

December 28, 2005  
L-05-202

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:

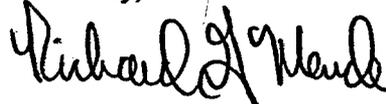
Enclosed is the November 2005 NPDES Discharge Monitoring Report (DMR) for FirstEnergy Nuclear Operating Company (FENOC), Beaver Valley Power Station, in accordance with the requirements of the permit.

Attachment 1 to this letter are supplemental monitoring data for Outfall 001 (dissolved oxygen). Attachment 4 to this letter is the Clamicide report for the final round of subsystem treatments for 2005 as required in Permit Part C.15. A review of the data indicates the following Permit parameters were exceeded.

- Outfall 008: The total suspended solids (TSS) and the Oil & Grease daily maximum limits of 100 mg/l and 20 mg/l respectively, were exceeded on November 15, 2005. Attachment 2 to this letter describes the condition and corrective actions taken.
- Outfall 010: The biocide, Powerline 3627, was detected in the 24 hour composite sample following a clamicide treatment of a subsystem. The permit limit is "not detectable" but the sample analysis indicated 0.556 mg/l. Attachment 3 to the letter describes the condition and provides corrective actions to prevent recurrence.

Should you have any questions regarding the attached and enclosed documents, please direct them to Mr. Michael Banko, at 724-682-4117.

Sincerely,



Richard G. Mende  
Director, Site Operations

Attachments (4)  
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*

IE25

**ATTACHMENT 1**

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

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

<b>SAMPLE DATE</b>	<b>SAMPLE TIME</b>	<b>VALUE</b>	<b>MEASURE UNITS</b>
11/03/05	0755	7.48	mg/L
11/07/05	0845	7.52	mg/L
11/18/05	0917	7.04	mg/L
11/21/05	0850	7.21	mg/L
11/28/05	0855	8.09	mg/L

- Attachment 1 END -

## ATTACHMENT 2

### Total Suspended Solids and Oil & Grease Exceedance at Outfall 008

On November 15, 2005, a sample taken at Outfall 008 was analyzed and indicated 552 mg/l total suspended solids (TSS). Based upon an observation of the analysis, it was determined that the analysis was not performed exactly per procedure. The sample was re-analyzed on November 16, 2005 and determined to be 163 mg/l. Therefore, the daily maximum permit limit for TSS of 100 mg/l was exceeded. Resultant in the same sample and due to the same conditions, the daily maximum for Oil & Grease of 20 mg/l was exceeded with an analytical result of 25.3 mg/l.

Outfall 008 discharges water to the Ohio River from the Unit 1 Cooling Tower Pumpouse sumps. There are two sumps (north and south) that take circulating water seal leak-off. During normal plant conditions, the amount of water and activity that could contribute to TSS and oil & grease, are compliant with permit limits. The cause was determined to be greater than normal seal water flow due to leakage and repair work. When it was recognized that a problem with a cooling tower pump existed and repairs were begun, the sump under the damaged pump was isolated from Outfall 008, and recycled into circulation water. However, when the sample of the opposite sump was taken on November 15, 2005, work was also being performed on another pump that feeds water into the non-recycling water sump. Therefore, that sump was challenged, and the sample indicated the maximum daily limit was exceeded.

The condition is investigated and documented under the FENOC Problem Identification and Resolution program under Condition Report CR-05-07483 and CR-05-07495. Corrective action included (1) A complete cleanout of the non-recycling sump and additional sampling to demonstrate effectiveness of the corrective actions (the monthly average TSS limit of 30 mg/l and for Oil & Grease 15 mg/l were not exceeded), and (2) The long term plan is to permanently recycle the sump water to circulating water and thus, eliminate the discharge to the river. In the interim, Beaver Valley Power Station will use appropriate Best Management Practices to promote compliance.

### ATTACHMENT 3

#### **Powerline 3627 Detected at Outfall 010**

Following a clamicide treatment of the Unit 2 Service Water "B" Train subsystem, analysis of the required 24 hour composite sample was analytically determined to be 0.556 mg/l for Powerline 3627. That result represents an exceedance of the permit limit of "non detectable"

Powerline 3627 is used to control Asiatic clams and Zebra mussels at Beaver Valley Power Station (BVPS). Bentonite clay is mixed in downstream from the component(s) targeted for treatment. The clay is needed to detoxify the Powerline 3627 to non-detectable levels.

The condition was investigated and documented in the FENOC Problem Identification and Resolution program under Condition Report CR-05-07262. The causes were determined to be that one component received a higher than normal concentration of Powerline 3627 because of less than adequate work direction and barriers to ensure compliance. Corrective actions include several specific procedure changes and additional programmatic monitoring strategies. These changes will be implemented before commencement of the 2006 clamicide treatments.

- Attachment 3 END -

**Attachment 4**

**Clamicide Report**

The following summarizes the second of three clamicide treatments for the control of Asian clams and Zebra mussels at Beaver Valley Power Station.

Parameter	Unit 1 A Train	Unit 1 B Train	Unit 2 A Train	Unit 2 B Train
Date	10/25-26/05	10/12-13/05	10/18-19/05	11/01-02/05
Chemical Used <sup>1</sup>	1,159 pounds	1,042 pounds	2,085 pounds	1,338 pounds
Outfall 001 Concentration	<0.05 ppm	<0.05 mg/l	<0.05 mg/l	<0.05 mg/l
Outfall 403 Concentration	<0.05 ppm	<0.05 mg/l	N/A <sup>4</sup>	N/A <sup>4</sup>
Outfall 010 Concentration	N/A <sup>3</sup>	N/A <sup>3</sup>	.068 mg/l <sup>5</sup>	0.556 mg/l
Detox Used <sup>2</sup>	15,709 pounds	2,928 pounds	3,248 pounds	4,028 pounds
Outfall 001 Concentration <sup>3</sup>	5.45 mg/l	5.45 mg/l	5.45 mg/l	9.9 mg/l
Outfall 010 Concentration <sup>3</sup>	N/A <sup>4</sup>	N/A <sup>4</sup>	5.4 mg/l	9.8 mg/l

1. Chemical GEBetz Powerline 3627; LIMITS: 7,000 pounds per day and No Detectable at Outfalls 001, 403, and 010
2. Detoxifying GEBetz Spectrus 1400 and 1401 (formerly under trademark name of Betz DTS and Betz DTG - bentonite clay) as powder and slurry mixture; LIMITS: 21,000 pounds per day and  $\leq 35$  mg/l at Outfalls 001, 403, and 010
3. Dry-weight equivalent
4. Outfall does not receive wastewater from the target system
5. Biocide was "detectable" at Outfall. For explanation, please see Attachment 3 to this Discharge Monitoring Report cover letter (Letter No. L-04-202).

- Attachment 4 END -

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

PA0025815  
 PERMIT NUMBER

001 A  
 DISCHARGE NUMBER

MAJOR (SUBR 05)  
 F - FINAL  
 UNITS 1&2 COOLG. TOWER BLWDN.  
 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
05	11	01		05	11	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		*****	*****		7.89	*****	8.51	( 12 )	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	*	*	( 19 )	*	*	*
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
CLAMTRDL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	*****	*****		*****	20.06	20.06	( 19 )	0	1/30	COMP 24
04251 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	MD AVG	DAILY MX	MG/L		WHEN DISCHG	COMP 24
FLOW, IN CONDUIT DR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	23.6	32.6	( 03 )	*****	*****	*****		0	DAILY	CONT
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		DAILY	CONTIN
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.14	0.33	( 19 )	0	1/7	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.5 AVERAGE	1.25 MAXIMUM	MG/L		WEEKLY	GRAB
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****	0.023	0.10	( 19 )	0	CONT	CONT
50064 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.2 AVERAGE	0.5 MAXIMUM	MG/L		CONTIN RECORD	US
HYDRAZINE	SAMPLE MEASUREMENT	*****	*****		*****	*	*	( 19 )	*	*	*
81313 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	MD AVG	DAILY MX	MG/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 R.G. MENDE  
 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 724 682-7773  
 DATE 05 12 19  
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ D T-1 WHEN DISCHARGING. THE LIMIT IS 35 MG/L AS A DAILY MAX. DT-1 9.9 mg/L MAX

## 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)

Form Approved.  
 OMB No. 2040-0004

PA0025615  
 PERMIT NUMBER

002 A  
 DISCHARGE NUMBER

MAJOR (SUBR 05)  
 F - FINAL

INTAKE SCREEN BACKWASH  
 EFFLUENT

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	11	01		05	11	30

\*\*\* 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			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
50050 1 0 0	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		WEEKLY ESTIMA	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT							****			
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 R.G. MENDE  
 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.

*R.G. Mende*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 724 682-7773  
 DATE 05 12 19  
 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)

Form Approved.  
 OMB No. 2040-0004

PA0025615  
 PERMIT NUMBER

003 A  
 DISCHARGE NUMBER

MAJOR  
 (SUBR 05)  
 F - FINAL  
 003  
 EFFLUENT

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	11	01		05	11	30

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

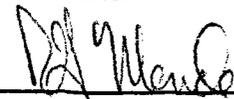
\*\*\* NO DISCHARGE 1 1 \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	0.273	1.24	(03)	*****	*****	*****			0	2/30	EST
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	1GD	*****	*****	*****	***			WICE/ESTIMA MONTH
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE 724.682-7773  
 DATE 05 12 19  
 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.

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

004 A  
 DISCHARGE NUMBER

MAJOR  
 (SUBR 05)  
 F - FINAL

UNIT ONE COOLG TOWER OVERFLOW  
 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
05	11	01		05	11	30

\*\*\* 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			
PH		*****	*****			*****		( 12 )			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	5.0	*****	9.0	SU		WEEKLY GRAB	
	PERMIT REQUIREMENT	*****	*****	***	MINIMUM		MAXIMUM				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			( 03 )	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		WEEKLY MEASRD	
CHLORINE, TDIAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****			( 19 )			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.5 MD AVG	1.25 INST MAX	MG/L		WEEKLY GRAB	
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****			( 19 )			
50064 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.2 AVERAGE	0.5 MAXIMUM	MG/L		WEEKLY GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 R.G. MENDE  
 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE  
 724 682-7773  
 DATE  
 05 12 19  
 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  
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

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 OMB No. 2040-0004

PA0025615  
 PERMIT NUMBER

006 A  
 DISCHARGE NUMBER

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

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

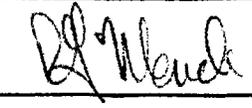
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	11	01		05	11	30

\*\*\* 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			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.002 <del>0.006</del>	0.016	(03)	*****	*****	*****		0	1/7	EST
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
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TELEPHONE 724 682-7773  
 DATE 05 12 19  
 AREA CODE NUMBER YEAR MO DAY

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

007 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

AUX. INTAKE SYSTEM

EFFLUENT

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

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	11	01		05	11	30

ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

R.G. MENDE

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.

*R.G. Mende*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

724 682-7773

DATE

05 12 19

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 if Different)  
 NAME BEAVER VALLEY POWER STATION  
 ADDRESS PA ROUTE 16B  
 SHIPPINGPORT PA 15077-0004

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

Form Approved.  
 OMB No. 2040-0004

PA0025615 PERMIT NUMBER  
 008 A DISCHARGE NUMBER

MAJOR (SUBR 05)  
 F - FINAL  
 UNIT 1 COOLING TOWER PUMPHOUSE  
 EFFLUENT  
 \*\*\* NO DISCHARGE 1  \*\*\*  
 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	11	01		05	11	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		*****	*****		7.97	*****	8.42	{ 12 }	0	2/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	5.0 MINIMUM	*****	9.0 MAXIMUM	50		WICE/GRAB MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	29.8	163	{ 19 }	1*	15/30	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 MD AVG	100 DAILY MX	MG/L		WICE/GRAB MONTH	
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	10.1	25.3	{ 19 }	1*	4/30	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	15 MD AVG	20 DAILY MX	MG/L		WICE/GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	20.001	20.001	{ 03 }	*****	*****	*****		0	1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		WEEKLY EST	INA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 R.G. MENDE  
 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.

*Ed Hubley*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 724.682-7773  
 DATE 05 12 19  
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 \* PLEASE SEE ATTACHMENT 2 TO THIS DMR COVER LETTER.

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

010 A  
 DISCHARGE NUMBER

MAJOR  
 (SUBR 05)  
 F - FINAL

UNIT 2 COOLING WATER  
 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
05	11	01		05	11	30

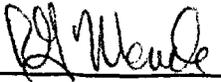
\*\*\* NO DISCHARGE ( ) \*\*\*

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			
PH		*****	*****		6.66	*****	8.1	{ 12 }	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	5.0	*****	9.0	SU		WEEKLY	GRAB
CLAMTROL CT-1, TOTAL WATER	PERMIT REQUIREMENT	*****	*****	***	MINIMUM		MAXIMUM	SU			
04251 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.556	0.556	{ 19 }	2*	1/30	COMP 24
04251 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0	0	MG/L		WHEN DISCHG	COMP 24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****	{ 03 }	*****	*****	*****		0	1/7	MEAS
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		WEEKLY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.026	0.050	{ 19 }	0	1/7	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.5	1.25	MG/L		WEEKLY	GRAB
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****	0.028	0.060	{ 19 }	0	1/7	GRAB
50064 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.2	0.5	MG/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 R.G. MENDE  
 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  
 724 682-7773  
 DATE  
 05 12 19

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

REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (24 HR. COMP.): 9.8 MG/L. (THE LIMIT IS 35 M G/L AS A DAILY MAX.) \* PLEASE SEE ATTACHMENT 3 TO THIS DMR COVER LETTER

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

011 A  
 DISCHARGE NUMBER

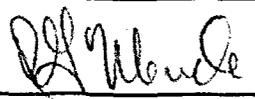
MAJOR (SUBR 05)  
 F - FINAL  
 DIESEL GEN & TURBINE DRAINS  
 EFFLUENT

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
05	11	01		05	11	30

\*\*\* 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 OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.002	0.002	(03)	*****	*****	*****		0	17	EST
	PERMIT REQUIREMENT	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  R.G. MENDE  TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			724 682-7773	05 12 19	AREA CODE	NUMBER	YEAR

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)

Form Approved.  
 OMB No. 2040-0004

PA0025615  
 PERMIT NUMBER

012 A  
 DISCHARGE NUMBER

MAJOR  
 (SUBR 05)  
 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
05	11	01		05	11	30

BLOWDOWN FROM THE HVAC UNIT  
 EFFLUENT

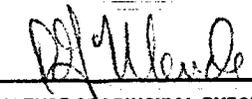
\*\*\* NO DISCHARGE !!!

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			
PH		*****	*****			*****			( 12 )		
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	*****	*****		*****				( 19 )		
01042 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		TWICE/ MONTH	GRAB
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	*****	*****		*****				( 19 )		
01092 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	1.5 MD AVG	1.5 DAILY MX	MG/L		TWICE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			( 03 )	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		ONCE/ MONTH	ESTIMA
SOLIDS, TOTAL DISSOLVED	SAMPLE MEASUREMENT	*****	*****		*****				( 19 )		
70295 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		TWICE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 R.G. MENDE  
 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE  
 724 682-7173  
 DATE  
 05 12 19  
 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)

Form Approved.  
 OMB No. 2040-0004

PA0025615  
 PERMIT NUMBER

013 A  
 DISCHARGE NUMBER

MAJOR (SUBR 05)  
 F - FINAL  
 OUTFALL 013  
 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
05	11	01		05	11	30

\*\*\* 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			
PH	SAMPLE MEASUREMENT	*****	*****		7.12	*****	7.97	( 12 )	0	1/7	GRAB
00400 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	5.0	*****	5.0			WEEKLY	GRAB
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	*****	*****		*****	<0.005	<0.005	( 19 )	0	2/30	COMP 24
00720 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		WICE/MONTH	COMP 24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	*****	*****		*****	0.006	0.007	( 19 )	0	2/30	COMP 24
01042 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.05 MD AVG	0.1 DAILY MX	MG/L		WICE/MONTH	COMP 24
CHLOROBENZENE	SAMPLE MEASUREMENT	*****	*****		*****	<0.005	<0.005	( 19 )	0	2/30	COMP 24
34301 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		WICE/MONTH	COMP 24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.018	0.060	( 03 )	*****	*****	*****		0	2/30	EST
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		WICE/MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 R.G. MENDE  
 TYPED OR PRINTED

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*R.G. Mend*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 724 682-7773  
 DATE 05 12 19  
 AREA CODE NUMBER YEAR MO DAY

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PAG025615

PERMIT NUMBER

101 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

101 CHEMICAL WASTE TREATMENT

INTERNAL OUTFAL

\*\*\* NO DISCHARGE [ ] \*\*\*

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	11	01		05	11	30

ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		6.7	*****	7.36	( 12)	0	6/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	5.0 MINIMUM	*****	7.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	7.03	12.6	( 19)	0	1/7	COMP-2
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 MD AVG	100 DAILY MX	MG/L		WEEKLY	COMP-2
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	45.0	45.0	( 19)	0	1/7	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	15 MD AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	*	*	( 19)	*	*	*
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.010	0.014	( 03)	*****	*****	*****		0	DAILY	CONT
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	4GD	*****	*****	*****	***		DAILY	CONTIN
HYDRAZINE	SAMPLE MEASUREMENT	*****	*****		*****	*	*	( 19)	*	*	*
81313 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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		
			AREA CODE	NUMBER	YEAR
R.G. MENDE		724 682-7773	05	12	19
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

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. NOT IN WET LAY UP DURING PERIOD

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

102 A  
 DISCHARGE NUMBER

MAJOR (SUBR 05)  
 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
05	11	01		05	11	30

102 INTAKE SCREENHOUSE  
 INTERNAL DUTFAL  
 \*\*\* NO DISCHARGE 1 [ ] \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		7.62	*****	7.74	( 12 )	0	2/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED		*****	*****		*****	15.0	18.8	( 19 )	0	2/30	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	30 MD AVG	100 DAILY MX	MG/L		TWICE/MONTH	GRAB
OIL & GREASE		*****	*****		*****	45.0	45.0	( 19 )	0	2/30	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	15 MD AVG	20 DAILY MX	MG/L		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		40.001	40.001	( 03 )	*****	*****	*****		0	2/30	EST
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		TWICE/MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 R.G. MENDE  
 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.

*R.G. Mende*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 724 682-7773  
 DATE 05 12 19  
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 SAMPLES SHALL BE TAKEN AT THE DISCHARGE OF COLLECTED PUMP BEARING LEAKAGE PRIOR TO MIXING WITH ANY OTHER WATER.

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

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

PAG025615  
 PERMIT NUMBER

103 A  
 DISCHARGE NUMBER

MAJOR (SUBR 05)  
 F - FINAL  
 SLUDGE SETTLING BASIN  
 INTERNAL OUTFALL

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	11	01		05	11	30

\*\*\* 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			
PH	SAMPLE MEASUREMENT	*****	*****		7.21	*****	7.25	( 12 )	0	2/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	7.6	11.2	( 19 )	0	2/30	COMP24
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 MD AVG	100 DAILY MX	MG/L		TWICE/MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.249	1.16	( 03 )	*****	*****	*****		0	27/30	MEAS
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		TWICE/MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  R.G. MENDE  TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  <i>R.G. Mendel</i>	TELEPHONE		DATE		
			724 682-7773	05 12 19	YEAR	MO	DAY
			AREA CODE	NUMBER			

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)

Form Approved  
 OMB No. 2040-0004

PA0025615  
 PERMIT NUMBER

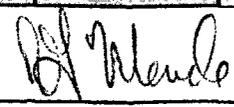
110 A  
 DISCHARGE NUMBER

MAJOR (SUBR 05)  
 F - FINAL  
 UNIT 2 SERVICE WATER BACKWASH 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
05	11	01		05	11	30

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE				(03)	*****	*****	*****				
	PERMIT REQUIREMENT	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  R.G. MENDE TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
			724,682-7773	05	12	19	
			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)

Form Approved.  
 OMB No. 2040-0004

PA0025615  
 PERMIT NUMBER

111 A  
 DISCHARGE NUMBER

MAJOR  
 (SUBR 05)  
 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
05	11	01		05	11	30

111 DIESEL GENERATOR BLDG  
 INTERNAL DUTFAL  
 \*\*\* NO DISCHARGE  \*\*\*

NOTE: Read instructions before completing this form.

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  R.G. MENDE TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  <i>R.G. Mend</i>	TELEPHONE	DATE		
			724-682-7773 AREA CODE NUMBER	05	12	19 YEAR MO DAY

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

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

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

Form Approved  
 OMB No. 2040-0004

ADDRESS PA ROUTE 168  
 SHIPPINGPORT

PA 15077-0004

PA0025615  
 PERMIT NUMBER

113 A  
 DISCHARGE NUMBER

MAJOR  
 (SUBR 05)  
 F - FINAL

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	11	01		05	11	30

UNIT 2 SEWAGE TMT PLANT

INTERNAL OUTFALL

\*\*\* 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			
PH		*****	*****		7.39	*****	8.18	{ 12 }	0	4/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	6.0	*****	9.0	SU		WICE/GRAB	
SOLIDS, TOTAL SUSPENDED		*****	*****		*****	17.8	18.8	{ 19 }	0	2/30	COMP-8
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	30	60	MG/L		WICE/COMP-8	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.016	0.058	{ 03 }	*****	*****	*****		0	10/30	MEAS
50050 1 0 0 EFFLUENT GROSS VALUE		0.043	REPORT	MGD	*****	*****	*****	***		WEEKLY MEASRD	
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	0.33	0.39	{ 19 }	0	3/30	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	1.4	3.3	MG/L		WICE/GRAB	
CULIFORM, FECAL GENERAL		*****	*****		*****	15.8	*****	{ 13 }	0	2/30	GRAB
74055 1 1 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	2000	*****	/		WICE/GRAB	
BOD, CARBONACEOUS 05 DAY, 20C		*****	*****		*****	4.8	6.6	{ 19 }	0	2/30	COMP-8
80082 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	25	50	MG/L		WICE/COMP-8	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  R.G. MENDE  TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  	TELEPHONE		DATE		
			724.682-7773	05 12 19	AREA CODE	NUMBER	YEAR

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)

Form Approved.  
 OMB No. 2040-0004

PA0025615  
 PERMIT NUMBER

203 A  
 DISCHARGE NUMBER

MAJOR (SUBR 05)  
 F - FINAL  
 MAIN SEWAGE TMT PLANT  
 INTERNAL OUTFALL

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	11	01		05	11	30

\*\*\* 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			
PH		*****	*****		7.63	*****	7.78	{ 12 }		2/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	5.0	*****	9.0	SU		WICE/GRAB	
	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	SU		MONTH	
SOLIDS, TOTAL SUSPENDED		*****	*****		*****	26.6	33.2	{ 19 }		2/30	COMP-8
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	*****	30	60	MG/L		WICE/COMP-E	
	PERMIT REQUIREMENT	*****	*****	***	*****	MD AVG	DAILY MX	MG/L		MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.005	0.019	{ 03 }	*****	*****	*****			8/30	MEAS
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.023	REPORT	1GD	*****	*****	*****	***		WEEKLY MEASRD	
	PERMIT REQUIREMENT	MD AVG	DAILY MX	1GD	*****	*****	*****	***			
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	0.20	0.21	{ 19 }		2/30	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	*****	1.4	3.3	MG/L		WICE/GRAB	
	PERMIT REQUIREMENT	*****	*****	***	*****	MD AVG	INST MAX	MG/L		MONTH	
COLIFORM, FECAL GENERAL		*****	*****		*****	6.32	*****	{ 13 }		2/30	GRAB
74055 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	*****	2000	*****	100ML		WICE/GRAB	
	PERMIT REQUIREMENT	*****	*****	***	*****	MD GEOMN	*****	100ML		MONTH	
BOD, CARBONACEOUS 05 DAY, 20C		*****	*****		*****	5.1	5.7	{ 19 }		2/30	COMP-8
80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	*****	25	50	MG/L		WICE/COMP-E	
	PERMIT REQUIREMENT	*****	*****	***	*****	MD AVG	DAILY MX	MG/L		MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 R.G. MENDE  
 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  
 E. H. Hubble

TELEPHONE 724 682-7773  
 DATE 05 12 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.

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)

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

PA0025615 PERMIT NUMBER  
 211 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
05	11	01		05	11	30

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.14	*****	7.64	( 12 )	0	4/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	6.8	10.2	( 19 )	0	1/7	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 MD AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	25.0	<5.0	( 19 )	0	1/7	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	15 MD AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.002	0.002	( 03 )	*****	*****	*****		0	1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	1GD	*****	*****	*****	***		WEEKLY	EST/TRA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  R.G. MENDE  TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  <i>R.G. Mendel</i>	TELEPHONE		DATE		
			724 682-7773	05 12 19	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
~~\* NO DISCHARGE THE WEEK OF 11/27/05~~  
 RRW

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

213 A  
 DISCHARGE NUMBER

MAJOR  
 (SUBR 05)  
 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
05	11	01		05	11	30

UNIT 2 COOL TOWER PUMPHOUSE  
 INTERNAL OUTFALL  
 \*\*\* 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			
PH		*****	*****			*****		( 12 )			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		TRICE/GRAB MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			( 19 )			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 MD AVG	100 DAILY MX	MG/L		TRICE/GRAB MONTH	
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****			( 19 )			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	15 MD AVG	20 DAILY MX	MG/L		TRICE/GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			( 03 )	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	1GD	*****	*****	*****	***		WEEKLY ESTIMA	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****			( 19 )			
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.5 MD AVG	1.25 INST MAX	MG/L		TRICE/GRAB MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 R.G. MENDE  
 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.

*R.G. Mende*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 724 682-7773

DATE  
 05 12 19

AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 SAMPLES SHALL BE TAKEN AT DISCHARGE FROM THE PUMP HOUSE PRIOR TO MIXING WITH ANY OTHER WATER. NOTE: THE MONITORING OF THIS DISCHARGE IS NOT REQUIRED WHEN EFFLUENT FROM UNIT NO. 2 COOLING TOWER PUMPHOUSE FLOOR & EQUIPMENT DRAINS IS BEING RECYCLED TO THE UNIT NO. 2 WATER REGIRGULATION SYSTEM.

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

301 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 2 AUX BOILER BLOWDOWN

INTERNAL 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	11	01		05	11	30

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	44.0	44.0	( 19 )	0	2/30	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	30 MO AVG	100 DAILY MX	MG/L			WICE/GRAB MONTH
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	25.0	25.0	( 19 )	0	2/30	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	15 MO AVG	20 DAILY MX	MG/L			WICE/GRAB MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	20.001	20,001	( 03 )	*****	*****	*****		0	1/7	EST
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***			WEEKLY ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  R.G. MENDE  TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  <i>R.G. Mendez</i>	TELEPHONE	DATE			
			724 682-7773	05	12	19	
			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 SAMPLES SHALL BE TAKEN AT THE DISCHARGE OF BOILER BLOWN DOWN PRIOR TO MIXING WITH ANY OTHER WATER.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (D/J/rev))  
 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  
 303 A DISCHARGE NUMBER

MAJOR (SUBR 05)  
 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	YEAR	MO	DAY
05	11	01	05	11	30

UNIT 1 OIL WATER SEPARATOR  
 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			
PH	SAMPLE MEASUREMENT	*****	*****		6.98	*****	7.72	{ 12 }	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0 MINIMUM	*****	7.0 MAXIMUM	SU			WEEKLY GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	4.02	4.1	{ 19 }	0	1/7	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L			WEEKLY GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	45.0	45.0	{ 19 }	0	1/7	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MO AVG	20 DAILY MX	MG/L			WEEKLY GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.019	0.056	{ 03 }	*****	*****	*****		0	1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****			WEEKLY ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  R.G. MENDE TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  <i>R.G. Mende</i>	TELEPHONE	DATE			
			724 682-7773	05	12	19	
			AREA CODE	NUMBER	YEAR	MO	DAY

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

313 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

313 TURBINE BLDG DRAIN

INTERNAL OUTFALL

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

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	11	01		05	11	30

ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		6.98	*****	7.77	( 12 )	0	4/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	5.0	*****	9.0	SU		WEEKLY	GRAB
	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	4.45 3.2 RW	5.8	( 19 )	0	1/7	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	*****	30	100	MG/L		WEEKLY	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	MD AVG	DAILY MX				
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	25.0	25.0	( 19 )	0	1/7	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	*****	25	20	MG/L		WEEKLY	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	MD AVG	DAILY MX				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.002	0.002	( 03 )	*****	*****	*****		0	1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	REPORT	REPORT	1GD	*****	*****	*****	***		WEEKLY	ESTIMA
	PERMIT REQUIREMENT	MD AVG	DAILY MX		*****	*****	*****	***			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
  
R.G. MENDE  
  
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  
  
*R.G. Mendel*

TELEPHONE 724 682-7773  
DATE 05 12 19  
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
SAMPLES SHALL BE TAKEN AT DISCHARGE FROM OWS #21 PRIOR TO MIXING WITH ANY OTHER WATER.  
~~\* NO DISCHARGE THE WEEK OF 11/27/05 RW~~

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

401 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	11	01		05	11	30

CHEM. FEED AREA OF AUX BOILERS

INTERNAL DUTFAL

\*\*\* NO DISCHARGE [ ] \*\*\*

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	SAMPLE MEASUREMENT	*****	*****		9.25	*****	9.98	{ 12 }	0	2/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	REPORT MAXIMUM	SU		TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	12.4	24.0	{ 19 }	0	2/30	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		TWICE/MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	25.0	25.0	{ 19 }	0	2/30	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MO AVG	20 DAILY MX	MG/L		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	20.001	20.001	{ 03 }	*****	*****	*****		0	1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

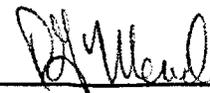
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

R.G. MENDE

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

724 682-7173

DATE

05 12 19

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

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615  
PERMIT NUMBER

403 A  
DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

CONDENSATE BLOWDOWN & RIVR WAT

INTERNAL DUTFAL

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

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	11	01		05	11	30

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		*****	*****			*****		( 12)			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY GRAB	
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MD AVG	100 DAILY MX	MG/L		WEEKLY GRAB	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			( 19)			
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	15 MD AVG	20 DAILY MX	MG/L		WEEKLY GRAB	
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		WEEKLY GRAB	
04251 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	0 MD AVG	0 DAILY MX	MG/L		WHEN COMP 24 DISCHG	
05050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****		WEEKLY ESTIMA	
05060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	0.5 MD AVG	1.25 INST MAX	MG/L		WEEKLY GRAB	
05060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.5 MD AVG	1.25 INST MAX	MG/L		WEEKLY GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  R.G. MENDE  TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  <i>R.G. Mende</i>	TELEPHONE		DATE		
			724 682-7773	05 12 19	AREA CODE	NUMBER	YEAR

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 NP 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)

Form Approved.  
 OMB No. 2040-0004

PA0025615  
 PERMIT NUMBER

403 A  
 DISCHARGE NUMBER

MAJOR  
 (SUBR 05)  
 F - FINAL

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	11	01		05	11	30

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	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
HYDRAZINE	SAMPLE MEASUREMENT	*****	*****		*****			( 17 )			
B1313 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0	0			WEEKLY GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 R.G. MENDE  
 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  
 724 682-1773  
 AREA CODE NUMBER  
 DATE  
 05 12 19  
 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 #05 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)

Form Approved.  
 OMB No. 2040-0004

PA0025615  
 PERMIT NUMBER

413 A  
 DISCHARGE NUMBER

MAJOR  
 (SUBR 05)  
 F - FINAL

BULK FUEL STORAGE DRAIN  
 INTERNAL OUTFALL

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	11	01		05	11	30

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

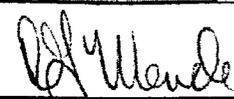
NOTE: Read instructions before completing this form.

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			
PH		*****	*****			*****		( 12 )			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	6.0	*****	9.0			WEEKLY GRAB	
	PERMIT REQUIREMENT	*****	*****	****	MINIMUM		MAXIMUM	50			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			( 19 )			
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	*****	30	100			WEEKLY GRAB	
	PERMIT REQUIREMENT	*****	*****	****		NO AVG	DAILY MX	MG/L			
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****			( 19 )			
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	*****	15	20			WEEKLY GRAB	
	PERMIT REQUIREMENT	*****	*****	****		NO AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			( 03 )	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	REPORT	REPORT		*****	*****	*****	***		WEEKLY ESTIMATE	
	PERMIT REQUIREMENT	MD AVG	DAILY MX	MGD				****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 R.G. MENDE  
 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  
 724-682-7773  
 AREA CODE NUMBER  
 DATE  
 05 12 19  
 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.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME BEAVER VALLEY POWER STATION  
 ADDRESS PA ROUTE 16B  
 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 DUTFAL  
 \*\*\* 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	11	01		05	11	30

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  R.G. MENDE 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
			724	682-7113	05	12	19

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

## 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: November

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		
14,000		2.0		.0000417		1.17					.01				
<b>TOTAL</b>						=	<u>1.17</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)

*Donald J. Solera Fox*  
Signature

Chemistry Manager  
Title

12-19-05  
Date

(724) 682-4141  
Telephone

**DISHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT**

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Month: November

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)	X	(Conversion Factor)	=	Dry Tons	(Tons of Dewater Sludge)	X	(% Solids)	X	(.01)	=	Dry Tons	
14,500		2.0		.0000417	=	1.21					.01	=		
TOTAL						=	1.21	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		

(SSR-1 3/21/91)

*Donald J. Stalun* <sup>FEL</sup> <sub>EST</sub>  
Signature

Chemistry Manager  
Title

12-19-05  
Date

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