

February 27, 2004
L-04-028

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

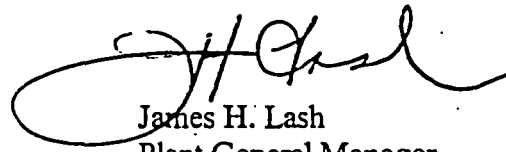
Beaver Valley Power Station Discharge Monitoring Report (NPDES) Permit No. PA0025615

To Whom It May Concern:

Enclosed is the January 2004 NPDES Discharge Monitoring Report (DMR) for FirstEnergy Nuclear Operating Company (FENOC), Beaver Valley Power Station, in accordance with the requirements of the permit. Attachment 1 to this letter are supplemental monitoring data for Outfall 001 (dissolved oxygen). A review of the reported data indicates there were no exceedances of permit limits or other non-compliant conditions identified.

Should you have any questions regarding the attached and enclosed documents, please direct them to Mr. Edward Hubley, Manager Nuclear Environmental & Chemistry, at 724-682-7340.

Sincerely,



James H. Lash
Plant General Manager

Attachment
Enclosure

cc: ~~Document Control Desk-US-NRC~~ (NOTE: No new US-NRC commitments are contained in this letter.)
US Environmental Protection Agency
Central File: **Keyword- DMR**

JE25

ATTACHMENT 1

Weekly Dissolved Oxygen Monitoring Results at Outfall 001

The following supplemental dissolved oxygen monitoring data for Outfall 001 is provided as agreed.

SAMPLE DATE	SAMPLE TIME	VALUE	MEASURE UNITS
01/02/04	0910 hours	8.56	mg/L
01/07/04	0938 hours	9.50	mg/L
01/16/04	1250 hours	8.52	mg/L
01/23/04	0930 hours	9.49	mg/L
01/27/04	0945 hours	9.11	Mg/L

- Attachment 1 END -

DISCHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

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.

Month: January

Year: 2004

Permittee: FENOC

Plant: Beaver Valley Power Station

NPDES: PA0025615

Municipality: Shippingport Borough

County: Beaver

Unit 1

For sludge that is incinerated:

Pre-incineration weight = _____ dry tons

Post-incineration weight = _____ dry tons

SLUDGE PRODUCTION INFORMATION (prior to incineration)

HAULED AS LIQUID SLUDGE					HAULED AS DEWATERED SLUDGE								
(Gallons)	X	(% Solids)	X	(Conversion Factor)	=	Dry Tons	(Tons of Dewater Sludge)	X	(% Solids)	X	(.01)	=	Dry Tons
8000		2.0		.0000417		0.667					.01		

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		


 Signature

Chemistry Manager
 Title

2/26/14
 Date

(724) 682-7340
 Telephone

DISCHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

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.

Month: January

Year: 2004

Permittee: FENOC

Plant: Beaver Valley Power Station

NPDES: PA0025615

Municipality: Shippingport Borough

County: Beaver

Unit 2

For sludge that is incinerated:

Pre-incineration weight = _____ dry tons

Post-incineration weight = _____ dry tons

SLUDGE PRODUCTION INFORMATION (prior to incineration)

HAULED AS LIQUID SLUDGE						HAULED AS DEWATERED SLUDGE							
(Gallons)	X	(% Solids)	X	(Conversion Factor)	=	Dry Tons	(Tons of Dewater Sludge)	X	(% Solids)	X	(.01)	=	Dry Tons
10000		2.0		.0000417		0.834					.01		
											</		

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:	0.834			
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	Beaver	Beaver		

(SSR-1 3/21/91)


Signature

Chemistry Manager
Title

2/26/14
Date

(724) 682-7340
Telephone

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

001 A

PERMIT NUMBER

DISCHARGE NUMBER

UNITS 1&2 COOLG. TOWER BLWDN.
EFFLUENT

*** NO DISCHARGE | 1 | ***

NOTE: Read instructions before completing this form.

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	To	YEAR	MO	DAY
04	01	01			04	01

ATTN: MATTHEW J HARTMAN

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ D T-1 WHEN DISCHARGING. THE LIMIT IS 35 MG/L AS A DAILY MAX. * PLANT WAS NOT IN WET LAY-UP IN JAN 2004.

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615
PERMIT NUMBER

002 A
DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	01	01		04	01	31

INTAKE SCREEN BACKWASH

EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

ATTN: MATTHEW J HARTMAN

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.006	0.046	(03)	*****	*****	*****			1/7	EST
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH
Plant General 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 ensure 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

224-682-7340
AREA CODE NUMBER

DATE

04 02 23
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 PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025415

PERMIT NUMBER

003 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

003

EFFLUENT

*** NO DISCHARGE 1 ☐ ***

NOTE: Read Instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	01	01		04	01	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.057	0.172	(03)	*****	*****	*****			2/31	EST
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		TWICE/MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH
PLANT GENERAL MANAGER
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

724 682-7340

04 02 23

AREA CODE

NUMBER

YEAR

MO

DAY

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

THE FLOWS FROM OUTFALLS 103, 203, 303, AND 403 ARE TO BE TOTALED AND REPORTED AS THE 003 FLOW.

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 148

SHIPPINGPORT

PA 15077-0004

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

OMB No. 2040-0004

PA0025415

PERMIT NUMBER

004 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

 UNIT ONE COOLG TOWER OVERFLOW
EFFLUENT

 *** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	01	01		04	01	31

ATTN: MATTHEW J HARTMAN

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.5 MO AVG	1.25 INST MAX	MG/L		WEEKLY	GRAB
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
50064 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.2 AVERAGE	0.5 MAXIMUM	MG/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 JAMES H. LASH
 PLANT GENERAL MANAGER
 TYPED OR PRINTED

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TELEPHONE
 21682-7340
 AREA CODE NUMBER

DATE
 04 02 23
 YEAR MO DAY

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615
PERMIT NUMBER

006 A
DISCHARGE NUMBER

MAJOR
(SUBR 09)

F - FINAL

AUX. INTAKE SCREEN BACKWASH
EFFLUENT

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
04	01	01	to	04	01	31

ATTN: MATTHEW J HARTMAN

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 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										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH
Plant General Manager
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

224 682-7340
AREA CODE NUMBER

04 02 23
YEAR MO DAY

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

NAME BEAVER VALLEY POWER STATION

ADDRESS A ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

007 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

AUX. INTAKE SYSTEM

EFFLUENT

 *** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	01	01		04	01	31

ATTN: MATTHEW J HARTMAN

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	3.0	*****	9.0			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	SU			
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
THRU TREATMENT PLANT											
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		WEEKLY	ESTIMA
EFFLUENT GROSS VALUE	MO AVG	DAILY MX	MGD					****			
CHLORINE, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
RESIDUAL											
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	0.5	1.25			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		MO AVG	INST MAX	MG/L			
CHLORINE, FREE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
AVAILABLE											
50064 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	0.2	0.5			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		AVERAGE	MAXIMUM	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES A. LASH

PLANT GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

724-682-7340

01 02 23

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 PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

OMB No. 2040-0004

PA0025615

PERMIT NUMBER

008 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 1 COOLING TOWER PUMPHOUSE

EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
04	01	01	TO	04	01

ATTN: MATTHEW J HARTMAN

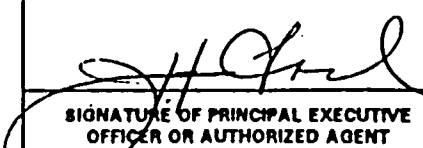
PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		8.02	*****	8.15	(12)	0	3/31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE/GRAB MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	9.3	14.6	(19)	0	2/31	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MD AVG	100 DAILY MX	MG/L		TWICE/GRAB MONTH	
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	< 5.0	< 5.0	(19)	0	2/31	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MD AVG	20 DAILY MX	MG/L		TWICE/GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	20.001	20.001	(03)	*****	*****	*****			1/7	EST
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY ESTIMA	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 JAMES H. LASH
 PLANT GENERAL MANAGER
 TYPED OR PRINTED

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TELEPHONE
 724, 682-7340
 DATE
 04 02 23

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

010 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 2 COOLING WATER

EFFLUENT

*** NO DISCHARGE 1 ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	01	01		04	01	31

ATTN: MATTHEW J HARTMAN

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.40	*****	7.85	(12)	0	5/31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(19)		*	*
04251 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0 MD AVG	0 INST MAX	MG/L		WHEN COMP24 DISCHG	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	3.73	4.32	(03)	*****	*****	*****			11/31	MEAS
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD. AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		WEEKLY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.00	0.00	(19)	0	1/7	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.5 MD AVG	1.25 INST MAX	MG/L		WEEKLY	GRAB
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****	0.00	0.00	(19)	0	1/7	GRAB
50064 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2 AVERAGE	0.5 MAXIMUM	MG/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH

PLANT GENERAL 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

724 682-7340 04 02 23

AREA CODE NUMBER YEAR MO DAY

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

REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (24 HR. COMP.) : MG/L. (THE LIMIT IS 35 M G/L AS A DAILY MAX.) * NO CLAMTROL APPLIED OR DISCHARGED IN JAN 2004

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

 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
EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	01	01		04	01	31

ATTN: MATTHEW J HARTMAN

PARAMETER	X	QUANTITY OR LOADING			QUALITY 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	0.004	0.004	(03)	*****	*****	*****			1/7	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	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			
JAMES H. LASH PLANT GENERAL MANAGER TYPED OR PRINTED			724,682-7340	04	02	24	
			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 PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025415
PERMIT NUMBER

012 A
DISCHARGE NUMBER

MAJOR
(SUBR 05)
F - FINAL

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	01	01		04	01	31

BLOWDOWN FROM THE HVAC UNIT
EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

ATTN: MATTHEW J HARTMAN

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		8.39	*****	8.41	(12)	0	2/31	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0			ONCE/	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	SU		MONTH	
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	*****	*****		*****	0.090	0.152	(19)		2/31	GRAB
01042 1 0 1	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			TWICE/	GRAB
EFFLUENT GROSS VALUE				****		MO AVG	DAILY MX	MG/L		MONTH	
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	*****	*****		*****	11.7	22.9	(19)		2/31	GRAB
01092 1 0 1	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			TWICE/	GRAB
EFFLUENT GROSS VALUE				****		MO AVG	DAILY MX	MG/L		MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	< 0.001	< 0.001	(03)	*****	*****	*****			1/31	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		ONCE/	ESTIMA
EFFLUENT GROSS VALUE		MO AVG	DAILY MX	MGD				****		MONTH	
SOLIDS, TOTAL DISSOLVED	SAMPLE MEASUREMENT	*****	*****		*****	718	1028	(19)		2/31	GRAB
70295 1 0 1	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			TWICE/	GRAB
EFFLUENT GROSS VALUE				****		MO AVG	DAILY MX	MG/L		MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH

PLANT GENERAL 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

424 682-7340

AREA CODE

NUMBER

DATE

04 02 23

YEAR MO DAY

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

013 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

OUTFALL 013

EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	01	01		04	01	31

ATTN: MATTHEW J HARTMAN

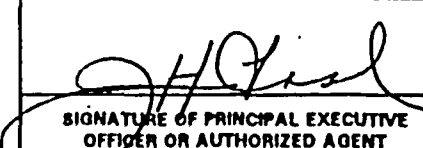
PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.11	*****	7.64	(12)	0	1/7	GRAB
00400 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	*****	*****		*****	< 0.013	< 0.02	(19)		2/31	GRAB
00720 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/	GRAB MONTH
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	*****	*****		*****	0.008	0.008	(19)		2/31	GRAB
01042 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/	GRAB MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.017	0.033	(03)	*****	*****	*****			2/31	EST
00050 1 0 1 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
 JAMES H. LASH
 PLANT GENERAL 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 ensure 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
 324 682-7340
 AREA CODE NUMBER

DATE
 04 02 23
 YEAR MO DAY


 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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
PA ROUTE 168
SHIPPINGPORT

PA 15077-0004

PA0025615
PERMIT NUMBER

110 A
DISCHARGE NUMBER

MAJOR
(SUBR 05)
F - FINAL

FACILITY
BEAVER VALLEY POWER STATION

LOCATION
SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
04 01 01 TO 04 01 31

UNIT 2 SERVICE WATER BACKWASH
EFFLUENT

*** NO DISCHARGE ☒ ***

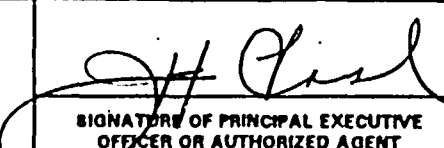
NOTE: Read instructions before completing this form.

ATTN: MATTHEW J HARTMAN

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JAMES H. LASH
PLANT GENERAL MANAGER
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE
124 682-7340

DATE
04 02 23

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

AREA CODE NUMBER YEAR MO DAY

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

101 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

 101 CHEMICAL WASTE TREATMENT
INTERNAL OUTFAL

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	01	01		04	01	31

ATTN: MATTHEW J HARTMAN

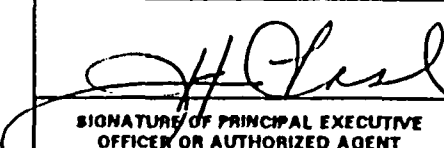
PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.69	*****	8.14	(12)	0	5/31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	9.4	13.1	(19)	0	1/7	2HR COMP
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MD AVG	100 DAILY MX	MG/L		WEEKLY	COMP-2
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	45.0	45.0	(19)	0	1/7	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MD AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(19)		*	*
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.002	0.011	(03)	*****	*****	*****			Daily	CONT
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		DAILY	CONTIN
HYDRAZINE	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(19)		*	*
81313 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 JAMES H. LASH
 PLANT GENERAL MANAGER
 TYPED OR PRINTED

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TELEPHONE
 424 682-7340
 DATE
 04 02 23

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. SAMPLES SHALL BE TAKEN AT THE DISCHARGE FROM THE CHEMICAL WASTE SUMP PRIOR TO MIXING WITH ANY OTHER WATER.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)PA0025615
PERMIT NUMBER102 A
DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

102 INTAKE SCREENHOUSE

INTERNAL OUTFAL

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	01	01		04	01	31

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.47	*****	8.81	(12)	0	3/31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0			TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	18.0	28.0	(19)	0	2/31	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30	100			TWICE/MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	45.0	45.0	(19)	0	2/31	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15	20			TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	40.001	40.001	(03)	*****	*****	*****			2/31	EST
00030 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	1GD	*****	*****	*****	****		TWICE/MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH

PLANT GENERAL 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 ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

TELEPHONE

724 682-7340

DATE

04 02 23

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

SAMPLES SHALL BE TAKEN AT THE DISCHARGE OF COLLECTED PUMP BEARING LEAKAGE PRIOR TO MIXING WITH ANY OTHER WATER.

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615
PERMIT NUMBER

103 A
DISCHARGE NUMBER

MAJOR
(SUBR 05)

F - FINAL

SLUDGE SETTLING BASIN

INTERNAL OUTFALL

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
04	01	01	TO	04	01	31

ATTN: MATTHEW J HARTMAN

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		6.95	*****	7.45	(12)	0	4/31	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	5.0	*****	9.0			TWICE/MONTH	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	SU			
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	16.75	25.5	(19)	0	2/31	24 HR COMP
SUSPENDED	PERMIT REQUIREMENT	*****	*****	****	*****	30	100			TWICE/MONTH	COMP 24
00530 1 0 0				****	MD AVG	DAILY MX	MG/L				
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.035	0.104	(03)	*****	*****	*****			28/31	MEAS
FLOW, IN CONDUIT OR	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		TWICE/MONTH	ESTIMA
THRU TREATMENT PLANT		MD AVG	DAILY MX	MGD				****			
50050 1 0 0	SAMPLE MEASUREMENT										
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JAMES H. LASH
PLANT GENERAL 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

724 082-7340 04 02 23
AREA CODE NUMBER YEAR MO DAY

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

SAMPLES SHALL BE TAKEN AT OVERFLOW FROM THE BASIN PRIOR TO MIXING WITH ANY OTHER WATER.

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

 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

INTERNAL OUTFAL

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

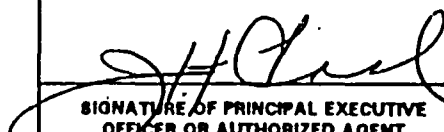
PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.26	*****	7.59	(12)	0	1/7	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	5.0	*****	9.0			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	SU			
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	<4.0	<4.0	(19)	0	1/7	GRAB
SUSPENDED	PERMIT REQUIREMENT	*****	*****	****	*****	30	100			WEEKLY	GRAB
00530 1 0 0				****		MO AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<5.0	<5.0	(19)	0	1/7	GRAB
OIL & GREASE	PERMIT REQUIREMENT	*****	*****	****	*****	15	20			WEEKLY	GRAB
00556 1 0 0				****		MO AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.002	0.002	(03)	*****	*****	*****			1/7	EST
FLOW, IN CONDUIT OR	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		WEEKLY	ESTIMA
THRU TREATMENT PLANT		MO AVG	DAILY MX	MGD				****			
50050 1 0 0	SAMPLE MEASUREMENT										
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 JAMES H. LASH
 PLANT GENERAL MANAGER
 TYPED OR PRINTED

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

TELEPHONE
 724 682-7340
 DATE
 04 02 23

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025415
PERMIT NUMBER

113 A
DISCHARGE NUMBER

MAJOR
(SUBR 05)
F - FINAL

UNIT 2 SEWAGE TMT PLANT

INTERNAL OUTFALL

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	01	01		04	01	31

ATTN: MATTHEW J HARTMAN

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.88	*****	8.05	(12)	0	2/31	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	5.0	*****	9.0			TWICE/MONTH	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	SU			
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	7.75	9.0	(19)	0	2/31	GRAB
SUSPENDED											COMP-8
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	30	60			TWICE/MONTH	COMP-8
EFFLUENT GROSS VALUE				****	MD AVG	DAILY MX	MG/L				
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	0.015	0.031	(03)	*****	*****	*****			6/31	MEAS
THRU TREATMENT PLANT											
00050 1 0 0	PERMIT REQUIREMENT	0.043	REPORT		*****	*****	*****	****		WEEKLY	MEASRD
EFFLUENT GROSS VALUE		MD AVG	DAILY MX	MGD							
CHLORINE, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	0.79	0.90	(17)	0	2/31	GRAB
RESIDUAL											
00060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	1.4	3.3			TWICE/MONTH	GRAB
EFFLUENT GROSS VALUE				****	MD AVG	INST MAX	MG/L				
COLIFORM, FECAL	SAMPLE MEASUREMENT	*****	*****		*****	4.0	*****	(13)	0	5/31	GRAB
GENERAL											
74055 1 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	2000	*****	#/100ML		TWICE/MONTH	GRAB
EFFLUENT GROSS VALUE				****	MD GEOMN						
BOD, CARBONACEOUS	SAMPLE MEASUREMENT	*****	*****		*****	6.5	10.0	(19)	0	2/31	COMP-8
05 DAY, 20C											
00082 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	25	50			TWICE/MONTH	COMP-8
EFFLUENT GROSS VALUE				****	MD AVG	DAILY MX	MG/L				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH

PLANT GENERAL 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 ensure 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

724-682-1340

04 02 23

AREA CODE

NUMBER

YEAR

MO

DAY

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

SAMPLES SHALL BE TAKEN AT OVERFLOW FROM THE CHLORINE CONTACT TANK PRIOR TO MIXING WITH ANY OTHER WATER.

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

203 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

MAIN SEWAGE TMT PLANT

INTERNAL OUTFAL

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

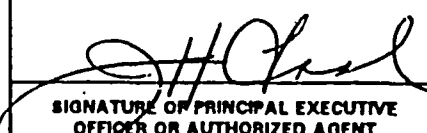
PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		7.52	*****	7.73	(12)	0	2/31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	5.0	*****	9.0	SU		TWICE/	GRAB
	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM			MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	19.5	19.5	(19)	0	2/31	comp-8
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30	60	MG/L		TWICE/	COMP-8
	SAMPLE MEASUREMENT	*****	*****	****	*****	MD AVG	DAILY MX			MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****		WEEKLY	MEASRD
00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.003	0.012	(03)	*****	*****	*****	****	0	8/31	Meas
	PERMIT REQUIREMENT	0.023	REPORT		*****	*****	*****	****			
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.32	0.64	(19)	0	2/31	GRAB
00060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	1.4	3.3	MG/L		TWICE/	GRAB
	SAMPLE MEASUREMENT	*****	*****		*****	MD AVG	INST MAX			MONTH	
COLIFORM, FECAL GENERAL	PERMIT REQUIREMENT	*****	*****	****	*****	2000	*****	#/		TWICE/	GRAB
74055 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	MD GEOMN	*****	100ML		MONTH	
BOD, CARBONACEOUS 05 DAY, 20C	PERMIT REQUIREMENT	*****	*****	****	*****	12.8	17.0	(19)	0	2/31	comp-8
80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	25	50	MG/L		TWICE/	COMP-8
	PERMIT REQUIREMENT	*****	*****	****	*****	MD AVG	DAILY MX			MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 JAMES H. LASH
 PLANT GENERAL 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 ensure 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
 424 682-7340
 DATE
 04 02 23

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 SAMPLES SHALL BE TAKEN AT OVERFLOW FROM THE CHLORINE CONTACT TANK PRIOR TO MIXING WITH ANY OTHER WATER.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


PERMITTEE NAME/ADDRESS (Include Facility Name/Location (if different))
NAME BEAVER VALLEY POWER STATION
ADDRESS PA ROUTE 168
SHIPPINGPORT PA 15077-0004

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

PA0025615
PERMIT NUMBER

211 A
DISCHARGE NUMBER

MAJOR
(SUBR 05)
F - FINAL
211 TURBINE BLDG
INTERNAL OUTFAL

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004 FROM
ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	01	01		04	01	31

*** NO DISCHARGE 1 1 ***
NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.02	*****	7.71	(12)	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0	*****	9.0			WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	7.1	16.4	(19)	0	1/7	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30	100			WEEKLY	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	45.0	45.0	(19)	0	1/7	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15	20			WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.002	0.002	(03)	*****	*****	*****			1/7	EST
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JAMES H. LASH
PLANT GENERAL 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 724 682-7340
DATE 04 02 23

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

213 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 2 COOL TOWER PUMPHOUSE

INTERNAL DUTFAL

 *** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	01	01		04	01	31

ATTN: MATTHEW J HARTMAN

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	5.0	*****	9.0				
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	SU			TWICE/GRAB MONTH
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
SUSPENDED	PERMIT REQUIREMENT	*****	*****	****	*****	30	100				
00530 1 0 0				****		MD AVG	DAILY MX	MG/L			TWICE/GRAB MONTH
EFFLUENT GROSS VALUE											
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	15	20				
EFFLUENT GROSS VALUE				****		MD AVG	DAILY MX	MG/L			TWICE/GRAB MONTH
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****			
50050 1 0 0		MD AVG	DAILY MX	MGD				****			WEEKLY ESTIMA
EFFLUENT GROSS VALUE											
CHLORINE, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
RESIDUAL	PERMIT REQUIREMENT	*****	*****	****	*****	0.5	1.25				
50060 1 0 1				****		MD AVG	INST MAX	MG/L			TWICE/GRAB MONTH
EFFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH

PLANT GENERAL 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

724 682-7340

04 02 23

AREA CODE

NUMBER

YEAR

MO

DAY

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

SAMPLES SHALL BE TAKEN AT DISCHARGE FROM THE PUMP HOUSE PRIOR TO MIXING WITH ANY OTHER WATER. NOTE: THE MONITORING OF THIS DISCHARGE IS NOT REQUIRED WHEN EFFLUENT FROM UNIT NO. 2 COOLING TOWER PUMPHOUSE FLOOR & EQUIPMENT DRAINS IS BEING RECYCLED TO THE UNIT NO. 2 WATER RECIRCULATION SYSTEM.

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

 PA0025615
PERMIT NUMBER

 301 A
DISCHARGE NUMBER

 MAJOR
(SUBR 05)

F - FINAL

UNIT 2 AUX BOILER BLOWDOWN

INTERNAL OUTFALL

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	01	01		04	01	31

ATTN: MATTHEW J HARTMAN

PARAMETER		QUANTITY OR LOADING			QUALITY 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	2/31	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	30 MD AVG	100 DAILY MX	MG/L		TWICE/MONTH	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	< 5.0	< 5.0	(19)	0	2/31	GRAB
OIL & GREASE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MD AVG	20 DAILY MX	MG/L		TWICE/MONTH	GRAB
00556 1 0 0	SAMPLE MEASUREMENT	< 0.001	< 0.001	(03)	*****	*****	*****			1/7	EST
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT										
00050 1 0 0	PERMIT REQUIREMENT										
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH

PLANT GENERAL 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

724 682-7340

04 02 23

AREA CODE NUMBER

YEAR MO DAY

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

SAMPLES SHALL BE TAKEN AT THE DISCHARGE OF BOILER BLOWN DOWN PRIOR TO MIXING WITH ANY OTHER WATER.

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

303 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 1 OIL WATER SEPARATOR

INTERNAL OUTFALL

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
04	01	01	TO	04	01	31

ATTN: MATTHEW J HARTMAN

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.43	*****	7.84	(12)	0	5/31	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	5.0	*****	9.0			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	SU			
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	17.9	32.0	(19)	0	5/31	GRAB
SUSPENDED	PERMIT REQUIREMENT	*****	*****	***	*****	30	100			WEEKLY	GRAB
00530 1 0 0				****		MD AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE											
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	45.0	45.0	(19)	0	5/31	GRAB
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	15	20			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		MD AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	0.019	0.056	(03)	*****	*****	*****			1/7	EST
THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		WEEKLY	ESTIMA
00050 1 0 0		MD AVG	DAILY MX	MGD				****			
EFFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH

PLANT GENERAL 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, 682-7340 04 02 23

AREA CODE NUMBER YEAR MO DAY

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

SAMPLES SHALL BE TAKEN AT OVERFLOW FROM THE OIL WATER SEPARATOR PRIOR TO MIXING WITH ANY OTHER WATER.

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

 PA0025415
PERMIT NUMBER

 313 A
DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

313 TURBINE BLDG DRAIN

INTERNAL OUTFAL

*** NO DISCHARGE 1 ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
04	01	01	TO	04	01	31

ATTN: MATTHEW J HARTMAN

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.06	*****	7.30	(12)	0	5/31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	8.4	16.4	(19)	0	5/31	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MD AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	25.0	25.0	(19)		5/31	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MD AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.002	0.002	(03)	*****	*****	*****			1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH
PLANT GENERAL 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

124, 682-1340

AREA CODE

NUMBER

04

02

23

YEAR

MO

DAY

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

SAMPLES SHALL BE TAKEN AT DISCHARGE FROM OWS #21 PRIOR TO MIXING WITH ANY OTHER WATER.

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615
PERMIT NUMBER

401 A
DISCHARGE NUMBER

MAJOR
(SUBR 05)

F - FINAL

CHEM. FEED AREA OF AUX BOILERS
INTERNAL OUTFAL

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
04	01	01	TO	04	01	31

ATTN: MATTHEW J HARTMAN

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		8.71	*****	8.72	(12)	0	2/31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0 MINIMUM	*****	REPORT MAXIMUM	SU		TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	6.30	8.60	(19)	0	2/31	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		TWICE/MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	25.0	25.0	(19)	0	2/31	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MO AVG	20 DAILY MX	MG/L		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	<0.001	<0.001	(03)	*****	*****	*****			1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JAMES H. LASH
PLANT GENERAL 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
124 682-7340
AREA CODE NUMBER
DATE
04 02 23
YEAR MO DAY

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

SAMPLES SHALL BE TAKEN AT CHEMICAL FEED AREA DRAINS PRIOR TO MIXING WITH ANY OTHER WATER.

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025415

PERMIT NUMBER

403 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

CONDENSATE BLOWDOWN & RIVR WAT

INTERNAL OUTFAL

 *** NO DISCHARGE ☒ ***

NOTE: Read Instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
04	01	01	TO	04	01	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
HYDRAZINE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
B1313 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0	0			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		MD AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH

PLANT GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

724 682-7340

04 02 23

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 BETZ D T-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.) SAMPLES SHAL

L BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER.

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

 PA0025415
PERMIT NUMBER

 403 A
DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

CONDENSATE BLOWDOWN & RIVR WAT

INTERNAL OUTFAL

 *** NO DISCHARGE ☒ ***

NOTE: Read Instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
04	01	01	TO	04	01	31

ATTN: MATTHEW J HARTMAN

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MO AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
04251 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0 MO AVG	0 DAILY MX	MG/L		WHEN DISCHG	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.5 MO AVG	1.25 INST MAX	MG/L		WEEKLY	GRAB

 NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JAMES H. LASH
PLANT GENERAL MANAGER
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

724 682-7340 04 02 23

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 BETZ D T-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.) SAMPLES SHAL

-L BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER.

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

 PA0025615
PERMIT NUMBER

 413 A
DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

BULK FUEL STORAGE DRAIN

INTERNAL OUTFALL

 *** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	01	01		04	01	31

ATTN: MATTHEW J HARTMAN

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

 NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JAMES H. LASH
PLANT GENERAL MANAGER
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

 124 682-7340 04 02 23
AREA CODE NUMBER YEAR MO DAY

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

SAMPLES SHALL BE TAKEN AT DISCHARGE FROM DWS #24 PRIOR TO MIXING WITH ANY OTHER WATER.

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025415

PERMIT NUMBER

501 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 1 GENRTR BLWDWN FILT BW

INTERNAL OUTFAL

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	01	01		04	01	31

ATTN: MATTHEW J HARTMAN

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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PLANT GENERAL MANAGER

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

724 682-7340 04 02 23

AREA CODE

NUMBER

YEAR

MO

DAY

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

SAMPLES SHALL BE TAKEN AT INTERNAL MP 501 PRIOR TO MIXING WITH ANY OTHER WATER.