. P. Noonan
Division Vice President
Nuclear Operations

DNH/trs

cc: D. A. Orndorf
J. A. Cool
R. K. Brosi
Central File

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DELIVERING
QUALITY
ENERGY



Duquesne Light Company

Beaver Valley Power Station
P.O. Box 4
Shippingport, PA 15077-0004

THOMAS P. NOONAN
Division Vice President
Nuclear Operations

(412) 393-7622
Fax (412) 393-4905

November 26, 1996
NPD3VPO: 0556

United States Environmental Protection Agency
Region III, Pennsylvania (3WM52)
Water Permits Branch
Water Management Division
841 Chestnut Street
Philadelphia, PA 19107

EPA Permit No. PA0025625 Reportable Occurrence

Dear Sir:

As required by the EPA Permit No. PA0025625, the following information is provided in regard to a reportable occurrence at Beaver Valley Power Station.

On October 7, 1996 the Unit One Sewage Treatment plant effluent (Discharge Monitoring Point 203) measured 5.60, outside the required permit limits of 6-9. The previous measurement (on October 1) was 6.19.

An addition of sodium bicarbonate (baking soda) was made to the sewage treatment plant on October 7 as a temporary measure to elevate the pH. The pH was measured the following day and found to be within required discharge limits (6.71).

On the 29th of October a similar event occurred, with the pH at discharge monitoring point 203, being measured at 5.80. The previous measurement had been 6.58. An addition of sodium bicarbonate was made and on the 29th and the subsequent, pH measurement was 6.71 (within the required limits).

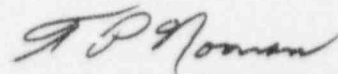
The cause of these pH excursions is being investigated and the system is now in compliance with all permit parameters.

**DELIVERING
QUALITY
ENERGY**

November 26, 1996
NPD3VPO: 0556
Page 2

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

Sincerely,



T. P. Noonan
Division Vice President
Nuclear Operations

SLV/trs

cc: D. A. Orndorf
J. K. Cool
R. K. Brosi

Central File - Keywords: NPDES Reportable Occurrence



Duquesne Light Company

Beaver Valley Power Station
P.O. Box 4
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THOMAS P. NOONAN
Division Vice President
Nuclear Operations

(412) 393-7622
Fax (412) 393-4905

November 26, 1996
NPD3VPO: 0553

Attention: "DMR Clerk"
Department of Environmental Protection
Bureau of Water Quality Management
400 Waterfront Drive
Pittsburgh, PA 15222

NPDES Monthly Report, EPA Permit Number PA0025615

Gentlemen:

NPDES Monthly Report for Duquesne Light Company, Beaver Valley Power Station for October 1996 is submitted for your consideration.

Sincerely,

T. P. Noonan
Division Vice President
Nuclear Operations

DNH/trs

Enclosure

cc: D. A. Orndorf
J. A. Cool
R. K. Brosi
Central File





Duquesne Light Company

Beaver Valley Power Station
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November 26, 1996
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United States Environmental Protection Agency
Region III, Pennsylvania (3WM53)
Water Permits Branch
Water Management Division
841 Chestnut Street
Philadelphia, PA 19107

NPDES Monthly Report, EPA Permit No. PA0025615

Dear Sir:

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

Sincerely,

T. P. Noonan
Division Vice President
Nuclear Operations

DNH/trs

Attachment

cc: D. A. Orndorf
J. A. Cool
R. K. Brosi
Central File



Month: Oct
Year: 1996

1. Complete monthly and submit with each DMR. Attach additional sheets and comments as needed for completeness and clarity.
2. Sludge production information will be used to evaluate plant performance. Report only sludge which has been removed from digesters and other solids which have been permanently removed from the treatment process. Do not include sludge from other plants which is processed at your facility.
3. In the disposal site section, report all sludge leaving your facility for disposal. If another plant processes and disposes of your sludge, just provide the name of that plant. If you dispose of sludge from other plants, include their tonnage in the disposal site section and provide their names and individual dry tonnage on the back of this form.
4. If no sludge was removed, note on form.

Permittee: DUQUESNE LIGHT COMPANY
Plant: BEAVER VALLEY POWER STATION UNIT 2
NPDES: PA 0025615
Municipality: SHIPPINGPORT BOROUGH
County: BEAVER

For sludge that is incinerated:

Pre-incineration weight =	_____	dry tons
Post-incineration weight =	_____	dry tons

HAULED AS LIQUID SLUDGE

[illegible]

TOTAL	•
-------	---

HAULED AS DEWATERED SLUDGE

[illegible]

TOTAL	\$	
-------	----	--

	Site 1	Site 2	Site 3	Site 4
Name:	BOROUGH OF MONACA			
Permit No.:	SEWAGE TREATMENT PLANT			
Dry Tons Disposed:	PA 00 20125			
Type: (check one)	1.67			
Landfill				
Agr. Utilization				
Other (specify)				
County:	BEAVER			

(SSR-1 3/21/91)

Signature

CHEMISTRY MANAGER 11/26/90
Title Date

412-393-5113
Telephone

NAME PRAYER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID ORNDORF

SHIPPINGSPOINT PA 15077

FACILITY PRAYER VALLEY POWER STATION

LOCATION

ATTN: DAVID ORNDORF

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)

 UNITS 152 CODLG.
 (SUPP 05)
 7 - FINAL
 MAJOR

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

NOTE: Read instructions before completing this form.

PARAMETER (22-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
PH	SAMPLE MEASUREMENT	*****	*****		7.81	*****	8.28	(12)	0	1/7 Grabs	
00000 1 3 0	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0			WEEKLY GRAB	
EFFLUENT GROSS VALUE				****	STAINING		MAXIMUM	50			
NITROGEN, AMMONIA	SAMPLE MEASUREMENT	*****	*****		*****	63.5	63.5	(19)	0	1/7 Grabs	
TOTAL (AS N)	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT			WEEKLY GRAB	
00010 1 3 0				****	NO AVG	DAILY MAX	MG/L				
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	N/A		(19)			
CLINTON CE-1, TOTAL	PERMIT REQUIREMENT	*****	*****	***	*****	0	0			WHEN COMPLET DISCH	
04251 1 3 0				****	NO AVG	DAILY MAX	MG/L				
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	23.03	39.31	(13)	*****	*****	*****		0	Daily Cont	
FLOW, IN CONDUIT OR	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		DAILY CONTIN	
THRU TREATMENT PLANT		NO AVG	DAILY MAX	100	*****			*****			
50050 1 3 0				****							
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.0	0.0	(19)	0	1/7 Grabs	
CHLORINE, TOTAL	PERMIT REQUIREMENT	*****	*****	***	*****	0.5	1.25			WEEKLY GRAB	
RESIDUAL				****	NO AVG	INST MAX	MG/L				
50050 1 3 0				****							
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.0	0.0	(19)	0	Cont. Recd.	
CHLORINE, FREE	PERMIT REQUIREMENT	*****	*****	***	*****	0.2	0.5			CONTINUOUS	
AVAILABLE				****	APPROX	MAXIMUM	MG/L				
50054 1 3 0				****							
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0	0	(19)	0	1/7 Grabs	
HYDRAZINE	PERMIT REQUIREMENT	*****	*****	***	*****	0	0			WEEKLY GRAB	
01113 1 3 0				****	NO AVG	DAILY MAX	MG/L				
EFFLUENT GROSS VALUE				****							
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		
David Orndorf Chemistry Manager							412 393-5113		96 11 26		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF VET LEADUP. REPORT THE DAILY MAXIMUM FOR SETS D T-41 WHEN DISCHARGING (24 HR. CONP.): NO/L. (THE LIMIT IS 35 NO/L AS A DAILY MAX.)

Paperwork Reduction Act Notice

Public reporting burden for this collection of information is estimated to vary from a range of 10 hours as an average per response for some minor facilities, to 110 hours as an average per response for some major facilities, with a weighted average for major and minor facilities of 18 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

General Instructions

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
4. Enter each "Parameter" as specified in monitoring requirements of permit.
5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period"; "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period." (Note to municipalities with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum.")
6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
7. Under "No Ex" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement," (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)
10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
11. If "no discharge" occurs during monitoring period, enter "No Discharge" across form in place of data entry.
12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent," "Telephone Number," and "Date" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

Legal Notice

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

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

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY

YEAR MO DAY

FROM

TO

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

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

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P - FINAL
MAJOR

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (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 FROM TREATMENT PLANT 00050 1 3 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.006	0.046	(03)	*****	*****	*****		0	1/7	EST
	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	***		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Orndorf
Chemistry Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED 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 6 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412 393-5113

96 11 26

AREA
CODE

NUMBER

YEAR

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DAY

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

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12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent," "Telephone Number," and "Date" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this *Discharge Monitoring Report (DMR)* form may be obtained from Office(s) specified in permit.

Legal Notice

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

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

NAME HEAVEN VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID ORNDORF

PHILADELPHIA PA 19107

FACILITY HEAVEN VALLEY POWER STATION

LOCATION

ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY

YEAR MO DAY

FROM

TO

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

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

NOTE: Read instructions before completing this form.

Form Approved.

OMB No. 2040-0004

Approval expires 06-31-98

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY 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 CONDUIT OR THRU TREATMENT PLANT D0050 1 0 0 EFFLUENT CODES VALUE	SAMPLE MEASUREMENT	0.016	0.056	(63)	*****	*****	*****	0	1/4	E-T
	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****		WEEK/ESTIMA	
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
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	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Orndorf
Chemistry Manager

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

12 393-5113

96 21 26

AREA
CODE

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MO

DAY

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

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

NAME HEAVEN VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID ORNDORF

SHIPPINGPORT

PA 15077

FACILITY HEAVEN VALLEY POWER STATION

LOCATION

ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

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FROM

TO

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

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

PRINT ONE COPIES TO
(SUBR 05)
P - FINAL
MAJOR

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00000 1 0 0	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
00000 1 0 0	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	30		WEEKLY	SSAB
00000 1 0 0	SAMPLE MEASUREMENT	No Flow		(03)	*****	*****	*****				
00000 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		WEEKLY	SSAB
00000 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	(13)			
00000 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.5	1.25	NO/L		WEEKLY	SSAB
00000 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	0.5	0.5	NO/L			
00000 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.5	0.5	NO/L		WEEKLY	SSAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Orndorf
Chemistry Manager

TYPED OR PRINTED

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

412 093-5113

DATE

96 11 26

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

No Discharge

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA CODE NUMBER YEAR MO DAY

Paperwork Reduction Act Notice

Public reporting burden for this collection of information is estimated to vary from a range of 10 hours as an average per response for some minor facilities, to 110 hours as an average per response for some major facilities, with a weighted average for major and minor facilities of 18 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

General Instructions

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
4. Enter each "Parameter" as specified in monitoring requirements of permit.
5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period"; "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period." (Note to municipalities with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum.")
6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
7. Under "No Ex" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit (e.g., Enter "Cont." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement," (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)
10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
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12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent," "Telephone Number," and "Date" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

Legal Notice

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID ORNDORF

SHIPPINGPORT PA 15077

FACILITY BEAVER VALLEY POWER STATION

LOCATION

ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY YEAR MO DAY

FROM 96 11 26 TO 96 11 26

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

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

INTAKE SCREEN
(SUBR 05)
P - FINAL
MAJOR

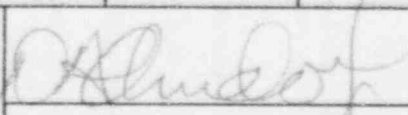
Form Approved.

OMB No. 2040-0004

Approval expires 06-31-98

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	QUANTITY OR LOADING (3 Card Only) (46-53)			QUANTITY OR CONCENTRATION (4 Card Only) (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LOW, IN CONDUIT ON FROM TREATMENT PLANT GOOD 1 TO 10 EFFLUENT CROSS VALOR	SAMPLE MEASUREMENT	0.002	0.016	(03)	*****	*****	*****		0	7	EST.
	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****			WEEKLY/ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 6 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
David Orndorf Chemistry Manager			412 393-5113		96	11	26
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

Paperwork Reduction Act Notice

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General Instructions

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
4. Enter each "Parameter" as specified in monitoring requirements of permit.
5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period"; "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period" (Note to municipalities with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum.")
6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
7. Under "No Ex" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
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12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent," "Telephone Number," and "Date" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

Legal Notice

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

NAME HEAVEN VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID ORNDORF

SHIPPENSBURG PA 15077

FACILITY HEAVEN VALLEY POWER STATION

LOCATION

ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY YEAR MO DAY

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

RUE. INTAKE SYSTEM
(SUBV 05)
F - FINAL
MAJOR

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (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 TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****	(12)		*****					
	PERMIT REQUIREMENT	*****	*****		5.0	*****	5.0			WEEKLY	CRAB
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	No Flow			*****	*****	*****				
	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****			WEEKLY	ESTIMA
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
	PERMIT REQUIREMENT	*****	*****		*****	0.5	1.25			WEEKLY	CRAB
	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
	PERMIT REQUIREMENT	*****	*****		*****	0.2	0.5			WEEKLY	CRAB
	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.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

David Orndorf
Chemistry Manager
TYPED OR PRINTED

412 393-5113

96 11 26

AREA CODE

NUMBER

YEAR

MO

DAY

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

MONITORING FOR FLOW, FREE AVAILABLE CHLORINE, AND TOTAL RESIDUAL CHLORINE ARE REQUIRED ONLY DURING THOSE PERIODS OF DISCHARGE FROM THE ALTERNATE FLOW PATH OF THE REACTOR PLANT W/WH WATER SYSTEM.

Paperwork Reduction Act Notice

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Legal Notice

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

NAME HEAVEN VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID ORNDORF

SHIPPINGPORT PA 15027

FACILITY HEAVEN VALLEY POWER STATION

LOCATION

ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
95	10	01		95	10	01

FROM

TO

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

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

UNIT 1 COOLING TOWER
(SUBS DS)
F - FINAL
MAJOR

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-58)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.87	*****	7.88	(12)	0	7/30	Grab
	PERMIT REQUIREMENT	*****	*****	****	7.0	*****	9.0				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	26.3	28.0	(19)	0	7/30	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	30	100				
OIL AND GREASE RANDOM EXTRA-GRAV MUTH	SAMPLE MEASUREMENT	*****	*****		<5	<5	<5	(19)	0	7/30	Grab
	PERMIT REQUIREMENT	*****	*****	****	15	20	30				
FLOW, IN CUBIC FT OR THER TREATMENT PLANT	SAMPLE MEASUREMENT	0.001	0.001	(13)	*****	*****	*****				
	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Orndorf
Chemistry Manager

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412 393-5113

96 11 26

AREA
CODE

NUMBER

YEAR

MO

DAY

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

Paperwork Reduction Act Notice

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NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID ORNDORF

SHIPPENSBURG

PA 16077

FACILITY BEAVER VALLEY POWER STATION

LOCATION

ATTN: DAVID ORNDORF

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY

YEAR MO DAY

FROM 96 10 01

TO 96 11 31

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

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

UNIT 2 COOLING WATER

(SUBS 05)

P - FINAL

MAJOR

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.55	*****	8.05	(12)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				WEEKLY
CHLORIDE, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	N/A		(19)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				WEEKLY
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	0.004	0.006	(1)	*****	*****	*****		0	1/7	Meas.
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				WEEKLY
CHLORINE, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	0.0	0.0	(19)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.5	1.25				WEEKLY
CHLORINE, FREE	SAMPLE MEASUREMENT	*****	*****		*****	0.00	0.00	(19)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2	0.5				WEEKLY
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Orndorf
Chemistry Manager

TYPED OR PRINTED

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

412 393-5113

AREA CODE NUMBER

DATE

96 11 26

YEAR MO DAY

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

REPORT THE DAILY MAXIMUM FOR UNIT 2 COOLING WATER DISCHARGING (24 HR. COMP.) : MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.)

Paperwork Reduction Act Notice

Public reporting burden for this collection of information is estimated to vary from a range of 10 hours as an average per response for some minor facilities, to 110 hours as an average per response for some major facilities, with a weighted average for major and minor facilities of 18 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

General Instructions

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
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4. Enter each "Parameter" as specified in monitoring requirements of permit.
5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period"; "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period." (Note to municipalities with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum.")
6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
7. Under "No Ex" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement," (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)
10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
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12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent," "Telephone Number," and "Date" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

Legal Notice

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

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)

(17-19)

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY

YEAR MO DAY

FROM

TO

(120-21) (122-23) (124-25)

(126-27) (128-29) (130-31)

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

DIESEL GEN 5 TORR

(50HR 05)

P - FINAL

HAZOP

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53)			QUANTITY OR CONCENTRATION (4 Card Only) (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.004	0.004	(03)	*****	*****	*****		0	17	EST
HOUSE 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****				
EFFLUENT CROSS VALVE	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

David Orndorf
Chemistry Manager

TYPED OR PRINTED

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TELEPHONE

412 393-5113

DATE

96 11 26

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA CODE NUMBER YEAR MO DAY

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

Paperwork Reduction Act Notice

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General Instructions

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6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
7. Under "No Ex" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
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13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this *Discharge Monitoring Report (DMR)* form may be obtained from Office(s) specified in permit.

Legal Notice

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

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

NAME **BEAVER VALLEY POWER STATION**

ADDRESS **P.O. BOX 4**

ATTN: DAVID ORNDORF

CHIPPINGPORT

PA 15077

FACILITY **BEAVER VALLEY POWER STATION**

LOCATION

ATTN: DAVID ORNDORF

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)

BLINDOWN FROM THE
(SUBR 05)
F - FINAL
MAJOR

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		8.15	*****	8.15	(12)	0	1/30	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.001	0.001	(33)	*****	*****	*****		0	1/30	Est
	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	*****			
Chromium	SAMPLE MEASUREMENT				<0.05	<0.05	<0.05		0	2/yr	Grab
	PERMIT REQUIREMENT										
Zinc	SAMPLE MEASUREMENT				0.07	0.07	0.14		0	2/yr	Grab
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Orndorf

Chemistry Manager

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412 393-5113
AREA CODE NUMBER

96 11 26
YEAR MO DAY

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

Paperwork Reduction Act Notice

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General Instructions

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Legal Notice

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NAME BRAVER VALLEY POWER STATION

ADDRESS P.O. BOX 8

ATTN: DAVID ORNDORF

FACILITY SHIPPOHOCK PA 15077

LOCATION BRAVER VALLEY POWER STATION

LOCATION

ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY YEAR MO DAY

FROM 05 17 01 TO 06 17 01

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

OUTFALL 013

(SUBR 05)

F - FINAL

MAJOR

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		6.19	*****	8.54	(13)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	*****		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.005	0.006	(13)	*****	*****	*****		0	1/7	Est
	PERMIT REQUIREMENT	REPORT	REPORT	*****	*****	*****	*****	*****		WEEKLY	ESTIMA
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.17	0.30	(19)	0	1/30	Calc.
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	*****		TWICE/MONTH	CALC
Antimony	SAMPLE MEASUREMENT				<0.05	<0.05	<0.05		0	1/yr	Grab
	PERMIT REQUIREMENT										
Cyanide, Free	SAMPLE MEASUREMENT				<0.02	<0.02	<0.02		0	1/yr	Grab
	PERMIT REQUIREMENT										
Cyanide, Total	SAMPLE MEASUREMENT				0.116 0.13 BT	0.13	0.144		0	1/yr	Grab
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Orndorf
Chemistry Manager

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

412 393-5113

AREA CODE NUMBER

TELEPHONE

DATE

96 11 26

YEAR MO DAY

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

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

Paperwork Reduction Act Notice

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID ORNDORF

SHIPPENSBORO

PA 19077

FACILITY BEAVER VALLEY POWER STATION

LOCATION

ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY

YEAR MO DAY

FROM

TO

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

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

101 CHEMICAL WASTE
(SURF DS)
P - FINAL
MAJOR

Form Approved.

OMB No. 2040-0004

Approval expires 09-31-98

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
14	SAMPLE MEASUREMENT	*****	*****		7.01	*****	7.58	(12)	0	1/7	Grab
00480 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	0	*****	0			WEEKLY	GRAB
15	SAMPLE MEASUREMENT	*****	*****		*****	<4	<4	(19)	0	1/7	Comp.
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	NO AVE	DAILY MX	MG/L		WEEKLY	COMP-2
16	SAMPLE MEASUREMENT	*****	*****		*****	<5	<5	(19)	0	1/7	Grab
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15	20			WEEKLY	GRAB
17	SAMPLE MEASUREMENT	*****	*****		*****	5.0	5.0	(19)	0	1/7	Grab
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			WEEKLY	GRAB
18	SAMPLE MEASUREMENT	0.0011	0.0049	(13)	*****	*****	*****		0	Daily	Cont.
00650 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		DAILY	CONTIN
19	SAMPLE MEASUREMENT	*****	*****		*****	0	0	(19)	0	1/7	Grab
01313 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Orndorf
Chemistry Manager

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412 393-5113

96 11 26

AREA
CODE

NUMBER

YEAR MO DAY

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

HYDRAZINE AND ANNOXIA MONITORING TO APPLY DURING PERIODS OF NET LAYUP.

Paperwork Reduction Act Notice

Public reporting burden for this collection of information is estimated to vary from a range of 10 hours as an average per response for some minor facilities, to 110 hours as an average per response for some major facilities, with a weighted average for major and minor facilities of 18 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

General Instructions

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
4. Enter each "Parameter" as specified in monitoring requirements of permit.
5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period"; "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period." (Note to municipalities with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum.")
6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
7. Under "No Ex" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement," (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)
10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
11. If "no discharge" occurs during monitoring period, enter "No Discharge" across form in place of data entry.
12. Enter: "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent," "Telephone Number," and "Date" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this *Discharge Monitoring Report (DMR)* form may be obtained from Office(s) specified in permit.

Legal Notice

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

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

NAME BRAYER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID ORNDORF

SHIPPENSBURG PA 15077

FACILITY BRAYER VALLEY POWER STATION

LOCATION

ATTN: DAVID ORNDORF

NATIONAL POLLUTANT CHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY YEAR MO DAY

FROM

TO

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

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

*** NO DISCHARGE 1-1 ***

NOTE: Read instructions before completing this form.

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY 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	*****	*****		7.35	*****	7.62	(12)	0	3/30	Grab
	PERMIT REQUIREMENT	*****	*****		MINIMUM	*****	MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	26.2	48.4	(12)	0	3/30	Grab
	PERMIT REQUIREMENT	*****	*****		*****	50 AVG	DAILY MX	MG/L			
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	<5	<5	(12)	0	3/30	Grab
	PERMIT REQUIREMENT	*****	*****		*****	15	20	MG/L			
FLOW, IN CONDUIT OR TREATMENT PLANT	SAMPLE MEASUREMENT	0.001	0.001	(13)	*****	*****	*****		0	3/30	EST
	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****				
	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.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

David Orndorf

Chemistry Manager

TYPED OR PRINTED

412 393-5113

AREA CODE NUMBER

96 11 26

YEAR MO DAY

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

Paperwork Reduction Act Notice

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6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
7. Under "No Ex" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/96" for one day per quarter, etc.)
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Legal Notice

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

NAME HEAVY VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID ORNDORF

SHIPPINGSBORO

PA 15077

FACILITY HEAVY VALLEY POWER STATION

LOCATION

ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY

YEAR MO DAY

FROM

TO

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

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

SLUDGE SETTLING

(RUR 35)

F - FINAL

MAJOR

Form Approved.

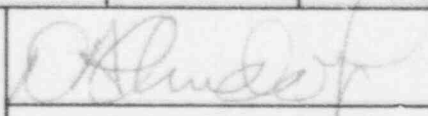
OMB No. 2040-0004

Approval expires 05/31/98

DO NOT DISCHARGE

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT'S			
1	SAMPLE MEASUREMENT	*****	*****		7.67	*****	7.85	(12)	0	7/30	Grk
00000 1 0 0	PERMIT REQUIREMENT	*****	*****	****	1.0	*****	9.0				
EFFLUENT CROSS VALUE				****	MINIMUM		MAXIMUM	SH			
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	13.0	16.1	(19)	0	7/30	24
SUSPENDED	PERMIT REQUIREMENT	*****	*****	****	*****	10	100				
00530 1 0 0				****		NO AVG	DAILY EX	MG/L			
EFFLUENT CROSS VALUE				****							
FLOW, IN CUBIC FT OR	SAMPLE MEASUREMENT	0.0014	0.0026	(03)	*****	*****	*****		0	7/30	EST.
THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****			
00050 1 0 0		NO AVG	DAILY EX	MGD				****			
EFFLUENT CROSS VALUE											
	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		
David Orndorf			412 393-5113	96	11	26	
Chemistry Manager			AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

Paperwork Reduction Act Notice

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Legal Notice

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NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 9

ATTN: DAVID GRNDORF

SHIPPINGSPOINT

PA 15077

FACILITY BEAVER VALLEY POWER STATION

LOCATION

ATTN: DAVID GRNDORF

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)

MAIN SEWAGE TMT P

(SUHR 05)

P - FINAL

MAJOR

OMB No. 2040-0004

Approval expires 05-31-98

*** NO DISCHARGE 1-1-98 ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		5.60	*****	6.19	(17)	2	2/30	Grab
PERMIT REQUIREMENT		*****	*****	****	5.0	*****	7.0			TWICE/GRAB	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	28.1	31.3	(19)	0	2/30	HC
PERMIT REQUIREMENT		*****	*****	****	*****	NO AVG	DAILY MX	MG/L		TWICE/COMP-B	
FLOW, IN CONDUIT OR POND TREATMENT PLANT	SAMPLE MEASUREMENT	0.0013	0.0013	(23)	*****	*****	*****		0	1/7	Meas.
PERMIT REQUIREMENT		0.023	REPORT		*****	*****	*****	****		WEEKLY MEASRD	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.11	1.83	(13)	0	2/30	Grab
PERMIT REQUIREMENT		*****	*****	****	*****	REPORT	REPORT			TWICE/GRAB	
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	BPX 3	*****	(13)	0	2/30	Grab
PERMIT REQUIREMENT		*****	*****	****	*****	2000	*****	/		TWICE/GRAB	
COB, CARBONACEOUS	SAMPLE MEASUREMENT	*****	*****		*****	8.5	11.9	(19)	0	2/30	Grab
PERMIT REQUIREMENT		*****	*****	****	*****	NO AVG	DAILY MX	MG/L		TWICE/COMP-B	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Grndorf

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.)

TELEPHONE

412 393-5113

DATE

96 11 26

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

See attached reportable occurrence letter

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

[Signature]

Paperwork Reduction Act Notice

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

NAME HEAVEN VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID GRNDORF

FACILITY SHIPPINGPORT PA 15077

LOCATION HEAVEN VALLEY POWER STATION

ATTN: DAVID GRNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY

YEAR MO DAY

FROM

TO

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

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

NOTE: Read instructions before completing this form.

Form Approved.
OMB No. 2040-0004
Approval expires 09-31-98

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY 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 ADDS 1 0 0 EFFLUENT CROSS VALVE	SAMPLE MEASUREMENT	No Flow			*****	*****	*****				
	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		ANALYSIS	ESTIMATE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Grndorf
Chemistry Manager

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412 893-5113

96 11 26

AREA CODE

NUMBER

YEAR

MO

DAY

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

No Discharge

Paperwork Reduction Act Notice

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5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period." "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period." (Note to municipalities with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum.")
6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
7. Under "No Ex" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement," (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "NA" for continuous monitoring, etc.)
10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
11. If "no discharge" occurs during monitoring period, enter "No Discharge" across form in place of data entry.
12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent," "Telephone Number," and "Date" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

Legal Notice

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

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

NAME HEAVY VALLEY POWER STATION

ADDRESS 1000 1000

ATTN: DAVID ORNDORF

SHIPINGPORT

PA 15077

FACILITY HEAVY VALLEY POWER STATION

LOCATION

ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(12-16)

(17-19)

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY

YEAR MO DAY

FROM

TO

(120-21) (122-23) (124-25)

(126-27) (128-29) (130-31)

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (132-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SAMPLE MEASUREMENT		*****	*****		7.09	*****	7.56	(12)	0	1/7	Grab
PERMIT REQUIREMENT		*****	*****		0	*****	0				WEEKLY
SAMPLE MEASUREMENT		*****	*****		*****	5.4	8.8	(19)	0	1/7	Grab
PERMIT REQUIREMENT		*****	*****		*****	NO AVE	100				WEEKLY
SAMPLE MEASUREMENT		*****	*****		5.5	7.4	7.4	(19)	0	1/7	Grab
PERMIT REQUIREMENT		*****	*****		5	NO AVE	NO				WEEKLY
SAMPLE MEASUREMENT		0.001	0.001	(13)	*****	*****	*****		0	1/7	EST
PERMIT REQUIREMENT		REPORT	REPORT		*****	*****	*****				WEEKLY
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Orndorf
Chemistry Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1310. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

TELEPHONE

12 393-5113

DATE

96 11 26

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA CODE NUMBER YEAR MO DAY

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

Paperwork Reduction Act Notice

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General Instructions

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2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
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Legal Notice

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID ORNDORF

SHIPPENSBURG

PA 15077

FACILITY BEAVER VALLEY POWER STATION

LOCATION

ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY

FROM TO

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

UNIT 2 SEWAGE TMT
(SUPR 05)
F + FINAL
MAJOR

Form Approved.

OMB No. 2040-0004

Approval expires 09-31-98

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
SAMPLE MEASUREMENT		*****	*****		6.18	*****	6.59	(12)	0	2/30	Grab	
PERMIT REQUIREMENT		*****	*****		MINIMUM	*****	MAXIMUM			TWICE/MONTH		
SAMPLE MEASUREMENT		*****	*****		*****	*****	19.8	24.0	(19)	0	2/30	HC
PERMIT REQUIREMENT		*****	*****		*****	*****	NO AVG	DAILY ME		TWICE/MONTH		
SAMPLE MEASUREMENT		0.0075	0.0075	(03)	*****	*****	*****	*****		0	1/7	WEEKLY
PERMIT REQUIREMENT		NO AVG	DAILY ME		*****	*****	*****	*****		WEEKLY		
SAMPLE MEASUREMENT		*****	*****		*****	*****	0.16	0.30	(19)	0	2/30	Grab
PERMIT REQUIREMENT		*****	*****		*****	*****	REPORT	REPORT		TWICE/MONTH		
SAMPLE MEASUREMENT		*****	*****		*****	*****	0	*****	(13)	0	2/30	Grab
PERMIT REQUIREMENT		*****	*****		*****	*****	NO TEST	*****		TWICE/MONTH		
SAMPLE MEASUREMENT		*****	*****		*****	*****	7.2	8.4	(19)	0	2/30	HC
PERMIT REQUIREMENT		*****	*****		*****	*****	NO AVG	DAILY ME		TWICE/MONTH		
SAMPLE MEASUREMENT												
PERMIT REQUIREMENT												

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Orndorf

Chemistry Manager

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412 393-5113

96 11 26

AREA CODE

NUMBER

YEAR

MO

DAY

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

Paperwork Reduction Act Notice

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General Instructions

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
4. Enter each "Parameter" as specified in monitoring requirements of permit.
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6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
7. Under "No Ex" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement," (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)
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13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this *Discharge Monitoring Report (DMR)* form may be obtained from Office(s) specified in permit.

Legal Notice

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DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

FROM

95	10	01
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 TO

95	10	01
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(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) QUANTITY OR CONCENTRATION (38-45)			(5 Card Only) QUANTITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****			*****		(12)					
	PERMIT REQUIREMENT	*****	*****			*****							
01100, TOTAL EXPENSES	SAMPLE MEASUREMENT	*****	*****			*****		(19)					
	PERMIT REQUIREMENT	*****	*****			*****							
00550 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****			*****		(19)					
	PERMIT REQUIREMENT	*****	*****			*****							
00550 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****			*****		(19)					
	PERMIT REQUIREMENT	*****	*****			*****							
00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	No Flow		(03)		*****							
	PERMIT REQUIREMENT	REPORT	REPORT			*****							
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												

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

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

DATE
96 11 26

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

No Discharge

Paperwork Reduction Act Notice

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9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement," (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)
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Legal Notice

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NAME **SEVEN VALLEY POWER STATION**ADDRESS **7.0. BOX 4**ATTN: **DAVID GRNDORF**FACILITY **SHIPPINGPORT PA 15077**LOCATION **SEVEN VALLEY POWER STATION**ATTN: **DAVID GRNDORF**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(12-16)

(17-19)

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY YEAR MO DAY

FROM 96 10 01 TO 96 10 31

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

211 TURBINE HLOG

(SURR 05)

P - FINAL

MAJOR

Form Approved.

OMB No. 2040-0004

Approval expires 09-31-98

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SAMPLE MEASUREMENT		*****	*****		7.53	*****	8.25	(12)	D	1/7	Grab
PERMIT REQUIREMENT		*****	*****	***	0	*****	8.0				WEEKLY GRAB
SAMPLE MEASUREMENT		*****	*****		*****	24	24	(13)	0	1/7	Grab
PERMIT REQUIREMENT		*****	*****	***	*****	10	100				WEEKLY GRAB
SAMPLE MEASUREMENT		*****	*****		5.5	7.6	7.6	(19)	0	1/7	Grab
PERMIT REQUIREMENT		*****	*****	***	15	20	30				WEEKLY GRAB
SAMPLE MEASUREMENT		0.001	0.001	(03)	*****	*****	*****		0	1/7	EST
PERMIT REQUIREMENT		REPORT	REPORT		*****	*****	*****	***			WEEKLY ESTIMA
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Grndorf

Chemistry Manager

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

David Grndorf

TELEPHONE

12 393-5113

AREA CODE NUMBER

DATE

96 11 26

YEAR MO DAY

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

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

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY

YEAR MO DAY

FROM

TO

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

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

UNIT 2 COOL TOWER
(5088 05)
F - FINAL
MAJOR

Form Approved.

OMB No. 2040-0004

Approval expires 09-31-98

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53)			(4 Card Only) (38-45)				(54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS							
1.0	SAMPLE MEASUREMENT	*****	*****			*****		(12)							
1.0	PERMIT REQUIREMENT	*****	*****	****	5.0	*****	9.0								
1.0	SAMPLE MEASUREMENT	*****	*****		*****			(19)							
1.0	PERMIT REQUIREMENT	*****	*****	****	*****	30	100								
1.0	SAMPLE MEASUREMENT	*****	*****		*****			(19)							
1.0	PERMIT REQUIREMENT	*****	*****	****	*****	15	20								
1.0	SAMPLE MEASUREMENT	No Flow		(13)	*****	*****	*****								
1.0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****								
1.0	SAMPLE MEASUREMENT														
1.0	PERMIT REQUIREMENT														
1.0	SAMPLE MEASUREMENT														
1.0	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.)

David Orndorf
Chemistry Manager

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412 393-5113 96 11 26
AREA CODE NUMBER YEAR MO DAY

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

Paperwork Reduction Act Notice

Public reporting burden for this collection of information is estimated to vary from a range of 10 hours as an average per response for some minor facilities, to 110 hours as an average per response for some major facilities, with a weighted average for major and minor facilities of 18 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

General Instructions

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
4. Enter each "Parameter" as specified in monitoring requirements of permit.
5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period"; "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period." (Note to municipalities with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum.")
6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
7. Under "No Ex" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement," (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)
10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
11. If "no discharge" occurs during monitoring period, enter "No Discharge" across form in place of data entry.
12. Enter "Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent," "Telephone Number," and "Date" at bottom of form.
13. Mail Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

Legal Notice

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 9

ATTN: DAVID ORNDORF

SHIPPINGPORT

PA 15077

FACILITY BEAVER VALLEY POWER STATION

LOCATION

ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(12-16)

(17-19)

PERMIT NUMBER

DISCHARGE NUMBER

UNIT 2 AUX BOILER

(SUBR 05)

P - FINAL

MAJOR

Form Approved.

OMB No. 2040-0004

Approval expires 09-31-98

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
(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) (46-53) QUANTITY OR LOADING			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00530 1 3 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	30	100	NO AVG DAILY MX MG/L		TWICE/30 DAY	
OIL AND GREASE FROM EXTRACT-GRAY SEPT 00556 1 3 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	15	20	NO AVG DAILY MX MG/L		TWICE/30 DAY	
FLOW, IN CONDUIT OR TREATMENT PLANT 00050 1 3 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	No Flow (33)			*****	*****	*****				
	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		WEEKLY/ESTIMATE	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Orndorf
Chemistry Manager

TYPED OR PRINTED

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TELEPHONE

412 393-5113

DATE

96 11 26

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA CODE NUMBER YEAR MO DAY

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

No Discharge

Paperwork Reduction Act Notice

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General Instructions

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2. Enter "Permittee Name Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
4. Enter each "Parameter" as specified in monitoring requirements of permit.
5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period"; "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period." (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum.")
6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
7. Under "No Ex" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont," for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
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10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
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12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent," "Telephone Number," and "Date" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

Legal Notice

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

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

NAME HEAVEN VALLEY POWER STATION

ADDRESS P.O. Box 4

ATTN: DAVID DRADORF

SHIPPENSBURG PA 15077

FACILITY HEAVEN VALLEY POWER STATION

LOCATION

ATTN: DAVID DRADORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(12-16) (17-19)

PERMIT NUMBER

DISCHARGE NUMBER

UNIT 1 OIL WATER

(5000 35)

F - FINAL

MAJOR

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

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)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OIL AND GREASE FROM EXTB-GRAV MSTR 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.67	*****	7.13	(12)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	****	0.0	*****	0.0				WEEKLY GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	6.2	10.2	(19)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	37	100				WEEKLY GRAB
OIL AND GREASE FROM EXTB-GRAV MSTR 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<5	<5	(19)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	15	20				WEEKLY GRAB
FLOW, IN CONDUIT ON THRU TREATMENT PLANT 00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.019	0.056	(03)	*****	*****	*****		0	1/7	EST
	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****			WEEKLY ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Dradorf
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

12 593-5113

96 11 26

AREA
CODE

NUMBER

YEAR

MO

DAY

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

Paperwork Reduction Act Notice

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General Instructions

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2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
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13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this *Discharge Monitoring Report (DMR)* form may be obtained from Office(s) specified in permit.

Legal Notice

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

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

PERMIT NUMBER

DISCHARGE NUMBER

313 TURBINE BLDG
(SUITE 05)
P - FINAL
MAJOR

Form Approved.
OMB No. 2040-0004
Approval expires 05/31/98

MONITORING PERIOD						
FROM			TO			
YEAR	MO	DAY	YEAR	MO	DAY	
95	10	01	95	10	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) (46-53) QUANTITY OR LOADING			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.32	*****	8.54	(17)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	***	1.0	*****	5.0				WEEKLY GRAB
03100 1 0 0 SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	<4	<4	(19)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	***	*****	10	100				WEEKLY GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<5	<5	(19)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	***	*****	25	25				WEEKLY GRAB
00555 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.002	0.002	(13)	*****	*****	*****		0	1/7	EST
	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	***			WEEKLY ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 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			
David Orndorf Chemistry Manager						412 393-5113		96	11	26	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMBER	YEAR	MO	DAY	

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

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID ORNDORF

SHIPPINGPORT

PA 15077

FACILITY BEAVER VALLEY POWER STATION

LOCATION

ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER

DISCHARGE NUMBER

OUTFALL 013

(SUBM 05)

F - FINAL

MAJOR

Form Approved.

OMB No. 2040-0004

Approval expires 03-31-98

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY

*** NO DISCHARGES ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CYANIDE, FREE ACID, DIBASIC	SAMPLE MEASUREMENT	*****	*****		*****	40.02	40.02	(19)		2/Q	grab
00718 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			2/Q	grab
EFFLUENT GROSS VALUE						DATE AVG	DAILY ME	MG/L			
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	*****	*****		*****	0.130	0.144	(19)		2/Q	grab
00720 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			2/Q	grab
EFFLUENT GROSS VALUE						DATE AVG	DAILY ME	MG/L			
ANTIMONY, TOTAL (AS Sb)	SAMPLE MEASUREMENT	*****	*****		*****	40.5	40.5	(19)		2/Q	grab
01097 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			2/Q	grab
EFFLUENT GROSS VALUE						DATE AVG	DAILY ME	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David A. Orndorf

Chemistry Manager

TYPED OR PRINTED

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

412 393-5113

DATE

96 10 26

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA CODE NUMBER YEAR MO DAY

Paperwork Reduction Act Notice

Public reporting burden for this collection of information is estimated to vary from a range of 10 hours as an average per response for some minor facilities, to 110 hours as an average per response for some major facilities, with a weighted average for major and minor facilities of 18 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

General Instructions

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
4. Enter each "Parameter" as specified in monitoring requirements of permit.
5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period"; "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period." (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum.")
6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
7. Under "No./x" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement," (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)
10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
11. If "no discharge" occurs during monitoring period, enter "No Discharge" across form in place of data entry.
12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent," "Telephone Number," and "Date" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

Legal Notice

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

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

NAME BRAVER VALLEY POWER STATION

ADDRESS 200 N. 10TH ST.

ATTN: DAVID GRUNDORF

FACILITY SHIPPINGPORT PA 15077

LOCATION BRAVER VALLEY POWER STATION

ATTN: DAVID GRUNDORF

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)

CHEN. FEED AREA 0
(SUBB 05)
F - FINAL
MAJOR

Form Approved.

OMB No. 2040-0004

Approval expires 05/31/98

NO DISCHARGE

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
	PERMIT REQUIREMENT	*****	*****		MINIMUM	*****	REPORT			TWICE/STAR	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
	PERMIT REQUIREMENT	*****	*****		*****	10	100	MG/L		TWICE/STAR	
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
	PERMIT REQUIREMENT	*****	*****		*****	15	20	MG/L		TWICE/STAR	
FLOW, IN CONDUIT OR POND TREATMENT PLANT	SAMPLE MEASUREMENT	No Flow			(03)	*****	*****	*****			
	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	*****		WEEKLY/STAR	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Grundorf
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 6 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412 893-3113 96 11 26
AREA CODE NUMBER YEAR MO DAY

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

Paperwork Reduction Act Notice

Public reporting burden for this collection of information is estimated to vary from a range of 10 hours as an average per response for some minor facilities, to 110 hours as an average per response for some major facilities, with a weighted average for major and minor facilities of 18 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

General Instructions

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
4. Enter each "Parameter" as specified in monitoring requirements of permit.
5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period"; "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period." (Note to municipalities with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum.")
6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
7. Under "No Ex" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement," (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)
10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
11. If "no discharge" occurs during monitoring period, enter "No Discharge" across form in place of data entry.
12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent," "Telephone Number," and "Date" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

Legal Notice

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

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

NAME **SPAVEN VALLEY POWER STATION**

ADDRESS **P.O. BOX 1**

ATTN: DAVID ORNDORF

SHIPPINGPORT PA 15077

FACILITY **SPAVEN VALLEY POWER STATION**

LOCATION

ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(12-16)

(17-19)

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY

YEAR MO DAY

FROM

TO

(120-21) (122-23) (124-25)

(126-27) (128-29) (130-31)

CONDENSATE BLOWBY
(SMBR-05)
FINAL
MAJOR

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (132-37)		(3 Card Only) QUANTITY OR LOADING (146-53)			(4 Card Only) QUANTITY OR CONCENTRATION (146-53)			NO. EX (162-63)	FREQUENCY OF ANALYSIS (164-68)	SAMPLE TYPE (169-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
1.0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****			*****		(12)		
	PERMIT REQUIREMENT	*****	*****		0.0	*****	0.0		WEEKLY	RA8
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			(19)		
	PERMIT REQUIREMENT	*****	*****		*****	30	100		WEEKLY	RA8
OIL AND GREASE NEON FIBER-CARB. FIBER	SAMPLE MEASUREMENT	*****	*****		*****			(19)		
	PERMIT REQUIREMENT	*****	*****		*****	NO AVG	DAILY MAX	MG/L		
NITROGEN, AMMONIA TOTAL (AS-N)	SAMPLE MEASUREMENT	*****	*****		*****			(19)		
	PERMIT REQUIREMENT	*****	*****		*****	REPORT	REPORT		WEEKLY	RA8
PLANTHOL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	*****	*****		*****			(19)		
	PERMIT REQUIREMENT	*****	*****		*****	NO AVG	DAILY MAX	MG/L		
FLOW, IN CONDUIT OR TREATMENT PLANT	SAMPLE MEASUREMENT	No Flow			(03)	*****	*****	*****		
	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	*****	WEEKLY	STINA
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****			(19)		
	PERMIT REQUIREMENT	*****	*****		*****	0.5	1.25		WEEKLY	RA8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Orndorf
Chemistry Manager

TYPED OR PRINTED

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

412 393-3113

96 11 26

AREA
CODE

NUMBER

YEAR

MO

DAY

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

HYDRAULIC AND AMMONIA MONITORING TO APPLY DURING PERIODS OF KET LAYUP. REPORT THE DAILY MAXIMUM FOR BETA 0
NO DISCHARGE (24 HR. COMP.): NO/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.)

Paperwork Reduction Act Notice

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General Instructions

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2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
4. Enter each "Parameter" as specified in monitoring requirements of permit.
5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period"; "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period." (Note to municipalities with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum.")
6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
7. Under "No Ex" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement," (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)
10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
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12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent," "Telephone Number," and "Date" at bottom of form.
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14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

Legal Notice

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

NAME HEAVEN VALLEY POWER STATION

ADDRESS P.O. BOX 1

ATTN: DAVID DRNDORF

SHIPPINGPORT

PA 15077

FACILITY HEAVEN VALLEY POWER STATION

LOCATION

ATTN: DAVID DRNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY

YEAR MO DAY

FROM 05 12 01

TO 05 12 31

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

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

WOLE FUEL STORAGE
(SUBR 05)
FINAL
MAJOR

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

NO DISCHARGE ☒

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUANTITY 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			
SAMPLE MEASUREMENT		*****	*****			*****		(12)			
PERMIT REQUIREMENT		*****	*****	****	MINIMUM	*****	MAXIMUM	GO		WEEKLY	RAU
SAMPLE MEASUREMENT		*****	*****		*****			(19)			
PERMIT REQUIREMENT		*****	*****	****	*****	30	100	DAILY BY MC/L		WEEKLY	RAU
SAMPLE MEASUREMENT		*****	*****		*****			(19)			
PERMIT REQUIREMENT		*****	*****	****	*****	15	20	DAILY BY MC/L		WEEKLY	RAU
SAMPLE MEASUREMENT		No Flow		(03)	*****	*****	*****				
PERMIT REQUIREMENT		REPORT	REPORT		*****	*****	*****	****		WEEKLY	ESTIMA
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Drndorf
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

12 393-5113

AREA CODE NUMBER

DATE

96 11 26

YEAR MO DAY

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

No Discharge

Paperwork Reduction Act Notice

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12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent," "Telephone Number," and "Date" at bottom of form.
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Legal Notice

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

NAME **HEAVER VALLEY POWER STATION**

ADDRESS **P.O. BOX 4**

ATTN: **DAVID DRNDORF**

SHIPPINGPORT

PA 15077

FACILITY **HEAVER VALLEY POWER STATION**

LOCATION

ATTN: **DAVID DRNDORF**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY

YEAR MO DAY

FROM

TO

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

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

UNIT 1 GENERATOR BLV

(SUBMIT)

FINAL

MAJOR

NO DISCHARGE

NOTE: Read instructions before completing this form.

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SOLIDS, TOTAL SUSPENDED SOLIDS 1 2 3 EFFLUENT CROSS VALVE	SAMPLE MEASUREMENT	*****	*****		*****			(19)		
	PERMIT REQUIREMENT	*****	*****		*****	10	100		WEEKLY	MA </td
FLOW, IN CONDUIT OR THRU TREATMENT PLANT SOLIDS 1 2 3 EFFLUENT CROSS VALVE	SAMPLE MEASUREMENT			(03)	*****	*****	*****			
	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****		WEEKLY	STINA
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Drndorf
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

412 893-5113

AREA
CODE

NUMBER

YEAR

MO

DAY

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

Paperwork Reduction Act Notice

Public reporting burden for this collection of information is estimated to vary from a range of 10 hours as an average per response for some minor facilities, to 110 hours as an average per response for some major facilities, with a weighted average for major and minor facilities of 18 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

General Instructions

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
4. Enter each "Parameter" as specified in monitoring requirements of permit.
5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period"; "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period" (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum.")
6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
7. Under "No Ex" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement," (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)
10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
11. If "no discharge" occurs during monitoring period, enter "No Discharge" across form in place of data entry.
12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent," "Telephone Number," and "Date" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

Legal Notice

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.