

August 24, 2000
L-00-111Document 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,

Bill Pearce
Plant General Manager

MH/trs

cc: J. W. Venzon
T. Cosgrove
Scott F. Brown
Licensing File
Central File

TE25

Month: July
Year: 2000

Instructions:

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.

Unit 2

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

For sludge that is incinerated:
Pre-incineration weight = _____ dry tons
Post-incineration weight = _____ dry tons

SLUDGE PRODUCTION INFORMATION (prior to incineration)

HAULED AS LIQUID SLUDGE				HAULED AS DEWATERED SLUDGE				
(Gallons)	X	(% Solids)	(Conversion Factor) X	= Dry Tons	(Tons of Dewatered Sludge)	X (% Solids)	X (.01) = Dry Tons	
10000		2	.0000417	0.83			.01	
TOTAL				= 0.83	TOTAL =			

DISPOSAL SITE INFORMATION: List all sites, even if not used this month

	Site 1	Site 2	Site 3	Site 4
Name:	BOROUGH OF MONACA	Hopewell		
Permit No.:	SEWAGE TREATMENT PLANT	Township		
Dry Tons Disposed:	PA 0020125	PA 0026328		
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	BEAVER	BEAVER		

J. M. Nay
Signature

CHEMISTRY MANAGER 8/25/00
Title Date

724-682-5113
412-392-5113 BNF
Telephone

NAME BEAVER VALLEY POWER STATION
 ADDRESS P.O. BOX 4
 ATTN: DAVID ORNDORF
 SHIPPINGPORT PA 15077
 FACILITY LOCATION
 ATTN: KEVIN OSTROWSKI

PA0025615	001 A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
00	07	01	00	07	31
FROM			TO		

MAJOR (SUFR 05)
 F - FINAL
 UNITS 1&2 COOLG. TOWER BLWDN.

*** NO DISCHARGE !!! ***
 NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.65	*****	8.51	(12)	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU			WEEKLY GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	NA	NA	(19)	NA	→	
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L			WEEKLY GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	*****	*****		*****	< 0.28	< 0.28	(19)	0	2/30	24 hr Comp
04251 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0 MO AVG	0 DAILY MX	MG/L			WHEN COMP 24 DISCHR
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	56.22	58.03	(03)	*****	*****	*****		0	3/31	CONT.
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	(*****	*****	****			DAILY CONTIN
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.0	0.0	(19)	0	1/7	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.5 MO AVG	1.25 INST MAX	MG/L			WEEKLY GRAB
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****	0.0	0.0	(19)	0	3/31	GRAB*
50064 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.2 AVERAGE	0.5 MAXIMUM	MG/L			CONTIN RECORD UOUS
HYDRAZINE	SAMPLE MEASUREMENT	*****	*****		*****	NA	NA	(19)	NA	→	
81313 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0 MO AVG	0 DAILY MX	MG/L			WEEKLY GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Joseph W. Venzon Chemistry Manager TYPED OR PRINTED	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
			724	682-5113	00	08	26

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) NA = Not applicable. Plant not in wet layup during July. HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ D 3-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.) * Analyzer in service but associated recorder is not. Repairs to recorder per Part C.13 initiated.

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, including suggestion for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, S.W. 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 instruction 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*" as 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 measurement 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 to be 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 both.

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID DRNDORF

SHIPPINGPORT

PA 15077

FACILITY LOCATION

ATTN: KEVIN OSTROWSKI

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

PA0025615
PERMIT NUMBER

002 A
DISCHARGE NUMBER

MAJOR (SUBR 05)

F - FINAL

INTAKE SCREEN BACKWASH

Form Approved. OMB No. 2040-0004

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
00	07	01	TO	00	07	31

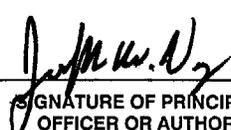
FROM

TO

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				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		0.006	0.046	(03)	*****	*****	*****		0	17	EST.
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MOD	*****	*****	*****	****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Joseph W. Venzon Chemistry Manager TYPED OR PRINTED	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE		
			724 682-5113	00	08	25
AREA CODE	NUMBER	YEAR	MO	DAY		

COMMENTS 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 DRNDORF

SHIPPINGPORT

PA 15077

FACILITY LOCATION

ATTN: KEVIN OSTROWSKI

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

PA0025415
PERMIT NUMBER

003 A
DISCHARGE NUMBER

MAJOR (SUBR 05)

F - FINAL

003 UNCONTAMINATED STORM WATER

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
00 07 01 TO 00 07 31

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				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	SAMPLE MEASUREMENT	0.031	0.139	(03)	*****	*****	*****		0	2/31	EST.
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	MOD	*****	*****	*****	****		TWICE/MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				TELEPHONE			DATE			
Joseph W. Venzon Chemistry Manager TYPED OR PRINTED											SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
					724 682-5113			00	08	25	

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P. O. BOX 4

ATTN: DAVID DRNDORF

SHIPPINGPORT

PA 15077

FACILITY
LOCATION

ATTN: KEVIN OSTROWSKI

PA0025415
PERMIT NUMBER

004 A
DISCHARGE NUMBER

MAJOR
(SUBR 05)
F - FINAL

UNIT ONE COOLG TOWER OVERFLOW

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	07	01		00	07	31

FROM

TO

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		8.24	*****	8.33	(12)	0	17	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	GU			WEEKLY GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	21.97	49.19	(03)	*****	*****	*****		0	17	MEASRD
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****			WEEKLY MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.03	0.12	(19)	0	17	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.5 MO AVG	1.25 INST MAX	MG/L			WEEKLY GRAB
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****	0.025	0.10	(19)	0	17	GRAB
50064 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.2 AVERAGE	0.5 MAXIMUM	MG/L			WEEKLY GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
Joseph W. Venzon Chemistry Manager TYPED OR PRINTED			724-682-5113	00	08	25	
			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS 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 DRNDORF

SHIPPINGPORT

PA 15077

FACILITY LOCATION

ATTN: KEVIN OSTROWSKI

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

PA0025615
PERMIT NUMBER

006 A
DISCHARGE NUMBER

MAJOR (SUBR 05)

F - FINAL

AUX. INTAKE SCREEN BACKWASH

Form Approved. OMB No. 2040-0004

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
00	07	01	00	07	31

FROM

TO

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				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		0.002	0.016	(03) MGD	*****	*****	*****	****	0	17	EST. WEEKLY ESTIMATE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Joseph W. Venzon Chemistry Manager TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE 724 682-5113 AREA CODE NUMBER	DATE		
			00	08	25

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P. O. BOX 4

ATTN: DAVID ORNDORF

SHIPPINGPORT

PA 15077

FACILITY LOCATION

ATTN: KEVIN OSTROWSKI

PA0025415
PERMIT NUMBER

007 A
DISCHARGE NUMBER

MAJOR
(SUBR 05)
F - FINAL
AUX. INTAKE SYSTEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	07	01		00	07	31

FROM

TO

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FH		*****	*****								
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU			WEEKLYGRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT				(00)	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****			WEEKLYESTIMA
CHLORINE, TOTAL RESIDUAL		*****	*****		*****			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	0.5 MO AVG	1.25 INST MAX	MG/L			WEEKLYGRAB
CHLORINE, FREE AVAILABLE		*****	*****		*****			(19)			
50064 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	0.2 AVERAGE	0.5 MAXIMUM	MG/L			WEEKLYGRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
Joseph W. Venzon Chemistry Manager TYPED OR PRINTED			724 682-5113	00	08	25

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 RIVER WATER SYSTEM.

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 LOCATION

ATTN: KEVIN OSTROWSKI

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

PA0025615
PERMIT NUMBER

008 A
DISCHARGE NUMBER

MAJOR (SUBR 05)
F - FINAL

UNIT 1 COOLING TOWER PUMPHOUSE

Form Approved. OMB No. 2040-0004

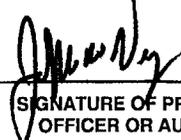
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
00	07	01	00	07	31

FROM TO

*** NO DISCHARGE 1-1 ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.65	*****	8.27	(12)	0	2/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU			TWICE/GRAB MONTH
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	5.7	6.8	(19)	0	2/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L			TWICE/GRAB MONTH
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		5.9	6.5	6.5	(19)	0	2/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	15 MO AVG	20 DAILY MX	30 INST MAX	MG/L			TWICE/GRAB MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	<0.001	<0.001	(03)	*****	*****	*****		0	1/7	EST.
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****			WEEKLY ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Joseph W. Venzon Chemistry Manager TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE		
			724, 682-5113 AREA CODE NUMBER	00	08	25 YEAR MO DAY

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID DRNDORF

SHIPPINGPORT

PA 15077

FACILITY LOCATION

ATTN: KEVIN OSTROWSKI

PA0025615
PERMIT NUMBER

010 A
DISCHARGE NUMBER

MAJOR (SUBR 05)
F - FINAL
UNIT 2 COOLING WATER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	07	01		00	07	31

FROM

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.47	*****	7.69	(12)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU			WEEKLY GRAB
CLANTRON CT-1, TOTAL WATER 04251 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	20.28	20.28	(19)	0	1/30	24 hr Comp
	PERMIT REQUIREMENT	*****	*****	****	*****	0 MO AVG	0 INST MAX	MG/L			WHEN COMP 24 DISCHR
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	3.53	3.74	(03)	*****	*****	*****		0	1/7	MEASRD
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****			WEEKLY MEASRD
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.00	0.00	(19)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	0.5 MO AVG	1.25 INST MAX	MG/L			WEEKLY GRAB
CHLORINE, FREE AVAILABLE 50064 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.00	0.00	(19)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	0.2 AVERAGE	0.5 MAXIMUM	MG/L			WEEKLY GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Joseph W. Venzon Chemistry Manager TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Joseph W. Venzon</i>	TELEPHONE	DATE		
			724 682-5113 AREA CODE NUMBER	00	08	25 YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (24 HR. COMP.) : MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.)

NAME BEAVER VALLEY POWER STATION

ADDRESS P. O. BOX 4

ATTN: DAVID BRNDORF

SHIPPINGPORT

PA 15077

FACILITY LOCATION

ATTN: KEVIN OSTROWSKI

PA0025615
PERMIT NUMBER

011 A
DISCHARGE NUMBER

MAJOR (SUBR 05)

F - FINAL

DIESEL GEN & TURBINE DRAINS

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
00	07	01	00	07	31

FROM TO

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				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		0.002	0.002	(03)	*****	*****	*****		0	1/7	EST.
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Joseph W. Venzon Chemistry Manager TYPED OR PRINTED	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE		DATE		
			724, 682-5113	00 08 25	AREA CODE	NUMBER	YEAR

COMMENTS 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

SHIPPINGPORT

PA 15077

FACILITY LOCATION

ATTN: KEVIN OSTROWSKI

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

Form Approved.
OMB No. 2040-0004

PA0025615
PERMIT NUMBER

012 A
DISCHARGE NUMBER

MAJOR
(SUBR 05)

F - FINAL

BLOWDOWN FROM THE HVAC UNIT

MONITORING PERIOD

FROM YEAR 00 MO 07 DAY 01 TO YEAR 00 MO 07 DAY 31

*** NO DISCHARGE !!! ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		8.60	*****	8.60	(12)	0	1/31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	< 0.001	< 0.001	(03)	*****	*****	*****		0	1/31	EST.
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE/ MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Joseph W. Venzon Chemistry Manager TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE		
			724, 682-5113 AREA CODE NUMBER	00	08	25 YEAR MO DAY

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID DRNDORF

SHIPPINGPORT

PA 15077

FACILITY LOCATION

ATTN: KEVIN OSTROWSKI

PA0025415
PERMIT NUMBER

013 A
DISCHARGE NUMBER

MAJOR (SUBR 05)
F - FINAL
OUTFALL 013

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	07	01		00	07	31

FROM

TO

*** NO DISCHARGE ! ***

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.37	*****	7.45	(12)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU			WEEKLY GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.019	0.069	(03)	*****	*****	*****		0	1/7	EST.
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX MO	****	*****	*****	*****	****			WEEKLY ESTIMA
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.52	0.58	(19)	0	2/31	CALCD
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT INST MAX	MG/L			TWICE/CALCD MONTH
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joseph W. Venzon
Chemistry Manager
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Joseph W. Venzon

TELEPHONE DATE
724 682-5113 00 08 25
AREA CODE NUMBER 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.

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

LOCATION

ATTN: KEVIN OSTROWSKI

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

MAJOR

(SUBR 05)

F - FINAL

101 CHEMICAL WASTE TREATMENT

Form Approved.
OMB No. 2040-0004

PA0025615
PERMIT NUMBER

101 A
DISCHARGE NUMBER

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	00	07	01		00	07	31

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.18	*****	8.23	(12)	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	< 4	< 4	(19)	0	1/7	2hr * Comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		WEEKLY	COMP-2
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	< 5	< 5	(19)	0	1/7	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MO AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	NA	NA	(19)		NA	→
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.001	0.007	(00)	*****	*****	*****		0	3/31	CONT.
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		DAILY	CONTIN
HYDRAZINE	SAMPLE MEASUREMENT	*****	*****		*****	NA	NA	(19)		NA	→
81313 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

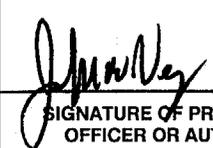
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Joseph W. Venzon
Chemistry Manager

TYPED OR PRINTED

I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



TELEPHONE

724 682-5113

DATE

00 08 25

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) * Sample is composited but discharge is much less than 2hrs. HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP.

NA = Not applicable. Plant not in wet layup during July.

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P. O. BOX 4

ATTN: DAVID DRNDORF

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

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

PA0025615
PERMIT NUMBER

103 A
DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

SLUDGE SETTLING BASIN

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	00	07	01		00	07	31

*** NO DISCHARGE !!! ***

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.90	*****	7.95	(12)	0	2/31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	7.0	10.0	(19)	0	2/31	24hr
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MD AVG	100 DAILY MX	MG/L		TWICE/MONTH	COMP 24
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	0.004	0.064	(03)	*****	*****	*****		0	31/31	meas
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MCD	*****	*****	*****	****		TWICE/MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Joseph W. Venzon
Chemistry Manager

TYPED OR PRINTED

I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

724 682-5113

AREA CODE NUMBER

DATE

00 00 25

YEAR MO DAY

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

* Flow is measured by a flow totalizer.

NAME BEAVER VALLEY POWER STATION

ADDRESS P. O. BOX 4

ATTN: DAVID ORNDORF

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

PA0025615
PERMIT NUMBER

102 A
DISCHARGE NUMBER

MAJOR
(SU8R 05)

F - FINAL

102 INTAKE SCREENHOUSE

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
00	07	01	00	07	31

FROM

TO

*** NO DISCHARGE 1-1 ***

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.44	*****	7.50	(12)	0	2/31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU			WICE/GRAB MONTH
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	4.9	5.8	(19)	0	2/31	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MD AVG	100 DAILY MX	MG/L			WICE/GRAB MONTH
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	<5	<5	(19)	0	2/31	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MD AVG	20 DAILY MX	MG/L			WICE/GRAB MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	<0.001	<0.001	(03)	*****	*****	*****		0	2/31	EST.
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****			WICE/ESTIMA MONTH
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Joseph W. Venzon
Chemistry Manager

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

724 682-5113

DATE

00 08 25

AREA CODE

NUMBER

YEAR

MO

DAY

COMMENTS 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

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

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

PA0025615
PERMIT NUMBER

111 A
DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

111 DIESEL GENERATOR BLDG

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	00	07	01		00	07	31

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MG AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****					(19)			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	15 MG AVG	20 DAILY MX	30 INST MAX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

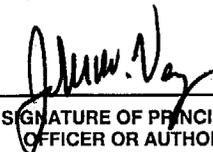
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Joseph W. Venzon
Chemistry Manager

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



TELEPHONE

724 682-5113

DATE

00 08 25

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P. O. BOX 4

ATTN: DAVID ORNDORF

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

PA0025615
PERMIT NUMBER

113 A
DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 2 SEWAGE TMT PLANT

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
00	07	01	00	07	31

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.40	*****	7.45	(12)	0	2/31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	4.2	4.3	(19)	0	2/31	8HR COMP
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MD AVG	60 DAILY MX	MG/L		WICE/MONTH	COMP-B
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.017	0.067	(03)	*****	*****	*****		0	17/31	MEASPD
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.043 MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	MEASPD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.58	0.60	(19)	0	2/31	GRAB
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	1.4 MD AVG	3.3 INST MAX	MG/L		WICE/MONTH	GRAB
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1	*****	(13)	0	2/31	GRAB
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200 MD GEDMN	*****	*/ 100ML		WICE/MONTH	GRAB
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*****	*****		*****	7.4	12.8	(19)	0	2/31	8HR COMP
80082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	25 MD AVG	50 DAILY MX	MG/L		WICE/MONTH	COMP-B
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Joseph W. Newson
Chemistry Manager

TYPED OR PRINTED

I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Joseph W. Newson

TELEPHONE

724 682-5113

DATE

00 08 25

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

* Flow is measured at least 1/week.

There was no flow during the second week of July due to maintenance activities.

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID DRNDORF

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

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

PA0025615
PERMIT NUMBER

110 A
DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 2 SERVICE WATER BACKWASH

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
00 07 01 TO 00 07 31

*** NO DISCHARGE ~~X~~ ***

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
50050 1 0 0	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY ESTIMATE	
EFFLUENT GROSS VALUE	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

Joseph W. Venzon
Chemistry Manager

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

724 682-5113

DATE

00 08 25

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

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

MAJOR
(SUBR 05)
F - FINAL
201 SOFTENER REGENERANTS

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

LOCATION

ATTN: KEVIN OSTROWSKI

PA0025615
PERMIT NUMBER

201 A
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
00	07	01	00	07	31

FROM

TO

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****			*****		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE/GRAB MONTH	
00500 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****							
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			****	*****	30 MD AVG	100 DAILY MX	MG/L		TWICE/GRAB MONTH	
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****							
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			****	*****	15 MD AVG	20 DAILY MX	MG/L		TWICE/GRAB MONTH	
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****							
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		TWICE/ESTIMA MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

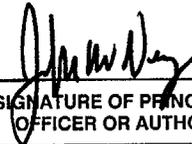
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Joseph W. Venzon
Chemistry Manager

TYPED OR PRINTED

I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



TELEPHONE

724.682-5113

AREA CODE NUMBER

DATE

00 08 25

YEAR MO DAY

COMMENTS 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

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

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

PA0025615
PERMIT NUMBER

301 A
DISCHARGE NUMBER

MAJOR
(SUBR 05)

F - FINAL

UNIT 2 AUX BOILER BLOWDOWN

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	00	07	01		00	07	31

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	30	100				
EFFLUENT GROSS VALUE				****		MD AVG	DAILY MX	MG/L			TWICE/GRAB MONTH
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	15	20				
EFFLUENT GROSS VALUE				****		MD AVG	DAILY MX	MG/L			TWICE/GRAB MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****			WEEKLY ESTIMATE
EFFLUENT GROSS VALUE		MD AVG	DAILY MX	MGD				****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Joseph W. Venzon
Chemistry Manager

TYPED OR PRINTED

I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

724 682-5113

AREA CODE NUMBER

DATE

00 08 25

YEAR MO DAY

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

NAME BEAVER VALLEY POWER STATION
ADDRESS P. O. BOX 4
ATTN: DAVID DRNDORF
SHIPPINGPORT PA 15077
FACILITY
LOCATION
ATTN: KEVIN OSTROWSKI

PA0025615	203 A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM 00	07	01	TO 00	07	31

MAJOR
(SUBR 05)
F - FINAL
MAIN SEWAGE TMT PLANT

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.20	*****	7.42	(12)	0	2/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	4.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	17.7	23.3	(19)	0	2/31	8HR COMP
	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	60 DAILY MX	MG/L		TWICE/MONTH	COMP-8
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.008	0.019	(03)	*****	*****	*****		0	1/7	MEASRD
	PERMIT REQUIREMENT	0.023 MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	MEASRD
CHLORINE, TOTAL RESIDUAL 50060 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.53	0.60	(19)	0	2/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	1.4 MO AVG	3.3 INST MAX	MG/L		TWICE/MONTH	GRAB
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1	*****	(13)	0	2/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	200 MO GEOMN	*****	*/100ML		TWICE/MONTH	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	2.8	3.1	(19)	0	2/31	8HR COMP
	PERMIT REQUIREMENT	*****	*****	****	*****	25 MO AVG	50 DAILY MX	MG/L		TWICE/MONTH	COMP-8
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Joseph W. Venzon Chemistry Manager TYPED OR PRINTED	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE 724 682-5113	DATE		
			AREA CODE	NUMBER	YEAR
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Joseph W. Venzon</i>			00	08	25

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

NAME BEAVER VALLEY POWER STATION
ADDRESS P. O. BOX 4
ATTN: DAVID DRNDORF
SHIPPINGPORT PA 15077
FACILITY
LOCATION
ATTN: KEVIN OSTROWSKI

PA0025615
PERMIT NUMBER
211 A
DISCHARGE NUMBER

MAJOR
(SUBR 05)
F - FINAL
211 TURBINE BLDG

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
00	07	01	00	07	31

FROM

TO

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.02	*****	7.18	(12)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU			WEEKLY GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<4	<4	(19)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	30 MD AVG	100 DAILY MX	MG/L			WEEKLY GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		<5	<5	<5	(19)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	15 MD AVG	20 DAILY MX	30 INST MAX	MG/L			WEEKLY GRAB
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.002	0.002	(03)	*****	*****	*****		0	1/7	EST.
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****			WEEKLY ESTIMATE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Joseph W. Venzon
Chemistry Manager

TYPED OR PRINTED

I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

734 682-5113

DATE

08 08 25

AREA CODE

NUMBER

YEAR

MO

DAY

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

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

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P. O. BOX 4

ATTN: DAVID DRNDORF

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

PA0025615
PERMIT NUMBER

213 A
DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 2 COOL TOWER PUMPHOUSE

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
00	07	01	00	07	31

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
	PERMIT REQUIREMENT	*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE/GRAB MONTH	
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	30 MD AVG	100 DAILY MX	MG/L		TWICE/GRAB MONTH	
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	15 MD AVG	20 DAILY MX	MG/L		TWICE/GRAB MONTH	
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	*****	*****	*****	****		WEEKLY ESTIMATE	
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

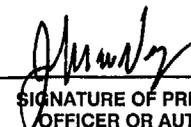
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Joseph W. Venzon
Chemistry Manager

TYPED OR PRINTED

I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



TELEPHONE

724 682-5113

AREA CODE NUMBER

DATE

00 08 25

YEAR MO DAY

COMMENTS 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 DRNDORF

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN DSTROWSKI

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

PA0025615
PERMIT NUMBER

303 A
DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 1 OIL WATER SEPARATOR

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	00	07	01		00	07	31

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

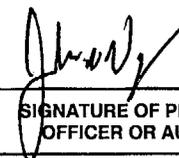
PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.15	*****	7.42	(12)	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU			WEEKLY GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	5.1	7.0	(19)	0	1/7	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MD AVG	100 DAILY MX	MG/L			WEEKLY GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	<5	<5	(19)	0	1/7	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MD AVG	20 DAILY MX	MG/L			WEEKLY GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.019	0.056	(03)	*****	*****	*****		0	1/7	EST.
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****			WEEKLY ESTIMATE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Joseph W. Venzon
Chemistry Manager

TYPED OR PRINTED

I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.



SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

724 682-5113

AREA CODE

NUMBER

DATE

00 08 25

YEAR

MO

DAY

COMMENTS 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 DRNDORF

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

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

PA0025615
PERMIT NUMBER

313 A
DISCHARGE NUMBER

MAJOR
(SUBR 05)

F - FINAL

313 TURBINE BLDG DRAIN

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	00	07	01		00	07	31

*** NO DISCHARGE [] ***

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		6.41	*****	7.45	(12)	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU			WEEKLY GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	< 4	< 4	(19)	0	1/7	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MD AVG	100 DAILY MX	MG/L			WEEKLY GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	< 5	< 5	(19)	0	1/7	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MD AVG	20 DAILY MX	MG/L			WEEKLY GRAB
FLOW, IN CONDUIT DR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.002	0.002	(03)	*****	*****	*****		0	1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****			WEEKLY ESTIMATE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Joseph W. Venzon
Chemistry Manager

TYPED OR PRINTED

I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

724 682-5113

DATE

00 08 25

COMMENTS 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 DRNDORF

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

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

PA0025615
PERMIT NUMBER

401 A
DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

CHEM. FEED AREA OF AUX BOILERS

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	00	07	01		00	07	31

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0 MINIMUM	*****	REPORT MAXIMUM	SV		TWICE/GRAB MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00500 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MD AVG	100 DAILY MX	MG/L		TWICE/GRAB MONTH	
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MD AVG	20 DAILY MX	MG/L		TWICE/GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY ESTIMATE	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Joseph W. Venzon
Chemistry Manager

TYPED OR PRINTED

I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

David Drndorf
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE

724 682-5113 00 08 25
AREA CODE NUMBER YEAR MO DAY

COMMENTS 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

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

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

MAJOR

(SUBR 05)

F - FINAL

CONDENSATE BLOWDOWN & RIVER WAT

Form Approved.
OMB No. 2040-0004

PA0025615

PERMIT NUMBER

403 A

DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
06	07	01	06	07	31

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	EU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MO AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****			(15)			
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
CEMENTOIL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
04251 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0 MO AVG	0 DAILY MX	MG/L		WHEN DISCHRG	COMP 24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMATE
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.5 MO AVG	1.25 INST MAX	MG/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Joseph W. Venzon
Chemistry Manager

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

734 682-5113⁰⁰

DATE

08 25

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ D T-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.)

NAME BEAVER VALLEY POWER STATION

ADDRESS P. O. BOX 4

ATTN: DAVID ORNDORF

SHIPPINGPORT

PA 15077

FACILITY LOCATION

ATTN: KEVIN OSTROWSKI

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

PA0025615
PERMIT NUMBER

403 A
DISCHARGE NUMBER

MAJOR (SUBR 05)

F - FINAL

CONDENSATE BLOWDOWN & RIVR WAT

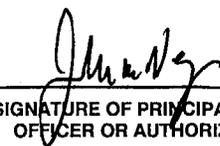
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
00	07	01	00	07	31

FROM TO

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
HYDRAZINE	SAMPLE MEASUREMENT	*****	*****		*****						
81313 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0	0				WEEKLY GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Joseph W. Venzon Chemistry Manager TYPED OR PRINTED	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE 724, 682-5113	DATE		
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	AREA CODE 00	NUMBER 08

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ D T-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.)

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P. O. BOX 4

ATTN: DAVID DRNDORF

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

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

PA0025615
PERMIT NUMBER

413 A
DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

BULK FUEL STORAGE DRAIN

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
06 07 01 TO 06 07 31

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****			*****	(12)				
	PERMIT REQUIREMENT	*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY GRAB	
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****		(19)				
	PERMIT REQUIREMENT	*****	*****	****	*****	30 MD AVG	100 DAILY MX	MG/L		WEEKLY GRAB	
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****		(19)				
	PERMIT REQUIREMENT	*****	*****	****	*****	15 MD AVG	20 DAILY MX	MG/L		WEEKLY GRAB	
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY ESTIMATE	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Joseph W. Venzon
Chemistry Manager

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Handwritten Signature

TELEPHONE

724 682-5113

AREA CODE

NUMBER

DATE

00 08 25

YEAR MO DAY

COMMENTS 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 DRNDORF

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN DSTROWSKI

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

PA0025615
PERMIT NUMBER

501 A
DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 1 GENRTR BLWDWN FILT BW

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
00	07	01	00	07	31

FROM TO

*** NO DISCHARGE ~~X~~ ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	30	100			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		MD AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		WEEKLY	ESTIMA
EFFLUENT GROSS VALUE		MD AVG	DAILY MX	MGD				****			
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

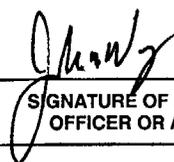
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Joseph W. Venzon
Chemistry Manager

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



TELEPHONE

724 682-5113

AREA CODE NUMBER

DATE

00 08 25

YEAR MO DAY

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