

September 21, 2000
L-00-115

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

NPDES Monthly Report, EPA Permit No. PA0025615

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

Dear Sir:

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

Sincerely,



Bill Pearce
Plant General Manager

MH/lar

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

IE25

September 21, 2000
NPD3VPO: 1131

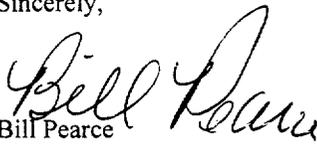
United States Environmental Protection Agency
Region III, Pennsylvania (3WM53)
Water Permits Branch
Water Management Division
1650 Arch Street
Philadelphia, PA 19103-2029

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,


Bill Pearce
Plant General Manager

MH/lar

Attachment

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

September 21, 2000
NPD3VPO: 1132

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

NPDES Monthly Report, EPA Permit No. PA0025615

Gentlemen:

NPDES Monthly Report for First Energy Company, Beaver Valley Power Station for August 2000 is submitted for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Bill Pearce".

Bill Pearce
Plant General Manager

MH/lar

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

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

001 A
DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNITS 1&2 COOLG. TOWER BLWON.

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	07	01	01	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			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.29	*****	8.27	(12)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU			
00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	NA	NA	(19)	NA	→	
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L			
00701 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	Less than * detectable	Less than * detectable	(19)	0	1/31	24HR COMP
	PERMIT REQUIREMENT	*****	*****	****	*****	MD AVG	DAILY MX	MG/L			
00950 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	44.63	53.42	(03)	*****	*****	*****		0	31/31	CONT.
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MOB	*****	*****	*****	****			
00960 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.003	0.04	(19)	0	14/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	0.5 MD AVG	1.20 INST MAX	MG/L			
00964 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.02	0.06	(19)	0	29/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	0.2 AVERAGE	0.5 MAXIMUM	MG/L			
01310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	NA	NA	(19)	NA	→	
	PERMIT REQUIREMENT	*****	*****	****	*****	MD AVG	DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER J.W. Venzon 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>J.W. Venzon</i>	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
			724	682 5113	9	21	00

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) * Analyzer is in service but associated recorder is not. Repair per part C-13 initiated.
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.)
* Detection limit in O.3ppb. ** Chlorination only occurred 29/31 days in August.
* Samples taken at least once per week.

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 municipalities with secondary treatment requirement: Enter 30-day average of sample measurements under "*Average*," and enter maximum 7-day average of sample measurements obtained during monitoring period under "*Maximum*.")
6. Enter "*Permit Requirement*" for each parameter under "*Quantity*" and "*Quality*" as specified in permit.
7. Under "*No Ex*" enter number of sample 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
01	05	01	01	05	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			
FLOWS IN CONDUIT OR THRU TREATMENT PLANT E0050 : 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.006	0.046	(00)	*****	*****	*****		0	17	EST.
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****			
	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 J.W. Venzon 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		
			784-6825113 AREA CODE NUMBER	9	21	00

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

003 A

DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004

MAJOR

(SU2R 03)

F - FINAL

003 UNCONTAMINATED STORM WATER

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
01	08	01		01	08	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			
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.035	0.102	(GPD)	*****	*****	*****		0	2/31	EST.
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MAX	MSD	*****	*****	*****	****		WIDE/ESTIM 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	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		
			AREA CODE	NUMBER	YEAR
J.W. Venzon TYPED OR PRINTED		724 682 5113	9	21	00
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

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

SNIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

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

PA0025615
PERMIT NUMBER

004 A
DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT ONE COOLG TOWER OVERFLOW

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
00	06	01	00	06	31

FROM

TO

*** NO DISCHARGE ***

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			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU			
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY RX	MGD	*****	*****	*****	****			
00060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.5 NO AVG	1.25 INST MAX	MG/L			
00064 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.2 AVERAGE	0.5 MAXIMUM	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER J.W. Venzon 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 724	NUMBER 6825113	YEAR 09	MO 21

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 BRNDORF

SHIPPINSPOUT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROMSKI

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

PA0025613
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
04	06	01	04	06	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			
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.002	0.016	(G/S)	*****	*****	*****		0	17	EST.
50050 1 0 0	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MAX	REQD	*****	*****	*****	****			ESTIMATED
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		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		
J.W. Venzon											
TYPED OR PRINTED					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

007 A
DISCHARGE NUMBER

MAJOR

(SUDBR 05)

F - FINAL

AUX. INTAKE SYSTEM

Form Approved.
OMB No. 2040-0004

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

FROM

TO

*** NO DISCHARGE ***

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			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	5.0 MINIMUM	*****	9.0 MAXIMUM	SU			WEEKLY GRAB
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MAX	MGD	*****	*****	*****	***			WEEKLY ESTIMATE
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.5 MG AVG	1.25 INST MAX	MG/L			WEEKLY GRAB
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00064 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		
V.W. Venzo TYPED OR PRINTED			724 682 5113	09	21	00

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 DRNDORF

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN DSTROWSKI

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	TO	YEAR	MO	DAY
01	08	01		01	08	31

FROM

TO

*** NO DISCHARGE ***

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			
05400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	7.43	*****	7.60	(12)	0	2/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WICE/MONTH	GRAB
00500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	5.4	6.9	(19)	0	2/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	30 MD AVG	100 DAILY MX	MG/L		WICE/MONTH	GRAB
00750 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	5	5	5	(19)	0	2/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	15 MD AVG	20 DAILY MX	30 INST MAX	MG/L		WICE/MONTH	GRAB
00800 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	< 0.001	< 0.001	(03)	*****	*****	*****	****	0	2/31	FST.
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MG/D	*****	*****	*****	****		WICE/MONTH	FST.
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER J.W. Venon 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>J.W. Venon</i>	TELEPHONE		DATE		
			724 68 682 5113	NUMBER	09	21	00

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

NAME BRAVER 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)

PA0025613
PERMIT NUMBER

010 A
DISCHARGE NUMBER

MAJOR (SUBR 05)

F - FINAL

UNIT 2 COOLING WATER

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
01	06	01	01	06	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			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****			*****		(12)	0	1/1	GRAB
04251 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	GU			
04251 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*less than detectable	*less than detectable	(19)	0	1/31	24hr COMP
04251 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	MD AVG	INST MAX	MG/L			
04251 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	(03)	*****	*****	*****		0	1/7	GRAB
04251 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
00660 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0	0	(19)	0	1/7	GRAB
00660 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.5	1.25	MG/L			
00664 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0	0	(19)	0	1/7	GRAB
00664 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.2	0.5	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER J.W. Venon 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	09	21	00

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (24 HR. COMP.) :
 G/L AS A DAILY MAX.)
 * Detection limit is 0.3 ppm.
 MG/L. (THE LIMIT IS 05 M

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

011 A
DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

DIESEL GEN & TURBINE DRAINS

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
00	06	01	00	06	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			
FLOW, IN GALLONS PER HOUR THROUGH TREATMENT PLANT EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	.002	.002	(03)	*****	*****	*****		0	117	EST.
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MOD	*****	*****	*****	****			REAL ESTIM
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that 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			
J. W. Venzon TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)							724	6825113	09	21	00

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)

PAD025615
PERMIT NUMBER

012 A
DISCHARGE NUMBER

MAJOR

(SUDB 05)

F - FINAL

BLOWDOWN FROM THE HVAC UNIT

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
00 00 01 TO 00 00 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			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		8.75	*****	8.75	(12)	0	1/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	GU		MONTH	
00350 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	<.001	<.001	(00)	*****	*****	*****		0	1/31	EST.
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	MOD	*****	*****	*****	****		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

J.W. Venzon
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
J.W. Venzon

TELEPHONE DATE
724 6825113 09 21 00
AREA CODE NUMBER YEAR MO DAY

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P O BOX 9

ATTN: DAVID DRNDORF

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

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

PA0025615
PERMIT NUMBER

013 A
DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

OUTFALL 013

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
01	06	01	01	06	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			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	-	7.26	*****	7.58	(12)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU			
00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.019	0.043	(03)	*****	*****	*****		0	1/7	EST.
	PERMIT REQUIREMENT	MD AVG	DAILY MX	MGD	*****	*****	*****	****			EST.
00000 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.72	0.84	(19)	0	2/31	CALCD
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT INST MAX	MG/L			CALCD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER J.W. Venzon 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 6825113 AREA CODE NUMBER	09 21 00 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.

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID GRNDORF

SHIPPINGSBURT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

PA0025519
PERMIT NUMBER

101 A
DISCHARGE NUMBER

MAJOR
(SUBR 05)
F - FINAL

101 CHEMICAL WASTE TREATMENT

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	08	01		00	08	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			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.33	*****	8.74	(12)	0	4/31	GRAB
	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	BU		WEEKLY	GRAB
00500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	4.3	5.3	(19)	0	1/7	2HR Comp
	PERMIT REQUIREMENT	*****	*****	***	*****	30 MG AVG	100 DAILY MX	MG/L		WEEKLY	COMP
00600 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	8	11	(19)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	15 MG AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
00700 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	NA	NA	(19)	NA	---	---
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MG AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
00800 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.002	0.008	(0.3)	*****	*****	*****		0	31/31	CONT.
	PERMIT REQUIREMENT	REPORT MG AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		DAILY	CONT.
01000 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	NA	NA	(19)	NA	---	---
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MG AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER J. W. Venzon 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>J. W. Venzon</i>	TELEPHONE		DATE		
			724 682 5113	09 21 00	AREA CODE	NUMBER	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) * Samples taken at least once per week.
HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP.

NA: Not applicable. Plant not in wet layup during August.

NAME BEAVER VALLEY POWER STATION

ADDRESS P. O. BOX 4

ATTN: DAVID BRNDORF

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

PA0025615
PERMIT NUMBER

102 A
DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

102 INTAKE SCREENHOUSE

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
00	05	01	00	05	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			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.86	*****	7.43	(12)	0	2/31	CRAB
	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	SU		WICE/GRAB	MONTH
00500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	8.7	11.0	(19)	0	2/31	CRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	MO AVG	DAILY MX	MG/L		WICE/GRAB	MONTH
00600 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	6	7	(19)	0	2/31	CRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	MO AVG	DAILY MX	MG/L		WICE/GRAB	MONTH
00700 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	<.001	<.001	(00)	*****	*****	*****		0	2/31	EST.
	PERMIT REQUIREMENT	REPORT	REPORT	MO	*****	*****	*****	***		WICE/GRAB	MONTH
	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		
J. W. Venzon TYPED OR PRINTED			724 (81) 5113	09	21	00
			AREA CODE NUMBER	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

PA0025615
PERMIT NUMBER

103 A
DISCHARGE NUMBER

MAJOR
(SUBR 05)

F - FINAL

SLUDGE SETTLING BASIN

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
00	03	01	00	03	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			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.75	*****	8.18	(12)	0	3/31	GRAB
	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	SU		WICE/MONTH	
00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	5.5	5.8	(17)	0	2/31	24HR COMP
	PERMIT REQUIREMENT	*****	*****	***	*****	30 MD AVG	100 DAILY MX	MG/L		WICE/MONTH	
00000 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.004	0.027	(03)	*****	*****	*****		0	3/31	EST. MEASURED
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	***		WICE/MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER J.W. Venzon 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>J.W. Venzon</i>	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
			724	6825113	09	21	00

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

* Flow is measured daily using a flow integrator.

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P. O. BOX 4

ATTN: DAVID DRNDORF
SHIRFINGPORT PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

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

PAD025615
PERMIT NUMBER

110 A
DISCHARGE NUMBER

MAJOR

(GUBR 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 08 01 TO 00 08 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			
FLOW IN CONDUIT OR THROUGH TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****			
	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
			724 682 5113	09	21	00	
TYPED OR PRINTED			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

111 A
DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

111 DIESEL GENERATOR BLDG

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
00	00	01	00	00	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			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU			
50105 1000 SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	20	100				
	PERMIT REQUIREMENT	*****	*****	****	MG AVG	DAILY MX	DAILY MX	MG/L			
00550 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	15	20	30	(19)			
	PERMIT REQUIREMENT	*****	*****	***	MG AVG	DAILY MX	INST MAX	MG/L			
00800 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	(00)	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	****			
	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			
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO
J.W. Venzon						724, 682-5113		09 21 00			

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P. O. BOX 4

ATTN: DAVID ORNDORF

SWIRTPINSPORT

PA 16077

FACILITY

LOCATION

ATTN: KEVIN OSTRONSKI

PA0025613
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	08	01	00	08	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			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.30	*****	7.58	(12)	0	2/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WICE / MONTH	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	6.0	11.5	(19)	0	2/31	8HR COMP
	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	60 DAILY MX	MG/L		WICE / MONTH	COMP
00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.016	0.040	(03)	*****	*****	*****		0	22/31	MEASRD
	PERMIT REQUIREMENT	0.015 MO AVG	REPORT DAILY MX	MG/L	*****	*****	*****	****		WICE / MONTH	MEASRD
00060 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.85	0.90	(19)	0	2/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	1.4 MO AVG	3.3 INST MAX	MG/L		WICE / MONTH	GRAB
00080 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1	*****	(13)	0	2/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	200 MO GEOMN	*****	100ML		WICE / MONTH	GRAB
00080 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	2.4 *	2.4 *	(19)	0	2/31*	8HR COMP
	PERMIT REQUIREMENT	*****	*****	****	*****	25 MO AVG	50 DAILY MX	MG/L		WICE / MONTH	COMP

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		
J.W. Venzon TYPED OR PRINTED			724 682 5113 AREA CODE NUMBER	09	21	00 YEAR MO DAY

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

* CBOD5 was sampled twice in August but the first result was indeterminate.
** flow measured at least weekly.

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)

PAG025613
PERMIT NUMBER

201 A
DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

201 SOFTENER REGENERANTS

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	08	01		00	08	31

FROM

TO

*** NO DISCHARGE ***

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			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	GU		WICE/GRAB MONTH	
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		WICE/GRAB MONTH	
00550 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MO AVG	20 DAILY MX	MG/L		WICE/GRAB MONTH	
00000 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MSD	*****	*****	*****	****		WICE/ESTIMA MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER J.W. Venzon 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	6875113	09	21	00

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P. O. BOX #

ATTN: DAVID DRNDORF

SHIPPINGPORT

PA 15077

PA0025515
PERMIT NUMBER

203 A
DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

MAIN SEWAGE TMT PLANT

FACILITY
LOCATION

ATTN: KEVIN OSTROMSKI

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	09	08	01		09	08	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			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.43	*****	7.45	(12)	0	2/31	GRAB
00500 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU		WICE/MONTH	GRAB
00500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	16.2	21.2	(19)	0	2/31	8HR COMP
00500 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	MO AVG	DAILY MX	MG/L		WICE/MONTH	COMP
00500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.012	0.019	(03)	*****	*****	*****		0	1/7	MEASRD
00500 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MO AVG	DAILY MX	MG/L	*****	*****	*****	****		WICE/MONTH	MEASRD
00500 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.65	0.70	(19)	0	2/31	GRAB
00500 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	1.4	3.3	MG/L		WICE/MONTH	GRAB
00500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1	*****	(15)	0	2/31	GRAB
00500 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	MO GEDMN	*****	100ML		WICE/MONTH	GRAB
00500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<2*	<2*	(19)	0	2/31*	8HR COMP
00500 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	MO AVG	DAILY MX	MG/L		WICE/MONTH	COMP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

J.W. Venzon
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 6825113
DATE: 09 21 00
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
* CBODS was sampled twice in August but the first result was indeterminant.

NAME BEAVER VALLEY POWER STATION

ADDRESS P. O. BOX 4

ATTN: DAVID DRNDORF

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

PA0025515
PERMIT NUMBER

211 A
DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

211 TURBINE BLDG

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	08	01		00	08	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			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.99	*****	150	(12)	0	117	GRAB
	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	SU			
00350 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	40.8 mg/L	13 4.0	(19)	0	117	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	30 MG AVG	100 DAILY MX	MG/L			
00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		8	13	13	(19)	0	117	GRAB
	PERMIT REQUIREMENT	*****	*****	***	14 MG AVG	20 DAILY MX	30 INST. MAX	MG/L			
00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.002	0.002	(03)	*****	*****	*****		0	117	EST.
	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	***			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I Certify under penalty of law that 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
W.W. Venzon			724	6825113	09	21	00
TYPED OR PRINTED							

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)

FA0025615
PERMIT NUMBER

213 A
DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 2 COOL TOWER PUMPHOUSE

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	00	08	01		00	08	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	*****	*****	****	MINIMUM	*****	MAXIMUM	SU		WICELY GRAB MONTH	
00500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	20 MO AVG	100 DAILY MX	MG/L		WICELY GRAB MONTH	
00600 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	10 MO AVG	20 DAILY MX	MG/L		WICELY GRAB MONTH	
00700 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MOD	*****	*****	*****	*** ****		WEEKLY ESTIM	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER J. W. Venzon 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>J. W. Venzon</i>	TELEPHONE	DATE		
			724 6825113 AREA CODE NUMBER	09	21	00 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

PA0025619
PERMIT NUMBER

301 A
DISCHARGE NUMBER

MAJOR (SUBR 05)

F - FINAL

UNIT 2 AUX BOILER BLOWDOWN

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
00	08	01	00	08	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			
SOLIDS: TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT ***** PERMIT REQUIREMENT *****	*****	*****	****	*****	10 MO AVG	100 DAILY MX	MG/L			WIDE/GRAB MONTH
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT ***** PERMIT REQUIREMENT *****	*****	*****	****	*****	15 MO AVG	20 DAILY MX	MG/L			WIDE/GRAB MONTH
FLOW IN CONDUIT OR THRU TREATMENT PLANT 00950 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT REPORT PERMIT REQUIREMENT NO AVG DAILY MX MGU			(03)	*****	*****	*****	****			WEEKLY ESTIM
	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 J.W. Venzon 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>J.W. Venzon</i>	TELEPHONE		DATE		
			724, 682 5113 AREA CODE NUMBER	09 YEAR	21 MO	00 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
 AITN: DAVID DRNDORF
 SHIPPINGPORT PA 15077

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

MAJOR (SUFR 05)
 F - FINAL
 UNIT 1 OIL WATER SEPARATOR

Form Approved.
 OMB No. 2040-0004

PA0025615
 PERMIT NUMBER

303 A
 DISCHARGE NUMBER

FACILITY LOCATION
 AITN: KEVIN OSTROWSKI

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	05	01		00	08	31

*** NO DISCHARGE 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			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.11	*****	7.00	(12)	0	17	6PAB
	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU			
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		8.4	*****	10.9	(19)	0	17	6PAB
	PERMIT REQUIREMENT	*****	*****	****	MO AVG	*****	DAILY MX	MG/L			
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6	*****	10	(19)	0	17	6PAB
	PERMIT REQUIREMENT	*****	*****	****	MO AVG	*****	DAILY MX	MG/L			
00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.019	0.056	(00)	*****	*****	*****		0	17	EST.
	PERMIT REQUIREMENT	NO AVG	DAILY MX	NOD	*****	*****	*****	****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 J.W. Venzon
 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 6825113
 DATE: 09 21 00

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID ORNDORF

SHIPPINGSFORD

PA 15077

FACILITY

LOCATION

ATTN: KEVIN DETROWSKI

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

PA0025615
PERMIT NUMBER

312 A
DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

312 TURBINE BLDG DRAIN

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
00	02	01	00	02	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			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.38	*****	7.67	(12)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	SU			
00500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	3.9	10.0	(19)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	NO AVG	100 DAILY MX	MG/L			
00600 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	10	15	(19)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	NO AVG	20 DAILY MX	MG/L			
00800 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.002	0.002	(00)	*****	*****	*****		0	1/7	EST.
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MG/D	*****	*****	*****	****			
	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			
			AREA CODE	NUMBER	YEAR	MO	DAY
J.W. Venzon TYPED OR PRINTED			674	6825113	09	21	00

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

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

PA0025515
PERMIT NUMBER

401 A
DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

CHEM. FEED AREA OF AUX BOILERS

Form Approved.
OMB No. 2040-0004

FACILITY
LOCATION

ATTN: KEVIN DETROWSKI

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	00	08	01		00	08	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			
00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	REPORT MAXIMUM	SU		WICE/MONTH	
00520 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	20 MO AVG	100 DAILY MX	MG/L		WICE/MONTH	
00506 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	10 MO AVG	20 DAILY MX	MG/L		WICE/MONTH	
00030 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MOD	*****	*****	*****	****		WICE/MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

J. W. Venzon
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 6825113
DATE: 09 21 00
AREA CODE NUMBER 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 GRINDORF

SHIPPINGPORT

PA 15077

PAD025615
PERMIT NUMBER

403 A
DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

CONDENSATE BLOWDOWN & RIVR WAY

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
00	08	01	TO	00	08	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			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
	PERMIT REQUIREMENT	*****	*****	***	5.0 MINIMUM	*****	9.0 MAXIMUM	MG/L			WEEKLY GRAB
00590 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	30 MG AVG	100 DAILY MX	MG/L			WEEKLY GRAB
00656 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	15 MG AVG	20 DAILY MX	MG/L			WEEKLY GRAB
00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MG AVG	REPORT DAILY MX	MG/L			WEEKLY GRAB
00851 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	0 MG AVG	0 DAILY MX	MG/L			WHEN DISCH
00950 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
	PERMIT REQUIREMENT	REPORT MG AVG	REPORT DAILY MX	MGD	*****	*****	*****	***			WEEKLY 25 TIME
00020 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	0.5 MG AVG	1.25 INST MAX	MG/L			WEEKLY GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER J.W. Veazon 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	09	21	00

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF NET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ D 1-1 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)

PAGE 23615
PERMIT NUMBER

403 A
DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

CONDENSATE BLOWDOWN & RIVER MAT

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	08	01	01	08	31

FROM

TO

*** NO DISCHARGE ***

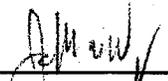
NOTE: Read Instructions before completing this form.

PARAMETER	<input checked="" type="checkbox"/>	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
HYDRAZINE		*****	*****		*****			(19)			
81010 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	0	0				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					NO AVG	DAILY MX	MG/L			
	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

J.W. Venzon
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 09 21 00
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR SETS 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
 AITN: DAVID DRNOORF
 SHIPPINGPORT PA 15077

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

Form Approved.
 OMB No. 2040-0004

PA0025615
 PERMIT NUMBER

413 A
 DISCHARGE NUMBER

MAJOR (SUBR 05)
 F - FINAL
 BULK FUEL STORAGE DRAIN

FACILITY LOCATION

ATTN: KEVIN OSTROWSKI

MONITORING PERIOD							
YEAR	MO	DAY	FROM	TO	YEAR	MO	DAY
00	08	01			00	08	31

*** NO DISCHARGE 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	*****	*****		7.63	*****	7.63	(12)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU			
00500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<4	<4	(19)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L			
00600 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	9	9	(19)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	15 MO AVG	20 DAILY MX	MG/L			
00700 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	< 001	< 001	(03)	*****	*****	*****		0	1/7	EST.
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MOD	*****	*****	*****	****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER J.W. Venzon 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 6825113	09 21 00	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 * Flow not tested weekly but flow only occurred during the first week.

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

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

Form Approved.
 OMB No. 2040-0004

PA0025615 501 A
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR (SUBR 05)
 F - FINAL
 UNIT 1 GENRTR BLWDWN FILT BW

FACILITY LOCATION
 ATTN: KEVIN OSTROWSKI

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
00	08	01	TO	00	08	01

*** 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)			
00000 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	30	100			WEEKLY	CON SB
EFFLUENT GROSS VALUE				****		MG AVG	DAILY MX	MG/L			
FLOW: IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
00000 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		WEEKLY	ESTIM
EFFLUENT GROSS VALUE		MG AVG	DAILY MX	MGD				****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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			724 1682 5113 AREA CODE NUMBER	09	21	00 YEAR MO DAY

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