

September 28, 2004  
L-04-126

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

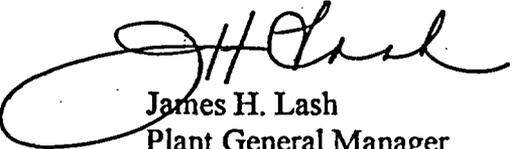
**Beaver Valley Power Station Discharge Monitoring Report (NPDES)**  
**Permit No. PA0025615**

To Whom It May Concern:

Enclosed is the August 2004 NPDES Discharge Monitoring Report (DMR) for FirstEnergy Nuclear Operating Company (FENOC), Beaver Valley Power Station, in accordance with the requirements of the permit. Attachment 1 to this letter are supplemental monitoring data for Outfall 001 (dissolved oxygen). A review of the reported data indicates that the maximum daily limit for oil and grease at Outfall/Internal Monitoring Point 303 (Unit 1 water/oil separator) was exceeded on August 4<sup>th</sup> and August 9<sup>th</sup>. Corrective actions were implemented, and the monthly average was not exceeded. Attachment 2 to this letter describes the condition and corrective actions taken.

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

Attachments (2)  
Enclosures (1)

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*

*JEZS*

**ATTACHMENT 1**

**Weekly Dissolved Oxygen Monitoring Results at Outfall 001**

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

| <b>SAMPLE DATE</b> | <b>SAMPLE TIME</b> | <b>VALUE</b> | <b>MEASURE UNITS</b> |
|--------------------|--------------------|--------------|----------------------|
| 8/02/04            | 0855               | 7.54         | mg/L                 |
| 8/09/04            | 0900               | 7.46         | mg/L                 |
| 8/18/04            | 1050               | 7.17         | mg/L                 |
| 8/23/04            | 0945               | 7.14         | mg/L                 |
| 8/30/04            | 0815               | 6.95         | mg/L                 |

- Attachment 1 END -

## ATTACHMENT 2

### Oil & Grease Exceedances at Internal Monitoring Point 303

Analysis of a sample taken on August 4, 2004 at Internal Monitoring Point 303 (Unit 1 water/oil separator) revealed 20.8 mg/l exceeding the Daily Maximum Limit of 20 mg/l. The water/oil separator was scheduled for maintenance, and oil absorbents were added. A second sample taken on August 9, 2004 was analyzed and indicated 26.4 mg/l again exceeding the Daily Maximum Limit. The water/oil separator and the building sumps feeding it, were isolated to prevent any further discharge.

The water oil separator was cleaned and repaired on August 23, 2004. Samples taken on August 26, 27 and 30 were analytically indicated <5.0 mg/l oil and grease. The calculated Monthly Average of 9.44 mg/l did not exceed the Permit limit of 15 mg/l.

The condition is documented and investigated in the FENOC Problem Identification and Resolution Program under Condition Report CR-04-06284. Additional corrective actions will be taken pending completion of the investigation.

- Attachment 2 END -

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

\*\*\* NO DISCHARGE 1 1 \*\*\*

NOTE: Read instructions before completing this form.

MONITORING PERIOD

|      |    |     |    |      |    |     |
|------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 04   | 08 | 01  |    | 04   | 08 | 31  |

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  |   | *****               | *****   |       | 8.28                     | *****             | 8.43               | (12)  | 0      | 1/7                   | GRAB        |
| 00400 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****   | ***   | 6.0                      | *****             | 9.0                |       |        | WEEKLY                | GRAB        |
|   |   | *****               | *****   | ***** | MINIMUM                  |                   | MAXIMUM            | SU    |        |                       |             |
| NITROGEN, AMMONIA<br>TOTAL (AS N)           |   | *****               | *****   |       | *****                    | *                 | *                  | (19)  | *      | *                     | *           |
| 00610 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****   | ***   | *****                    | REPORT<br>MO. AVG | REPORT<br>DAILY MX | MG/L  |        | WEEKLY                | GRAB        |
|   |   | *****               | *****   | ***** |                          |                   |                    |       |        |                       |             |
| CLAMTROL CT-1, TOTAL<br>WATER               |   | *****               | *****   |       | *****                    | 40.05             | 40.05              | (19)  | 0      | 3/31                  | COM-24      |
| 04251 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****   | ***   | *****                    | 0                 | 0                  |       |        | WHEN<br>DISCHG        | COM-24      |
|   |   | *****               | *****   | ***** |                          | MO. AVG           | DAILY MX           | MG/L  |        |                       |             |
| FLOW, IN CONDUIT OR<br>THRU TREATMENT PLANT |   | *****               | *****   | (03)  | *****                    | *****             | *****              |       |        | DAILY                 | CONT        |
| 50050 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****   | ***   | *****                    | *****             | *****              | ****  | ****   | DAILY                 | CONTIN      |
|   |   | *****               | *****   | ***** |                          | REPORT<br>MO. AVG | REPORT<br>DAILY MX | MGD   |        |                       |             |
| CHLORINE, TOTAL<br>RESIDUAL                 |   | *****               | *****   |       | *****                    | 0.027             | 0.10               | (19)  | 0      | 7/31                  | GRAB        |
| 50060 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****   | ***   | *****                    | 0.5               | 1.25               |       |        | WEEKLY                | GRAB        |
|   |   | *****               | *****   | ***** |                          | AVERAGE           | MAXIMUM            | MG/L  |        |                       |             |
| CHLORINE, FREE<br>AVAILABLE                 |   | *****               | *****   |       | *****                    | 0.015             | 0.50               | (19)  | 0      | CONT.                 | RECORD      |
| 50064 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****   | ***   | *****                    | 0.2               | 0.5                |       |        | CONTIN                | RECORD      |
|   |   | *****               | *****   | ***** |                          | AVERAGE           | MAXIMUM            | MG/L  |        | UOUS                  |             |
| HYDRAZINE                                   |   | *****               | *****   |       | *****                    | *                 | *                  | (19)  | *      | *                     | *           |
| 81313 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****   | ***   | *****                    | 0                 | 0                  |       |        | WEEKLY                | GRAB        |
|   |   | *****               | *****   | ***** |                          | MO. AVG           | DAILY MX           | 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 |         | DATE |    |     |
| 721       | 682-441 | 04   | 09 | 14  |
| 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. \* Plant was not in wet layup in August 2004.

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

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

Form Approved.  
 OMB No. 2040-0004

PA0025615  
 PERMIT NUMBER

002 A  
 DISCHARGE NUMBER

MAJOR  
 (SUBR 05)

F - FINAL  
 INTAKE SCREEN BACKWASH  
 EFFLUENT

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 |
| 07                | 08 | 01  |    | 07   | 08 | 31  |

\*\*\* 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 |        |                       |             |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT<br>50050 1 0 0<br>EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 0.0060              | 0.040           | (03)  | *****                    | *****   | *****   |       |        | 1/7                   | EST         |
|   | PERMIT REQUIREMENT | REPORT MD AVG       | REPORT DAILY MX | MGD   | *****                    | *****   | *****   | ****  |        | WEEKLY                | ESTIMA      |
|   | SAMPLE MEASUREMENT |                     |                 |       |                          |         |         |       |        |                       |             |
|   | PERMIT REQUIREMENT |                     |                 |       |                          |         |         |       |        |                       |             |
|   | SAMPLE MEASUREMENT |                     |                 |       |                          |         |         |       |        |                       |             |
|   | PERMIT REQUIREMENT |                     |                 |       |                          |         |         |       |        |                       |             |
|   | SAMPLE MEASUREMENT |                     |                 |       |                          |         |         |       |        |                       |             |
|   | 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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 724.682.4441  
 DATE  
 09 09 14  
 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

001 A  
DISCHARGE NUMBER

MAJOR  
(SUBR 05)  
F - FINAL

UNITS 1&2 COOLG. TOWER BLWDN.  
EFFLUENT

\*\*\* NO DISCHARGE 1 1 \*\*\*

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

| MONITORING PERIOD |    |     |    |      |    |     |
|-------------------|----|-----|----|------|----|-----|
| YEAR              | MO | DAY | TO | YEAR | MO | DAY |
| 04                | 08 | 01  |    | 04   | 08 | 31  |

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  |   | *****               | *****   |       | 8.28                     | *****            | 8.43               | ( 12) | 0      | 1/7                   | GRAB        |
| 00400 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****   | ***** | 6.0<br>MINIMUM           | *****            | 9.0<br>MAXIMUM     | SU    |        | WEEKLY                | GRAB        |
| NITROGEN, AMMONIA<br>TOTAL (AS N)           |   | *****               | *****   |       | *****                    | *                | *                  | ( 19) | *      | *                     | *           |
| 00610 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****   | ***** | *****                    | REPORT<br>MO AVG | REPORT<br>DAILY MX | MG/L  |        | WEEKLY                | GRAB        |
| CLAMTROL CT-1, TOTAL<br>WATER               |   | *****               | *****   |       | *****                    | 20.05            | 20.05              | ( 19) | 0      | 3/31                  | COM-24      |
| 04251 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****   | ***** | *****                    | MO AVG           | DAILY MX           | MG/L  |        | WHEN<br>DISCHG        | COMP 24     |
| FLOW, IN CONDUIT OR<br>THRU TREATMENT PLANT |   | *****               | *****   | ( 03) | *****                    | *****            | *****              |       |        | DAILY                 | CONT        |
| 50050 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****   | ***** | *****                    | *****            | *****              | ***** | *****  | DAILY                 | CONTIN      |
| CHLORINE, TOTAL<br>RESIDUAL                 |   | *****               | *****   |       | *****                    | 0.027            | 0.10               | ( 19) | 0      | 7/31                  | GRAB        |
| 50060 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****   | ***** | *****                    | 0.5<br>AVERAGE   | 1.25<br>MAXIMUM    | MG/L  |        | WEEKLY                | GRAB        |
| CHLORINE, FREE<br>AVAILABLE                 |   | *****               | *****   |       | *****                    | 0.015            | 0.50               | ( 19) | 0      | CONT.                 | RCORDE      |
| 50064 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****   | ***** | *****                    | 0.2<br>AVERAGE   | 0.5<br>MAXIMUM     | MG/L  |        | CONTIN                | RCORDE      |
| HYDRAZINE                                   |   | *****               | *****   |       | *****                    | *                | *                  | ( 19) | *      | *                     | *           |
| 81313 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****   | ***** | *****                    | MO AVG           | DAILY MX           | MG/L  |        | WEEKLY                | GRAB        |

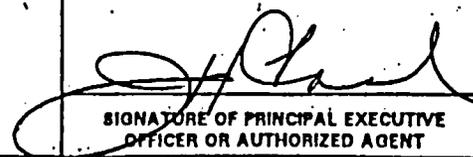
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

James H. Lask  
Plant General Manager

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



TELEPHONE

721 682-4411

DATE

04 09 14

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. \* Plant was not in wet layup in August 2004.

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

MAJOR  
(SUBR 05)  
F - FINAL

INTAKE SCREEN BACKWASH  
EFFLUENT

\*\*\* 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

002 A

DISCHARGE NUMBER

MONITORING PERIOD

| YEAR | MO | DAY | TO | YEAR | MO | DAY |
|------|----|-----|----|------|----|-----|
| 04   | 08 | 01  |    | 04   | 08 | 31  |

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 | 0.006               | 0.046           | ( 03 ) | *****                    | *****   | *****   |       |        | 1/7                   | EST         |
| 50050 1 0 0                              | PERMIT REQUIREMENT | REPORT MO AVG       | REPORT DAILY MX | MGD    | *****                    | *****   | *****   | ****  |        | WEEKLY                | ESTIMA      |
| EFFLUENT GROSS VALUE                     | SAMPLE MEASUREMENT |                     |                 |        |                          |         |         |       |        |                       |             |
|  | PERMIT REQUIREMENT |                     |                 |        |                          |         |         |       |        |                       |             |
|  | SAMPLE MEASUREMENT |                     |                 |        |                          |         |         |       |        |                       |             |
|  | PERMIT REQUIREMENT |                     |                 |        |                          |         |         |       |        |                       |             |
|  | SAMPLE MEASUREMENT |                     |                 |        |                          |         |         |       |        |                       |             |
|  | PERMIT REQUIREMENT |                     |                 |        |                          |         |         |       |        |                       |             |
|  | SAMPLE MEASUREMENT |                     |                 |        |                          |         |         |       |        |                       |             |
|  | PERMIT REQUIREMENT |                     |                 |        |                          |         |         |       |        |                       |             |
|  | SAMPLE MEASUREMENT |                     |                 |        |                          |         |         |       |        |                       |             |
|  | PERMIT REQUIREMENT |                     |                 |        |                          |         |         |       |        |                       |             |
|  | SAMPLE MEASUREMENT |                     |                 |        |                          |         |         |       |        |                       |             |
|  | PERMIT REQUIREMENT |                     |                 |        |                          |         |         |       |        |                       |             |

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

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*[Signature]*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
724.682.4111  
AREA CODE NUMBER  
DATE  
08 09 14  
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  
003  
EFFLUENT

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

PA0025615  
PERMIT NUMBER

003 A  
DISCHARGE NUMBER

| MONITORING PERIOD |    |     |    |      |    |     |
|-------------------|----|-----|----|------|----|-----|
| YEAR              | MO | DAY | TO | YEAR | MO | DAY |
| 04                | 08 | 01  |    | 04   | 08 | 31  |

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

\*\*\* NO DISCHARGE 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 |        |                       |             |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT<br>50050 1 0 0<br>EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 0.116               | 0.357           | ( 03) | *****                    | *****   | *****   |       |        |                       |             |
|   | PERMIT REQUIREMENT | REPORT MD AVG       | REPORT DAILY MX | MGD   | *****                    | *****   | *****   | ****  |        | TWICE/MONTH           | ESTIMATE    |
|   | 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

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*JH Lash*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
724 682-4141

DATE  
04 09 14

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 1 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 168

SHIPPINGPORT

PA 15077-0004

PA0025615  
PERMIT NUMBER

004 A  
DISCHARGE NUMBER

| MONITORING PERIOD |    |     |    |      |    |     |
|-------------------|----|-----|----|------|----|-----|
| YEAR              | MO | DAY | TO | YEAR | MO | DAY |
| 04                | 08 | 01  |    | 04   | 08 | 31  |

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

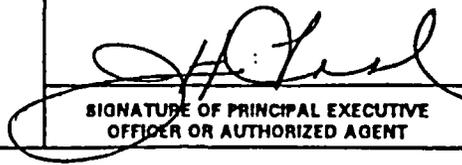
| PARAMETER                                   | X | QUANTITY OR LOADING |         |       | QUALITY OR CONCENTRATION |         |         |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---------------------|---------|-------|--------------------------|---------|---------|-------|--------|-----------------------|-------------|
|   |   | AVERAGE             | MAXIMUM | UNITS | MINIMUM                  | AVERAGE | MAXIMUM | UNITS |        |                       |             |
| PH  |   | *****               | *****   |       | 7.14                     | *****   | 8.64    | ( 12) | 0      | 1/7                   | GRAB        |
| 00400 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****   | ***   | 6.0                      | *****   | 9.0     |       |        | WEEKLY                | GRAB        |
| FLOW, IN CONDUIT OR<br>THRU TREATMENT PLANT |   | *****               | *****   | ( 03) | *****                    | *****   | *****   |       |        | 1/7                   | MEAS        |
| 50050 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****   | ***   | *****                    | *****   | *****   | ****  |        | WEEKLY                | MEASRD      |
| CHLORINE, TOTAL<br>RESIDUAL                 |   | *****               | *****   |       | *****                    | 0.010   | 0.020   | ( 19) | 0      | 1/7                   | GRAB        |
| 50060 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****   | ***   | *****                    | 0.5     | 1.25    |       |        | WEEKLY                | GRAB        |
| CHLORINE, FREE<br>AVAILABLE                 |   | *****               | *****   |       | *****                    | 0.010   | 0.020   | ( 19) | 0      | 1/7                   | GRAB        |
| 50064 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****   | ***   | *****                    | 0.2     | 0.5     |       |        | 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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



TELEPHONE

724 682-4141

DATE

04 09 14

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

006 A  
DISCHARGE NUMBER

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

| MONITORING PERIOD |    |     |    |      |    |     |
|-------------------|----|-----|----|------|----|-----|
| YEAR              | MO | DAY | TO | YEAR | MO | DAY |
| 04                | 08 | 01  |    | 04   | 08 | 31  |

\*\*\* 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 |        |                       |             |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT<br>50050 1 0 0<br>EFFLUENT GROSS VALUE |   | 0.002               | 0.016    | (03)  | *****                    | *****   | *****   |       |        | 1/7                   | EST         |
|   |   | REPORT              | REPORT   |       | *****                    | *****   | *****   | ****  |        | WEEKLY                | ESTIMA      |
|   |   | 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.

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

TELEPHONE 724-682-4141  
DATE 04 09 14  
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

007 A  
DISCHARGE NUMBER

MAJOR  
(SUBR 05)

F - FINAL

AUX. INTAKE SYSTEM

EFFLUENT

\*\*\* NO DISCHARGE  \*\*\*

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT PA 15077-0004 FROM

ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

| MONITORING PERIOD |    |     |    |      |    |     |
|-------------------|----|-----|----|------|----|-----|
| YEAR              | MO | DAY | TO | YEAR | MO | DAY |
| 04                | 08 | 01  |    | 04   | 08 | 31  |

| 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<br>EFFLUENT GROSS VALUE         | SAMPLE MEASUREMENT | *****               | *****           | ****  | 6.0                      | *****          | 9.0               | SU    |        | WEEKLY                | GRAB        |
| FLOW, IN CONDUIT OR<br>THRU TREATMENT PLANT | PERMIT REQUIREMENT | *****               | *****           | ****  | MINIMUM                  | *****          | MAXIMUM           |       |        |                       |             |
| 50050 1 0 0<br>EFFLUENT GROSS VALUE         | SAMPLE MEASUREMENT |                     |                 | ( 03) | *****                    | *****          | *****             |       |        |                       |             |
| 50050 1 0 0<br>EFFLUENT GROSS VALUE         | PERMIT REQUIREMENT | REPORT MO AVG       | REPORT DAILY MX | MGD   | *****                    | *****          | *****             | ****  |        | WEEKLY                | ESTIMA      |
| CHLORINE, TOTAL<br>RESIDUAL                 | SAMPLE MEASUREMENT | *****               | *****           |       | *****                    |                |                   | ( 19) |        |                       |             |
| 50060 1 0 0<br>EFFLUENT GROSS VALUE         | PERMIT REQUIREMENT | *****               | *****           | ****  | *****                    | 0.5<br>MO AVG  | 1.25<br>INST. MAX | MG/L  |        | WEEKLY                | GRAB        |
| CHLORINE, FREE<br>AVAILABLE                 | SAMPLE MEASUREMENT | *****               | *****           |       | *****                    |                |                   | ( 19) |        |                       |             |
| 50064 1 0 0<br>EFFLUENT GROSS VALUE         | PERMIT REQUIREMENT | *****               | *****           | ****  | *****                    | 0.2<br>AVERAGE | 0.5<br>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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

224 682-4141

DATE

04 09 14

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  
PERMIT NUMBER

008 A  
DISCHARGE NUMBER

MAJOR  
(SUBR 05)  
F - FINAL

UNIT 1 COOLING TOWER PUMPHOUSE  
EFFLUENT

\*\*\* NO DISCHARGE 1 1 \*\*\*

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT PA 15077-0004 FROM

ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

| MONITORING PERIOD |    |     |    |      |    |     |
|-------------------|----|-----|----|------|----|-----|
| YEAR              | MO | DAY | TO | YEAR | MO | DAY |
| 04                | 08 | 01  |    | 04   | 08 | 31  |

| PARAMETER                                | X                  | QUANTITY OR LOADING |                 |        | QUALITY OR CONCENTRATION |              |                 |        | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------|--------|--------------------------|--------------|-----------------|--------|--------|-----------------------|-------------|
|  |                    | AVERAGE             | MAXIMUM         | UNITS  | MINIMUM                  | AVERAGE      | MAXIMUM         | UNITS  |        |                       |             |
| PH                                       |                    | *****               | *****           |        | 7.65                     | *****        | 7.78            | ( 12 ) | 0      | 2/31                  | GRAB        |
| 00400 1 0 0<br>EFFLUENT GROSS VALUE      | PERMIT REQUIREMENT | *****               | *****           | ****   | 6.0<br>MINIMUM           | *****        | 9.0<br>MAXIMUM  | SU     |        | WICE/MONTH            | GRAB        |
| SOLIDS, TOTAL SUSPENDED                  | SAMPLE MEASUREMENT | *****               | *****           |        | *****                    | 11.7         | 12.8            | ( 19 ) | 0      | 2/31                  | GRAB        |
| 00530 1 0 0<br>EFFLUENT GROSS VALUE      | PERMIT REQUIREMENT | *****               | *****           | ****   | *****                    | 30<br>MO AVG | 100<br>DAILY MX | MG/L   |        | WICE/MONTH            | GRAB        |
| OIL & GREASE                             | SAMPLE MEASUREMENT | *****               | *****           |        | *****                    | 45.0         | 45.0            | ( 19 ) | 0      | 2/31                  | GRAB        |
| 00556 1 0 0<br>EFFLUENT GROSS VALUE      | PERMIT REQUIREMENT | *****               | *****           | ****   | *****                    | 15<br>MO AVG | 20<br>DAILY MX  | MG/L   |        | WICE/MONTH            | GRAB        |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | <0.001              | <0.001          | ( 03 ) | *****                    | *****        | *****           |        |        | 1/7                   | EST         |
| 50050 1 0 0<br>EFFLUENT GROSS VALUE      | PERMIT REQUIREMENT | REPORT MO AVG       | REPORT DAILY MX | MGD    | *****                    | *****        | *****           | ****   |        | WEEKLY                | ESTIMA      |
|  | SAMPLE MEASUREMENT |                     |                 |        |                          |              |                 |        |        |                       |             |
|  | PERMIT REQUIREMENT |                     |                 |        |                          |              |                 |        |        |                       |             |
|  | SAMPLE MEASUREMENT |                     |                 |        |                          |              |                 |        |        |                       |             |
|  | PERMIT REQUIREMENT |                     |                 |        |                          |              |                 |        |        |                       |             |
|  | SAMPLE MEASUREMENT |                     |                 |        |                          |              |                 |        |        |                       |             |
|  | PERMIT REQUIREMENT |                     |                 |        |                          |              |                 |        |        |                       |             |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
*James 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.

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

TELEPHONE  
724.692-4141  
DATE  
04 09 14

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

O10 A  
DISCHARGE NUMBER

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

| MONITORING PERIOD |    |     |    |      |    |     |
|-------------------|----|-----|----|------|----|-----|
| YEAR              | MO | DAY | TO | YEAR | MO | DAY |
| 04                | 08 | 01  |    | 04   | 08 | 31  |

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                                   | X | QUANTITY OR LOADING |         |        | QUALITY OR CONCENTRATION |                |                   |        | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---------------------|---------|--------|--------------------------|----------------|-------------------|--------|--------|-----------------------|-------------|
|   |   | AVERAGE             | MAXIMUM | UNITS  | MINIMUM                  | AVERAGE        | MAXIMUM           | UNITS  |        |                       |             |
| PH  |   | *****               | *****   |        | 7.46                     | *****          | 7.96              | ( 12 ) | 0      | 1/4                   | GRAB        |
| 00400 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****   | ****   | 6.0<br>MINIMUM           | *****          | 9.0<br>MAXIMUM    | SU     |        | WEEKLY                | GRAB        |
| CLAMTROL CT-1, TOTAL<br>WATER               |   | *****               | *****   |        | *****                    | <0.05          | <0.05             | ( 19 ) | 0      | 1/4                   | COMP-24     |
| 04251 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****   | ****   | *****                    | 0<br>MO. AVG   | 0<br>INST. MAX    | MG/L   |        | WHEN DISCHG           | COMP 24     |
| FLOW, IN CONDUIT OR<br>THRU TREATMENT PLANT |   | *****               | *****   | ( 03 ) | *****                    | *****          | *****             |        |        | 1/4                   | MEAS        |
| 50050 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****   | MGD    | *****                    | *****          | *****             | ****   | ****   | WEEKLY                | MEASRD      |
| CHLORINE, TOTAL<br>RESIDUAL                 |   | *****               | *****   |        | *****                    | 0.016          | 0.02              | ( 19 ) | 0      | 1/4                   | GRAB        |
| 50060 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****   | ****   | *****                    | 0.5<br>MO. AVG | 1.25<br>INST. MAX | MG/L   |        | WEEKLY                | GRAB        |
| CHLORINE, FREE<br>AVAILABLE                 |   | *****               | *****   |        | *****                    | 0.008          | 0.02              | ( 19 ) | 0      | 1/4                   | GRAB        |
| 50064 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****   | ****   | *****                    | 0.2<br>AVERAGE | 0.5<br>MAXIMUM    | MG/L   |        | WEEKLY                | GRAB        |
|   |   |                     |         |        |                          |                |                   |        |        |                       |             |
|   |   |                     |         |        |                          |                |                   |        |        |                       |             |
|   |   |                     |         |        |                          |                |                   |        |        |                       |             |

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

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*[Signature]*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 724 682-4141  
DATE 04 09 14  
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. )

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

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

011 A  
DISCHARGE NUMBER

| MONITORING PERIOD |    |     |    |      |    |     |
|-------------------|----|-----|----|------|----|-----|
| YEAR              | MO | DAY | TO | YEAR | MO | DAY |
| 04                | 08 | 01  |    | 04   | 08 | 31  |

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                                | 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 |                    | 0.004               | 0.004    | ( 03 ) | *****                    | *****   | *****   |       |        | 1/2                   | EST         |
| 50050 1 0 0                              |                    | REPORT              | REPORT   |        | *****                    | *****   | *****   | ****  |        | WEEKLY                | ESTIMA      |
| EFFLUENT GROSS VALUE                     |                    | 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 |                     |          |        |                          |         |         |       |        |                       |             |
|  | SAMPLE MEASUREMENT |                     |          |        |                          |         |         |       |        |                       |             |
|  | PERMIT REQUIREMENT |                     |          |        |                          |         |         |       |        |                       |             |

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

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*[Signature]*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
724 682-5144  
AREA CODE NUMBER  
DATE  
04 09 14  
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 (VD/Foreign))  
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  
\*\*\* NO DISCHARGE | | \*\*\*  
NOTE: Read Instructions before completing this form.

| MONITORING PERIOD |    |     |    |      |    |     |
|-------------------|----|-----|----|------|----|-----|
| YEAR              | MO | DAY | TO | YEAR | MO | DAY |
| 04                | 08 | 01  |    | 04   | 08 | 31  |

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  | SAMPLE MEASUREMENT | *****               | *****              |        | 8.55                     | *****            | 8.55               | ( 12 ) | 0      | 1/31                  | GRAB        |
| 00400 1 0 0<br>EFFLUENT GROSS VALUE         | PERMIT REQUIREMENT | *****               | *****              | ****   | 6.0<br>MINIMUM           | *****            | 9.0<br>MAXIMUM     | SU     |        | ONCE/<br>MONTH        | GRAB        |
| COPPER, TOTAL<br>(AS CU)                    | SAMPLE MEASUREMENT | *****               | *****              |        | *****                    | 0.046            | 0.059              | ( 19 ) |        | 2/31                  | GRAB        |
| 01042 1 0 1<br>EFFLUENT GROSS VALUE         | PERMIT REQUIREMENT | *****               | *****              | ****   | *****                    | REPORT<br>MO AVG | REPORT<br>DAILY MX | MG/L   |        | WICE/<br>MONTH        | GRAB        |
| ZINC, TOTAL<br>(AS ZN)                      | SAMPLE MEASUREMENT | *****               | *****              |        | *****                    | 0.634            | 0.99               | ( 19 ) |        | 2/31                  | GRAB        |
| 01092 1 0 1<br>EFFLUENT GROSS VALUE         | PERMIT REQUIREMENT | *****               | *****              | ****   | *****                    | REPORT<br>MO AVG | REPORT<br>DAILY MX | MG/L   |        | WICE/<br>MONTH        | GRAB        |
| FLOW, IN CONDUIT OR<br>THRU TREATMENT PLANT | SAMPLE MEASUREMENT | <0.001              | <0.001             | ( 03 ) | *****                    | *****            | *****              |        |        | 1/31                  | EST         |
| 50050 1 0 0<br>EFFLUENT GROSS VALUE         | PERMIT REQUIREMENT | REPORT<br>MO AVG    | REPORT<br>DAILY MX | MGD    | *****                    | *****            | *****              | ****   |        | ONCE/<br>MONTH        | ESTIMA      |
| SOLIDS, TOTAL<br>DISSOLVED                  | SAMPLE MEASUREMENT | *****               | *****              |        | *****                    | 594              | 648                | ( 19 ) |        | 2/31                  | GRAB        |
| 70295 1 0 1<br>EFFLUENT GROSS VALUE         | PERMIT REQUIREMENT | *****               | *****              | ****   | *****                    | REPORT<br>MO AVG | REPORT<br>DAILY MX | MG/L   |        | WICE/<br>MONTH        | GRAB        |
|   | SAMPLE MEASUREMENT |                     |                    |        |                          |                  |                    |        |        |                       |             |
|   | PERMIT REQUIREMENT |                     |                    |        |                          |                  |                    |        |        |                       |             |
|   | 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.

*[Signature]*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

| TELEPHONE |              | DATE |    |     |
|-----------|--------------|------|----|-----|
| AREA CODE | NUMBER       | YEAR | MO | DAY |
|           | 412-682-4141 | 04   | 09 | 14  |

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  
OUTFALL 013  
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

013 A  
DISCHARGE NUMBER

| MONITORING PERIOD |    |     |    |      |    |     |
|-------------------|----|-----|----|------|----|-----|
| YEAR              | MO | DAY | TO | YEAR | MO | DAY |
| 04                | 08 | 01  |    | 04   | 08 | 31  |

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                                   | X | QUANTITY OR LOADING |          |        | QUALITY OR CONCENTRATION |         |          |        | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---------------------|----------|--------|--------------------------|---------|----------|--------|--------|-----------------------|-------------|
|   |   | AVERAGE             | MAXIMUM  | UNITS  | MINIMUM                  | AVERAGE | MAXIMUM  | UNITS  |        |                       |             |
| PH  |   | *****               | *****    |        | 7.44                     | *****   | 7.81     | ( 12 ) | 0      | 1/7                   | GRAB        |
| 00400 1 0 1<br>EFFLUENT GROSS VALUE         |   | *****               | *****    | ***    | 6.0                      | *****   | 9.0      |        |        | WEEKLY                | GRAB        |
|   |   |                     |          | ***    | MINIMUM                  |         | MAXIMUM  | SU     |        |                       |             |
| CYANIDE, TOTAL<br>(AS CN)                   |   | *****               | *****    |        | *****                    | < 0.005 | < 0.005  | ( 19 ) |        | 2/31                  | GRAB        |
| 00720 1 0 1<br>EFFLUENT GROSS VALUE         |   | *****               | *****    | ***    | *****                    | REPORT  | REPORT   |        |        | WICE/                 | GRAB        |
|   |   |                     |          | ***    |                          | MD AVG  | DAILY MX | MG/L   |        | MONTH                 |             |
| COPPER, TOTAL<br>(AS CU)                    |   | *****               | *****    |        | *****                    | 0.022   | 0.025    | ( 19 ) |        | 2/31                  | GRAB        |
| 01042 1 0 1<br>EFFLUENT GROSS VALUE         |   | *****               | *****    | ***    | *****                    | REPORT  | REPORT   |        |        | WICE/                 | GRAB        |
|   |   |                     |          | ***    |                          | MD AVG  | DAILY MX | MG/L   |        | MONTH                 |             |
| FLOW, IN CONDUIT OR<br>THRU TREATMENT PLANT |   | 0.014               | 0.038    | ( 03 ) | *****                    | *****   | *****    |        |        | 2/31                  | EST         |
| 50050 1 0 1<br>EFFLUENT GROSS VALUE         |   | REPORT              | REPORT   |        | *****                    | *****   | *****    | ****   |        | WICE/                 | ESTIMA      |
|   |   | MD AVG              | DAILY MX | MGD    |                          |         |          | ****   |        | MONTH                 |             |
|   |   | SAMPLE MEASUREMENT  |          |        |                          |         |          |        |        |                       |             |
|   |   | PERMIT REQUIREMENT  |          |        |                          |         |          |        |        |                       |             |
|   |   | SAMPLE MEASUREMENT  |          |        |                          |         |          |        |        |                       |             |
|   |   | PERMIT REQUIREMENT  |          |        |                          |         |          |        |        |                       |             |
|   |   | SAMPLE MEASUREMENT  |          |        |                          |         |          |        |        |                       |             |
|   |   | PERMIT REQUIREMENT  |          |        |                          |         |          |        |        |                       |             |

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

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to 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  
724 682-5111  
DATE  
04 09 04

AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.

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

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

PA0025615 101 A  
 PERMIT NUMBER DISCHARGE NUMBER

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

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

| MONITORING PERIOD |    |     |    |      |    |     |
|-------------------|----|-----|----|------|----|-----|
| YEAR              | MO | DAY | TO | YEAR | MO | DAY |
| 04                | 08 | 01  |    | 04   | 08 | 31  |

| PARAMETER                                   | X | QUANTITY OR LOADING |          |        | QUALITY OR CONCENTRATION |         |          |        | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---------------------|----------|--------|--------------------------|---------|----------|--------|--------|-----------------------|-------------|
|   |   | AVERAGE             | MAXIMUM  | UNITS  | MINIMUM                  | AVERAGE | MAXIMUM  | UNITS  |        |                       |             |
| PH  |   | *****               | *****    |        | 7.12                     | *****   | 7.99     | ( 12 ) | 0      | 9/31                  | GRAB        |
| 00400 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****    | ****   | 6.0                      | *****   | 9.0      |        |        | WEEKLY                | GRAB        |
|   |   |                     |          |        | MINIMUM                  |         | MAXIMUM  | SU     |        |                       |             |
| SOLIDS, TOTAL<br>SUSPENDED                  |   | *****               | *****    |        | *****                    | 6.48    | 10.4     | ( 19 ) | 0      | 1/7                   | COMP-2      |
| 00530 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****    | ****   | *****                    | 30      | 100      |        |        | WEEKLY                | COMP-2      |
|   |   |                     |          |        |                          | MO AVG  | DAILY MX | MG/L   |        |                       |             |
| OIL & GREASE                                |   | *****               | *****    |        | *****                    | 25.0    | 25.0     | ( 19 ) | 0      | 1/7                   | GRAB        |
| 00556 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****    | ****   | *****                    | 15      | 20       |        |        | WEEKLY                | GRAB        |
|   |   |                     |          |        |                          | MO AVG  | DAILY MX | MG/L   |        |                       |             |
| NITROGEN, AMMONIA<br>TOTAL (AS N)           |   | *****               | *****    |        | *****                    | *       | *        | ( 19 ) | *      | *                     | *           |
| 00610 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****    | ****   | *****                    | REPORT  | REPORT   |        |        | WEEKLY                | GRAB        |
|   |   |                     |          |        |                          | MO AVG  | DAILY MX | MG/L   |        |                       |             |
| FLOW, IN CONDUIT OR<br>THRU TREATMENT PLANT |   | 0.003               | 0.019    | ( 03 ) | *****                    | *****   | *****    |        |        | DAILY                 | CONT        |
| 50050 1 0 0<br>EFFLUENT GROSS VALUE         |   | REPORT              | REPORT   |        | *****                    | *****   | *****    | ****   |        | DAILY                 | CONTIN      |
|   |   | MO AVG              | DAILY MX | MGD    |                          |         |          | ****   |        |                       |             |
| HYDRAZINE                                   |   | *****               | *****    |        | *****                    | *       | *        | ( 19 ) | *      | *                     | *           |
| 81313 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****    | ****   | *****                    | REPORT  | REPORT   |        |        | WEEKLY                | GRAB        |
|   |   |                     |          |        |                          | MO AVG  | DAILY MX | MG/L   |        |                       |             |
|   |   | SAMPLE MEASUREMENT  |          |        |                          |         |          |        |        |                       |             |
|   |   | PERMIT REQUIREMENT  |          |        |                          |         |          |        |        |                       |             |

|  |   |                                  |           |        |      |    |
|--|---|----------------------------------|-----------|--------|------|----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER<br><i>James H. Lash</i><br><i>Plant General Manager</i> | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE<br><i>717-682-4111</i> | DATE      |        |      |    |
|  |   |                                  | AREA CODE | NUMBER | YEAR | MO |
| TYPED OR PRINTED   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT<br><i>[Signature]</i>  |                                  |           |        |      |    |

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.

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

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location (VD/From))  
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                | 08 | 01  |    | 04   | 08 | 31  |

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                                   | X | QUANTITY OR LOADING |                    |        | QUALITY OR CONCENTRATION |              |                 |        | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---------------------|--------------------|--------|--------------------------|--------------|-----------------|--------|--------|-----------------------|-------------|
|   |   | AVERAGE             | MAXIMUM            | UNITS  | MINIMUM                  | AVERAGE      | MAXIMUM         | UNITS  |        |                       |             |
| PH  |   | *****               | *****              |        | 7.36                     | *****        | 7.67            | ( 12 ) | 0      | 2/31                  | GRAB        |
| 00400 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****              | ****   | 6.0<br>MINIMUM           | *****        | 9.0<br>MAXIMUM  | SU     |        | WICE/MONTH            | GRAB        |
| SOLIDS, TOTAL<br>SUSPENDED                  |   | *****               | *****              |        | *****                    | 12.3         | 13.2            | ( 19 ) | 0      | 2/31                  | GRAB        |
| 00530 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****              | ****   | *****                    | 30<br>MD AVG | 100<br>DAILY MX | MG/L   |        | WICE/MONTH            | GRAB        |
| OIL & GREASE                                |   | *****               | *****              |        | *****                    | 45.0         | 45.0            | ( 19 ) | 0      | 2/31                  | GRAB        |
| 00556 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****              | ****   | *****                    | 15<br>MD AVG | 20<br>DAILY MX  | MG/L   |        | WICE/MONTH            | GRAB        |
| FLOW, IN CONDUIT OR<br>THRU TREATMENT PLANT |   | <0.001              | <0.001             | ( 03 ) | *****                    | *****        | *****           |        |        | 2/31                  | EST         |
| 50050 1 0 0<br>EFFLUENT GROSS VALUE         |   | REPORT<br>MD AVG    | REPORT<br>DAILY MX | MD     | *****                    | *****        | *****           | ****   |        | WICE/MONTH            | ESTIMA      |
|   |   |                     |                    |        |                          |              |                 |        |        |                       |             |
|   |   |                     |                    |        |                          |              |                 |        |        |                       |             |
|   |   |                     |                    |        |                          |              |                 |        |        |                       |             |
|   |   |                     |                    |        |                          |              |                 |        |        |                       |             |
|   |   |                     |                    |        |                          |              |                 |        |        |                       |             |

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 724-682-4404  
DATE 09/14  
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

SLUDGE SETTLING BASIN

INTERNAL OUTFALL

\*\*\* NO DISCHARGE 1 1 \*\*\*

NOTE: Read instructions before completing this form.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (if D-forms))

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                | 08 | 01  |    | 04   | 08 | 31  |

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  |   | *****               | *****    |        | 7.37                     | *****   | 7.68     | ( 12 ) | 0      | 3/31                  | GRAB        |
| 00400 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****    | ****   | 6.0                      | *****   | 9.0      |        |        | WICE/                 | GRAB        |
|   |   |                     |          | ****   | MINIMUM                  |         | MAXIMUM  | SU     |        | MONTH                 |             |
| SOLIDS, TOTAL<br>SUSPENDED                  |   | *****               | *****    |        | *****                    | 4.9     | 5.4      | ( 19 ) | 0      | 2/31                  | COMP-24     |
| 00530 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****    | ****   | *****                    | 30      | 100      |        |        | WICE/                 | COMP-24     |
|   |   |                     |          | ****   |                          | MO AVG  | DAILY MX | MG/L   |        | MONTH                 |             |
| FLOW, IN CONDUIT OR<br>THRU TREATMENT PLANT |   | 0.095               | 0.295    | ( 03 ) | *****                    | *****   | *****    |        |        | 27/31                 | EST         |
| 50050 1 0 0<br>EFFLUENT GROSS VALUE         |   | REPORT              | REPORT   |        | *****                    | *****   | *****    | ****   |        | WICE/                 | ESTIMA      |
|   |   | MO AVG              | DAILY MX | MGD    |                          |         |          | ****   |        | MONTH                 |             |
|   |   | 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.

*J. Hubley*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

| TELEPHONE |          | DATE |    |     |
|-----------|----------|------|----|-----|
| AREA CODE | NUMBER   | YEAR | MO | DAY |
|           | 682-2441 | 04   | 09 | 14  |

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)

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

MAJOR (SUBR 05)  
F - FINAL  
UNIT 2 SERVICE WATER BACKWASH  
EFFLUENT

| MONITORING PERIOD |    |     |    |      |    |     |
|-------------------|----|-----|----|------|----|-----|
| YEAR              | MO | DAY | TO | YEAR | MO | DAY |
| 04                | 08 | 01  |    | 04   | 08 | 31  |

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

\*\*\* NO DISCHARGE ~~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 |        |                       |             |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT |   |                     |                  | ( 03 ) | *****                    | *****   | *****   |       |        |                       |             |
| 50050 1 0 0<br>EFFLUENT GROSS VALUE      |   | REPORT MO. AVG.     | REPORT DAILY MX. | MGD    | *****                    | *****   | *****   | ****  |        | WEEKLY ESTIMA         |             |
|  |   | SAMPLE MEASUREMENT  |                  |        |                          |         |         |       |        |                       |             |
|  |   | PERMIT REQUIREMENT  |                  |        |                          |         |         |       |        |                       |             |
|  |   | SAMPLE MEASUREMENT  |                  |        |                          |         |         |       |        |                       |             |
|  |   | PERMIT REQUIREMENT  |                  |        |                          |         |         |       |        |                       |             |
|  |   | SAMPLE MEASUREMENT  |                  |        |                          |         |         |       |        |                       |             |
|  |   | PERMIT REQUIREMENT  |                  |        |                          |         |         |       |        |                       |             |
|  |   | SAMPLE MEASUREMENT  |                  |        |                          |         |         |       |        |                       |             |
|  |   | PERMIT REQUIREMENT  |                  |        |                          |         |         |       |        |                       |             |
|  |   | SAMPLE MEASUREMENT  |                  |        |                          |         |         |       |        |                       |             |
|  |   | PERMIT REQUIREMENT  |                  |        |                          |         |         |       |        |                       |             |
|  |   | 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. H. Lash*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
724 687-4141  
AREA CODE NUMBER  
DATE  
09 14  
YEAR MO DAY

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

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

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

PA0025615 PERMIT NUMBER  
 111 A DISCHARGE NUMBER

MAJOR (SUBR 05)  
 F - FINAL

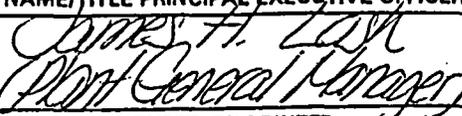
111 DIESEL GENERATOR BLDG  
 INTERNAL OUTFAL  
 \*\*\* NO DISCHARGE 1 1 \*\*\*

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                | 08 | 01  |    | 04   | 08 | 31  |

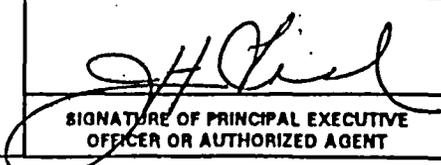
NOTE: Read instructions before completing this form.

| PARAMETER                                   | X | QUANTITY OR LOADING |         |       | QUALITY OR CONCENTRATION |         |         |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---------------------|---------|-------|--------------------------|---------|---------|-------|--------|-----------------------|-------------|
|   |   | AVERAGE             | MAXIMUM | UNITS | MINIMUM                  | AVERAGE | MAXIMUM | UNITS |        |                       |             |
| PH  |   | *****               | *****   |       | 7.29                     | *****   | 7.67    | ( 12) | 0      | 1/7                   | GRAB        |
| 00400 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****   | ****  | 6.0                      | *****   | 9.0     |       |        | WEEKLY                | GRAB        |
| SOLIDS, TOTAL<br>SUSPENDED                  |   | *****               | *****   |       | *****                    | 44.0    | 44.0    | ( 19) | 0      | 1/7                   | GRAB        |
| 00530 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****   | ****  | *****                    | 30      | 100     |       |        | WEEKLY                | GRAB        |
| OIL & GREASE                                |   | *****               | *****   |       | *****                    | 26.0    | 26.0    | ( 19) | 0      | 1/7                   | GRAB        |
| 00556 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****   | ****  | *****                    | 15      | 20      |       |        | WEEKLY                | GRAB        |
| FLOW, IN CONDUIT OR<br>THRU TREATMENT PLANT |   | 0.002               | 0.002   | ( 03) | *****                    | *****   | *****   |       |        | 1/7                   | EST         |
| 50050 1 0 0<br>EFFLUENT GROSS VALUE         |   | REPORT              | REPORT  | MGD   | *****                    | *****   | *****   | ****  |        | WEEKLY                | ESTIMA      |
|   |   |                     |         |       |                          |         |         |       |        |                       |             |
|   |   |                     |         |       |                          |         |         |       |        |                       |             |
|   |   |                     |         |       |                          |         |         |       |        |                       |             |
|   |   |                     |         |       |                          |         |         |       |        |                       |             |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
  
 TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE  
  
 AREA CODE NUMBER YEAR MO DAY  
 717 682 4111 04 09 14

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

MONITORING PERIOD

|      |    |     |    |      |    |     |
|------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 04   | 08 | 01  |    | 04   | 08 | 31  |

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                                       | SAMPLE MEASUREMENT | *****               | *****              |        | 7.44                     | *****           | 7.89            | ( 12 )      | 0      | 4/31                  | GRAB        |
| 00400 1 0 0<br>EFFLUENT GROSS VALUE      | PERMIT REQUIREMENT | *****               | *****              | ****   | 6.0<br>MINIMUM           | *****           | 9.0<br>MAXIMUM  | SU          |        | WICE/MONTH            | GRAB        |
| SOLIDS, TOTAL SUSPENDED                  | SAMPLE MEASUREMENT | *****               | *****              |        | *****                    | 13.97           | 17.2            | ( 19 )      | 0      | 3/31                  | COMP-8      |
| 00530 1 0 0<br>EFFLUENT GROSS VALUE      | PERMIT REQUIREMENT | *****               | *****              | ****   | *****                    | 30<br>MO AVG    | 60<br>DAILY MX  | MG/L        |        | WICE/MONTH            | COMP-8      |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 0.011               | 0.035              | ( 03 ) | *****                    | *****           | *****           |             | 0      | 1/4                   | MEAS        |
| 50050 1 0 0<br>EFFLUENT GROSS VALUE      | PERMIT REQUIREMENT | 0.043<br>MO AVG     | REPORT<br>DAILY MX | MGD    | *****                    | *****           | *****           | ****        |        | WEEKLY                | MEAS        |
| CHLORINE, TOTAL RESIDUAL                 | SAMPLE MEASUREMENT | *****               | *****              |        | *****                    | 0.245           | 0.31            | ( 19 )      | 0      | 4/31                  | GRAB        |
| 50060 1 0 0<br>EFFLUENT GROSS VALUE      | PERMIT REQUIREMENT | *****               | *****              | ****   | *****                    | 1.4<br>MO AVG   | 3.3<br>INST MAX | MG/L        |        | WICE/MONTH            | GRAB        |
| COLIFORM, FECAL GENERAL                  | SAMPLE MEASUREMENT | *****               | *****              |        | *****                    | 49.2            | *****           | ( 13 )      | 0      | 2/31                  | GRAB        |
| 74055 1 0 0<br>EFFLUENT GROSS VALUE      | PERMIT REQUIREMENT | *****               | *****              | ****   | *****                    | 200<br>MO GEOMN | *****           | #/<br>100ML |        | WICE/MONTH            | GRAB        |
| BOD, CARBONACEOUS 05 DAY, 20C            | SAMPLE MEASUREMENT | *****               | *****              |        | *****                    | 3.3             | 3.6             | ( 19 )      | 0      | 2/31                  | COMP-8      |
| 80082 1 0 0<br>EFFLUENT GROSS VALUE      | PERMIT REQUIREMENT | *****               | *****              | ****   | *****                    | 25<br>MO AVG    | 50<br>DAILY MX  | MG/L        |        | WICE/MONTH            | COMP-8      |
|  | SAMPLE MEASUREMENT |                     |                    |        |                          |                 |                 |             |        |                       |             |
|  | PERMIT REQUIREMENT |                     |                    |        |                          |                 |                 |             |        |                       |             |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

*James F. 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. Hubley*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

|                  |             |
|------------------|-------------|
| TELEPHONE        | DATE        |
| 724.682.4141     | 04 09 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)

MAJOR  
(SUBR 05)

F - FINAL

MAIN SEWAGE TMT PLANT

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

203 A  
DISCHARGE NUMBER

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                | 08 | 01  |    | 04   | 08 | 31  |

| 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                     | *****    | 7.5      | ( 12) | 0      | 3/31                  | GRAB        |
| 00400 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****   | ****  | 6.0                      | *****    | 9.0      |       |        | WICE/                 | GRAB        |
|   |   |                     |         | ****  | MINIMUM                  |          | MAXIMUM  | SU    |        | MONTH                 |             |
| SOLIDS, TOTAL<br>SUSPENDED                  |   | *****               | *****   |       | *****                    | 11.8     | 17.7     | ( 19) | 0      | 2/31                  | COMP-8      |
| 00530 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****   | ****  | *****                    | 30       | 60       |       |        | WICE/                 | COMP-E      |
|   |   |                     |         | ****  |                          | MO AVG   | DAILY MX | MG/L  |        | MONTH                 |             |
| FLOW, IN CONDUIT OR<br>THRU TREATMENT PLANT |   | *****               | *****   | ( 03) | *****                    | *****    | *****    |       | 0      | 5/31                  | MEAS        |
| 50050 1 0 0<br>EFFLUENT GROSS VALUE         |   | 0.002               | 0.006   |       | *****                    | *****    | *****    | ****  |        | WEEKLY                | MEASRD      |
|   |   | MO AVG              | REPORT  | MGD   | *****                    | *****    | *****    | ****  |        |                       |             |
| CHLORINE, TOTAL<br>RESIDUAL                 |   | *****               | *****   |       | *****                    | 0.168    | 0.21     | ( 19) | 0      | 4/31                  | GRAB        |
| 50060 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****   | ****  | *****                    | 1.4      | 3.3      |       |        | WICE/                 | GRAB        |
|   |   |                     |         | ****  |                          | MO AVG   | INST MAX | MG/L  |        | MONTH                 |             |
| COLIFORM, FECAL<br>GENERAL                  |   | *****               | *****   |       | *****                    | 8.0      | *****    | ( 13) | 0      | 2/31                  | GRAB        |
| 74055 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****   | ****  | *****                    | 200      | *****    | /     |        | WICE/                 | GRAB        |
|   |   |                     |         | ****  |                          | MO GEOMN |          | 100ML |        | MONTH                 |             |
| BOD, CARBONACEOUS<br>5 DAY, 20C             |   | *****               | *****   |       | *****                    | 43.0     | 43.0     | ( 19) | 0      | 2/31                  | COMP-8      |
| 80082 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****   | ****  | *****                    | 25       | 50       |       |        | WICE/                 | COMP-E      |
|   |   |                     |         | ****  |                          | MO AVG   | DAILY MX | MG/L  |        | MONTH                 |             |
|   |   | SAMPLE MEASUREMENT  |         |       |                          |          |          |       |        |                       |             |
|   |   | PERMIT REQUIREMENT  |         |       |                          |          |          |       |        |                       |             |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
*James H. Cash*  
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 Cash*

| TELEPHONE    |        | DATE |    |     |
|--------------|--------|------|----|-----|
| 724 682-5441 |        | 08   | 09 | 04  |
| 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 /D/(Form))  
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 OUTFAL  
\*\*\* NO DISCHARGE I  \*\*\*

| MONITORING PERIOD |    |     |    |      |    |     |
|-------------------|----|-----|----|------|----|-----|
| YEAR              | MO | DAY | TO | YEAR | MO | DAY |
| 04                | 08 | 01  |    | 04   | 08 | 31  |

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  |   | *****               | *****              |        | 6.77                     | *****        | 7.28            | ( 12 ) | 0      | 1/7                   | GRAB        |
| 00400 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****              | ****   | 6.0<br>MINIMUM           | *****        | 9.0<br>MAXIMUM  | SU     |        | WEEKLY                | GRAB        |
| SOLIDS, TOTAL<br>SUSPENDED                  |   | *****               | *****              |        | *****                    | 44.0         | 44.0            | ( 19 ) | 0      | 1/7                   | GRAB        |
| 00530 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****              | ****   | *****                    | 30<br>MO AVG | 100<br>DAILY MX | MG/L   |        | WEEKLY                | GRAB        |
| OIL & GREASE                                |   | *****               | *****              |        | *****                    | 45.0         | 45.0            | ( 19 ) | 0      | 1/7                   | GRAB        |
| 00556 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****              | ****   | *****                    | 15<br>MO AVG | 20<br>DAILY MX  | MG/L   |        | WEEKLY                | GRAB        |
| FLOW, IN CONDUIT OR<br>THRU TREATMENT PLANT |   | 0.002               | 0.002              | ( 03 ) | *****                    | *****        | *****           |        |        | 1/7                   | EST         |
| 50050 1 0 0<br>EFFLUENT GROSS VALUE         |   | REPORT<br>MO AVG    | REPORT<br>DAILY MX | MGD    | *****                    | *****        | *****           | ****   |        | WEEKLY                | EST. IMA    |
|   |   |                     |                    |        |                          |              |                 |        |        |                       |             |
|   |   |                     |                    |        |                          |              |                 |        |        |                       |             |
|   |   |                     |                    |        |                          |              |                 |        |        |                       |             |
|   |   |                     |                    |        |                          |              |                 |        |        |                       |             |
|   |   |                     |                    |        |                          |              |                 |        |        |                       |             |

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. Hubley*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 724-682-4114  
DATE 09/09/04  
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 COOL TOWER PUMPHOUSE  
INTERNAL OUTFAL  
\*\*\* NO DISCHARGE  \*\*\*

NOTE: Read instructions before completing this form.

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

PA0025615  
PERMIT NUMBER

213 A  
DISCHARGE NUMBER

| MONITORING PERIOD |    |     |    |      |    |     |
|-------------------|----|-----|----|------|----|-----|
| YEAR              | MO | DAY | TO | YEAR | MO | DAY |
| 04                | 08 | 01  |    | 04   | 08 | 31  |

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<br>EFFLUENT GROSS VALUE         |   | *****                 | *****              | ****  | 6.0<br>MINIMUM           | *****         | 9.0<br>MAXIMUM   | SU    |        | WICE/GRAB<br>MONTH    |             |
| SOLIDS, TOTAL<br>SUSPENDED                  |   | *****                 | *****              |       | *****                    |               |                  | ( 19) |        |                       |             |
| 00530 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****                 | *****              | ****  | *****                    | 30<br>MO AVG  | 100<br>DAILY MX  | MG/L  |        | WICE/GRAB<br>MONTH    |             |
| OIL & GREASE                                |   | *****                 | *****              |       | *****                    |               |                  | ( 19) |        |                       |             |
| 00556 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****                 | *****              | ****  | *****                    | 15<br>MO AVG  | 20<br>DAILY MX   | MG/L  |        | WICE/GRAB<br>MONTH    |             |
| FLOW, IN CONDUIT OR<br>THRU TREATMENT PLANT |   |                       |                    | ( 03) | *****                    | *****         | *****            |       |        |                       |             |
| 50050 1 0 0<br>EFFLUENT GROSS VALUE         |   | REPORT<br>MO AVG      | REPORT<br>DAILY MX | MGD   | *****                    | *****         | *****            | ****  |        | WEEKLY ESTIMA         |             |
| CHLORINE, TOTAL<br>RESIDUAL                 |   | *****                 | *****              |       | *****                    |               |                  | ( 19) |        |                       |             |
| 50060 1 0 1<br>EFFLUENT GROSS VALUE         |   | *****                 | *****              | ****  | *****                    | 0.5<br>MO-AVG | 1.25<br>INST MAX | MG/L  |        | WICE/GRAB<br>MONTH    |             |
|   |   | SAMPLE<br>MEASUREMENT |                    |       |                          |               |                  |       |        |                       |             |
|   |   | PERMIT<br>REQUIREMENT |                    |       |                          |               |                  |       |        |                       |             |
|   |   | SAMPLE<br>MEASUREMENT |                    |       |                          |               |                  |       |        |                       |             |
|   |   | PERMIT<br>REQUIREMENT |                    |       |                          |               |                  |       |        |                       |             |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
*James H. Zapp*  
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 |    |     |
|-----------|----------|------|----|-----|
| 724       | 682-4440 | 08   | 09 | 14  |
| 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.

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

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

PA0025615 301 A  
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR  
 (SUBR 05)  
 F - FINAL

| MONITORING PERIOD |    |     |    |      |    |     |
|-------------------|----|-----|----|------|----|-----|
| YEAR              | MO | DAY | TO | YEAR | MO | DAY |
| 04                | 08 | 01  |    | 04   | 08 | 31  |

UNIT 2 AUX BOILER BLOWDOWN  
 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

| 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<br>00530 1 0 0<br>EFFLUENT GROSS VALUE                  | SAMPLE MEASUREMENT | *****               | *****           |       | *****                    | 44.0      | 44.0         | ( 19) | 0      | 2/31                  | GRAB        |
|   | PERMIT REQUIREMENT | *****               | *****           | ***   | *****                    | 30 MO AVG | 100 DAILY MX | MG/L  |        | WICE/MONTH            | GRAB        |
| OIL & GREASE<br>00556 1 0 0<br>EFFLUENT GROSS VALUE                             | SAMPLE MEASUREMENT | *****               | *****           |       | *****                    | 15.0      | 15.0         | ( 19) | 0      | 2/31                  | GRAB        |
|   | PERMIT REQUIREMENT | *****               | *****           | ***   | *****                    | 15 MO AVG | 20 DAILY MX  | MG/L  |        | WICE/MONTH            | GRAB        |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT<br>50050 1 0 0<br>EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 40.001              | 40.001          | ( 03) | *****                    | *****     | *****        |       |        | 1/7                   | EST         |
|   | PERMIT REQUIREMENT | REPORT MO AVG       | REPORT DAILY MX | MGD   | *****                    | *****     | *****        | ****  |        | WEEKLY                | ESTIMA      |
|   | SAMPLE MEASUREMENT |                     |                 |       |                          |           |              |       |        |                       |             |
|   | PERMIT REQUIREMENT |                     |                 |       |                          |           |              |       |        |                       |             |
|   | SAMPLE MEASUREMENT |                     |                 |       |                          |           |              |       |        |                       |             |
|   | PERMIT REQUIREMENT |                     |                 |       |                          |           |              |       |        |                       |             |
|   | SAMPLE MEASUREMENT |                     |                 |       |                          |           |              |       |        |                       |             |
|   | PERMIT REQUIREMENT |                     |                 |       |                          |           |              |       |        |                       |             |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
*James H. Cash*  
 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  
 724 682-4151 08 09 14  
 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)

F - FINAL

UNIT 1 OIL WATER SEPARATOR  
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

303 A

DISCHARGE NUMBER

MONITORING PERIOD

|      |    |     |    |      |    |     |
|------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 04   | 08 | 01  |    | 04   | 08 | 31  |

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  |   | *****               | *****              |        | 7.18                     | *****        | 7.61            | ( 12 ) | 0      | 5/31                  | GRAB        |
| 00400 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****              | ****   | 6.0<br>MINIMUM           | *****        | 9.0<br>MAXIMUM  | SU     |        | WEEKLY                | GRAB        |
| SOLIDS, TOTAL<br>SUSPENDED                  |   | *****               | *****              |        | *****                    | 5.45         | 7.8             | ( 19 ) | 0      | 4/31                  | GRAB        |
| 00530 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****              | ****   | *****                    | 30<br>MO AVG | 100<br>DAILY MX | MG/L   |        | WEEKLY                | GRAB        |
| OIL & GREASE                                |   | *****               | *****              |        | *****                    | 12.4         | 26.4            | ( 19 ) | 2      | 5/31                  | GRAB        |
| 00556 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****              | ****   | *****                    | 15<br>MO AVG | 20<br>DAILY MX  | MG/L   |        | WEEKLY                | GRAB        |
| FLOW, IN CONDUIT OR<br>THRU TREATMENT PLANT |   | 0.019               | 0.056              | ( 03 ) | *****                    | *****        | *****           |        |        | 1/4                   | EST         |
| 50050 1 0 0<br>EFFLUENT GROSS VALUE         |   | REPORT<br>MO AVG    | REPORT<br>DAILY MX | MGD    | *****                    | *****        | *****           | ****   |        | WEEKLY                | 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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
*[Signature]*

TELEPHONE  
724 687 4444  
DATE  
09/15

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.

\* PLEASE SEE ATTACHMENT 2 TO COVER LETTER.

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

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

PA0025615  
 PERMIT NUMBER

313 A  
 DISCHARGE NUMBER

MAJOR  
 (SUBR 05)  
 F - FINAL

313 TURBINE BLDG DRAIN  
 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                | 08 | 01  |    | 04   | 08 | 31  |

| PARAMETER                                   | X | QUANTITY OR LOADING |                    |       | QUALITY OR CONCENTRATION |              |                 |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---------------------|--------------------|-------|--------------------------|--------------|-----------------|-------|--------|-----------------------|-------------|
|   |   | AVERAGE             | MAXIMUM            | UNITS | MINIMUM                  | AVERAGE      | MAXIMUM         | UNITS |        |                       |             |
| PH  |   | *****               | *****              |       | 6.72                     | *****        | 7.4             | ( 12) | 0      | 1/4                   | GRAB        |
| 00400 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****              | ****  | 6.0<br>MINIMUM           | *****        | 9.0<br>MAXIMUM  | SU    |        | WEEKLY                | GRAB        |
| SOLIDS, TOTAL<br>SUSPENDED                  |   | *****               | *****              |       | *****                    | 8.3          | 17.6            | ( 19) | 0      | 1/4                   | GRAB        |
| 00530 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****              | ****  | *****                    | 30<br>MD AVG | 100<br>DAILY MX | MG/L  |        | WEEKLY                | GRAB        |
| OIL & GREASE                                |   | *****               | *****              |       | *****                    | 45.0         | 45.0            | ( 19) | 0      | 1/4                   | GRAB        |
| 00556 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****              | ****  | *****                    | 15<br>MD AVG | 20<br>DAILY MX  | MG/L  |        | WEEKLY                | GRAB        |
| FLOW, IN CONDUIT OR<br>THRU TREATMENT PLANT |   | 0.002               | 0.002              | ( 03) | *****                    | *****        | *****           |       |        | 1/4                   | EST         |
| 50050 1 0 0<br>EFFLUENT GROSS VALUE         |   | REPORT<br>MD AVG    | REPORT<br>DAILY MX | MGD   | *****                    | *****        | *****           | ****  |        | WEEKLY                | ESTIMA      |
|   |   |                     |                    |       |                          |              |                 |       |        |                       |             |
|   |   |                     |                    |       |                          |              |                 |       |        |                       |             |
|   |   |                     |                    |       |                          |              |                 |       |        |                       |             |
|   |   |                     |                    |       |                          |              |                 |       |        |                       |             |
|   |   |                     |                    |       |                          |              |                 |       |        |                       |             |

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  
 724 687-4141  
 DATE  
 08/09/14  
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 SAMPLES SHALL BE TAKEN AT DISCHARGE FROM OWS #21 PRIOR TO MIXING WITH ANY OTHER WATER.

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

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

PA0025615 401 A  
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR (SUBR 05)  
 F - FINAL  
 CHEM. FEED AREA OF AUX BOILERS  
 INTERNAL OUTFAL

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                | 08 | 01  |    | 04   | 08 | 31  |

\*\*\* 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  |   | *****               | *****    |        | 8.17                     | *****   | 8.76     | ( 12 ) | 0      | 2/31                  | GRAB        |
| 00400 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****    | ***    | 6.0                      | *****   | REPORT   |        |        | WICE/                 | GRAB        |
|   |   |                     |          | ***    | MINIMUM                  |         | MAXIMUM  | SU     |        | MONTH                 |             |
| SOLIDS, TOTAL<br>SUSPENDED                  |   | *****               | *****    |        | *****                    | 8.9     | 13.8     | ( 19 ) | 0      | 2/31                  | GRAB        |
| 00530 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****    | ***    | *****                    | 30      | 100      |        |        | WICE/                 | GRAB        |
|   |   |                     |          | ***    |                          | MO AVG  | DAILY MX | MG/L   |        | MONTH                 |             |
| OIL & GREASE                                |   | *****               | *****    |        | *****                    | 26.0    | 25.0     | ( 19 ) | 0      | 2/31                  | GRAB        |
| 00556 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****    | ***    | *****                    | 15      | 20       |        |        | WICE/                 | GRAB        |
|   |   |                     |          | ***    |                          | MO AVG  | DAILY MX | MG/L   |        | MONTH                 |             |
| FLOW, IN CONDUIT OR<br>THRU TREATMENT PLANT |   |                     |          | ( 03 ) | *****                    | *****   | *****    |        |        | 1/7                   | EST         |
| 50050 1 0 0<br>EFFLUENT GROSS VALUE         |   | REPORT              | REPORT   |        | *****                    | *****   | *****    | ***    |        | WEEKLY                | ESTIMA      |
|   |   | MO AVG              | DAILY MX | MGD    |                          |         |          | ****   |        |                       |             |
|   |   | SAMPLE MEASUREMENT  |          |        |                          |         |          |        |        |                       |             |
|   |   | PERMIT REQUIREMENT  |          |        |                          |         |          |        |        |                       |             |
|   |   | SAMPLE MEASUREMENT  |          |        |                          |         |          |        |        |                       |             |
|   |   | PERMIT REQUIREMENT  |          |        |                          |         |          |        |        |                       |             |
|   |   | SAMPLE MEASUREMENT  |          |        |                          |         |          |        |        |                       |             |
|   |   | PERMIT REQUIREMENT  |          |        |                          |         |          |        |        |                       |             |

|  |   |   |  |      |    |
|--|---|---|--|------|----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER<br><i>James H. Lan</i><br>Plant Control Manager<br>TYPED OR PRINTED | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE<br>724-682-4144<br>AREA CODE NUMBER | DATE   |      |    |
|  |   |   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT<br><i>J. H. Lan</i> | YEAR | MO |

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)

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

403 A  
DISCHARGE NUMBER

MAJOR  
(SUBR 05)

F - FINAL

CONDENSATE BLOWDOWN & RIVR WAT  
INTERNAL OUTFAL

\*\*\* NO DISCHARGE  \*\*\*

NOTE: Read instructions before completing this form.

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

| MONITORING PERIOD |    |     |    |      |    |     |
|-------------------|----|-----|----|------|----|-----|
| YEAR              | MO | DAY | TO | YEAR | MO | DAY |
| 04                | 07 | 01  |    | 04   | 07 | 30  |

| PARAMETER                                | SAMPLE MEASUREMENT | 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<br>EFFLUENT GROSS VALUE      | PERMIT REQUIREMENT | *****               | *****           | ****  | 5.0                      | *****         | 9.0             |       |        | WEEKLY GRAB           |             |
| SOLIDS, TOTAL SUSPENDED                  | SAMPLE MEASUREMENT | *****               | *****           |       | *****                    |               |                 |       | ( 19)  |                       |             |
| 00530 1 0 0<br>EFFLUENT GROSS VALUE      | PERMIT REQUIREMENT | *****               | *****           | ****  | *****                    | 30 MD AVG     | 100 DAILY MX    |       |        | WEEKLY GRAB           |             |
| OIL & GREASE                             | SAMPLE MEASUREMENT | *****               | *****           |       | *****                    |               |                 |       | ( 19)  |                       |             |
| 00556 1 0 0<br>EFFLUENT GROSS VALUE      | PERMIT REQUIREMENT | *****               | *****           | ****  | *****                    | 15 MD AVG     | 20 DAILY MX     |       |        | WEEKLY GRAB           |             |
| NITROGEN, AMMONIA TOTAL (AS N)           | SAMPLE MEASUREMENT | *****               | *****           |       | *****                    |               |                 |       | ( 19)  |                       |             |
| 00610 1 0 0<br>EFFLUENT GROSS VALUE      | PERMIT REQUIREMENT | *****               | *****           | ****  | *****                    | REPORT MD AVG | REPORT DAILY MX |       |        | WEEKLY GRAB           |             |
| CLAMTROL CT-1, TOTAL WATER               | SAMPLE MEASUREMENT | *****               | *****           |       | *****                    |               |                 |       | ( 19)  |                       |             |
| 04251 1 0 0<br>EFFLUENT GROSS VALUE      | PERMIT REQUIREMENT | *****               | *****           | ****  | *****                    | 0 MD AVG      | 0 DAILY MX      |       |        | WHEN DISCHG COMP 24   |             |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT |                     |                 | ( 03) | *****                    | *****         | *****           |       |        |                       |             |
| 50050 1 0 0<br>EFFLUENT GROSS VALUE      | PERMIT REQUIREMENT | REPORT MD AVG       | REPORT DAILY MX | MGD   | *****                    | *****         | *****           | ****  |        | WEEKLY ESTIMA         |             |
| CHLORINE, TOTAL RESIDUAL                 | SAMPLE MEASUREMENT | *****               | *****           |       | *****                    |               |                 |       | ( 19)  |                       |             |
| 50060 1 0 0<br>EFFLUENT GROSS VALUE      | PERMIT REQUIREMENT | *****               | *****           | ****  | *****                    | 0.5 MD AVG    | 1.25 INST MAX   |       |        | WEEKLY GRAB           |             |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
*James H. Lash*  
TYPED OR PRINTED

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

TELEPHONE AREA CODE NUMBER YEAR MO DAY  
DATE 09 11

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 (if Different))  
NAME BEAVER VALLEY POWER STATION  
ADDRESS PA ROUTE 168  
SHIPPINGPORT PA 15077-0004

PA0025615  
PERMIT NUMBER

403 A  
DISCHARGE NUMBER

MAJOR  
(SUBR 05)  
F - FINAL

| MONITORING PERIOD |    |     |    |      |    |     |
|-------------------|----|-----|----|------|----|-----|
| YEAR              | MO | DAY | TO | YEAR | MO | DAY |
| 04                | 07 | 01  |    | 04   | 07 | 31  |

CONDENSATE BLOWDOWN & RIVR WAT  
INTERNAL OUTFAL  
\*\*\* NO DISCHARGE  \*\*\*  
NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION  
LOCATION SHIPPINGPORT PA 15077-0004 FROM  
ATTN: 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  |        |                       |             |
| HYDRAZINE                           |   | *****               | *****   |       | *****                    |         |          | ( 19 ) |        |                       |             |
| 81313 1 0 0<br>EFFLUENT GROSS VALUE |   | *****               | *****   | ****  | *****                    | 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.

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

TELEPHONE  
214 682-4411  
DATE  
09 14  
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

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

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

PA0025615  
PERMIT NUMBER

413 A  
DISCHARGE NUMBER

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

| MONITORING PERIOD |    |     |    |      |    |     |
|-------------------|----|-----|----|------|----|-----|
| YEAR              | MO | DAY | TO | YEAR | MO | DAY |
| 04                | 08 | 01  |    | 04   | 08 | 31  |

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                                   | X | QUANTITY OR LOADING |         |        | QUALITY OR CONCENTRATION |              |                 |        | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE   |
|---|---|---------------------|---------|--------|--------------------------|--------------|-----------------|--------|--------|-----------------------|---------------|
|   |   | AVERAGE             | MAXIMUM | UNITS  | MINIMUM                  | AVERAGE      | MAXIMUM         | UNITS  |        |                       |               |
| PH  |   | *****               | *****   |        | 7.15                     | *****        | 7.47            | ( 12 ) | 0      | 1/4                   | GRAB          |
| 00400 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****   | ***    | 6.0<br>MINIMUM           | *****        | 9.0<br>MAXIMUM  | SU     |        |                       | WEEKLY GRAB   |
| SOLIDS, TOTAL<br>SUSPENDED                  |   | *****               | *****   |        | *****                    | 13.2         | 25.7            | ( 19 ) | 0      | 1/4                   | GRAB          |
| 00530 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****   | ***    | *****                    | 30<br>MO AVG | 100<br>DAILY MX | MG/L   |        |                       | WEEKLY GRAB   |
| OIL & GREASE                                |   | *****               | *****   |        | *****                    | 45.0         | 45.0            | ( 19 ) | 0      | 1/4                   | GRAB          |
| 00556 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****   | ***    | *****                    | 15<br>MO AVG | 20<br>DAILY MX  | MG/L   |        |                       | WEEKLY GRAB   |
| FLOW, IN CONDUIT OR<br>THRU TREATMENT PLANT |   | *****               | *****   | ( 03 ) | *****                    | *****        | *****           |        |        | 1/4                   | EST           |
| 50050 1 0 0<br>EFFLUENT GROSS VALUE         |   | *****               | *****   | ***    | *****                    | *****        | *****           | ***    |        |                       | WEEKLY ESTIMA |
|   |   | *****               | *****   | ***    | *****                    | *****        | *****           | ***    |        |                       |               |
|   |   | *****               | *****   | ***    | *****                    | *****        | *****           | ***    |        |                       |               |
|   |   | *****               | *****   | ***    | *****                    | *****        | *****           | ***    |        |                       |               |
|   |   | *****               | *****   | ***    | *****                    | *****        | *****           | ***    |        |                       |               |

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 09 14  
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.

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

501 A  
DISCHARGE NUMBER

MAJOR (SUBR 05)  
F - FINAL  
UNIT 1 GENRTR BLWDWN FILT BW  
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                | 08 | 01  |    | 04   | 08 | 31  |

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  |        |                       |             |
| SOLIDS, TOTAL SUSPENDED                  |                    | *****               | *****           |        | *****                    |           |              | ( 19 ) |        |                       |             |
| 00530 1 0 0                              | SAMPLE MEASUREMENT |                     |                 |        |                          |           |              |        |        |                       |             |
| EFFLUENT GROSS VALUE                     | PERMIT REQUIREMENT | *****               | *****           | ****   | *****                    | 30 MO AVG | 100 DAILY MX | MG/L   |        | WEEKLY                | GRAB        |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT |                     |                 | ( 03 ) | *****                    | *****     | *****        |        |        |                       |             |
| 50050 1 0 0                              | PERMIT REQUIREMENT | REPORT MO AVG       | REPORT DAILY MX | MGD    | *****                    | *****     | *****        | ****   |        | WEEKLY                | ESTIMA      |
| EFFLUENT GROSS VALUE                     | SAMPLE MEASUREMENT |                     |                 |        |                          |           |              |        |        |                       |             |
|  | PERMIT REQUIREMENT |                     |                 |        |                          |           |              |        |        |                       |             |
|  | SAMPLE MEASUREMENT |                     |                 |        |                          |           |              |        |        |                       |             |
|  | PERMIT REQUIREMENT |                     |                 |        |                          |           |              |        |        |                       |             |
|  | SAMPLE MEASUREMENT |                     |                 |        |                          |           |              |        |        |                       |             |
|  | PERMIT REQUIREMENT |                     |                 |        |                          |           |              |        |        |                       |             |
|  | SAMPLE MEASUREMENT |                     |                 |        |                          |           |              |        |        |                       |             |
|  | PERMIT REQUIREMENT |                     |                 |        |                          |           |              |        |        |                       |             |
|  | SAMPLE MEASUREMENT |                     |                 |        |                          |           |              |        |        |                       |             |
|  | PERMIT REQUIREMENT |                     |                 |        |                          |           |              |        |        |                       |             |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
*James A. Lash*  
*Dist 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  
*724 682-4140*  
AREA CODE NUMBER  
DATE  
*08 19 04*  
YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
SAMPLES SHALL BE TAKEN AT INTERNAL MP 501 PRIOR TO MIXING WITH ANY OTHER WATER.

## DISCHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

**Instructions:**

1. Complete monthly and submit with each DMR. Attach additional sheets and comments as needed for completeness and clarity.
2. Sludge production information will be used to evaluate plant performance. Report only sludge which has been removed from digesters and other solids which have been permanently removed from the treatment process. Do not include sludge from other plants which is processed at your facility.
3. In the disposal site section, report all sludge leaving your facility for disposal. If another plant processes and disposes of your sludge, just provide the name of that plant. If you dispose of sludge from other plants, include their tonnage in the disposal site section and provide their names and individual dry tonnage on the back of this form.
4. If no sludge was removed, note on form.

Month: August

Year: 2004

Permittee: FENOC

Plant: Beaver Valley Power Station

NPDES: PA0025615

Municipality: Shippingport Borough

County: Beaver

Unit 1

For sludge that is incinerated:

Pre-incineration weight = \_\_\_\_\_ dry tons

Post-incineration weight = \_\_\_\_\_ dry tons

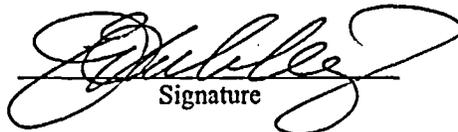
### SLUDGE PRODUCTION INFORMATION (prior to incineration)

| HAULED AS LIQUID SLUDGE |   |            |   | HAULED AS DEWATERED SLUDGE |              |          |                          |              |            |   |       |   |          |
|-------------------------|---|------------|---|----------------------------|--------------|----------|--------------------------|--------------|------------|---|-------|---|----------|
| (Gallons)               | X | (% Solids) | X | (Conversion Factor)        | =            | Dry Tons | (Tons of Dewater Sludge) | X            | (% Solids) | X | (.01) | = | Dry Tons |
| 8000                    |   | 2.0        |   | .0000417                   |              | 0.667    |                          |              |            |   | .01   |   |          |
|                         |   |            |   |                            |              |          |                          |              |            |   |       |   |          |
|                         |   |            |   |                            |              |          |                          |              |            |   |       |   |          |
|                         |   |            |   |                            |              |          |                          |              |            |   |       |   |          |
|                         |   |            |   |                            |              |          |                          |              |            |   |       |   |          |
|                         |   |            |   |                            |              |          |                          |              |            |   |       |   |          |
|                         |   |            |   |                            |              |          |                          |              |            |   |       |   |          |
|                         |   |            |   |                            |              |          |                          |              |            |   |       |   |          |
|                         |   |            |   |                            |              |          |                          |              |            |   |       |   |          |
|                         |   |            |   |                            |              |          |                          |              |            |   |       |   |          |
|                         |   |            |   |                            |              |          |                          |              |            |   |       |   |          |
|                         |   |            |   |                            |              |          |                          |              |            |   |       |   |          |
|                         |   |            |   |                            |              |          |                          |              |            |   |       |   |          |
|                         |   |            |   |                            |              |          |                          |              |            |   |       |   |          |
|                         |   |            |   |                            |              |          |                          |              |            |   |       |   |          |
|                         |   |            |   |                            |              |          |                          |              |            |   |       |   |          |
|                         |   |            |   |                            |              |          |                          |              |            |   |       |   |          |
| <b>TOTAL</b>            |   |            |   | =                          | <u>0.667</u> |          |                          | <b>TOTAL</b> |            |   |       | = |          |

**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            |        |        |

(SSR-1 3/21/91)

  
Signature

Chemistry Manager  
Title

9/21/04  
Date

(724) 682-4141  
Telephone

**Sludge Received From Other Sources**

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

|                  |
|------------------|
| <b>Comments:</b> |
|                  |
|                  |
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|                  |

**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: August

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 |          |  |
| 16000                   |   | 2.0        |   | .0000417                   |   | 1.33     |                          |              |            |   | .01   |   |          |          |  |
|                         |   |            |   |                            |   |          |                          |              |            |   |       |   |          |          |  |
|                         |   |            |   |                            |   |          |                          |              |            |   |       |   |          |          |  |
|                         |   |            |   |                            |   |          |                          |              |            |   |       |   |          |          |  |
|                         |   |            |   |                            |   |          |                          |              |            |   |       |   |          |          |  |
|                         |   |            |   |                            |   |          |                          |              |            |   |       |   |          |          |  |
|                         |   |            |   |                            |   |          |                          |              |            |   |       |   |          |          |  |
|                         |   |            |   |                            |   |          |                          |              |            |   |       |   |          |          |  |
|                         |   |            |   |                            |   |          |                          |              |            |   |       |   |          |          |  |
|                         |   |            |   |                            |   |          |                          |              |            |   |       |   |          |          |  |
|                         |   |            |   |                            |   |          |                          |              |            |   |       |   |          |          |  |
|                         |   |            |   |                            |   |          |                          |              |            |   |       |   |          |          |  |
|                         |   |            |   |                            |   |          |                          |              |            |   |       |   |          |          |  |
|                         |   |            |   |                            |   |          |                          |              |            |   |       |   |          |          |  |
|                         |   |            |   |                            |   |          |                          |              |            |   |       |   |          |          |  |
| <b>TOTAL</b>            |   |            |   |                            |   | <b>=</b> | <b>1.33</b>              | <b>TOTAL</b> |            |   |       |   |          | <b>=</b> |  |

**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

9/21/04  
 \_\_\_\_\_  
 Date

(724) 682-4141  
 \_\_\_\_\_  
 Telephone

**Sludge Received From Other Sources**

| <b>Source Name (include specific plant)</b> | <b>Gallons Received</b> | <b>% Solids</b> | <b>Dry Tons</b> |
|---|-------------------------|-----------------|-----------------|
|   |                         |                 |                 |
|   |                         |                 |                 |
|   |                         |                 |                 |
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|------------------|
| <b>Comments:</b> |
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