

May 28, 2004
L-04-070

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

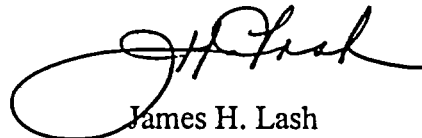
Beaver Valley Power Station Discharge Monitoring Report
(NPDES) Permit No. PA0025615

To Whom It May Concern:

Enclosed is the April 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 is 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 during the month. A second enclosure is a report of stormwater sampling conducted in accordance with NPDES Permit No. PA0025615 Part C.21 as amended June 1, 2003, and with the understanding of sample points and outfalls described in the Permit Amendment Application submitted in January 2004, under our Letter No. L-03-195.

Should you have any questions regarding the attached and enclosed documents, please direct them to Mr. Edward Hubley, Manager Nuclear Environmental & Chemistry, at 724-682-4141.

Sincerely,



James H. Lash
Plant General Manager

slf

Attachments (1)
Enclosures (2)

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*

IE25

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
4/05/04	1010	8.89	mg/L
4/13/04	0915	8.10	mg/L
04/20/04	0940	8.63	mg/L
04/26/04	0910	8.44	mg/L

- Attachment 1 END -

May 28, 2004

L-04-075

Kareen Milcic
Pennsylvania Department of Environmental Protection
Southwest Region
400 Waterfront Drive
Pittsburgh, PA 15222-4745

Stormwater Sampling Report for Beaver Valley Power Station,
NPDES Permit No PA0025615

Dear Ms. Milcic:

Please find the attached reports of Stormwater Monitoring for Beaver Valley Power Station, conducted and submitted in accordance with NPDES Permit No. PA0025615 Part C.21 as amended June 1, 2003, and with the understanding of sample points and outfalls described in the Permit Amendment Application submitted in January 2004, under our Letter No. L-03-195.

During our amendment preparations, we developed a new understanding of the stormwater system which we included in the new Permit Amendment Application referenced above. The attached documents reflect stormwater monitoring activities in accordance with the current Permit requirements that include a correction to three previously reported stormwater sampling locations (011, 012, and 013), and additional stormwater outfalls (for stormwater associated with industrial activity) as identified in the Permit Amendment Application.

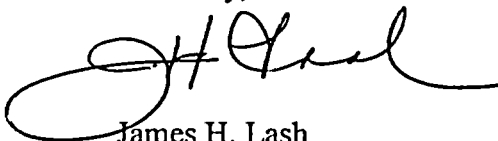
The new understanding identified in the Permit Amendment Application and this stormwater report include the following:

- The sampling location used to monitor stormwater for Outfall 011 was found to be in the Outfall 013 pathway.
- The sampling location used to monitor stormwater for Outfall 013 was found to be in the new Outfall 016 pathway.
- Outfall 012 was found to drain into Peggs Run at a location different from that previously identified. The correct discharge point retains the Outfall 012 designation, and stormwater monitoring in accordance with the permit was conducted.
- Newly identified outfalls were designated as 014, 015, 016, and 017. Stormwater monitoring in accordance with the permit requirements was implemented for these during the first quarter of 2004.

The reported activity is contained in two attachments to this letter. Attachment 1 contains the PA DEP Forms 3620-PM-WQ008 for initial monitoring activities of the nineteen parameters identified in Permit Part C.21 for Outfalls 011, 012, 013 (monitored previously as Outfall 011), 014, 015, 016 (monitored previously as Outfall 013), and 017. The previously submitted initial reports (Under our Letter No. L-03-129 in September 2003) for Outfalls 003 and 008, are included in order to produce a complete set of stormwater monitoring for Beaver Valley Power Station. Attachment 2 contains the subsequent continuous quarterly stormwater monitoring for the Iron and Zinc parameters. Also in accordance with the requirements of the Permit, this entire report of stormwater monitoring activity was included with the April 2004 Discharge Monitoring Reports (DMR).

Should you have any questions, please feel free to call Mr. Edward Hubley, Manager, Nuclear Environmental and Chemistry, at 724-682-4141, or Mr. Michael Banko at 724-682-4117.

Sincerely,



James H. Lash
Plant General Manager

slf

Attachments (2)

c: Mr. Patrick J. LaSitis
Pennsylvania Department of Environmental Protection
Southwest Region
400 Waterfront Drive
Pittsburgh, PA 15222-4745

NOTE: This letter does not contain any new US Nuclear Regulatory Commission commitments.

STORMWATER MONITORING ATTACHMENT 1

STORMWATER FORMS PA DEP 3620-PM-WQ008

For

Beaver Valley Power Station

NPDES Permit No. PA0025615

SECTION D (continued) Stormwater Outfall 003

VII. Discharge Information (Continued from previous page)

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant And CAS Number (if available)	Maximum Values (include units)	Average Values (include units)	Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 30 Minutes	Grab Sample Taken During First 30 Minutes		
Oil and Grease	< 5 mg/l			
Biological Oxygen Demand (BODS)	12 mg/l			
Chemical Oxygen Demand (COD)	106 mg/l			
Total Suspended Solids (TSS)	30 mg/l			
Total Kjeldahl Nitrogen	2.5 mg/l			
Nitrate plus Nitrite Nitrogen	1.74 mg/l			
Total Phosphorus	<0.05 mg/l			
pH (Min./Max.)	6.1			

Part B - List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant And CAS Number (if available)	Maximum Values (include units)	Average Values (include units)	Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 30 Minutes	Grab Sample Taken During First 30 Minutes		
Antimony	5 ug/l			
TRC	0.05 mg/l			
FAC	0.01 mg/l			
Ammonia	1.1 mg/l			
Hydrazine	<5 ug/l			
Copper	50 ug/l			
Zinc	305 ug/l			
Iron	865 ug/l			
Chromium (total)	7 ug/l			
Cyanide (free)	<0.020 mg/l			
Cyanide (total)	<0.020 mg/l			

SECTION D (continued) Stormwater outfall 003

Part C - List each pollutant shown in Tables 5, 6 and 7 (EPA Table Nos. 2F-2, 2F-3, and 2F-4 respectively) that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

Pollutant And CAS Number (if available)	Maximum Values (include units)	Average Values (include units)	Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 30 Minutes	Grab Sample Taken During First 30 Minutes		

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable event	5. Maximum flow rate during rain event (gallons per minute or specify units)	6. Total flow from rain event (gallons or specify units)	7. Season Sample Was taken	8. Form of Precipitation (rainfall, snowmelt)
6/30/03	30	0.14	170	750 gal/min	22,500 gal	Summer	Rain

9. Provide a description of the method of flow measurement or estimate.

Rationale Method with precipitation amount and area used.

SECTION D (continued) Stormwater outfall 008

VII. Discharge Information (Continued from previous page)

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant And CAS Number (if available)	Maximum Values (include units)	Average Values (include units)	Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 30 Minutes	Grab Sample Taken During First 30 Minutes		
Oil and Grease	15 mg/l			
Biological Oxygen Demand (BOD5)	10 mg/l			
Chemical Oxygen Demand (COD)	157 mg/l			
Total Suspended Solids (TSS)	168 mg/l *			
Total Kjeldahl Nitrogen	0.50 mg/l			
Nitrate plus Nitrite Nitrogen	6.79 mg/l			
Total Phosphorus	1.0 mg/l			
pH (Min./Max.)	7.7			

Part B - List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant And CAS Number (if available)	Maximum Values (include units)	Average Values (include units)	Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 30 Minutes	Grab Sample Taken During First 30 Minutes		
Antimony	<2 ug/l			
TRC	<0.05 mg/l			
FAC	0.0 mg /l			
Ammonia	0.1 mg/l			
Hydrazine	<10 ug/l			
Copper	58 ug/l			
Zinc	566 ug/l			
Iron	19479 ug/l			
Chromium (total)	30 ug/l			
Cyanide (total)	<0.020 mg/l			
Cyanide (free)	<0.020 mg/l			

* Collected on 8/06/03

SECTION D (continued) Stormwater outfall 008

Part C - List each pollutant shown in Tables 5, 6 and 7 (EPA Table Nos. 2F-2, 2F-3, and 2F-4 respectively) that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

Pollutant And CAS Number (if available)	Maximum Values <i>(include units)</i>	Average Values <i>(include units)</i>	Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 30 Minutes	Grab Sample Taken During First 30 Minutes		

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable event	5. Maximum flow rate during rain event (gallons per minute or specify units)	6. Total flow from rain event (gallons or specify units)	7. Season Sample Was taken	8. Form of Precipitation (rainfall, snowmelt)
5/1/03	70	0.21	>72	83 gal/min	5790 gal	Spring	Rain
*8/6/03	30	0.10	>79	92 gal/min	2760 gal	Summer	Rain

9. Provide a description of the method of flow measurement or estimate.

Rationale Method with precipitation amount and area used.

SECTION D (continued) STORMWATER OUTFALL 011

Part C - List each pollutant shown in Tables 5, 6 and 7 (EPA Table Nos. 2F-2, 2F-3, and 2F-4 respectively) that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

Pollutant And CAS Number (if available)	Maximum Values (include units)	Average Values (include units)	Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 30 Minutes	Grab Sample Taken During First 30 Minutes		

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable event	5. Maximum flow rate during rain event (gallons per minute or specify units)	6. Total flow from rain event (gallons or specify units)	7. Season Sample Was taken	8. Form of Precipitation (rainfall, snowmelt)
3/1/04	210	0.21	198.75	197 gal/min	41,300 gal	Winter	Rain

9. Provide a description of the method of flow measurement or estimate.

Rationale Method with precipitation amount and area used.

SECTION D (continued) STORMWATER OUTFALL 012

Part C - List each pollutant shown in Tables 5, 6 and 7 (EPA Table Nos. 2F-2, 2F-3, and 2F-4 respectively) that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

Pollutant And CAS Number (if available)	Maximum Values (include units)	Average Values (include units)	Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 30 Minutes	Grab Sample Taken During First 30 Minutes		

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable event	5. Maximum flow rate during rain event (gallons per minute or specify units)	6. Total flow from rain event (gallons or specify units)	7. Season Sample Was taken	8. Form of Precipitation (rainfall, snowmelt)
3/1/04	205	0.19	198.83	27 gal/min	5,590 gal	Winter	Rain

9. Provide a description of the method of flow measurement or estimate.

Rationale Method with precipitation amount and area used.

SECTION D (continued) STORMWATER OUTFALL 013

Part C - List each pollutant shown in Tables 5, 6 and 7 (EPA Table Nos. 2F-2, 2F-3, and 2F-4 respectively) that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

Pollutant And CAS Number (if available)	Maximum Values (include units)	Average Values (include units)	Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 30 Minutes	Grab Sample Taken During First 30 Minutes		

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable event	5. Maximum flow rate during rain event (gallons per minute or specify units)	6. Total flow from rain event (gallons or specify units)	7. Season Sample Was taken	8. Form of Precipitation (rainfall, snowmelt)
6/30/03	30	0.14	170	392 gal/min	11,760 gal	Summer	Rain

9. Provide a description of the method of flow measurement or estimate.

Rationale Method with precipitation amount and area used.

SECTION D (continued) STORMWATER OUTFALL 014

Part C - List each pollutant shown in Tables 5, 6 and 7 (EPA Table Nos. 2F-2, 2F-3, and 2F-4 respectively) that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

Pollutant And CAS Number (if available)	Maximum Values (include units)	Average Values (include units)	Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 30 Minutes	Grab Sample Taken During First 30 Minutes		

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable event	5. Maximum flow rate during rain event (gallons per minute or specify units)	6. Total flow from rain event (gallons or specify units)	7. Season Sample Was taken	8. Form of Precipitation (rainfall, snowmelt)
3/1/04	205	0.19	198.83	122 gal/min	25,100 gal	Winter	Rain

9. Provide a description of the method of flow measurement or estimate.

Rationale Method with precipitation amount and area used.

SECTION D (continued) STORMWATER OUTFALL 015

Part C - List each pollutant shown in Tables 5, 6 and 7 (EPA Table Nos. 2F-2, 2F-3, and 2F-4 respectively) that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

Pollutant And CAS Number (if available)	Maximum Values (include units)	Average Values (include units)	Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 30 Minutes	Grab Sample Taken During First 30 Minutes		

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable event	5. Maximum flow rate during rain event (gallons per minute or specify units)	6. Total flow from rain event (gallons or specify units)	7. Season Sample Was taken	8. Form of Precipitation (rainfall, snowmelt)
3/1/04	210	0.21	198.75	36 gal/min	7,600 gal	Winter	Rain

9. Provide a description of the method of flow measurement or estimate.

Rationale Method with precipitation amount and area used.

SECTION D (continued) STORMWATER OUTFALL 016

Part C - List each pollutant shown in Tables 5, 6 and 7 (EPA Table Nos. 2F-2, 2F-3, and 2F-4 respectively) that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

Pollutant And CAS Number (if available)	Maximum Values (include units)	Average Values (include units)	Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 30 Minutes	Grab Sample Taken During First 30 Minutes		

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable event	5. Maximum flow rate during rain event (gallons per minute or specify units)	6. Total flow from rain event (gallons or specify units)	7. Season Sample Was taken	8. Form of Precipitation (rainfall, snowmelt)
6/30/ 03	30	0.14	170	193 gal/min	5800 gal	Summer	Rain

9. Provide a description of the method of flow measurement or estimate.

Rationale Method with precipitation amount and area used.

SECTION D (continued) STORMWATER OUTFALL 017

Part C - List each pollutant shown in Tables 5, 6 and 7 (EPA Table Nos. 2F-2, 2F-3, and 2F-4 respectively) that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

Pollutant And CAS Number (if available)	Maximum Values <i>(include units)</i>	Average Values <i>(include units)</i>	Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 30 Minutes	Grab Sample Taken During First 30 Minutes		

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable event	5. Maximum flow rate during rain event (gallons per minute or specify units)	6. Total flow from rain event (gallons or specify units)	7. Season Sample Was taken	8. Form of Precipitation (rainfall, snowmelt)
3/1/04	210	0.21	198.75	20 gal/min	4,120 gal	Winter	Rain

9. Provide a description of the method of flow measurement or estimate.

Rationale Method with precipitation amount and area used.

STORMWATER MONITORING ATTACHMENT 2

Permit Part C.21 Iron & Zinc Stormwater Monitoring Results

3rd Quarter 2003

Outfall	Date	Time	Parameter	Result	Units
013*	8/22/2003	1615	Iron	1.54	mg/l
013*	8/22/2003	1615	Zinc	0.396	mg/l

4th Quarter 2003

Outfall	Date	Time	Parameter	Result	Units
003	11/11/2003	0810	Iron	0.217	mg/l
003	11/11/2003	0810	Zinc	0.141	mg/l
008	11/19/2003	0812	Iron	1.011	mg/l
008	11/19/2003	0812	Zinc	0.041	mg/l
013*	11/11/2003	0820	Iron	0.271	mg/l
013*	11/11/2003	0820	Zinc	0.271	mg/l

1st 2004

Outfall	Date	Time	Parameter	Result	Units
003	3/20/2004	1158	Iron	1.969	mg/l
003	3/20/2004	1158	Zinc	1.005	mg/l
008	3/20/2004	1158	Iron	8.471	mg/l
008	3/20/2004	1158	Zinc	0.041	mg/l
013*	3/20/2004	1158	Iron	5.689	mg/l
013*	3/20/2004	1158	Zinc	0.564	mg/l

* Continuous monitoring for Iron and Zinc of stormwater at Outfall 013 is not required in Permit Part C.21. Monitoring was performed at a location previously understood to be stormwater leading to Outfall 011. However, these results are being reported as required in Permit Part A, Reporting of Results (4).

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (V/D/U/rev))
NAME BEAVER VALLEY POWER STATION
ADDRESS PA ROUTE 168
SHIPPINGPORT PA 15077-0004

PA0025615
PERMIT NUMBER

001 A
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	04	01		04	04	30

*** NO DISCHARGE 1-1 ***

NOTE: Read Instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004 FROM
ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		8.14	*****	8.27		0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	*	*		*	*	*
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	*****	*****		*****	40.05	<0.05		0	1/30	COMP-24
04251 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	MO AVG	DAILY MX	MG/L		WEEKLY DISCH	COMP-24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	29.1	40.5	(03)	*****	*****	*****			DAILY	CONT.
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		DAILY	CONT.
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.021	0.03		0	1/30	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	AVERAGE	MAXIMUM	MG/L		WEEKLY	GRAB
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****	0.011	0.04		0	CONT	RECORD
50064 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	AVERAGE	MAXIMUM	MG/L		CONT	RECORD
HYDRAZINE	SAMPLE MEASUREMENT	*****	*****		*****	*	*		*	*	*
81313 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	MO AVG	DAILY MX	MG/L		WEEKLY	GRAB

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.

James H. Lash
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
724.682-4141 04 05 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. REPORT THE DAILY MAXIMUM FOR BETZ D T-1 WHEN DISCHARGING. THE LIMIT IS 35 MG/L AS A DAILY MAX. * The plant was not in wet layup in April 2004.

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

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

PA0025615
PERMIT NUMBER

002 A
DISCHARGE NUMBER

MAJOR
(SUBR 05)
F - FINAL

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	04	01		04	04	30

INTAKE SCREEN BACKWASH
EFFLUENT

*** NO DISCHARGE 1 ***

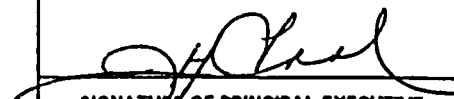
NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004 FROM
ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

PARAMETER	SAMPLE MEASUREMENT	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	0.006	0.046	(03)	*****	*****	*****			1/7	EST	
50050 1 0 0	PERMIT REQUIREMENT	REPORT MD. AVG.	REPORT DAILY MX. MGD		*****	*****	*****	****	WEEKLY	ESTIM.	
EFFLUENT GROSS VALUE	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 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
324 682-4141
DATE
04 05 17
AREA CODE NUMBER YEAR MO DAY

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

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

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

PA0025615
 PERMIT NUMBER

003 A
 DISCHARGE NUMBER

MAJOR (SUBR 05)
 F - FINAL
 003
 EFFLUENT

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	04	01		04	04	30

FACILITY BEAVER VALLEY POWER STATION
 LOCATION SHIPPINGPORT PA 15077-0004 FROM
 ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	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	0.026	0.182	(03)	*****	*****	*****	*****	*****	2/30	EST	
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****	TWICE MONTH	ESTIM	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 104 682-4141
 DATE 04 05 17
 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.

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

MAJOR
(SUBR 05)
F - FINAL

UNIT ONE COOLG TOWER OVERFLOW
EFFLUENT

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615
PERMIT NUMBER

004 A
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	04	01		04	04	30

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****					(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	6.10	*****	9.0			WEEKLY	GRAB
	PERMIT REQUIREMENT	*****	*****	****	MINIMUM		MAXIMUM	SU			
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	MEASR
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

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.

J. Lash
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
724.682-4141
DATE
04 05 17

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

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

MAJOR
(SUBR 05)
F - FINAL
AUX. INTAKE SCREEN BACKWASH
EFFLUENT

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

PA0025615
PERMIT NUMBER

006 A
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	04	01		04	04	30

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004 FROM
ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

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

PARAMETER	SAMPLE MEASUREMENT	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	0.002	0.016	(03)	*****	*****	*****	****	****	1/7	EST	
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****	WEEKLY	ESTIM	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
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
J. H. Lash

TELEPHONE
124 682-4141
AREA CODE NUMBER
DATE
04 05 17
YEAR MO DAY

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

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

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

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

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

PA0025615
PERMIT NUMBER

007 A
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	04	01		04	04	30

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004 FROM
ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****			*****		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	*****	*** ****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT NO AVG	REPORT DAILY MX	(03) MGD	*****	*****	*****	****		WEEKLY	ESTIMA
CHLORINE, TOTAL RESIDUAL		*****	*****		*****			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*** ****	*****	0.5 MO AVG	1.25 INST MAX	MG/L		WEEKLY	GRAB
CHLORINE, FREE AVAILABLE		*****	*****		*****			(19)			
50064 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*** ****	*****	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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JH Lash
SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE
682-682-4141
DATE
04 05 17

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.

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

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

PA0025615 008 A
PERMIT NUMBER DISCHARGE NUMBER

MAJOR (SUBR 05)
F - FINAL
UNIT 1 COOLING TOWER PUMPHOUSE EFFLUENT
*** NO DISCHARGE 1 ***
NOTE: Read instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	04	01		04	04	30

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004 FROM
ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		7.82	*****	8.13	(12)	0	2/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE MONTH	GRAB
SOLIDS, TOTAL SUSPENDED		*****	*****		*****	12.2	20.4	(19)	0	2/30	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		TWICE MONTH	GRAB
OIL & GREASE		*****	*****		*****	45.0	45.0	(19)	0	2/30	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	15 MO AVG	20 DAILY MX	MG/L		TWICE MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		<0.001	<0.001	(03)	*****	*****	*****			1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKL	ESTIM

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
James H. Lash
Plant General Manager
TYPED OR PRINTED

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J. H. Lash
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
724,682-4141 04 05 17
AREA CODE NUMBER YEAR MO DAY

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

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

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

PA0025615
PERMIT NUMBER
010 A
DISCHARGE NUMBER

MAJOR (SUFR 05)
F - FINAL
UNIT 2 COOLING WATER EFFLUENT

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	04	01		04	04	30

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004 FROM
ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

*** NO DISCHARGE 1-1 ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.68	*****	7.82	(12)	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0			WEEKLY	GRAB
GLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(19)	*	*	*
04251 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0	0			WHEN DISCH	COMP 2
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	2.59	5.04	(03)	*****	*****	*****			1/7	MEAS.
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		WEEKLY	MEAS
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.015	0.020	(19)	0	1/7	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.5	1.25			WEEKLY	GRAB
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****	0.015	0.020	(19)	0	1/7	GRAB
50064 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.2	0.5			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.

James H. Lash
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
224 682-4141 04 05 17
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 CT-1 was discharged in April 2004.

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

MAJOR
(SUBR 05)
F - FINAL
DIESEL GEN & TURBINE DRAINS
EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (D/Ferris))
NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168
SHIPPINGPORT

PA 15077-0004

PA0025615
PERMIT NUMBER

011 A
DISCHARGE NUMBER

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	04	01		04	04	30

ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

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 MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIM
EFFLUENT GROSS VALUE	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

724.682-4141
AREA CODE NUMBER

04 05 17
YEAR MO DAY

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

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

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

PA0025615
PERMIT NUMBER

012 A
DISCHARGE NUMBER

MAJOR (SUBR 05)
F - FINAL
BLOWDOWN FROM THE HVAC UNIT
EFFLUENT

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	04	01		04	04	30

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004 FROM
ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		8.52	*****	8.52	(12)	0	1/30	GRAB
	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
COPPER, TOTAL (AS CU) 01042 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.054	0.073	(19)		1/30	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/ MONTH	GRAB
ZINC, TOTAL (AS ZN) 01092 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	4.43	7.51	(19)		1/30	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	20.001	20.001	(03)	*****	*****	*****			1/30	EST
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE/ MONTH	ESTIM
SOLIDS, TOTAL DISSOLVED 70295 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	398	444	(19)		1/30	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/ MONTH	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
JH Lash

TELEPHONE DATE
124 682-4141 04 05 17
AREA CODE NUMBER YEAR MO DAY

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

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (V/D/Permit))
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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	04	01		04	04	30

*** NO DISCHARGE 1 ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004 FROM
ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		7.17	*****	7.56		0	1/7	GRAB
00400 1 0 1 EFFLUENT GROSS VALUE		*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
CYANIDE, TOTAL (AS CN)		*****	*****		*****	<0.005	<0.005			2/30	GRAB
00720 1 0 1 EFFLUENT GROSS VALUE		*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
COPPER, TOTAL (AS CU)		*****	*****		*****	0.011	0.013			2/30	GRAB
01042 1 0 1 EFFLUENT GROSS VALUE		*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.030	0.075	(.03)	*****	*****	*****			2/30	EST
50050 1 0 1 EFFLUENT GROSS VALUE		REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		TWICE MONTH	ESTIM

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.

James H. Lash
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
724 682-4141
DATE
04 05 19
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.

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

MAJOR
(SUBR 05)
F - FINAL
101 CHEMICAL WASTE TREATMENT
INTERNAL OUTFAL
*** NO DISCHARGE 1 ***
NOTE: Read instructions before completing this form.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (D/Form))
NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 1&8
SHIPPINGPORT

PA 15077-0004

PA0025615
PERMIT NUMBER

101 A
DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
04	04	01		04	04	30

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT PA 15077-0004 FROM

ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		6.87	*****	7.61	12	0	6/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	6.0	*****	9.0	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED		*****	*****		*****	5.33	8	19		3/30**	COMP-2
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	30	100	MG/L		WEEKLY	CONT.
		*****	*****	***	*****	MO AVG	DAILY MX				
OIL & GREASE		*****	*****		*****	45.0	45.0	19		3/30**	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	15	20	MG/L		WEEKLY	GRAB
		*****	*****	***	*****	MO AVG	DAILY MX				
NITROGEN, AMMONIA TOTAL (AS N)		*****	*****		*****	*	*	19	*	*	*
00610 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	REPORT	REPORT	MG/L		WEEKLY	GRAB
		*****	*****	***	*****	MO AVG	DAILY MX				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.003	0.012	(03)	*****	*****	*****			DAILY	CONT.
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT	REPORT	MGD	*****	*****	*****	***		DAILY	CONT.
		MO AVG	DAILY MX		*****	*****	*****	***			
HYDRAZINE		*****	*****		*****	*	*	19	*	*	*
81313 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	REPORT	REPORT	MG/L		WEEKLY	GRAB
		*****	*****	***	*****	MO AVG	DAILY MX				
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
James A. 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.

H. Lash
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
724 (82-414) 04 05 19
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. SAMPLES SHALL BE TAKEN AT THE DISCHARGE FROM THE CHEMICAL WASTE SUMP PRIOR TO MIXING WITH ANY OTHER WATER. *The Plant was not in wet layup

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

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

PA0025615
PERMIT NUMBER

102 A
DISCHARGE NUMBER

MAJOR (SUBR 05)
F - FINAL
102 INTAKE SCREENHOUSE
INTERNAL OUTFAL

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	04	01		04	04	30

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004 FROM
ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.45	*****	7.76	(12)	0	2/30	GRAB
	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	12.3	17.2	(17)	0	2/30	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	30 MO AVG	100 DAILY MX	MG/L		TWICE/MONTH	GRAB
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	45.0	45.0	(17)	0	2/30	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	15 MO AVG	20 DAILY MX	MG/L		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	<0.001	<0.001	(03)	*****	*****	*****			2/30	EST
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****	****	TWICE/MONTH	ESTIM
	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]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
124.682-4141 04 05 18
AREA CODE NUMBER YEAR MO DAY

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.

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

MAJOR
(SUBR 05)
F - FINAL

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

PA0025615
PERMIT NUMBER

103 A
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	04	01		04	04	30

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004 FROM
ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

SLUDGE SETTLING BASIN
INTERNAL OUTFALL
*** NO DISCHARGE 1 1 ***
NOTE: Read instructions before completing this form.

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	*****	*****		7.63	*****	7.82	(12)	0	2/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	5.0	*****	9.0			TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	28.1	47.6	(19)	0	2/30	COMP-24
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 MD. AVG	100 DAILY MX			TWICE/MONTH	COMP-24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.002	0.107	(03)	*****	*****	*****			2/30	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD. AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		TWICE/MONTH	ESTIM
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
James H. Last
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.

James H. Last
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
724 682-4141
DATE
04 05 18
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.

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

MAJOR
(SUBR 05)
F - FINAL
UNIT 2 SERVICE WATER BACKWASH
EFFLUENT
*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

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

PA0025615
PERMIT NUMBER

110 A
DISCHARGE NUMBER


MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	04	01		04	04	30

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004 FROM
ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

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			(03)	*****	*****	*****				
50050 1 0 0	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIM
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
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 (682-4141)
DATE: 04 05 18
AREA CODE: 724 NUMBER: 682-4141 YEAR: 04 MO: 05 DAY: 18

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

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

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

PA0025615
PERMIT NUMBER
111 A
DISCHARGE NUMBER

MAJOR (SUBR 05)
F - FINAL
111 DIESEL GENERATOR BLDG
INTERNAL DUTFAL
*** NO DISCHARGE 1 1 ***

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004 FROM
ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	04	01		04	04	30

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		7.37	*****	7.88	(12)	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	6.0	*****	9.0			WEEKLY	GRAB
				***	MINIMUM		MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED		*****	*****		*****	< 4.0	< 4.0	(19)	0	1/7	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	30	100			WEEKLY	GRAB
				***		MO AVG	DAILY MX	MG/L			
OIL & GREASE		*****	*****		*****	< 5.0	< 5.0	(19)	0	1/7	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	15	20			WEEKLY	GRAB
				***		MO AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.002	0.002	(03)	*****	*****	*****			1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT	REPORT		*****	*****	*****	****		WEEKLY	ESTIMATE
		MO AVG	DAILY MX	MGD				****			

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
J. H. Lash

TELEPHONE DATE
124.282-4141 04 05 18
AREA CODE NUMBER YEAR MO DAY

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

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

MAJOR
(SUBR 05)
F - FINAL

UNIT 2 SEWAGE TMT PLANT

INTERNAL OUTFAL

*** NO DISCHARGE [] ***

NOTE: Read instructions before completing this form.

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

113 A

DISCHARGE NUMBER

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	04	01		04	04	30

ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		7.20	*****	1.47	(12)	0	3/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	6.0	*****	9.0			TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED		*****	*****		*****	5.7	6.6	(19)		2/30	COMP-8
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	30	60			TWICE/MONTH	COMP-8
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.027	0.072	(03)	*****	*****	*****			1/7	MEAS*
50050 1 0 0 EFFLUENT GROSS VALUE		0.043	REPORT	MGD	*****	*****	*****	****		WEEKLY	MEAS*
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	0.13	0.13	(17)	0	2/30	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	1.4	3.3			TWICE/MONTH	GRAB
COLIFORM, FECAL GENERAL		*****	*****		*****	677	*****	(13)	0	2/30	GRAB
74055 1 1 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	2000	*****	#/100ML		TWICE/MONTH	GRAB
BOD, CARBONACEOUS 05 DAY, 20C		*****	*****		*****	7.7	9.0	(17)	0	2/30	COMP-8
80082 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	20	50			TWICE/MONTH	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
James H. Last
Plant General Man.
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.

James H. Last
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
124, 682-4141
DATE
04 05 19

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.

* FLOW TOTALIZER

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

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

PA0025615 203 A
PERMIT NUMBER 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: EDWARD HUBLEY/MGR NUC ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	04	01		04	04	30

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		7.70	*****	7.74	(12)	0	3/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	5.0	*****	7.0			TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED		*****	*****		*****	16.6	16.8	(19)	0	2/30	COMP-8
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	30	60			TWICE/MONTH	COMP-8
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.005	0.019	(03)	*****	*****	*****		0	1/7	MEAS.
50050 1 0 0 EFFLUENT GROSS VALUE		0.023	REPORT	MGD	*****	*****	*****	****		WEEKLY	MEAS.
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	0.790	1.17	(17)	0	2/30	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	1.4	3.3			TWICE/MONTH	GRAB
COLIFORM, FECAL GENERAL		*****	*****		*****	0	*****	(13)	0	2/30	GRAB
74055 1 1 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	2000	*****	#/100ML		TWICE/MONTH	GRAB
BOD, CARBONACEOUS 05 DAY, 20C		*****	*****		*****	14.3	17.0	(17)	0	3/30	COMP-8
80082 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	25	50			TWICE/MONTH	COMP-8
		*****	*****	***	*****	*****	*****				
		*****	*****	***	*****	*****	*****				

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]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
324 682-4141 04 05 19
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.

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

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

PA0025615
PERMIT NUMBER

211 A
DISCHARGE NUMBER

MAJOR
(SUBR 05)
F - FINAL
211 TURBINE BLDG
INTERNAL DUTFAL
*** NO DISCHARGE 1 1 ***
NOTE: Read instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	04	01		04	04	30

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004 FROM
ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		7.13	*****	7.70	(12)	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	6.0	*****	9.0			WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED		*****	*****		*****	4.15	4.6	(17)	0	1/7	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	30	100			WEEKLY	GRAB
OIL & GREASE		*****	*****		*****	45.0	65.0	(17)	0	1/7	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	15	20			WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.002	0.002	(03)	*****	*****	*****			1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT	REPORT		*****	*****	*****	****		WEEKLY	ESTIM
		MO AVG	DAILY MX	MGD							

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
J. H. Lash

TELEPHONE
724 682-4141
DATE
04 05 19

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

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (if different))
NAME BEAVER VALLEY POWER STATION
ADDRESS 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 OUTFAL
*** NO DISCHARGE ***

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004 FROM
ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	04	01		04	04	30

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****			*****		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	6.0	*****	9.0	SU		TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED		*****	*****		*****			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	30	100	MO AVG DAILY MX		TWICE/MONTH	GRAB
OIL & GREASE		*****	*****		*****			(17)			
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	15	20	MO AVG DAILY MX		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT				(03)	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT	REPORT	MGD	*****	*****	*****	****		NEARLY ESTIMATE	
CHLORINE, TOTAL RESIDUAL		*****	*****		*****			(19)			
50060 1 0 1 EFFLUENT GROSS VALUE		*****	*****	***	*****	0.5	1.25	MO AVG INST MAX		TWICE/MONTH	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.

J. Lash
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
124 (82-414) 04 05 19
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.

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

MAJOR (SUBR 05)
F - FINAL
UNIT 2 AUX BOILER BLOWDOWN
INTERNAL OUTFAL
*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (D/Ferris))
NAME BEAVER VALLEY POWER STATION
ADDRESS PA ROUTE 1&B
SHIPPINGPORT PA 15077-0004

PA0025615
PERMIT NUMBER

301 A
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	04	01		04	04	30

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004 FROM
ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<4.0	<4.0	(19)	0	2/30	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	30 MO AVG	100 DAILY MX	MG/L		TWICE MONTH	GRAB
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<5.0	<5.0	(19)	0	2/30	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	15 MO AVG	20 DAILY MX	MG/L		TWICE MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	<0.001	<0.001	(03)	*****	*****	*****			1/7	EST
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMATE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
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
JH Lash

TELEPHONE DATE
717-82-4411 04 05 19
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.

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

MAJOR
(SUBR 05)

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

PA0025615
PERMIT NUMBER

303 A
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	04	01		04	04	30

F - FINAL
UNIT 1 OIL WATER SEPARATOR
INTERNAL OUTFALL
*** NO DISCHARGE 1 1 ***

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004 FROM
ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		7.21	*****	7.72	(12)	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	6.0	*****	9.0			WEEKLY	GRAB
				****	MINIMUM		MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED		*****	*****		*****	19.8	30.4	(17)	0	1/7	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	30	100			WEEKLY	GRAB
				****		MD AVG	DAILY MX	MG/L			
OIL & GREASE		*****	*****		*****	5.23	5.9	(17)	0	1/7	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	15	20			WEEKLY	GRAB
				****		MD AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.019	0.056	(03)	*****	*****	*****			1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT	REPORT		*****	*****	*****	****		WEEKLY	ESTIM
		MD AVG	DAILY MX	MGD	*****	*****	*****	****			
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
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]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 724 682-4141
DATE: 04 05 19
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.

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

MAJOR
(SUBR 05)
F - FINAL
313 TURBINE BLDG DRAIN
INTERNAL OUTFAL
*** NO DISCHARGE 1 1 ***

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

PA0025615
PERMIT NUMBER

313 A
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	04	01		04	04	30

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004 FROM
ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		6.96	*****	7.55	(12)	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	6.0	*****	9.0			WEEKLY	GRAB
				****	MINIMUM		MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED		*****	*****		*****	4.45	5.0	(19)	0	1/7	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	30	100			WEEKLY	GRAB
				****		MO AVG	DAILY MX	MG/L			
OIL & GREASE		*****	*****		*****	25.0	25.0	(19)	0	1/7	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	15	20			WEEKLY	GRAB
				****		MO AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.002	0.002	(03)	*****	*****	*****			1/7	EST.
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT	REPORT		*****	*****	*****	****		WEEKLY	ESTIM
		MO AVG	DAILY MX	MGD				****			

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
J. H. Lash

TELEPHONE
124 (82-4141)
AREA CODE NUMBER
DATE
04 05 19
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.

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

MAJOR
(SUBR 05)
F - FINAL
CHEM. FEED AREA OF AUX BOILERS
INTERNAL OUTFAL
*** NO DISCHARGE 1 1 ***
NOTE: Read instructions before completing this form.

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

PA0025615
PERMIT NUMBER
401 A
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	04	01		04	04	30

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004 FROM
ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		9.07	*****	9.23	12	0	2/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	REPORT	SU		TWICE	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	<4.0	<4.0	19	0	2/30	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30	100	NO AVG		TWICE	GRAB
DIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	<5.0	<5.0	19	0	2/30	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	15	20	NO AVG		TWICE	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	REPORT	MGD	*****	*****	*****	****		NEED	ESTIM
	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]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
104 682-4141
DATE
04 05 19
AREA CODE NUMBER 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.

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

MAJOR
(SUER 05)
F - FINAL

CONDENSATE BLOWDOWN & RIVR WAT

INTERNAL OUTFAL

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

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

PA0025615
PERMIT NUMBER

403 A
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	04	01		04	04	30

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004 FROM
ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****			*****		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	6.0	*****	9.0			WEEKLY	GRAB
				***	MINIMUM		MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED		*****	*****		*****			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	30	100			WEEKLY	GRAB
				***		MO AVG	DAILY MX	MG/L			
OIL & GREASE		*****	*****		*****			(19)			
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	15	20			WEEKLY	GRAB
				***		MO AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)		*****	*****		*****			(19)			
00610 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	REF 3-22-04 MO AVG	REF 3-22-04 DAILY MX			WEEKLY	GRAB
				***		DJS <0.05	DJS 50.05	MG/L		WEEKLY	GRAB
CLAMTROL CT-1, TOTAL WATER		*****	*****		*****			(19)			
04251 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	0	0			WEEKLY	GRAB
				***		MO AVG	DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT				(03)	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT	REPORT		*****	*****	*****	***		WEEKLY	ESTIMATE
		MO AVG	DAILY MX	MGD				***			
CHLORINE, TOTAL RESIDUAL		*****	*****		*****			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	0.5	1.25			WEEKLY	GRAB
				***		MO AVG	INST MAX	MG/L			

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]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
324 682-4141
DATE
04 05 19
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 SHALL BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER

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

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

Form Approved.
 OMB No. 2040-0004

PA0025615
 PERMIT NUMBER

403 A
 DISCHARGE NUMBER

MAJOR
 (SUBR 05)
 F - FINAL

CONDENSATE BLOWDOWN & RIVR WAT
 INTERNAL OUTFAL
 *** NO DISCHARGE ***

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	04	01		04	04	30

NOTE: Read instructions before completing this form.

PARAMETER	<input checked="" type="checkbox"/>	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
HYDRAZINE	<input checked="" type="checkbox"/>	*****	*****		*****			(17)			
81313 1 0 0 EFFLUENT GROSS VALUE	<input checked="" type="checkbox"/>	*****	*****	***	*****	MO AVG	DAILY MX	MG/L		WEEKLY	GRAB
	<input checked="" type="checkbox"/>										
	<input checked="" type="checkbox"/>										
	<input checked="" type="checkbox"/>										
	<input checked="" type="checkbox"/>										
	<input checked="" type="checkbox"/>										
	<input checked="" type="checkbox"/>										
	<input checked="" type="checkbox"/>										
	<input checked="" type="checkbox"/>										
	<input checked="" type="checkbox"/>										
	<input checked="" type="checkbox"/>										
	<input checked="" type="checkbox"/>										

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.

J. H. Lash
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 724-682-4141
 AREA CODE NUMBER
 DATE
 04 03 05 22
 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 SHALL BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER.

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (FD/iform))
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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	04	01		04	04	30

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004 FROM
ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

BULK FUEL STORAGE DRAIN
INTERNAL OUTFALL
*** NO DISCHARGE 1 1 ***
NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		7.88	*****	7.88	(12)	0	1/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	5.0	*****	9.0			WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED		*****	*****		*****	14.8	14.8	(19)	0	1/30	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	30	100			WEEKLY	GRAB
OIL & GREASE		*****	*****		*****	25.0	25.0	(19)	0	1/30	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	15	20			WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	*****	(03)	*****	*****	*****			1/4	EST
50050 1 0 0 EFFLUENT GROSS VALUE		*****	*****	MGD	*****	*****	*****	*****		WEEKLY	ESTIMATE

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.

J. H. Chel
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
724 682-4141 04 05 19
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLES SHALL BE TAKEN AT DISCHARGE FROM OWS #24 PRIOR TO MIXING WITH ANY OTHER WATER.
* Sampling is precipitation dependent, AND OCCURRED IN ONLY 1 WEEK IN APRIL 2004

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

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

PA0025615
PERMIT NUMBER

501 A
DISCHARGE NUMBER

MAJOR (SURR 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
ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	04	01		04	04	30

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED		*****	*****		*****			(17)			
00530 1 0 0	SAMPLE MEASUREMENT										
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30	100			NEEPL	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		NEEPL	ESTIM
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MO AVG	DAILY MX	MGD				****			
	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
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 AREA CODE NUMBER
724 (882-4141)
DATE YEAR MO DAY
04 05 19

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.

DISHARGE 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: April

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

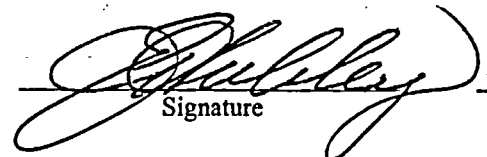
Post-incineration weight = _____ dry tons

SLUDGE PRODUCTION INFORMATION (prior to incineration)

HAULED AS LIQUID SLUDGE				HAULED AS DEWATERED SLUDGE									
(Gallons)	X	(% Solids)	(Conversion Factor)	=	Dry Tons	(Tons of Dewater Sludge)	X	(% Solids)	X	(.01)	=	Dry Tons	
20000		2.0	.0000417	=	1.67					.01	=		
TOTAL					=	1.67	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:				
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	Beaver	Beaver		


Signature

Chemistry Manager
Title

5/24/04
Date

(724) 682-4141
Telephone

Sludge Received From Other Sources

Source Name (include specific plant)	Gallons Received	% Solids	Dry Tons

Comments:

DISHARGE 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: April

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		
12000		2.0		.0000417	=	1.0					.01	=			
TOTAL						=	1.0	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:				
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	Beaver	Beaver		



 Signature Title

5/24/04
 Date

(724) 682-4141
 Telephone

Sludge Received From Other Sources

Source Name (include specific plant)	Gallons Received	% Solids	Dry Tons

Comments: