

March 28, 2005
L-05-053

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

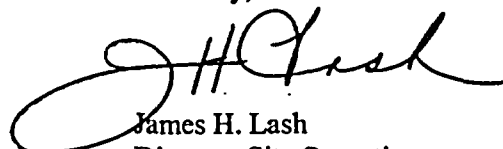
Beaver Valley Power Station Discharge Monitoring Report (NPDES) Permit No. PA0025615

To Whom It May Concern:

Enclosed is the February 2005 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 Daily Maximum limit (20 mg/l) for Oil and Grease at Outfall 303 was exceeded with a value of 22.9 mg/l. The Monthly Average of 15 mg/l 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. Michael Banko, at 724-682-4117.

Sincerely,


James H. Lash
Director, Site Operations

Attachments (2)
Enclosures (1)
mdb/mab

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**

JEAS

FENOC

FirstEnergy Nuclear Operating Company

Beaver Valley Power Station
Route 168
P.O. Box 4
Shippingport, PA 15077-0004

Bcc: S. F. Brown (A-GO-13)
M. D. Banko
D. K. Sullivan
D. J. Weber (A-GO-18)
D. C. Bluedorn (BCCZ)

ATTACHMENT 1

Weekly Dissolved Oxygen Monitoring Results at Outfall 001

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

SAMPLE DATE	SAMPLE TIME	VALUE	MEASURE UNITS
2/01/05	0950	7.90	mg/L
2/08/05	1010	8.49	mg/L
2/14/05	0945	9.08	mg/L
2/21/05	0935	8.64	mg/L
2/28/05	0915	8.52	mg/L

- Attachment 1 END -

ATTACHMENT 2

Oil and Grease Daily Maximum Limit Exceeded at Outfall 303

The sample taken on February 28, 2005 at Outfall/Internal Monitoring Point (IMP) 303 - Unit 1 Water/Oil Separator (WOS) was analytically determined to be 22.9 mg/l exceeding the Daily Maximum limit of 20.0 mg/l. The Monthly Average of 15 mg/l was not exceeded. Upon discovery, the inputs to the WOS were isolated to prevent further discharges pending effective corrective actions. The condition was documented and investigated in the FENOC Problem Identification and Resolution Program under Condition Report CR-05-01512.

The probable cause was determined to be several small oil leaks from equipment near the Turbine Building sumps that direct flow to the WOS. Corrective Actions taken included vacuuming out the WOS, creation of work orders to correct the leaking equipment, cleaning the floors of oil drips, and better oil leak controls pending repairs. A planned action is to strengthen Our Best Management Practice (BMP) for inspections under our Weekly Environmental Tour / Pollution Prevention Practice (P³) program.

The actions taken to date have been successful. A sample was taken after all physical cleaning and enhanced controls implemented. Sampling conducted on March 16, 2005 was analytically determined to be <10 mg/l oil and grease. Therefore, the system was returned to normal configuration.

- Attachment 2 END -

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: February
 Year: 2005

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				
TOTAL						=	0.667	TOTAL						=	

DISPOSAL SITE INFORMATION: List all sites, even if not used this month.

	Site 1	Site 2	Site 3	Site 4
Name:	Borough of Monaca Sewage Treatment Plant	Hopewell Township		
Permit No.	PA0020125	PA0026328		
Dry Tons Disposed:				
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	Beaver	Beaver		

Michael A. Stewart
 Signature

Chemistry Manager
 Title

3-24-05
 Date

(724) 682-4141
 Telephone

Sludge Received From Other Sources

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

Comments:

DISHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

Instructions:

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

Month: February
 Year: 2005

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)	(Conversion Factor)	=	Dry Tons	(Tons of Dewater Sludge)	X	(% Solids)	X	(.01)	=	Dry Tons	
14000		2.0	.0000417	=	1.17					.01	=		
TOTAL					=	<u>1.17</u>	TOTAL					=	_____

DISPOSAL SITE INFORMATION: List all sites, even if not used this month.

	Site 1	Site 2	Site 3	Site 4
Name:	Borough of Monaca Sewage Treatment Plant	Hopewell Township		
Permit No.	PA0020125	PA0026328		
Dry Tons Disposed:				
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	Beaver	Beaver		

Miranda [Signature]
 Signature

Chemistry Manager
 Title

3-24-05
 Date

(724) 682-4141
 Telephone

Sludge Received From Other Sources

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

Comments:

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (if different))
NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 162
SHIPPINGPORT PA 19077-0004

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

PAGE 0001

001 A

PERMIT NUMBER

DISCHARGE NUMBER

MAJOR (SUBR 05)
F - FINAL
UNITS 1&2 COOLG. TOWER BLWDN.
EFFLUENT
*** NO DISCHARGE [] ***

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 19077-0004
ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
50400 1 0 0 EFFLUENT GROSS VALU NITROGEN AMMONIA	SAMPLE MEASUREMENT			***	7.70		8.15		0	1/7	GRAB
	PERMIT REQUIREMENT			****	MINIMUM		MAXIMUM	SU			
00610 1 0 0 EFFLUENT GROSS VALU CHLORINE TOTAL	SAMPLE MEASUREMENT			***		*	*		*	*	GRAB
	PERMIT REQUIREMENT			****	REPORT	MO AVG	REPORT	DAILY MX	MG/L		
04251 1 0 0 EFFLUENT GROSS VALU FLOW IN CONDUIT OR	SAMPLE MEASUREMENT			***		*	*		**	**	GRAB
	PERMIT REQUIREMENT			****	MO AVG		DAILY MX	MG/L			
50050 1 0 0 EFFLUENT GROSS VALU CHLORINE TOTAL	SAMPLE MEASUREMENT	33.6	3.4	(03)					0	1/5	CONT
	PERMIT REQUIREMENT	REPORT	REPORT	MGD				****			
50060 1 0 0 EFFLUENT GROSS VALU CHLORINE FREE	SAMPLE MEASUREMENT			***		0.032	0.110		0	18/2	GRAB
	PERMIT REQUIREMENT			****		AVERAGE	MAXIMUM	MG/L			
50064 1 0 0 EFFLUENT GROSS VALU HYDRAZINE	SAMPLE MEASUREMENT			***		0.130	1.140		0	CONT.	14.141
	PERMIT REQUIREMENT			****		AVERAGE	MAXIMUM	MG/L			CONTINUOUS
81313 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT			***		*	*		*	*	GRAB
	PERMIT REQUIREMENT			****		MO AVG	DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
TYPED OR PRINTED
JAMES H. LUSH
1104 1/14/05

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 Lush

TELEPHONE DATE
214-680-4117 05 03 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.
* photo not a good image being February 2005. ** No sample 1-1-05 discharged in 1000 hrs.
EPA Form 3320-1 (Rev. 3/99) Previous editions may be used. 00824 / This is a 3-part form. PAGE 01 OF 02

Paperwork Reduction Act Notice

Public reporting burden for this collection of information is estimated to vary from a range of 10 hours as an average per response for some minor facilities, to 110 hours as an average per response for some major facilities, with a weighted average for major and minor facilities of 18 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW, Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

General Instructions

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
4. Enter each "Parameter" as specified in monitoring requirements of permit.
5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period"; "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period." (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum.")
6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
7. Under "No Ex" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0."
8. Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont." for continuous monitoring; "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement," (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite; "N/A" for continuous monitoring, etc.)
10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
11. If "no discharge" occurs during monitoring period, enter "No Discharge" across form in place of data entry.
12. Enter "Name/Title of Principal Executive Officer," with "Signature of Principal Executive Officer/ of Authorized Agent," "Telephone Number," and "Date" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

Legal Notice

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

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)

FA0025815 PERMIT NUMBER
 002 A DISCHARGE NUMBER

MAJOR (SUBR 05)
 F - FINAL
 INTAKE SCREEN BACKWASH
 EFFLUENT
 *** 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
03	02	01		03	02	28

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 PLAN 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.006	0.046	(0.03)	*****	*****	*****		0	1/7	EST
	PERMIT REQUIREMENT	NO AVG	DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIM
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 James H. Lusk
 Director, Site Operations
 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. Lusk
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 701 682-4117
 DATE 03 03 14
 AREA CODE NUMBER YEAR MO DAY

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 FACILITY ID: 003 A
 PERMIT NUMBER: [] DISCHARGE NUMBER: []

MAJOR (SUBR 05)
 F - FINAL
 003

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

MONITORING PERIOD
 FROM [] [] [] TO [] [] []

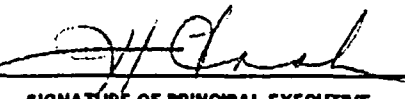
EFFLUENT
 *** NO DISCHARGE [] ***

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 ON THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.041	0.208	MGD					0	TWICE	ESTIMATE
	PERMIT REQUIREMENT	MO. AVG	DAILY MX	MGD				****		MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 James H. Lask
 Director, Site Operations
 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE: 714 (609) 4114
 DATE: 05 02 14
 AREA CODE: 714 NUMBER: (609) 4114 YEAR: 05 MO: 02 DAY: 14

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.

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
 004 A DISCHARGE NUMBER

MAJOR (SUBR 05)
 F - FINAL
 UNIT ONE COOLG TOWER OVERFLOW
 EFFLUENT
 *** NO DISCHARGE ~~1~~ ***

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	02	01		05	02	01

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			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
	PERMIT REQUIREMENT	*****	*****	*** ***	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
	PERMIT REQUIREMENT	REPORT MO. AVG	REPORT DAILY MX	MGD	*****	*****	*****	*** ***		WEEKLY	MEASR
50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			(17)			
	PERMIT REQUIREMENT	*****	*****	*** ***	*****	0.5 MO. AVG	1.25 INST. MAX	MG/L		WEEKLY	GRAB
50064 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			(17)			
	PERMIT REQUIREMENT	*****	*****	*** ***	*****	0.2 AVERAGE	0.5 MAXIMUM	MG/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 JAMES H. Losh
 Director, Site Operations
 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 (62)-1117
 DATE 05 03 14
 AREA CODE NUMBER YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (if Different))
 NAME BEAVER VALLEY POWER STATION
 ADDRESS PA ROUTE 169
 SHIPPINGPORT PA 15077-0004

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

MAJOR (SUBR 05)
 F - FINAL
 AUX. INTAKE SCREEN BACKWASH
 EFFLUENT
 *** NO DISCHARGE [] ***

PA0025015
 000 A
 PERMIT NUMBER DISCHARGE NUMBER

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

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY

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			
THRU TREATMENT PLANT EFFLUENT GROSS VALUE		0.002	0.016	MGD					0	WEEKLY	EST
		MO AVG	DAILY MX					****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 James H. Lash
 Director, Site Operations
 TYPED OR PRINTED

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JH Lash
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 724-682-4117
 DATE 05 03 14
 AREA CODE NUMBER YEAR MO DAY

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

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

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

PA0025615 PERMIT NUMBER
 007 A DISCHARGE NUMBER

MAJOR (SUBR 05)
 F - FINAL
 AUX. INTAKE SYSTEM
 EFFLUENT
 *** NO DISCHARGE ***

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY
05	02	01		05	02	01

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			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****					(12)			
	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0	SU		WEEKLY	GRAB
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO. AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		WEEKLY	ESTIMATE
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****			(17)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.5 MO AVG	1.25 INST MAX	MG/L		WEEKLY	GRAB
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****			(17)			
50064 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.2 AVERAGE	0.5 MAXIMUM	MG/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 JAMES H. LASH
 Director, Site Operations
 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 414-783-4111
 DATE 05 03 14
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 AREA CODE NUMBER YEAR MO DAY

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

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

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

MAJOR (SUBR 05)
 F - FINAL
 UNIT 1 COOLING TOWER PUMPHOUSE
 EFFLUENT
 *** NO DISCHARGE [] ***

PA0525015
 000 A
 PERMIT NUMBER 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

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00400 1 0 0 EFFLUENT GROSS VALUE SOLIDS, TOTAL	SAMPLE MEASUREMENT			***	7.59		7.86		0	2/25	GRAB
	PERMIT REQUIREMENT			****	MINIMUM		MAXIMUM	SU		TWICE MONTH	
00530 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE	SAMPLE MEASUREMENT			***		1.0	6.0		0	2/22	GRAB
	PERMIT REQUIREMENT			****		MO AVG	DAILY MX	MG/L		TWICE MONTH	
00556 1 0 0 EFFLUENT GROSS VALUE FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			***		45.0	45.0		0	2/22	GRAB
	PERMIT REQUIREMENT			****		MO AVG	DAILY MX	MG/L		TWICE MONTH	
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	40.001	40.001	(03)					0	1/7	EST
	PERMIT REQUIREMENT	MO AVG	DAILY MX	MGD					****	WEEKLY ESTIMATE	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 James H. Lash
 Director, Site Operations
 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.

JH Lash
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
 14620-4117 05 03 14
 AREA CODE NUMBER YEAR MO DAY

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

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

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

PA0025615 PERMIT NUMBER
 010 A DISCHARGE NUMBER

MAJOR (SUBR 05)
 F - FINAL
 UNIT 2 COOLING WATER
 EFFLUENT
 *** NO DISCHARGE 1-14-05 ***

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
05	02	14		05	02	14

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			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.15	*****	7.16	1.12	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0	SU		WEEKLY	GRAB
04251 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*	*	1.19	*	*	*
	PERMIT REQUIREMENT	*****	*****	***	*****	0	0	MG/L		WEEKLY	COMPLET
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	5.04	5.76	MGD	*****	*****	*****		0	1/7	MEASUR
	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		WEEKLY	MEASUR
50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	11.020	20.020	1.19	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	0.5	1.25	MG/L		WEEKLY	GRAB
50064 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	11.020	20.020	1.19	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	0.2	0.5	MG/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER James H. Lusk Director, Site Operations 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	DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>J. Lusk</i>	AREA CODE 757.622-4117	NUMBER 05	YEAR 03

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (24 HR. COMP.) : MG/L. (THE LIMIT IS 35 M G/L AS A DAILY MAX.) * No chemical CT-1 was discharged in February 2005.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 ADDRESS PA 15077-0004
 PERMIT NUMBER 011 A
 DISCHARGE NUMBER

MAJOR (SUBR 05)
 F - FINAL
 DIESEL GEN & TURBINE DRAINS
 EFFLUENT
 *** NO DISCHARGE [] ***

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

MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY

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			
THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE		0.004	0.004	MGD					0	1/7	EST
		PERMIT REPORT MD. AVG.	PERMIT REPORT DAILY MX					****			
		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. Lask
 Director, Site Operation
 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.

JH Lask
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 717-687-4117
 DATE 05 02 14
 AREA CODE NUMBER YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (F/D) (if front)
 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
 012 A DISCHARGE NUMBER

MAJOR (SUBR 05)
 F - FINAL
 BLOWDOWN FROM THE HVAC UNIT EFFLUENT
 *** 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
05	02	01				

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			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		3.13	*****	8.13	12	0	1/28	GRAB
	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0	SU		ONCE/MONTH	GRAB
01042 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.018	1.118	17	0	2/28	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	GRAB
01092 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.562	0.586	17	0	2/28	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	GRAB
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	20.001	20.001	(03)	*****	*****	*****	*****	0	1/28	EST
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		ONCE/MONTH	ESTIMA
70295 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	362	420	17	0	2/28	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 JAMES H. LASH
 Director, Site Operations
 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 724-60-1117
 DATE 05 03 14
 AREA CODE NUMBER YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (if Different))
NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168
SHIPPINGPORT

PA 15077-0004

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

ADDRESS PA 15077-0004
PERMIT NUMBER

015 A
DISCHARGE NUMBER

MAJOR (SUBR 05)
F - FINAL
OUTFALL 013
EFFLUENT

*** NO DISCHARGE 1 [] ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004

FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

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			
00400 1 0 1 EFFLUENT GROSS VALUE CYANIDE, TOTAL (AS CN)				***	7.35		7.70	SU	0	1/4	GRAB
				****	MINIMUM		MAXIMUM				
00720 1 0 2 EFFLUENT GROSS VALUE COPPER, TOTAL (AS CU)				***		<0.005	<0.005	MG/L	0	2/22	COMPE
				****		MO AVG	DAILY MX			TWICE	MONTH
01042 1 0 2 EFFLUENT GROSS VALUE CHLOROBENZENE				***		0.010	0.011	MG/L	0	2/28	COMPE
				****		MO AVG	DAILY MX			TWICE	MONTH
34301 1 0 1 EFFLUENT GROSS VALUE FLOW IN CONDUIT OR THRU TREATMENT PLAN				***				MGD	0	2/28	EST
				****		MO AVG	DAILY MX			TWICE	MONTH
50050 1 0 1 EFFLUENT GROSS VALUE											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
James H. Lusk
Director Site Operations
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 421-682-4111
DATE 05 03 14
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 PERMIT NUMBER
 101 A DISCHARGE NUMBER

MAJOR (SUBR 05)
 F - FINAL
 101 CHEMICAL WASTE TREATMENT
 INTERNAL OUTFALL
 *** 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
05	02	01		05	02	28

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			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.33	*****	8.04	(12)	0	3/26	GRAB
	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0			WEEKLY	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	4.0	4.0	(19)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	30	100			WEEKLY	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<5.0	<5.0	(19)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	15	20			WEEKLY	GRAB
00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(19)	*	*	*
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT			WEEKLY	GRAB
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.013	0.014	(03)	*****	*****	*****		0	2/28	CONT
	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	***		DAILY	CONT
81313 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(19)	*	*	*
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT			WEEKLY	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	MO AVG	DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 James H. Lash
 Director, Site Operations
 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 DATE
 721-20-4117 05 03 14
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. SAMPLES SHALL BE TAKEN AT THE DISCHARGE FROM THE CHEMICAL WASTE SUMP PRIOR TO MIXING WITH ANY OTHER WATER.
 * Plant was not in wet layup in February 2005.

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

MAJOR (SUBR 05)
 F - FINAL
 102 INTAKE SCREENHOUSE
 INTERNAL OUTFAL
 *** NO DISCHARGE [] ***

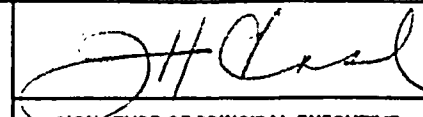
PAGE 25015
 102 A
 PERMIT NUMBER DISCHARGE NUMBER

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

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			
CO400 1 0 0 EFFLUENT GROSS VALUE SOLIDS, TOTAL	SAMPLE MEASUREMENT			***	7.10		8.21		0	2/28	GRAB
	PERMIT REQUIREMENT			****	MINIMUM		MAXIMUM	SU		TWICE MONTH	
G0530 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE	SAMPLE MEASUREMENT			***		17.1	29.0		0	2/28	GRAB
	PERMIT REQUIREMENT			****		MD AVG	DAILY MX	MG/L		TWICE MONTH	
G0556 1 0 0 EFFLUENT GROSS VALUE FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			***		<5.0	<5.0		0	2/28	GRAB
	PERMIT REQUIREMENT			****		MD AVG	DAILY MX	MG/L		TWICE MONTH	
S0050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	<0.001 REPORT	20.001 REPORT	(03)					0	2/28	EST
	PERMIT REQUIREMENT	MD AVG	DAILY MX	MGD				****		TWICE MONTH	ESTIM
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER James H. Lora Director of Operations 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

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.

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
 103 A DISCHARGE NUMBER

MAJOR (SUBR 05)
 F - FINAL
 SLUDGE SETTLING BASIN
 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

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			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.95	*****	7.12	12	0	2/28	GRAB
	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0	SU		TWICE/MONTH	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****			5.5	7.0	19	0	2/28	GRAB
	PERMIT REQUIREMENT	*****	*****	***	30	MD AVG	100	DAILY MX		TWICE/MONTH	COMP2
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.07	0.134	MGD					0	2/28	EST
	PERMIT REQUIREMENT	REPORT	REPORT							TWICE/MONTH	ESTIM
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 JAMES H. LACK
 Director, Site Operations
 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 1412-4114
 DATE 05 03 15
 AREA CODE NUMBER YEAR MO DAY

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

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
 110 A
 PERMIT NUMBER DISCHARGE NUMBER

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

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD							WEEKLY ESTIMATE
	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
 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

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)

PA0025815 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 HUDLEY/MGR NUC ENV&CHEM

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY
00	00	00		00	00	00

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		1.16	*****	1.56	12	0	1/4	GRAB
	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0			WEEKLY	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****					17	0	1/4	GRAB
	PERMIT REQUIREMENT	*****	*****	***		30	100			WEEKLY	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****			21.1	24.0	17	0	1/4	GRAB
	PERMIT REQUIREMENT	*****	*****	***		15	20			WEEKLY	GRAB
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.002	0.002	MGD					0	1/4	EST
	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****			WEEKLY	EST IMP
	PERMIT REQUIREMENT	MD AVG	DAILY MX								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 JAMES H. LOZ
 Principal, Operations
 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 717-687-4117
 DATE 05 03 15
 AREA CODE NUMBER YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (If Different))
BEAVER VALLEY POWER STATION

NAME PA ROUTE 168
ADDRESS SHIPPINGPORT PA 15077-0004

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

PA0025515 115 A
PERMIT NUMBER DISCHARGE NUMBER

MAJOR (SUBR 05)
F - FINAL
UNIT 2 SEWAGE TMT PLANT
INTERNAL OUTFALL
*** NO DISCHARGE 1 1 ***

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

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			
00400 1 0 0 EFFLUENT GROSS VALUE SOLIDS, TOTAL				***	7.09	7.34			0	6/22	GRAB
				****	MINIMUM	MAXIMUM	SU			TWICE	MONTH
00530 1 0 0 EFFLUENT GROSS VALUE FLOW IN CONDUIT OR THRU TREATMENT PLANT				***		5.8	11.0		0	4/26	COMP
				****		MO AVG	DAILY MX	MG/L		TWICE	MONTH
50050 1 0 0 EFFLUENT GROSS VALUE CHLORINE, TOTAL		0.07	0.076	MGD					0	4/26	GRAB
		MD AVG	DAILY MX	REPORT						WEEKLY	MEASRD
50060 1 0 0 EFFLUENT GROSS VALUE SOLIDS, FESAL				***		0.220	0.270		0	2/25	GRAB
				****		MO AVG	INST MAX	MG/L		TWICE	MONTH
74055 1 1 0 EFFLUENT GROSS VALUE SODIUM CARBONATE				***		74.0			0	2/25	GRAB
				****		MO GEOMN		100ML		TWICE	MONTH
80082 1 0 0 EFFLUENT GROSS VALUE				***		6.25	9.8		0	2/23	COMP
				****		MO AVG	DAILY MX	MG/L		TWICE	MONTH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Edward Hubley
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.

Edward Hubley
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 74-651-4114
DATE 05 03 15
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.

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)
 FACILITY ID: PA0025015
 PERMIT NUMBER: 211 A
 DISCHARGE NUMBER

MAJOR (SUBR 05)
 F - FINAL
 211 TURBINE BLDG
 INTERNAL DUTFAL
 *** NO DISCHARGE ***

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00400 1 0 0 EFFLUENT GROSS VALUE SOLIDS TOTAL	SAMPLE MEASUREMENT				6.54		3.13		0	1/1	GRAB
	PERMIT REQUIREMENT			***	MINIMUM		MAXIMUM	SU			
00530 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE	SAMPLE MEASUREMENT					5.5	3.7		0	1/1	GRAB
	PERMIT REQUIREMENT			***		MO AVG	DAILY MX	MG/L			
00556 1 0 0 EFFLUENT GROSS VALUE FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT					<5.0	<5.0		0	1/1	GRAB
	PERMIT REQUIREMENT			***		MO AVG	DAILY MX	MG/L			
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.002	0.002	MGD					0	1/1	EST
	PERMIT REQUIREMENT	MO AVG	DAILY MX	MGD							

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 T. H. Beck
 Director, Site Operations
 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: 717-682-4117
 DATE: 05 03 15
 AREA CODE: 717 NUMBER: 682-4117 YEAR: 05 MO: 03 DAY: 15

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
 213 A DISCHARGE NUMBER

MAJOR (SUBR 05)
 F - FINAL
 UNIT 2 COOL TOWER PUMPHOUSE
 INTERNAL OUTFAL
 *** NO DISCHARGE ***

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	02	01		05	02	01

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			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****			*****		12			
	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE MONTH	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			19			
	PERMIT REQUIREMENT	*****	*****	***	*****	30 MO AVG	100 DAILY MX	MG/L		TWICE MONTH	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			17			
	PERMIT REQUIREMENT	*****	*****	***	*****	15 MO AVG	20 DAILY MX	MG/L		TWICE MONTH	GRAB
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			1 037	*****	*****	*****				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
50060 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			17			
	PERMIT REQUIREMENT	*****	*****	***	*****	0.5 MO AVG	1.25 INST MAX	MG/L		TWICE MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 James H. Lusk
 Director, Site Operations
 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 DATE
 717-625-4117 05 03 15
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 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)
 FACILITY ID: PA0825515
 PERMIT NUMBER: 301 A
 DISCHARGE NUMBER

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

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

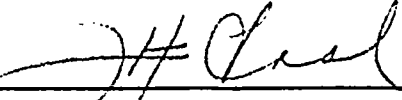
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SUSPENDED SOLIDS TOTAL 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			***		44.1	44.0	MG/L	0	2/3	GRAB
	PERMIT REQUIREMENT			****		MO AVG	DAILY MX	MG/L		TWICE MONTH	
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			***		45.0	45.0	MG/L	0	2/3	GRAB
	PERMIT REQUIREMENT			****		MO AVG	DAILY MX	MG/L		TWICE MONTH	
FLOW IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	40,000	40,000	MGD					0	1/7	EST
	PERMIT REQUIREMENT	MO AVG	DAILY MX	MGD				****		WEEKLY	ESTIM
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 James H. Lash
 Director, Side Operations
 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 74.682-1117
 DATE 05 03 15
 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.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 F70025815 PERMIT NUMBER
 303 A DISCHARGE NUMBER

MAJOR (SUBR 05)
 F - FINAL
 UNIT 1 OIL WATER SEPARATOR
 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
05	02	01		05	02	28

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.14	*****	7.57	12	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0	SU		WEEKLY	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****					17	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	***		30	100	MG/L		WEEKLY	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****			10.7	22.9*	17	1	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	15	20	MG/L		WEEKLY	GRAB
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.019	0.036	MGD	*****	*****	*****		0	1/7	EST
	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		WEEKLY	ESTIM
	PERMIT REQUIREMENT	NO AVG	DAILY MX	MGD	*****	*****	*****	****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 JAMES H. LACK
 Director, Site Operations
 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 74,680-4117
 DATE 05 03 15
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 SAMPLES SHALL BE TAKEN AT OVERFLOW FROM THE OIL WATER SEPARATOR PRIOR TO MIXING WITH ANY OTHER WATER.
 * PLEASE SEE COVER LETTER ATTACHMENT 2 FOR DESCRIPTION & CORRECTIVE ACTIONS.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 PERMIT NUMBER 010 A
 DISCHARGE NUMBER

MAJOR (SUBR 05)
 F - FINAL
 313 TURBINE BLDG DRAIN
 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

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			
00400 1 0 0 EFFLUENT GROSS VALUE SOLIDS, TOTAL	SAMPLE MEASUREMENT			***	6.92		7.56		0	7/2	GRAB
	PERMIT REQUIREMENT			****	MINIMUM		MAXIMUM	SU			
00530 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE	SAMPLE MEASUREMENT			***		4.33	4.6		0	1/7	GRAB
	PERMIT REQUIREMENT			****		MO AVG	DAILY MX	MG/L			
00556 1 0 0 EFFLUENT GROSS VALUE FLOW IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT			***		25.1	25.0		0	1/7	GRAB
	PERMIT REQUIREMENT			****		MO AVG	DAILY MX	MG/L			
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.012	0.002	(03)					0	1/7	EST
	PERMIT REQUIREMENT	MO AVG	DAILY MX	MGD					****		ESTIM
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 James H. Lusk
 Director Site Operations
 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.

JH Lusk
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 717-652-1117
 DATE 05 03 15
 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 (If Different))
NAME BEAVER VALLEY POWER STATION

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

MAJOR
(SUBR 05)

ADDRESS PA ROUTE 16B
SHIPPINGPORT PA 15077-0004

PA0025615
PERMIT NUMBER

401 A
DISCHARGE NUMBER

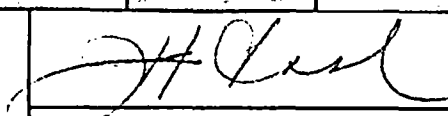
F - FINAL

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

CHEM. FEED AREA OF AUX BOILERS
INTERNAL OUTFAL
*** 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				
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****		1.67	*****	7.70	(12)	0	2/22	GRAB	
		*****	*****	***	6.0	*****	REPORT			TWICE	GRAB	
		*****	*****	***	MINIMUM	*****	MAXIMUM	SU		MONTH		
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	4.20	4.10	(17)	0	2/25	GRAB	
		*****	*****	***	*****	30	100			TWICE	GRAB	
		*****	*****	***	*****	MO AVG	DAILY MX	MG/L		MONTH		
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	25.0	25.0	(17)	0	2/28	GRAB	
		*****	*****	***	*****	15	20			TWICE	GRAB	
		*****	*****	***	*****	MO AVG	DAILY MX	MG/L		MONTH		
50050 1 0 0 EFFLUENT GROSS VALUE		*****	*****	(03)	*****	*****	*****	*****	0	1/1	EST	
		*****	*****	MGD	*****	*****	*****	*****		WEEKLY	ESTIM	
		*****	*****		*****	*****	*****	*****				
		*****	*****		*****	*****	*****	*****				
		*****	*****		*****	*****	*****	*****				
		*****	*****		*****	*****	*****	*****				
		*****	*****		*****	*****	*****	*****				
		*****	*****		*****	*****	*****	*****				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		DATE		
James H. Lusk Site Operations								134 682-4117		05 03 15		
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLES SHALL BE TAKEN AT CHEMICAL FEED AREA DRAINS PRIOR TO MIXING WITH ANY OTHER WATER.

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
 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
05	02	01		05	02	28

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	***	0.0	*****	9.0	SU		WEEKLY	GRAB
00530 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	***	*****	30	100	MG/L		WEEKLY	GRAB
00556 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	***	*****	15	20	MG/L		WEEKLY	GRAB
00610 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT	MG/L		WEEKLY	GRAB
04251 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	***	*****	0	0	MG/L		WEEKLY	COMP 24 DISCHG
50050 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		WEEKLY	ESTIM
50060 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	***	*****	0.5	1.25	MG/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 James H. Lock
 Director, Site Operations
 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 717-682-4117
 DATE 05 03 15
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ D T-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.) SAMPLES SHALL BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER.

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

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

PROCESS ID: 403 A
 PERMIT NUMBER: _____ DISCHARGE NUMBER: _____

MAJOR (SUBR 05)
 F - FINAL
 CONDENSATE BLOWDOWN & RIVER WAT
 INTERNAL OUTFAL
 *** NO DISCHARGE ***

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

NOTE: Read instructions before completing this form.

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 JAMES H. Losh
 Director, Site Operations
 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.

JH Losh
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 724 692-4111
 DATE: 05 03 15
 AREA CODE: _____ NUMBER: _____ YEAR: _____ MO: _____ DAY: _____

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ D T-1 WHEN DISCHARGING (24 HR. COMP.): _____ MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.) SAMPLES SHALL BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (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: 410 A
 DISCHARGE NUMBER

MAJOR (SUBR 05)
 F - FINAL
 BULK FUEL STORAGE DRAIN
 INTERNAL OUTFALL
 *** NO DISCHARGE 1 1 ***

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00400 1 0 0 EFFLUENT GROSS VALUE COLISS. TOTAL	SAMPLE MEASUREMENT			***	7.37		7.53	12	0	2/27*	GRAB
	PERMIT REQUIREMENT			****	MINIMUM		MAXIMUM	SU			
00530 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE	SAMPLE MEASUREMENT			***		17.0	23.4	100	0	2/27*	GRAB
	PERMIT REQUIREMENT			****		MO AVG	DAILY MX	MG/L			
00556 1 0 0 EFFLUENT GROSS VALUE FLOW IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	20.001	21.001	(03)		<5.0	<5.0	15	0	2/27*	GRAB
	PERMIT REQUIREMENT	REPORT	REPORT	****		MO AVG	DAILY MX	MG/L			
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT								0	1/7	EST
	PERMIT REQUIREMENT	MO AVG	DAILY MX	MGD					****		EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 412-482-4114
 DATE: 03/15/05

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 SAMPLES SHALL BE TAKEN AT DISCHARGE FROM DWS #24 PRIOR TO MIXING WITH ANY OTHER WATER.
 * there was flow in only 2 weeks in FEBRUARY 2005.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (D/F/Permit))
 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
 501 A
 DISCHARGE NUMBER

MAJOR (SUBR 05)
 F - FINAL
 UNIT 1 GENRTR/BLWDWN FILT BW
 INTERNAL OUTFAL
 *** NO DISCHARGE ~~X~~ ***
 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
02	02	01		02	02	01

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SUSPENDED SOLIDS TOTAL	SAMPLE MEASUREMENT	*****	*****		*****			17			
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	30 MD AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
FLOW IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMATE
50050 1 0 0	SAMPLE MEASUREMENT										
EFFLUENT GROSS VALUE	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. LASK
 Director, Site Operations
 TYPED OR PRINTED

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JH Lask
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
 717 627-4111 05 03 15
 AREA CODE NUMBER YEAR MO DAY

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