

FENOC

FirstEnergy Nuclear Operating Company

BEAVER VALLEY POWER STATION
NUCLEAR OPERATIONS DEPARTMENT
CHEMISTRY SECTION

December 21, 2001
L-01-156

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

LWP:jmm

cc: Tiffany Shepard
J. W. Venzon
Central File

IE25

Rec'd
01/15/02

FENOC

FirstEnergy Nuclear Operating Company

BEAVER VALLEY POWER STATION
NUCLEAR OPERATIONS DEPARTMENT
CHEMISTRY SECTION

December 21, 2001
NPD3VPO:1205

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 November 2001 is submitted for your consideration.

Sincerely,



Bill Pearce
Plant General Manager

LWP:jmm

cc: Tiffany Shepard
J. W. Venzon
Central File

FENOC

FirstEnergy Nuclear Operating Company

**BEAVER VALLEY POWER STATION
NUCLEAR OPERATIONS DEPARTMENT
CHEMISTRY SECTION**

December 21, 2001
NPD3VPO:1206

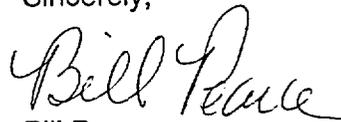
United States Environmental Protection Agency
Region III, Pennsylvania (3WM53)
Water Permits Branch
Water Management Division
1650 Arch Street
Philadelphia, PA 19103-2029

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

LWP:jmm

cc: Tiffany Shepard
J. W. Venzon
Central File

December 21, 2001

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

Gentlemen:

Pursuant to Part C, Section 19 of NPDES Permit, PA 0025615, Beaver Valley Power Station is required to demonstrate that Chromium and Zinc are not added for cooling tower maintenance at Outfall 001 and 012. The samples shall be taken twice per year in the same calendar month.

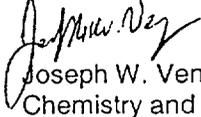
The following are the results for Chromium and Zinc

	Zinc, mg/L	Chromium, mg/L
Outfall 001		
November 13, 2001	0.031	<0.002
November 19, 2001	0.039	<0.002
Outfall 012		
November 13, 2001	6.18	<0.002
November 19, 2001	5.08	<0.002

Note that zinc was detected at higher than expected levels in Outfall 012. The zinc is not due to the addition of zinc to the cooling system, but rather from galvanized corrosion of the cooling tower components. Beaver Valley Power Station is working with its chemical vendor to address the corrosion problem at Outfall 012.

If you have any questions, contact me at 724 682-5113.

Sincerely,



Joseph W. Venzon
Chemistry and Environmental Manager

DISCHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

Month: NOVEMBER
Year: 2001

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.

Permittee: FENOC
Plant: Beaver Valley Power Station
NPDES: PA0025615
Municipality: Shippingport Borough
County: Beaver

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

UNIT 1

SLUDGE PRODUCTION INFORMATION (prior to incineration)

HAULED AS LIQUID SLUDGE				HAULED AS DEWATERED SLUDGE			
(Gallons)	X (% Solids)	(Conversion Factor)	Dry Tons	(Tons of Dewatered Sludge)	X (% Solids)	X (.01)	Dry Tons
8,000	2.0	.0000417	0.667			.01	
TOTAL			= 0.667	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 Sewage Treatment Plant	Hopewell Township		
Permit No.:	PA0020125	PA0026328		
Dry Tons Disposed:		0.667		
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	Beaver	Beaver		

Donald J. Felera For Chemistry Manager 12-27-01 (724) 682-5113
Signature Title Date

DISCHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

Month: NOVEMBER
Year: 2001

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.
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4. If no sludge was removed, note on form.

Permittee: FENOC
Plant: Beaver Valley Power Station
NPDES: PA0025615
Municipality: Shippingport Borough
County: Beaver

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

UNIT 2

SLUDGE PRODUCTION INFORMATION (prior to incineration)

HAULED AS LIQUID SLUDGE				HAULED AS DEWATERED SLUDGE							
(Gallons)	X	(% Solids)	(Conversion Factor)	=	Dry Tons	(Tons of Dewatered Sludge)	X	(% Solids)	X (.01)	=	Dry Tons
20,500		2.0	.0000417	=	1.71				.01	=	
TOTAL					=	1.71	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 Sewage Treatment Plant	Hopewell Township		
Permit No.:	PA0020125	PA0026328		
Dry Tons Disposed:		1.71		
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	Beaver	Beaver		

Donald J. Salera For Chemistry Manager 12-27-01 (724) 682-5113

NAME BEAVER VALLEY POWER STATION
 ADDRESS P. O. BOX 4
 ATTN: DAVID DRNDORF
 SHIPPENSBORO PA 15077

040025415
 PERMIT NUMBER

417 A
 DISCHARGE NUMBER

MAJOR (SUFR 05)
 FINAL
 BULK FUEL STORAGE DRAIN

FACILITY LOCATION

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	11	01	01	11	30

*** NO DISCHARGE ***

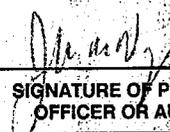
NOTE: Read instructions before completing this form.

ATTN: KEVIN OSTROWSKI

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	*****	*****	*****	*****	*****	*****	*****	12		WEEKLY	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	19		WEEKLY	GRAB
00554 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	18		WEEKLY	GRAB
00650 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	18		WEEKLY	ESTIMA
00650 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	18		WEEKLY	ESTIMA
00650 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	18		WEEKLY	ESTIMA

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 NUMBER: 724 682-5113
 DATE: 01 12 18

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 9 BOX 4
 ATTN: DAVID BRIDGER
 SHIPPINGPORT PA 15077

FACILITY LOCATION

ATTN: KEVIN OSTROUSKI

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

PERMIT NUMBER

DISCHARGE NUMBER

MAJOR (SUBR 05)
 F - FINAL
 UNIT 1 GENTR BLNDW FILT HP

Form Approved.
 OMB No. 2040-0004

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
01	11	01	TO	01	11	30

*** 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			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			MG/L			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MG/L	*****	30 MD AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			MG/L	*****	*****	*****				
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MG/L	*****	*****	*****			WEEKLY	ESTIMA
	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		
Joseph W. Venzon Chemistry Manager TYPED OR PRINTED			724 682 5113	01	12	18

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

NAME **PAVING VALLEY POWER STATION**

MAJOR

(SUFR 05)

ADDRESS **101 Box 9**

PA0025415
PERMIT NUMBER

001 A
DISCHARGE NUMBER

F - FINAL

UNITS **142 COOLG. TOWER BLASH.**

FACILITY

LOCATION

CITY **LAUREL, MARYLAND**

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	01	01	01	01	30

FROM

TO

*** NO DISCHARGE 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			
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	8.26	*****	7.58	(12)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	50			WEEKLY GRAB
00410 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*	*	(19)		*	*
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT NO AVG	REPORT DAILY MX	MG/L			WEEKLY GRAB
04251 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0.0	0.0	(19)	0	2/30	21 hr Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	DAILY MX	MG/L			WHEN DISCHG
00000 1 0 0 EFFLUENT GROSS VALUE	*****	27.9	37.6	(0.1)	*****	*****	*****	*****	0	daily	Cont.
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MG/L	*****	*****	*****	*****			DAILY CONTIN
00060 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0.17	0.28	(19)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	INST MAX	MG/L			WEEKLY GRAB
00064 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0.05	0.20	(19)	0	Cont.	recd.
	PERMIT REQUIREMENT	*****	*****	*****	*****	AVERAGE	MAXIMUM	MG/L			CONTINUED COND
00070 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*	*	(19)		*	*
	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	DAILY MX	MG/L			WEEKLY GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joseph W. Venzan
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. Venzan

TELEPHONE
DATE
AREA CODE NUMBER YEAR MO DAY
274 492-5113 01 12 17

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
-CHLORINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF NET LAYUP. REPORT THE DAILY MAXIMUM FOR BEITZ D T-1 WHEN DISCHARGING (24 HR. COMP.) 190/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)

00025413
PERMIT NUMBER

002 A
DISCHARGE NUMBER

MAJOR

(EUBR 05)

F - FINAL

INTAKE SCREEN BACKWASH

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
01	11	01	01	11	30

*** 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 BY THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.006	0.046	(03)	*****	*****	*****		0	1/7	Est
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MD	*****	*****	*****	****			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	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	01	12	17

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

SHIPPENSBURG

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

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

Form Approved.
OMB No. 2040-0004

PA0025415
PERMIT NUMBER

003 A
DISCHARGE NUMBER

MAJOR
(SUBR 05)

F - FINAL

003 UNCONTAMINATED STORM WATER

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
01	11	01	TO	01	11	30

*** 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			
FLOW THRU CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.058	0.164	CS	*****	*****	*****		0	2/30	Est
EFFLUENT CROSS VALUE	PERMIT REQUIREMENT	NO AVG	REPORT DAILY MAX	MGD	*****	*****	*****	****		TRICE/ESTIMA 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 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	01	12	17	

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 ERNDORF

SHIPPERSPORT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROMSKI

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

PA0028415
PERMIT NUMBER

004 A
DISCHARGE NUMBER

MAJOR

(SUBP 05)

F - FINAL

UNIT ONE COOLG TOWER OVERFLOW

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD

FROM 01 11 01 TO 01 11 30

*** 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 FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****	(G)	*****	*****	*****	12)			
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	50			WEEKLYGRAB
00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	REPORT	REPORT	MGD	*****	*****	*****	*****			
	PERMIT REQUIREMENT	MO AVG	DAILY MX	MGD	*****	*****	*****	*****			WEEKLY
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****			19)			
00060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	INST MAX	MG/L			WEEKLYGRAB
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****			19)			
00064 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	AVERAGE	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.	TELEPHONE	DATE		
Joseph W. Venzon Chemistry Manager TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	724 682-5113	01	12

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

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

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

PA0025415
PERMIT NUMBER

004 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
01	11	01	01	11	30

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			
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(G3)	*****	*****	*****				
50050 1 0 0	PERMIT REQUIREMENT	REPORT NO. AVG	REPORT DAILY MAX	(G3)	*****	*****	*****	***		WEEKLY	ESTIMA
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			(G3)				****			
	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 AREA CODE NUMBER	01	12	17 YEAR MO DAY

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

NAME BEAVER VALLEY POWER STATION
ADDRESS P. O. BOX 1
ATTN: DAVID BRNDORF
BRIDGEMPORT PA 15077

PAD025417
PERMIT NUMBER

007 A
DISCHARGE NUMBER

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

FACILITY LOCATION

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
01	11	01	TO	01	11	30

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

ATTN: KEVIN OSTROWSKI

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	12)	WEEKLY	GRAB
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	5U	WEEKLY	TIME
00060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	19)	WEEKLY	GRAB
00064 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	19)	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
[Signature]

TELEPHONE: 724-682-5113
DATE: 01 12 17
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
MONITORING FOR FLOW, FREE AVAILABLE CHLORINE, AND TOTAL RESIDUAL CHLORINE ARE REQUIRED ONLY DURING THOSE PERIODS OF DISCHARGE FROM THE ALTERNATE FLOW PATH OF THE REACTOR PLANT RIVER WATER SYSTEM

NAME BEAVER VALLEY POWER STATION

ADDRESS 0 BOX 4

ATTN: DAVID ORNDORF

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROMSKI

PA0025415
PERMIT NUMBER

008 A
DISCHARGE NUMBER

MAJOR
(SUBR 05)

F - FINAL

UNIT 1 COOLING TOWER PUMPHOUSE

MONITORING PERIOD

FROM 01 11 01 TO 01 11 03

*** 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	*****	*****		7.66	*****	8.03	12)	0	2/30	Grab
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	GU		TWICE/GRAB MONTH	
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		4.7	*****	5.3	19)	0	2/30	Grab
	PERMIT REQUIREMENT	*****	*****	*****	MO AVG	*****	DAILY MX	MG/L		TWICE/GRAB MONTH	
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		<5.0	<5.0	<5.0	19)	0	2/30	Grab
	PERMIT REQUIREMENT	*****	*****	*****	MO AVG	DAILY MX	INST MAX	MG/L		TWICE/GRAB MONTH	
00550 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: 724 687-5113
DATE: 01 12 17
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 BRNDORF

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

PERMIT NUMBER

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

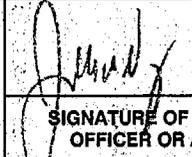
UNIT 2 COOLING WATER

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
01	11	01	TO	01	11	30

*** 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	*****	*****		7.69	*****	7.75	(12)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	50			WEEKLY GRAB
04251 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.0	0.0	(19)	0	2/30	24 hr Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	INST MAX	MG/L			WHEN COMP 24 DISCHR
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	3.2	3.5	(03)	*****	*****	*****		0	1/7	meas.
	PERMIT REQUIREMENT	REPORT	REPORT	*****	*****	*****	*****	*****			WEEKLY MEASRD
30060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.0	0.0	(19)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.5	25	MG/L			WEEKLY GRAB
50064 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.0	0.0	(19)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2	0.5	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 	TELEPHONE	DATE		
			724 682-5113 AREA CODE NUMBER	01	12	17 YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
REPORT THE DAILY MAXIMUM FOR RETZ DI-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

PA0025415
PERMIT NUMBER

011 A
DISCHARGE NUMBER

MAJOR (SUBR 05)

F - FINAL

DIESEL GEN & TURBINE DRAINS

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
01	11	01		01	11	30

*** 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			
FLOW IN CONDUIT OR THRU TREATMENT PLANT		0.002	0.002	(G3)	*****	*****	*****		0	1/7	Est.
50050 1 0 0	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****			WEEKLY ESTIMA
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

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: 01 12 17
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 DRNEORF

SHIPPINGPORT PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTRONSKI

PERMIT NUMBER
PA0025619

DISCHARGE NUMBER
012 A

MAJOR
(SUBR 05)
F - FINAL

BLOWDOWN FROM THE HVAC UNIT

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
01 11 01 TO 01 11 30

*** 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			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		8.56	*****	8.56	(12)	0	1/30	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU		ONCE / MONTH	GRAB
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	20.001	20.001	(03)	*****	*****	*****		0	1/30	EST
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MAX	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
Joseph W. Venzon

TELEPHONE: 724 682 5113
DATE: 01 12 17
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
See attached letter for Chromium and Zinc analysis.

NAME BEAVER VALLEY POWER STATION

ADDRESS: P.O. BOX 4

ATTN: DAVID CRNDORF

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

PA00025615
PERMIT NUMBER

013 A
DISCHARGE NUMBER

MAJOR
(SUBR 05)
F - FINAL
OUTFALL 013

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
01	11	01	TO	01	11	30

*** 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		*****	*****		7.02	*****	7.39	12)	0	1/7	Grab
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	MINIMUM	*****	MAXIMUM	SU			WEEKLY GRAB
FLOW IN CONDUIT OR THRU TREATMENT PLANT		0.033	0.045	(03)	*****	*****	*****		0	1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****				WEEKLY ESTIMA
CHLORINE TOTAL RESIDUAL		*****	*****		*****	0.29	0.36	19)	0	2/30	Calc
50060 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	REPORT MD 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	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	01	12	17
TYPED OR PRINTED			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.

NAME BEAVER VALLEY POWER STATION

ADDRESS: P.O. BOX 4
ATTN: DAVID DRNDORF

FACILITY SNIPPENSPORT PA 13077
LOCATION

ATTN: KEVIN OSTROWSKI

PA0025415
PERMIT NUMBER

101 A
DISCHARGE NUMBER

MAJOR (SUBP 05)
F - FINAL
101 CHEMICAL WASTE TREATMENT

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	11	01	01	11	30

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		*****	*****		7.46	*****	8.98	(2)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	EU			WEEKLY GRAB
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	24.0	24.0	(19)	0	1/7	Comp
	PERMIT REQUIREMENT	*****	*****	*****	MO AVG	MO AVG	DAILY MX	MG/L			WEEKLY COMP
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	25.3	6.0	(19)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	*****	MO AVG	MO AVG	DAILY MX	MG/L			WEEKLY GRAB
00610 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	*	*	(19)		*	*
	PERMIT REQUIREMENT	*****	*****	*****	MO AVG	REPORT	REPORT	MG/L			WEEKLY GRAB
00050 1 0 0 EFFLUENT GROSS VALUE		0.002	0.012	(03)	*****	*****	*****		0	daily	Cont.
	PERMIT REQUIREMENT	REPORT	REPORT	*****	MO AVG	MO AVG	DAILY MX	MG/L			DAILY CONTIN
01313 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	*	*	(19)		*	*
	PERMIT REQUIREMENT	*****	*****	*****	MO AVG	REPORT	REPORT	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
Joseph W. Venzon

TELEPHONE 724 682-5113
DATE 01 12 17
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

* Plant was not in wet lay-up.

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

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

Form Approved.
OMB No. 2040-0004

NAME BEAVER VALLEY POWER STATION
ADDRESS P. O. BOX 4
ATTN: DAVID BRNDORF
SHIPPINGSPORT PA 18077

PERMIT NUMBER
PA0025415

DISCHARGE NUMBER
109 A

MAJOR (SUBR 05)
FC - FINAL
100 INTAKE SCREENHOUSE

FACILITY LOCATION
ATTN: KEVIN OSTROWSKI

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	11	01	01	11	30

*** 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			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.74	*****	7.83	127	0	2/30	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	3U		TWICE/GRAB MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	4.7	5.4	197	0	2/30	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	DAILY MX	MG/L		TWICE/GRAB MONTH	
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	25.0	25.0	197	0	2/30	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	DAILY MX	MG/L		TWICE/GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	20.001	20.001	037	*****	*****	*****		0	2/30	Est
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO 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	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	01	12	17

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

NAME BEAVER VALLEY POWER STATION
ADDRESS P. O. BOX 4
ATTN: DAVID DRNDURF
SHIPPINGPORT PA 15077

PA0005415
PERMIT NUMBER

103 A
DISCHARGE NUMBER

MAJOR (SUBR 05)
F - FINAL
SLUDGE SETTLING BASIN

FACILITY LOCATION

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	11	01	01	11	30

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

ATTN: KEVIN OSTROWSKI

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	*****	*****		7.62	*****	7.80	(2)	0	2/30	Grab
	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	DU		THICE/GRAB MONTH	
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	25.1	60.6	(1)	0	3/30	24 hr comp
	PERMIT REQUIREMENT	*****	*****	***	*****	MO AVG	DAILY MX	MG/L		THICE/COMP MONTH	
00950 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.026	0.092	(3)	*****	*****	*****		0	2/30	Est.
	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	***		THICE/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 <i>Joseph W. Venzon</i>	TELEPHONE	DATE		
			724 682-5113 AREA CODE NUMBER	01	12	17 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. BOX 4

ATTN: DAVID GRNDERT

SHIPPINGSFORD

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSPOWSKI

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

PERMIT NUMBER

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 2 SERVICE WATER BACKWASH

Form Approved.
OMB No. 2040-0004

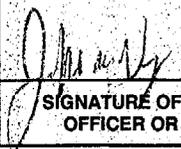
MONITORING PERIOD

FROM 01 11 01 TO 01 11 00

*** 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			MGD	*****	*****	*****				
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	NO AVG	REPORT DAILY MAX	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	01	12	17

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 GONDREK

SHIPPINGSPORT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

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

PERMIT NUMBER
PA0005415

DISCHARGE NUMBER
111 A

MAJOR

(SUBR 05)

F - FINAL

111 DIESEL GENERATOR BLDG

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	11	01	01	11	30

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	SAMPLE MEASUREMENT	*****	*****			*****		12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	0	*****	0			WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	00	00	00			WEEKLY	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****					19)			
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	0	00	00			WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			03)	*****	*****	*****				
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	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
Joseph W. Venzon

TELEPHONE NUMBER: 724.682-5113
DATE: 01 12 17

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 10 BOX 4

ATTN: DAVID BRNDOFF

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROMSKI

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

PERMIT NUMBER

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 2 SEWAGE TMT PLANT

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	11	01	01	11	30

FROM

TO

*** NO DISCHARGE I ***

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	*****	*****		7.10	*****	7.39	(12)	0	2/30	Grab
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	BU		TWICE/GRAB MONTH	
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	7.6	10.5	(19)	0	2/30	8-hr Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	DAILY MX	MG/L		TWICE/COMP MONTH	
00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.031	0.043	(03)	*****	*****	*****		0	1/7	Meas.
	PERMIT REQUIREMENT	0.043	REPORT		*****	*****	*****			WEEKLY MEASRD	
00060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.38	0.38	(19)	0	2/30	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	INST MAX	MG/L		TWICE/GRAB MONTH	
00055 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1.6	*****	(13)	0	2/30	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	MO GEOMN	*****	00ML		TWICE/GRAB MONTH	
00082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	2.0	2.0	(19)	0	2/30	8 hr Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	DAILY MX	MG/L		TWICE/COMP MONTH	
	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			724-682-5113	01	12
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 BRNDURE
 SHIPPENSBURG PA 15077

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

Form Approved.
 OMB No. 2040-0004

PERMIT NUMBER

DISCHARGE NUMBER

MAJOR (SUBR 05)

F - FINAL

201 SOFTENER REGENERANTS

MONITORING PERIOD

FROM 01 11 01 TO 01 11 00

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

FACILITY LOCATION
 ATTN: KEVIN OSTROWSKI

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	*****	0	MAXIMUM	0		TWICE/GRAB MONTH
00500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			19)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	NO AVG	00	DAILY MX	NO/L		TWICE/GRAB MONTH
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			19)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	5	NO AVG	20	DAILY MX	MG/L	TWICE/GRAB MONTH
00650 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			0.03)	*****	*****	*****				
	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	*****	*****		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 NUMBER: 724 687-5113
 DATE: 01 12 17

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

NAME BEAVER VALLEY POWER STATION
ADDRESS P. BOX 9
ATTN: DAVID BRNDORF
SHIPPINGPORT, PA 15077
FACILITY
LOCATION
ATTN: KEVIN OSTROWSKI

24002415
PERMIT NUMBER

203 A
DISCHARGE NUMBER

MAJOR (SUBR 05)
FINAL
MAIN SEWAGE TMT PLANT

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
01	11	01	TO	01	11	30

*** 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	*****	*****		6.91	*****	7.73	(2)	0	2/30	Grab
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	GU		TWICE / GRAB	MONTH
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	28.2	34.0	(19)	0	2/30	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	MD AVG	DAILY MX	MG/L		TWICE / COMP-8	MONTH
00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.003	0.006	(03)	*****	*****	*****		0	1/7	Meas
	PERMIT REQUIREMENT	0.023	REPORT		*****	*****	*****	*****		WEEKLY MEAS	
00060 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.81	1.1	(19)	0	2/30	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	MD AVG	INST MAX	MG/L		TWICE / GRAB	MONTH
00055 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.0	*****	(3)	0	2/30	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	MD GEDMN	*****	00ML		TWICE / GRAB	MONTH
00082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	9.7	12.5	(19)	0	2/30	8 hr Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	MD AVG	DAILY MX	MG/L		TWICE / COMP-5	MONTH
	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	01	12	17

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 5 BOX 4
 ATTN: DAVID DRNDUNT
 SHIPPINGPORT PA 35077
 FACILITY
 LOCATION
 ATTN: KEVIN DSTRUMSKI

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

Form Approved
 OMB No. 2040-0004

PA0025415
 PERMIT NUMBER

211 A
 DISCHARGE NUMBER

MAJOR
 (SUBR 05)
 F - FINAL
 211 TURBINE BLDG

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	11	01	01	11	30

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	*****	*****		6.92	*****	7.29	12)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	30		WEEKLY	GRAB
00550 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	44.3	5.1	19)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	MO AVG	DAILY MX	MG/L		WEEKLY	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		45.0	45.0	45.0	19)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	****	MO AVG	DAILY MX	INST MAX	MG/L		WEEKLY	GRAB
00080 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.002	0.002	0.03)	*****	*****	*****		0	1/7	Est.
	PERMIT REQUIREMENT	REPORT	REPORT	****	*****	*****	*****	****		WEEKLY	ESTIMA
	PERMIT REQUIREMENT	MO AVG	DAILY MX	MG/L							
	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 01 12 17
 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: 0 BOX 4
 ATTN: DAVID CRANDRETT
 SHIPPINGPORT PA 15077

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

Form Approved.
 OMB No. 2040-0004

PERMIT NUMBER

DISCHARGE NUMBER

MAJOR (SUBR 05)
 F - FINAL
 UNIT 2 COOL TOWER PUMPHOUSE

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	11	01	01	11	30

FROM TO

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

ATTN: KEVIN ESTROMSKI

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	*****	*****	****	0 MINIMUM	*****	0 MAXIMUM	GU			TWICE/GRAB MONTH
00500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			15)			
	PERMIT REQUIREMENT	*****	*****	****	*****	20 MO AVG	00 DAILY MX	MG/L			TWICE/GRAB MONTH
00536 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			17)			
	PERMIT REQUIREMENT	*****	*****	****	*****	20 MO AVG	20 DAILY MX	MG/L			TWICE/GRAB MONTH
00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
	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:
 Chemistry Manager
 Joseph 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: 724-682-5113
 DATE: 01 12 17
 AREA CODE NUMBER YEAR MO DAY

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

NAME BEAVER VALLEY POWER STATION
ADDRESS 8 BOX 4
ATTN: DAVID DRNDORF
SHIPPENSBORO PA 18077

PA0025415
PERMIT NUMBER

501 A
DISCHARGE NUMBER

MAJOR (SUBR 05)
F - FINAL
UNIT 2 AUX BOILER BLOWDOWN

FACILITY LOCATION

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM 01	11	01	TO 01	11	30

*** NO DISCHARGE 1 ***

NOTE: Read Instructions before completing this form.

ATTN: KEVIN OSTROWSKI

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	*****	*****		*****	< 4.0	< 4.0	19)	0	1/30*	Grab
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	NO AVG	NO DAILY MX	MG/L		TWICE/MONTH	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	< 5.0	< 5.0	19)	0	1/30*	Grab
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	NO AVG	NO DAILY MX	MG/L		TWICE/MONTH	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	< 0.001	< 0.001	003)	*****	*****	*****		0	1/7	Est.
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT	REPORT	*****	*****	*****	*****	*****		WEEKLY ESTIMA	
50050 1 0 0	PERMIT REQUIREMENT	MG AVG	DAILY MX	MGD	*****	*****	*****	*****			
EFFLUENT GROSS VALUE	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
DATE 01 12 17
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
* only one discharge occurred in November.

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

NAME BEAVER VALLEY POWER STATION
 ADDRESS P. O. BOX 4
 ATTN: DAVID CRNDORF
 SHIPPINGPORT PA 15077

FACILITY LOCATION

ATTN: KEVIN OSTROWSKI

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

PERMIT NUMBER

DISCHARGE NUMBER

MAJOR (SUBR 05)
 FINAL UNIT 1 OIL WATER SEPARATOR

Form Approved
 OMB No. 2040-0004

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
01	11	01	TO	01	11	30

*** 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	*****	*****		7.55	*****	8.87	12	0	3/30*	Grab
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	50		WEEKLY	GRAB
00530 1 0 0 SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		5.7	*****	9.1	19	0	3/30*	Grab
	PERMIT REQUIREMENT	*****	*****	*****	MO AVG	*****	DAILY MX	MG/L		WEEKLY	GRAB
00556 1 0 0 OIL & GREASE EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		25.0	*****	25.0	19	0	3/30*	Grab
	PERMIT REQUIREMENT	*****	*****	*****	MO AVG	*****	DAILY MX	MG/L		WEEKLY	GRAB
00050 1 0 0 FLOW, IN CONDUIT OR THRU TREATMENT PLANT EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.019	0.056	(03)	*****	*****	*****		0	1/7	Est
	PERMIT REQUIREMENT	REPORT	REPORT	*****	*****	*****	*****	*****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 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 NUMBER 724-682-5113
 DATE YEAR 01 MO 12 DAY 17

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 Discharge occurred in only 3 of the 4 weeks in November.

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

NAME BEAVER VALLEY POWER STATION

ADDRESS 0 BOX 4

ATTN: DAVID BRNDORF

SHIPLEYPORT PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

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

PERMIT NUMBER
PA0025415

DISCHARGE NUMBER
013 A

MAJOR

(SUBR 059)

F - FINAL

013 TURBINE BLDG DRAIN

Form Approved
OMB No. 2040-0004

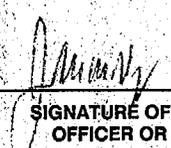
MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
01 11 01 TO 01 11 30

*** 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	*****	*****		7.02	*****	7.31	12)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	50			WEEKLY GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	24.0	24.0	19)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	*****	30	MD AVG	200	DAILY MX			WEEKLY GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	25.0	25.0	19)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	*****	15	MD AVG	20	DAILY MX			WEEKLY GRAB
00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.002	0.002	(03)	*****	*****	*****		0	1/7	Est.
	PERMIT REQUIREMENT	REPORT	REPORT	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	01	12	17

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

401-A
DISCHARGE NUMBER

MAJOR (SUBR 05)

F - FINAL

CREM. FEED AREA OF AUX BOILERS

Form Approved
OMB No. 2040-0004

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
01	11	01	TO	01	11	30

*** 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	*****	*****		8.25	*****	8.25	12)	0	1/30x	Grab
	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	REPORT MAXIMUM	BU		TWICE/MONTH	
00500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<4.0	<4.0	19)	0	1/30x	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	NO AVG	DAILY MX	MG/L		TWICE/MONTH	
00550 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<5.0	<5.0	19)	0	1/30x	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	NO AVG	DAILY MX	MG/L		TWICE/MONTH	
00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	<0.001	<0.001	(03)	*****	*****	*****		0	1/7	Est.
	PERMIT REQUIREMENT	REPORT	REPORT	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: 724-682-5113
DATE: 01-12-17
AREA CODE: NUMBER: YEAR: MO: DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
* Discharge occurred in only one week in November.

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.