



Duquesne Light

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

Telephone (412) 393-6000

April 12, 1995
NPD3VPO: 0334

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

NPDES Monthly Report, EPA Permit No. PA0025615

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

Dear Sir:

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

Sincerely,

T. P. Noonan
Division Vice President
Nuclear Operations

DNH/trs

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



The Nuclear Professionals

9504260064 950331
PDR ADCK 05000334
R PDR

Handwritten initials: TRS
Handwritten number: 11



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

Telephone (412) 393-6000

April 12, 1995
NPD3VPO: 0335

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
S. L. Pernick
N. R. Tonet
Central File



The Nuclear Professionals



Duquesne Light

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

Telephone (412) 393-6000

April 12, 1995
NPD:VPO: 0336

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

NPDES Monthly Report, EPA Permit Number PA0025615

Gentlemen:

NPDES Monthly Report for Duquesne Light Company, Beaver Valley Power Station for March 1995 is submitted for your consideration.

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

Sincerely,

T. P. Noonan
Division Vice President
Nuclear Operations

DNH/trs

Enclosure

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



The Nuclear Professionals

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME LOWRY VALLEY PAPER MILL
 ADDRESS Box 4
ATTN: DAVID ORNDORF
SHIPPINGCOT PA 12177
 FACILITY _____
 LOCATION _____
 ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
 PERMIT NUMBER PA025015
 DISCHARGE NUMBER 111

Form Approved
 OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
95	03	01		95	03	31

NOTE: Read instructions before completing this form.

PARAMETER (12-17)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only)			QUALITY OR CONCENTRATION (4 Card Only)				NO. EX. (18-19)	FREQUENCY OF ANALYSIS (20-21)	SAMPLE TYPE (22-23)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS			
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	7.04	*****	7.76	(12)		1/7	G
	PERMIT REQUIREMENT	*****	*****	*****	0.0	*****	9.0			WEEKLY	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	27.0	*****	85.8	(19)		1/7	24C
	PERMIT REQUIREMENT	*****	*****	*****	3L	*****	100			WEEKLY	COMP-2
00550 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	8	*****	17	(19)		1/7	G
	PERMIT REQUIREMENT	*****	*****	*****	15	*****	20			WEEKLY	GRAB
00610 1 0 1 EFFLUENT GROSS VALUE	*****	*****	*****	*****	NA	*****	NA	(19)		NA	NA
	PERMIT REQUIREMENT	*****	*****	*****	REPORT	*****	REPORT			WEEKLY	GRAB
00700 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	0.007	*****	0.027	(13)		1/07	CONT
	PERMIT REQUIREMENT	*****	*****	*****	REPORT	*****	REPORT			DAILY	CONTIN
01313 1 0 1 EFFLUENT GROSS VALUE	*****	*****	*****	*****	NA	*****	NA	(19)		NA	NA
	PERMIT REQUIREMENT	*****	*****	*****	REPORT	*****	REPORT			WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
David Orndorf
Chemistry Manager

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE TO USC § 1001 AND 1111, 1113 (Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 3 years.)

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 412 393-5113
 DATE: 95 04 12

REMARKS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
None

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME SAVING VALLEY POWER STATION
 ADDRESS P.O. BOX 4
AITN; DAVID ORNDORF
SAIFFINGROAT LA 15077
 FACILITY _____
 LOCATION _____
AITN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
 P20025615
 PERMIT NUMBER
 2712
 DISCHARGE NUMBER

SAJUL
 (SUB-05) Form Approved.
 FEDERAL OMB No. 2040-0004
 APPROVAL EXPIRES 10/31/94

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
95	03	01		95	03	31

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

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only)			QUALITY OR CONCENTRATION (4 Card Only)				NO. EX (67-71)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (48-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS			
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****			*****			(12)		
	PERMIT REQUIREMENT	*****	*****	****	0.0 MINIMUM	*****	9.0 MAXIMUM	0.0		TWICE/GRAB MONTH	
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****				(12)		
	PERMIT REQUIREMENT	*****	*****	****	*****	30 NO AVG	100 DAILY MAX	0.0/L		TWICE/GRAB MONTH	
OIL AND GREASE FROM EXTRA-GRAV MESH 00550 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****				(19)		
	PERMIT REQUIREMENT	*****	*****	****	*****	15 NO AVG	20 DAILY MAX	0.0/L		TWICE/GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50000 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NO FLOW		(13)	*****	*****	*****	4.000			
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MAX	MGD	*****	*****	*****	4.000		TWICE/ESTIMATE MONTH	
	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 40 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.)

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 412 393-5113
 DATE: 95 04 12
 AREA CODE: _____ NUMBER: _____ YEAR: _____ MO: _____ DAY: _____

STATE AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 No Discharge

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

NAME LEHIGH VALLEY POWER STATION
 ADDRESS P.O. BOX 4
ATN: DAVID ORNDORF
ALLENTOWN Pa 18017

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

PERMIT NUMBER PA0025015 DISCHARGE NUMBER 301 A

Form Approved OMB No. 2040-0004
 Approval expires 10-31-94
 UNIT 2 LA SYSTEM SLOWDOWN

FACILITY _____
 LOCATION _____
 ATN: DAVID ORNDORF

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
95	03	01		95	03	31

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)			QUALITY OR CONCENTRATION (46-53)			NO. EX (62-67)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	*****	*****			*****						(19)		
	PERMIT REQUIREMENT	*****	*****	***	*****	30	100					TWICE/GRAB	
				***		NO AVG	DAILY EX					MONTH	
OIL AND GREASE FROM EXTRA GRAV METH 00550 1 0 0 EFFLUENT GROSS VALUE	*****	*****			*****						(17)		
	PERMIT REQUIREMENT	*****	*****	***	*****	15	20					TWICE/GRAB	
				***		NO AVG	DAILY EX					MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50550 1 0 0 EFFLUENT GROSS VALUE	NO FLOW			(03)	*****	*****	*****						
	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	***				WEEKLY	STINA
		NO AVG	DAILY EX	MGD				***					
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 David Orndorf
 Chemistry Manager

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE TO USC § 1301 AND 1311 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.)

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-5113
 DATE 95 04 12

STATEMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 No Violations

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME SHAWNEE VALLEY POWER STATION
 ADDRESS P.O. BOX 4
ATTN: DAVID ORNDORF
SHIPLEYPORT PA 15177
 FACILITY _____
 LOCATION _____
ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
 PERMIT NUMBER PA0025913
 DISCHARGE NUMBER 421 A

Form Approved
 OMB No. 2040-0004
 Approval expires 10-31-94
 Check field tags of AUX BULLETINS

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	95	03	01		95	03	31

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO EX (52-61)	FREQUENCY OR ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****			*****		(12)			
00400 1 0 1 EFFLUENT GROSS VALUE		*****	*****	***	0.0 MINIMUM	*****	REPORT			TWICE/GRAB MONTH	
SOLIDS, TOTAL SUSPENDED		*****	*****		*****			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	30 80 AVG	100 DAILY MAX	MG/L		TWICE/GRAB MONTH	
OIL AND GREASE FRELON EXTRA-GRAV METH		*****	*****		*****			(19)			
00550 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	15 80 AVG	20 DAILY MAX	MG/L		TWICE/GRAB MONTH	
FLOW, IN CONDUIT OR TANK TREATMENT PLANT		NO FLOW (03)			*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT 80 AVG	REPORT DAILY MAX	MGD	*****	*****	*****	***		SEXTYESTIMA	

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

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT (SEE 18 USC § 1001 AND 33 USC § 1319). (Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 3 years.)

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 412 393-5113
 DATE: 95 04 12
 AREA CODE: 412 NUMBER: 393-5113 YEAR: 95 MO: 04 DAY: 12

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

PERMITTEE NAME/ADDRESS (Include

Facility Name/Location if different)

NAME DAVID VALLEY POND STATION

ADDRESS P.O. BOX 4

ATTN: DAVID ORNDORF

SHIPLESBORO TN 38177

FACILITY _____

LOCATION _____

ATTN: DAVID ORNDORF

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

(1-16)

(17-19)

PERMIT NUMBER 33-22243

DISCHARGE NUMBER 01

MONITORING PERIOD

FROM				TO				
YEAR	MO	DAY		YEAR	MO	DAY		
95	03	01		95	03	31		
(20-21) (22-23) (24-25)					(26-27) (28-29) (30-31)			

Form Approved
EPA No. 2040-0004
Approval expires 10-31-94

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-61)	SAMPLE TYPE (64-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****				(15)		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30	100			DAILY	LAB
FLOW, IN CONDUIT OR THROUGH TREATMENT PLANT	SAMPLE MEASUREMENT	No flow			(0)	*****	*****	*****			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	***		DAILY	LAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT (SEE 33 USC § 1311 AND 40 CFR § 131.9). (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE	DATE			
			412 393-5113	95	04	12
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

No flow

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

NAME DEAFIN VALLEY POWER STATION
 ADDRESS P.O. BOX 4
ATTN: DAVID ORNDORF
WILFINGBORO Pa 15077

FACILITY _____
 LOCATION _____
ATTN: DAVID ORNDORF

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

PERMIT NUMBER PA0025615 DISCHARGE NUMBER 0118

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
95	03	01		95	03	31

Form Approved. OMB No. 2040-0004
 Approval expires 10-31-94
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE (54-61)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (46-53)			
Pd 00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	7.95	*****	8.13	(12)	1/7	C
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 1 EFFLUENT GROSS VALUE	*****	*****	*****	*****	0.0	*****	9.0	(1)	NA	WEEKLY GAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	35.688	*****	41.84	(63)	NA	DAILY CONTIN
CHLORINE, FREE AVAILABLE 50004 1 0 1 EFFLUENT GROSS VALUE	*****	*****	*****	*****	0.04	*****	0.04	(19)	1/7	CONTINUOUS
HYDRAZINE 01313 1 0 1 EFFLUENT GROSS VALUE	*****	*****	*****	*****	0	*****	0	(13)	NA	WEEKLY GAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: David Orndorf, Chemistry Manager
 I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT (SEE 33 USC § 1001 AND 33 USC § 1319). Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]
 TELEPHONE: 412 393-5113
 DATE: 95 04 12

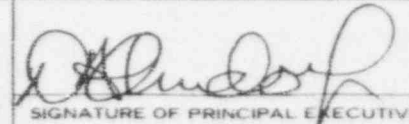
REMARKS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):
NO VIOLATIONS. NO MONITORING DURING PERIODS OF SHUT DOWN. QUARTERLY MONITORING TO BE CONDUCTED BY 03/31/95. NA NOT APPLICABLE, NO VIOLATIONS EXISTED.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME SAVING VALLEY POWER STATION
 ADDRESS P.O. BOX 4
ATTN: DAVID ORNDORF
SHIPPINGPORT PA 15477
 FACILITY _____
 LOCATION _____
ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
 PERMIT NUMBER PA0025015
 DISCHARGE NUMBER 1113
 MONITORING PERIOD
 FROM YEAR 95 MO 01 DAY 01 TO YEAR 95 MO 03 DAY 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

Form Approved
 OMB No. 2040-0004
 Approval expires 10-31-94
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (47-51)	FREQUENCY OF ANALYSIS (52-55)	SAMPLE TYPE (56-60)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BERYLLIUM, TOTAL (AS BE)	SAMPLE MEASUREMENT	*****	*****		*****	<0.005	<0.005	(19)	C	2/90	G
01012 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			TWICE GRAB	
2 CHLOROPHENOL	SAMPLE MEASUREMENT	*****	*****		*****	<0.0001	<0.0001	(19)	C	2/90	G
34500 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			TWICE GRAB	
	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 KNOWLEDGE OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT (SEE 33 USC § 1001 AND 33 USC § 1319) (Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	AREA CODE 412	NUMBER 293-5113	YEAR 95	MO 04

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

PERMITTEE NAME/ADDRESS (include Facility Name/Location if different)
 NAME SCHWAB VALLEY POWER STATION
 ADDRESS P.O. BOX 4
ATTN: DAVID ORNDORF
SHIPLEYPORT PA 15277
 FACILITY _____
 LOCATION _____
ATTN: DAVID ORNDORF

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

PERMIT NUMBER PA0025615
 DISCHARGE NUMBER 102

Form Approved.
 OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
95	03	01		95	03	31

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX. (62-64)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-51)	MAXIMUM (54-61)	UNITS	MINIMUM (38-43)	AVERAGE (46-51)	MAXIMUM (54-61)			
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.41	*****	7.70	(12)		G
	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM			TWICE/GRAB MONTH
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<4.0	<4.0	(25)		G
	PERMIT REQUIREMENT	*****	*****	****	*****	30 30 AVG	100 DAILY MAX	MG/L		TWICE/GRAB MONTH
OIL AND GREASE FROM FATS GRAV METH 00550 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	//	17	(19)		G
	PERMIT REQUIREMENT	*****	*****	****	*****	15 30 AVG	20 DAILY MAX	MG/L		TWICE/GRAB MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50000 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	<0.001	<0.001	(03)	*****	*****	*****			G
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MAX	MG/D	*****	*****	*****	****		TWICE/ESTIMA MONTH
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

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

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$25000 and/or maximum imprisonment of between 6 months and 5 years)

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-5113
 DATE 95 04 12
 AREA CODE NUMBER YEAR MO DAY

NAME, TITLE AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME BEAVER VALLEY POWER STATION
 ADDRESS P.O. BOX 4
ATTN: DAVID ORNDORF
PHILADELPHIA PA 19107
 FACILITY _____
 LOCATION _____
ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
 16025045 PERMIT NUMBER
 0020 DISCHARGE NUMBER

Form Approved
 OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD
 FROM YEAR 95 MO 03 DAY 01 TO YEAR 95 MO 03 DAY 01
 (20-21) (22-21) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)				NO EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THROUGH TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE		0,006	0.046	(03)	*****	*****	*****	****		1/7	WEEKLY ESTIMA
		REPORT NO AVG	REPORT DAILY MX	MGD							

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 40 USC § 1001 AND 11 USC § 1329). (Penalties under those statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.)

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-5113
 AREA CODE NUMBER
 DATE 95 04 12
 YEAR MO DAY

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME DAVID ORNDORF
 ADDRESS Box 4
ATTN: DAVID ORNDORF
SHIPPINGSBORO PA 17877
 FACILITY _____
 LOCATION _____
 ATTN: DAVID ORNDORF

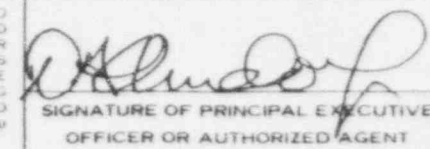
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
 181030013 PERMIT NUMBER
 435 DISCHARGE NUMBER

Form Approved
 OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 95 03 01 TO 95 03 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.38	*****	7.61	(14)		1/31	C
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	0.0	*****	0.0			TWICE/6 MONTH	6000
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	12.9	21.8	(19)		1/31	24MC
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 MC AVG	100 DAILY MAX	60/1		TWICE/6 MONTH	24MC
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.004	0.004	(G)	*****	*****	*****			1/31	650
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT TO AVG	REPORT DAILY MAX	MGD	*****	*****	*****			TWICE/ESTIMATE MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT (SEE 18 USC § 1001) AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE		
			412 393-5113 AREA CODE NUMBER	95	04	12 YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME DELVILLE VALLEY POWER STATION
 ADDRESS P.O. BOX 4
ATIN; DAVID ORNDORF
SHIPPINGPORT PA 15077

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

Permit Number PA0025015
 PERMIT NUMBER

Discharge Number 203
 DISCHARGE NUMBER

Form Approved
 OMB No. 2040-0004
 Approval expires 10-31-94

FACILITY
 LOCATION
ATIN; DAVID ORNDORF

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
95	03	01		95	03	31

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (67-69)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (69-70)
		AVERAGE (54-55)	MAXIMUM (56-57)	UNITS (58-59)	MINIMUM (38-39)	AVERAGE (40-41)	MAXIMUM (42-43)	UNITS (44-45)			
Pa					6.05			(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	9.6			TWICE/GRAB	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	29.4	31.2	(19)		4/31	8HC
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30	50			TWICE/COMP-8	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.009	0.013	(03)	*****	*****	*****			1/9	MEASRD
50750 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.023	REPORT	MGD	*****	*****	*****			WEEKLY MEASRD	
COLIFORMS, FCAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	119	*****	(13)		2/31	G
74055 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	2000	3000			TWICE/GRAB	
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	*****	*****		*****	10	10	(19)		4/31	8HC
80052 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	25	50			TWICE/COMP-8	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 18 USC § 1019 (Penalties under these statutes may include fines up to \$10000 and/or maximum imprisonment of between 6 months and 3 years.)

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 412 393-5113
 AREA CODE NUMBER
 DATE
 95 04 12
 YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME TRAVIS VALLEY POWER STATION
 ADDRESS Pa. Box 4
ATTN: DAVID ORNDORF
SHIPPINGSPT Pa 15077
 FACILITY _____
 LOCATION _____
ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
 840625012 PERMIT NUMBER
 1732 DISCHARGE NUMBER

Form Approved
 OMB No. 2040-0004
 Approval expires 10-31-94

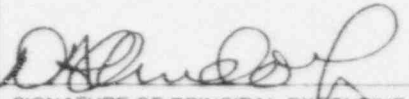
MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 95 03 01 95 03 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (46-53)	FREQUENCY OR ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (54-55)	MAXIMUM (56-61)	UNITS (57-63)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (57-63)			
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	6.74	*****	0.92	(12)	C	1/7	G
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	MINIMUM	*****	MAXIMUM	20		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED		*****	*****	****	*****	<4	<4	(19)	C	1/7	G
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	30	100			WEEKLY	GRAB
OIL AND GREASE FROM EXHAUST GRAY WATER		*****	*****	****	*****	9	20	(19)	C	1/7	G
00550 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	15	20			WEEKLY	GRAB
00550 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	40 AVG	DAILY BY	30/L			
00550 1 0 0 EFFLUENT GROSS VALUE		0.019	0.056	(13)	*****	*****	*****		C	1/7	EST
00550 1 0 0 EFFLUENT GROSS VALUE		REPORT	REPORT		*****	*****	*****			WEEKLY	STINA
		40 AVG	DAILY BY	30/L							

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 16 USC § 1301 AND 15 USC § 1311. (Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.)


 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE _____ DATE _____
 AREA CODE 412 NUMBER 893-5113
 YEAR 95 MONTH 04 DAY 12

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME ALYON VALLEY POWER STATION
 ADDRESS P.O. BOX 4
ATTN: DAVID ORNDORF
WILKINGBORO PA 15377
 FACILITY _____
 LOCATION _____
ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
 PERMIT NUMBER PA0025015
 DISCHARGE NUMBER 403

Form Approved.
 OMB No. 2040-0004
 Approval expires 10-31-94
 CONDENSATE PLOTS AND RIVER WATER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
95	03	01		95	03	31

NOTE: Read instructions before completing this form.

PARAMETER (12-17)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO EX (62-67)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE (54-55)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (46-53)	UNITS (46-53)			
PH	SAMPLE MEASUREMENT	*****	*****		7.99	*****	8.30	(12)		1/7	G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	0.0	*****	9.0			WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	4.8	6.5	(19)		1/7	G
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30	100			WEEKLY	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	6	10	(1)		1/7	G
FREON WATER GRAV METR	PERMIT REQUIREMENT	*****	*****	***	*****	15	20			WEEKLY	GRAB
00550 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	NA	NA	(1)		NA	NA
NITROGEN, AMMONIA TOTAL (AS N)	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT			WEEKLY	GRAB
00610 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.001	0.005	(03)	*****	*****	*****			1/7	EST
FLOW, IN CONDUIT ON THE TREATMENT PLANT	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	***		WEEKLY	ESTIMA
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	NA	(19)		NA	NA
HYDRAZINE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****			WEEKLY	GRAB
01313 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 18 USC § 1119. (Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 3 years.)

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-5113
 DATE 95 04 12
 AREA CODE NUMBER YEAR MO DAY

REPORT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 No violations were observed during monitoring to apply during periods of wet weather. No act applicable wet weather conditions do not exist.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME SEVER VALLEY POWER STATION
 ADDRESS P.O. BOX 4
ATTN: DAVID ORNDORF
SHIPPINGPOINT PA 15077
 FACILITY _____
 LOCATION _____
ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) (17-19)

PA0025015
 PERMIT NUMBER

SV3A
 DISCHARGE NUMBER

REJOR (50805) Form Approved
 E. P. RILEY OMB No. 2040-0004
 003 UNCONTAMINATED STORE WATER
 Approval expires 10-31-94

MONITORING PERIOD

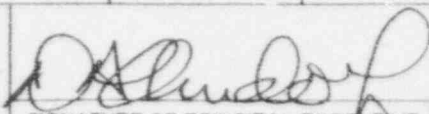
FROM YEAR 95 MO 03 DAY 01 TO YEAR 95 MO 03 DAY 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)				NO EX (10-11)	FREQUENCY OF ANALYSIS (14-18)	SAMPLE TYPE (19-20)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE		0.037	0.074	(03)	*****	*****	*****			2/31	EST
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY	NO	*****	*****	*****	****		TWICE/ESTIMATED MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 18 USC § 1519 (Penalties under these statutes may include fines up to \$100,000 and/or a minimum imprisonment of between 6 months and 3 years.)


 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 412 393-5113
 DATE: 95 04 12
 AREA CODE NUMBER YEAR MO DAY

IDENTIFY AND EXPLAIN ANY VIOLATIONS (Reference all attachments here)

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

NAME DAVID VALLEY POWER STATION
 ADDRESS P.O. BOX 4
ATTN: DAVID ORNDORF
SUPPLEMENT PA 15077

FACILITY _____
 LOCATION _____
ATTN: DAVID ORNDORF

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

PERMIT NUMBER PA0025015

DISCHARGE NUMBER 014 A

MAJOR (308) Form Approved.
 FINAL OMB No. 2040-0004
 Approval expires 10-31-94
 UNIT ONE COOLING TOWER OVERFLOW

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
95	03	01		95	03	31
(20-21)		(22-31)		(24-25)		(26-27)
				(28-29)		(30-31)

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

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (54-61)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (46-53)			
PH	SAMPLE MEASUREMENT	*****	*****					(12)		
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	0.0	*****	5.0		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO FLOW			(03)	*****	*****			
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MAX	15L	*****	*****	*****		WEEKLY	MEASRD
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****			(15)		
50064 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.2	0.5		CONTINUOUS	CORDR
	SAMPLE MEASUREMENT					DAILY MAX	INST MAX	MG/L		
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

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

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 3 years.)

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-5113
 DATE 95 04 12
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 No Discharge

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (12-16) (17-19)
 PERMIT NUMBER PA0025015
 DISCHARGE NUMBER 0004

Form Approved.
 OMB No. 2040-0004
 Approval expires 10-31-94

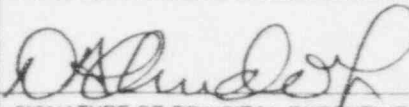
MONITORING PERIOD
 FROM YEAR 95 MO 03 DAY 01 TO YEAR 95 MO 03 DAY 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (48-45)				NO. EX. (67-71)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (48-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (54-61)			
FLOW, IN CONDUIT OR THROUGH TREATMENT PLANT 50050 1 0 0 EFFLUENT CROSS VALU		0.002	0.016	(L3)	*****	*****	*****	*****		1/7	EST
		REPORT NO AVG	REPORT DAILY MAX	1SD	*****	*****	*****	*****		WEEKLY	ESTIMA

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

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT (SEE 18 USC § 1001 AND 18 USC § 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 412 893-5113
 AREA CODE NUMBER
 DATE 95 04 12
 YEAR MO DAY

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME PLAVIE VALLEY POWER STATION
 ADDRESS P.O. BOX 4
ATTN: DAVID ORNDORF
SHIPPINGSPORT PA 15077
 FACILITY _____
 LOCATION _____
 ATTN: DAVID ORNDORF

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

PERMIT NUMBER PA0025015 DISCHARGE NUMBER 007 A

CAJOC (SUB 15) Form Approved.
 OMB No. 2040-0004
 Approval expires 10-31-94

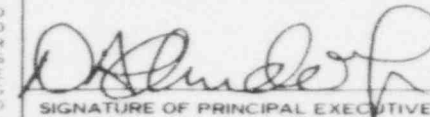
MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	95	03	01		95	03	31

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

*** NO DISCHARGE [X] ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)				NO. EX (67-68)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE (54-61)	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	None	REPORT	REPORT	(G)	*****	*****	*****			WEEKLY	ESTIMA
50050 1 0 0 EFFLUENT GROSS VALUE		NO AVG	DAILY MAX	MGD	*****	*****	*****	0.4			
CHLORINE, FREE AVAILABLE		*****	*****	****	*****	0.2	0.5			WEEKLY	CHAD
50064 1 0 1 EFFLUENT GROSS VALUE				****		DAILY MAX	INST MAX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND, BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 18 USC § 1519 (Penalties under these statutes may include fines up to \$10000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE			
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	412 393-5113	95 04 12	AREA CODE	NUMBER	YEAR

MONITORING FOR FLOW AND FREE AVAILABLE CHLORINE ARE REQUIRED ONLY DURING THOSE PERIODS OF DISCHARGE FROM THE APPROPRIATE FLOW PATH OF THE REACTOR PLANT RIVER WATER SYSTEM.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME LAVER VALLEY TOWER STATION
 ADDRESS P.O. BOX 4
ATTN: DAVID ORNDORF
SHIPPINGPORT PA 15077
 FACILITY _____
 LOCATION _____
 ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (12-16) (17-19)
PA-25615 PERMIT NUMBER
0032 DISCHARGE NUMBER

Form Approved
 OMB No. 2040-0004
 Approval Expires 10-31-94
 USE OF COOLING WATER TOWERHOUSE

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
95	03	01		95	03	31

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-71)	FREQUENCY OF ANALYSIS (72-81)	SAMPLE TYPE (82-91)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Pd		*****	*****		7.53	*****	7.68	(12)		2/31	G
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	3.6	*****	3.6			TWICE/GRAB	
SOLIDS, TOTAL SUSPENDED		*****	*****		*****	<4.0	<4.0	(19)		4/31	G
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	30	100			TWICE/GRAB	
OIL AND GREASE FROM EXH. GRAV. METH.		*****	*****			80 AVG	DAILY MAX	PC/L		MONTH	
00550 1 0 1 EFFLUENT GROSS VALUE		*****	*****	****	<5	<5	<5	(19)		4/31	G
FLOW, IN CONDUIT OR THRU TREATMENT PLANT				(03)	15	20	30			TWICE/GRAB	
00550 1 0 0 EFFLUENT GROSS VALUE		REPORT	REPORT	NO	*****	*****	*****	PC/L		MONTH	
		NO AVG	DAILY MAX	NO						WEEKLY ESTIMATE	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 18 USC § 1011. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
		412 393-5113	95 04 12	AREA CODE	NUMBER	YEAR

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME DAVID S. VALLEY POWER STATION
 ADDRESS ROUTE BOX 4
ATTN: DAVID ORNDORF
SHIPPINGSBORO PA 15077
 FACILITY _____
 LOCATION _____
 ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
 PERMIT NUMBER PA0025015
 DISCHARGE NUMBER 1174

USE JOB (2000-05) Form Approved.
 E-FILED OMB No. 2040-0004
 DATE OF SERVICE 10-31-94
 APPROVAL EXPIRES 10-31-94

MONITORING PERIOD
 FROM YEAR 95 MO 03 DAY 01 TO YEAR 95 MO 03 DAY 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (67-68)	FREQUENCY OF ANALYSIS (69-70)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW IN CONDUIT OR THRU TREATMENT PLANT 50000 1 5 0 EFFLUENT GROSS VALUE		NO FLOW		(03)	*****	*****	*****				
		PERMIT REQUIREMENT REPORT 80 AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		WEEKLY	STIMA
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									

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

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT (SEE 18 USC § 1001 AND 33 USC § 1319). (Penalties under these statutes may include fines up to \$200,000 and/or maximum imprisonment of between 6 months and 5 years.)

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-5113
 AREA CODE NUMBER
 DATE 95 04 12
 YEAR MO DAY

STATE AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 No Discharge

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME DAVID VALLEY POWER STATION
 ADDRESS P.O. Box 4
ATIN; DAVID ORNDORF
SAIPPLA REPORT Pa 12677
 FACILITY _____
 LOCATION _____
 ATIN: DAVID ORNDORF

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

PA 12677
 PERMIT NUMBER

015 2
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
95	03	01		95	03	31
(20-21)	(22-24)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved
 OMB No. 2040-0004
 Approval Expires 10-31-94

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (34-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-53)				NO. EX (54-55)	FREQUENCY OF ANALYSIS (56-58)	SAMPLE TYPE (59-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.46	*****	7.53	(12)		WEEKLY GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	0			
CHLORINE, FREE AVAILABLE 50064 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	4.680	5.040	(03)	*****	*****	*****			WEEKLY BASRD	
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MAX	MGD	*****	*****	*****	*****			
CHLORINE, FREE AVAILABLE 50064 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.01	0.02	(19)		WEEKLY GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2 DAILY MAX	0.5 INST MAX	MG/L			

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 KNOWLEDGE OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 18 USC § 1343 (Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.)

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 412 393-5113
 AREA CODE NUMBER
 DATE
 95 04 12
 YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME BEAVER VALLEY POWER PLANT
 ADDRESS P.O. BOX 4
ATTS: DAVID ORNDORF
SMITHTOWN PA 15777
 FACILITY _____
 LOCATION _____
 ATTN: DAVID ORNDORF

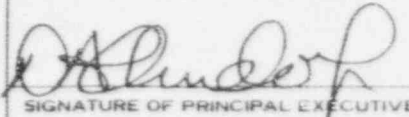
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
 PERMIT NUMBER PA0025615
 DISCHARGE NUMBER 111 r

Form Approved
 OMB No. 2040-0004
 Approval expires 10-31-94

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 95 03 01 TO 95 03 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53) (54-61)				NO. EX (67-68)	FREQUENCY OF ANALYSIS (69-70)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.88	*****	7.40	(12)	0/7	G	
	PERMIT REQUIREMENT	*****	*****	***	0.0	*****	9.0			WEEKLYGMB	
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<4.0	<4.0	(19)	0/7	G	
	PERMIT REQUIREMENT	*****	*****	***	*****	30	100			WEEKLYGMB	
OIL AND GREASE FROM EXTRA GRAV METH 00550 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		5	0	6	(19)	0/7	G	
	PERMIT REQUIREMENT	*****	*****	***	15	20	30			WEEKLYGMB	
FLOW, IN CONDUIT OR THROUGH TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.001	0.001	(03)	*****	*****	*****		0/7	EST	
	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	***		WEEKLYESTINA	
	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 33 USC § 1001 AND 33 USC § 1319) (Penalties under these statutes may include fines up to \$70,000 and/or maximum imprisonment of between 6 months and 3 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE		
			AREA CODE	NUMBER	YEAR	MO

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME SWARTH VALLY POWER STATION
 ADDRESS P.O. Box 4
ATTN: DAVID ORNDORF
SHIPPINGPORT PA 15077

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

PA0025615 PERMIT NUMBER
 111 E DISCHARGE NUMBER

CAJUN (Sub 15) Form Approved
 EPA REGIONAL OMB No. 2040-0004
 111 EISEL Approval Expires 10-31-88

FACILITY _____
 LOCATION _____
 ATTN: DAVID ORNDORF

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	95	01	01		95	03	31

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

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

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (54-61)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (38-45)	AVERAGE (40-51)	MAXIMUM (40-51)	UNITS (40-51)			
2 CHLOROPHENOL	SAMPLE MEASUREMENT	*****	*****		*****	<0.0001	<0.0001	(19)		4/90	G
34566 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT NO AVG	REPORT DAILY MAX	MG/L		TWICE GRAB QTRLY	
PERATACHLOROPHENOL	SAMPLE MEASUREMENT	*****	*****		*****	<0.00025	<0.00025	(19)		4/90	G
39032 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT NO AVG	REPORT DAILY MAX	MG/L		TWICE GRAB QTRLY	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT (SEE 18 USC § 1001 AND 18 USC § 1.19) (Penalties under these statutes may include fines up to \$100,000 and or more than imprisonment of between 6 months and 5 years).

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 412 393-5113
 AREA CODE: 412 NUMBER: 393-5113
 DATE: 95 4 12
 YEAR MO DAY

REMARKS AND EXPLANATION OF ANY VIOLATIONS (Reference all air permits here)
 NO VIOLATIONS REPORTED IN THE DAILY CALIBRATION JOURNAL

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

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

PAGC25615
 PERMIT NUMBER

211 A
 DISCHARGE NUMBER

PAJCF
 (SJSR 10) Form Approved
 E PAJCF OMB No. 2040-0004
 All Submittal Approvals expires 10-31-94

MONITORING PERIOD

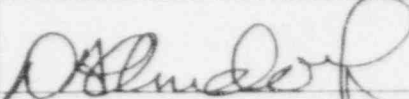
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	95	03	01		95	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (40-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (46-47)	FREQUENCY OF ANALYSIS (48-49)	SAMPLE TYPE (50-51)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.31	*****	8.76	(14)		WEEKLY	GRAB
	PERMIT REQUIREMENT	*****	*****	****	0.0	*****	9.0				
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<4.0	<4.0	(19)		WEEKLY	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	30	100				
00550 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		<5	<5	<5	(19)		WEEKLY	GRAB
	PERMIT REQUIREMENT	*****	*****	****	15	20	30				
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.001	0.001	(03)	*****	*****	*****			WEEKLY	ESTIM
	PERMIT REQUIREMENT	REPORT	REPORT	ACD	*****	*****	*****				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 18 U.S.C. § 1333. (Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 3 years.)


 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
412 393-5113
 AREA CODE NUMBER
 DATE
95 04 12
 YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME SAVIE VALLEY POWER STATION
 ADDRESS P.O. BOX 4
ATTN: DAVID ORNDORF
SHIPPINGPORT PA 15477
 FACILITY _____
 LOCATION _____
ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
 PERMIT NUMBER PA0-25615
 DISCHARGE NUMBER 411 0

Form Approved
 OMB No. 2040-0004
 Approval expires 10-31-94


MONITORING PERIOD
 FROM YEAR 95 MO 04 DAY 01 TO YEAR 95 MO 05 DAY 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
2 CHLOROPHENOL	SAMPLE MEASUREMENT	*****	*****		*****	<0.001	<0.001	(19)		2/90	G
34586 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT NO AVG	REPORT DAILY MAX	MS/L		TWICE GRAB	QTRLY
PENTA CHLOROPHENOL	SAMPLE MEASUREMENT	*****	*****		*****	<0.0025	<0.0025	(19)		2/90	G
39032 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT NO AVG	REPORT DAILY MAX	MS/L		TWICE GRAB	QTRLY
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10000 and or maximum imprisonment of between 6 months and 3 years.)


 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 412 393-5113
 AREA CODE NUMBER
 DATE
 95 04 12
 YEAR MO DAY

EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 VIOLATIONS DURING TO BE CONDUCTED IN SAME CALENDAR MONTH

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PA025015
 PERMIT NUMBER

0114
 DISCHARGE NUMBER

Form Approved
 OMB No. 2040-0004
 Approval expires 10-31-94
 DIESEL GEN TO DIESEL DRAINS

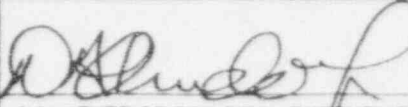
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
95	03	01		95	03	31

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

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE		0.002	0.002	(G)	*****	*****	*****	*****			
		REPORT NO AVG	REPORT DAILY MAX	NO	*****	*****	*****	*****			WEEKLY ESTIMATE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
David Orndorf
Chemistry Manager

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY KNOWLEDGE OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THIS INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT (SEE 18 USC § 1001 AND 18 USC § 1012) (Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.)


 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
412 393-5113
 AREA CODE NUMBER
 DATE
95 04 12
 YEAR MO DAY

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

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

NAME DAVID VALLEY PULP MILL
 ADDRESS 200 BOX 4
ATTN: DAVID ORNDORF
TRIPPLINGROTT

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

PERMIT NUMBER PA 25015

DISCHARGE NUMBER 012

Form Approved
 OMB No. 2040-0004
 Approval expires 10-31-94

FACILITY _____
 LOCATION _____
 ATTN: DAVID ORNDORF

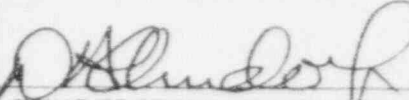
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
95	03	01		95	03	31

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)				NO EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (54-55)	MAXIMUM (56-57)	UNITS (58-59)	MINIMUM (60-61)	AVERAGE (62-63)	MAXIMUM (64-65)	UNITS (66-67)			
00400 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.67	*****	7.67	(12)			
	PERMIT REQUIREMENT	*****	*****	****	0.0	*****	0.0				ONCE/ QTR
	SAMPLE MEASUREMENT	0.001	0.001	(G)	*****	*****	*****				ONCE/ QTR
	PERMIT REQUIREMENT	REPORT	REPORT	DAILY MX	*****	*****	*****	****			ONCE/ ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 18 USC § 1011. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)


 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 412 393-5113
 AREA CODE NUMBER
 DATE
 95 04 12
 YEAR MO DAY

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
 PERMIT NUMBER PA0025513
 DISCHARGE NUMBER 113 E

Form Approved
 OMB No. 2040-0004
 Approval expires 10-31-94

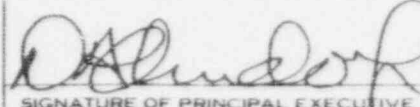
MONITORING PERIOD
 FROM YEAR 95 MO 03 DAY 01 TO YEAR 95 MO 03 DAY 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY 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			
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	6.19	*****	9.0	(12)	C 2/31	G
	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	30		TWICE/GRAB MONTH
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	21.3	20.7	(19)	C 2/31	BHC
	PERMIT REQUIREMENT	*****	*****	****	*****	30	60	40 AVG	DAILY MAX	TWICE/COMP. 8 MONTH
50050 1 0 0 EFFLUENT GROSS VALUE		0.008	0.013	(03)	*****	*****	*****		C 1/7	MEASUR
	PERMIT REQUIREMENT	0.043	REPORT	NO AVG	DAILY MAX	NO AVG	*****	*****		WEEKLY BASED
74055 1 1 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	0	*****	(13)	C 2/31	G
	PERMIT REQUIREMENT	*****	*****	****	*****	2000	*****	3000 GLO	10001	TWICE/GRAB MONTH
80082 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	9	10	(19)	C 2/31	BHC
	PERMIT REQUIREMENT	*****	*****	****	*****	25	50	40 AVG	DAILY MAX	TWICE/COMP. 8 MONTH
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

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

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 18 USC § 1018 (Penalties under these statutes may include fines up to \$10000 and a maximum imprisonment of between 6 months and 5 years.)


 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-5113
 DATE 95 04 12
 AREA CODE NUMBER YEAR MO DAY

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME DAVEN VALLEY POWER PLANT
 ADDRESS P.O. BOX 4
ATTN: DAVID ORNDORF
SHIPPINGPORT PA 15477
 FACILITY _____
 LOCATION _____
 ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
 PERMIT NUMBER PA00025615
 DISCHARGE NUMBER 213 3

Form Approved.
 OMB No. 2040-0004
 Approval expires 10/31/95

MONITORING PERIOD
 FROM YEAR 95 MO 03 DAY 01 TO YEAR 95 MO 03 DAY 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

PARAMETER (12-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (54-61)				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	*****	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	30			TWICE/GRAB MONTH
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	30 NO AVG	100 DAILY MX	10/L			TWICE/GRAB MONTH
OIL AND GREASE FACON EXTR GRAV NET 00550 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	15 NO AVG	20 DAILY MX	10/L			TWICE/GRAB MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00650 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	*****			WEEKLY ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 3319 (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 3 years).

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: David Orndorf

TELEPHONE: 412 893-5113
 AREA CODE: 412 NUMBER: 893-5113

DATE: 95 04 12
 YEAR: 95 MO: 04 DAY: 12

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):
No flow

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME SEVY VALLEY POWER STATION
 ADDRESS 260 BOX 4
ATTN: DAVID ORNDORF
SHIPPERSPORT PA 15077

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

160025015
 PERMIT NUMBER

3132
 DISCHARGE NUMBER

MAJOR (SUBD 05) Form Approved
 Final OMB No. 2040-0004
 013 TRAINING BLDG DRAIN Approval expires 10-31-94

FACILITY
 LOCATION
 ATTN: DAVID ORNDORF

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
95	03	31		95	03	31

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (40-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO EX (62-63)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (69-70)
		AVERAGE (54-61)	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****		6.58	*****	8.36	(12)		1/7	G
SOLIDS, TOTAL SUSPENDED		*****	*****		MINIMUM	*****	MAXIMUM	50		WEEKLY	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	<4	<4	(19)		1/7	G
OIL AND GREASE FROM EXTN GRAV METH		*****	*****		*****	30	100			WEEKLY	GRAB
00550 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	NO AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	*****	(03)	*****	<5	<5	(19)		1/7	G
50000 1 0 0 EFFLUENT GROSS VALUE		REPORT	REPORT		*****	15	20			WEEKLY	GRAB
		NO AVG	DAILY MX	MGD	*****	NO AVG	DAILY MX	MG/L			

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 SEVERAL PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT (SEE 18 USC § 1001 AND 18 USC § 1343) (Penalties under these statutes also include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 3 years.)

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-5113
 DATE 95 04 12
 AREA CODE NUMBER YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME SEAVY VALLEY PUMPS STATION
 ADDRESS P.O. BOX 4
ATTN: DAVID ORNDORF
SHIPPINGSIDE Pa 15077

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

180425612
 PERMIT NUMBER

413
 DISCHARGE NUMBER

Form Approved.
 OMB No. 2040-0004
 Approval expires 10-31-94

FACILITY _____
 LOCATION _____
 ATTN: DAVID ORNDORF

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
95	03	01		95	03	31

NOTE: Read instructions before completing this form.

PARAMETER (12-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX. (62-67)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****			*****			(12)		
00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	***	0.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****				(19)		
00530 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	***	*****	10 30 AVG	100 DAILY MX			WEEKLY	GRAB
OIL AND GREASE FROM EXTR GRAY WTR	SAMPLE MEASUREMENT	*****	*****		*****				(19)		
00550 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	***	*****	15 30 AVG	20 DAILY MX			WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO FLOW			(03)	*****	*****	*****			
50050 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT 30 AVG	REPORT DAILY MX	100	*****	*****	*****	***		WEEKLY	STIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 18 USC § 1319. (Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.)

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 412 893-5113
 DATE: 95 04 12
 AREA CODE: 412 NUMBER: 893-5113 YEAR: 95 MO: 04 DAY: 12

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME DEWATER VALLEY POWER STATION
 ADDRESS P.O. BOX 4
ATTN: DAVID ORNDORF
SHIPPLINGPORT PA 15177
 FACILITY _____
 LOCATION _____
ATTN: DAVID ORNDORF

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

PERMIT NUMBER
PA0025013

DISCHARGE NUMBER
013

FORM APPROVED
 OMB No. 2040-0004
 APPROVAL EXPIRES 10-31-94
 UNCONTAMINATED POTABLE WATER

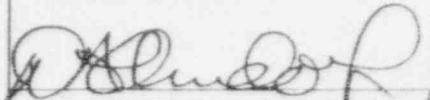
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
95	03	01		95	03	31

NO DISCHARGE
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE		0.010	0.023	(03)	*****	*****	*****		0	1/1	WEEKLY/ESTIMA
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY 84	800	*****	*****	*****	*****			
	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

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 18 USC § 1343. (Penalties under these statutes may include fines up to \$250,000 and/or maximum imprisonment of between 6 months and 3 years.)


 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 412 393-5113
 DATE: 95 04 12

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 NO DISCHARGE OF POLLUTANTS OR FLOATING SOLIDS OR VISIBLE FOAM IN CONDUIT OR TREATMENT PLANT