

March 28, 2006
L-06-048

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 2006 NPDES Discharge Monitoring Report (DMR) for FirstEnergy Nuclear Operating Company (FENOC), Beaver Valley Power Station, in accordance with the requirements of the permit. Attachment 1 to this letter is supplemental monitoring data for Outfall 001 (dissolved oxygen). Attachment 2 to this letter is the hydraulic demolition project effluent data. A review of the data indicates no Permit parameters were exceeded.

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 (2)

Enclosures (1)

cc: Document Control Desk US NRC (NOTE: No new US NRC commitments are contained in this letter.)

US Environmental Protection Agency
Central File: **Keyword- DMR**

JES

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

MAJOR
(SUBR 05)
F - FINAL

UNITS 1&2 COOLG. TOWER BLWDN.
EFFLUENT

*** NO DISCHARGE ! ! ***

NOTE: Read instructions before completing this form.

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168
SHIPPINGPORT

PA 15077-0004

PA0025415
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	02	01		06	02	28

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		6.46	*****	7.86	{ 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 MO AVG	REPORT DAILY MX	MG/L			WEEKLY GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	*****	*****		*****	**	**	{ 19}	**	**	**
04251 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	DAILY MX	MG/L			WHEN DISCHG COMP 24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	27.1	39.8	{ 03}	*****	*****	*****		0	Daily	Cont.
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****	*****	*****	DAILY CONTIN
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.11	0.25	{ 19}	0	5/28	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	*****	*****		*****	0.05	0.20	{ 19}	0	**	**
50064 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2 AVERAGE	0.5 MAXIMUM	MG/L			CONTINUOUS RECORD
HYDRAZINE	SAMPLE MEASUREMENT	*****	*****		*****	*	*	{ 19}	*	*	*
81313 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	MO 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 R.G. Mendez for
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

724 692-7773

DATE

06 03 27

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) * NOT IN wet LAYUP DURING PERIOD
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. ** NO CT-1 DISCHARGE DURING PERIOD

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 (V/D/for))
 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

002 A
 DISCHARGE NUMBER

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

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	02	01		06	02	28

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

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.006	0.046	(03)	*****	*****	*****		0	1/7	EST
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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.

for
 Signature of R.G.M.
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 682-7773
 DATE 06 03 27
 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)

PAG025615 PERMIT NUMBER
 004 A DISCHARGE NUMBER

MAJOR (SUBR 05)
 F - FINAL
 UNIT ONE COOLG TOWER OVERFLOW
 EFFLUENT

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	02	01		06	02	28

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

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

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		6.45	*****	6.52	(12)	0	117	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	5.0	*****	9.0			WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	<0.006	0.006	(03)	*****	*****	*****		0	117	MEAS
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		WEEKLY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.29	0.50	(19)	0	117	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.5	1.25			WEEKLY	GRAB
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****	0.14	0.25	(19)	0	117	GRAB
50064 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.2	0.5			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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
			724 682 7773	06	03

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 *DISCHARGE OCCURED WEEK OF 2-13-06 -> 2-27-06.

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

006 A
 DISCHARGE NUMBER

MAJOR
 (SUBR 05)
 F - FINAL

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	02	01		06	02	28

AUX. INTAKE SCREEN BACKWASH
 EFFLUENT

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

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE		0.002	0.016	MGD	*****	*****	*****		0	1/7	EST
	PERMIT REQUIREMENT	REPORT MD. AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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[Signature]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 724 682-7773
 AREA CODE NUMBER
 DATE
 06 03 27
 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

007 A
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	02	01		06	02	28

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

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

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		7.62	*****	7.62	{ 12}	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		<0.001	<0.001	{ 03}	*****	*****	*****		0	1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		WEEKLY	ESTIMA
CHLORINE, TDIAL RESIDUAL		*****	*****		*****	0.03	0.03	{ 19}	0	1/7	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	0.5 MO AVG	1.25 INST MAX	MG/L		WEEKLY	GRAB
CHLORINE, FREE AVAILABLE		*****	*****		*****	<0.02	<0.02	{ 19}	0	1/7	GRAB
50064 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	0.2 AVERAGE	0.5 MAXIMUM	MG/L		WEEKLY	GRAB
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									

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

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Edward Huble for RGM
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 682-724 7773
 DATE 06 03 27
 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 (V/D/for))

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

003 A
DISCHARGE NUMBER

MAJOR
(SUBR 05)
F - FINAL
003
EFFLUENT

Form Approved.
CMB No. 2040-0004

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	02	01		06	02	28

*** NO DISCHARGE [] ***

NOTE: Read instructions before completing this form.

ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.054	0.112	(03)	*****	*****	*****		0	2/28	Est
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										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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

TELEPHONE
682
724 7773
AREA CODE NUMBER

DATE
06 03 27
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)

PA0025615
PERMIT NUMBER

008 A
DISCHARGE NUMBER

MAJOR
(SUBR 05)
F - FINAL

Form Approved.
OMB No. 2040-0004

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	02	01		06	02	28

UNIT 1 COOLING TOWER PUMPHOUSE
EFFLUENT

*** 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		*****	*****			*****		{ 12 }			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE/GRAB MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			{ 19 }			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		TWICE/GRAB MONTH	
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****			{ 19 }			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MO AVG	20 DAILY MX	MG/L		TWICE/GRAB MONTH	
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	
	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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Edward Hubley for
Signature of Principal Executive Officer or Authorized Agent

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

682-
724 7773

AREA CODE NUMBER

DATE

06 03 27

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

010 A
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	02	01		06	02	28

*** 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		*****	*****		6.40	*****	7.43	{ 12 }	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	5.0	*****	9.0	SU		WEEKLY	GRAB
CLAMTROL CT-1, TOTAL WATER		*****	*****		*****	*	*	{ 19 }	*	*	*
04251 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	MO AVG	INST MAX	MG/L		WHEN	COMP 24
FLOW, IN CONDUIT DR THRU TREATMENT PLANT		*****	*****	{ 03 }	*****	*****	*****		0	1/7	MEAS
50050 1 0 0 EFFLUENT GROSS VALUE		*****	*****	MGD	*****	*****	*****	***		WEEKLY	MEAS RD
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	0.04	0.08	{ 19 }	0	1/7	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	0.5	1.25	MG/L		WEEKLY	GRAB
CHLORINE, FREE AVAILABLE		*****	*****		*****	0.04	0.07	{ 19 }	0	1/7	GRAB
50064 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	0.2	0.5	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	DATE
			724 682-7773 AREA CODE NUMBER	06 03 27 YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (24 HR. COMP.) : MG/L. (THE LIMIT IS 35 M G/L AS A DAILY MAX.) * NO CIAMTROL DISCHARGE 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)

PA0025615
PERMIT NUMBER

011 A
DISCHARGE NUMBER

MAJOR
(SUBR 05)
F - FINAL

Form Approved.
OMB No. 2040-0004

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	02	01		06	02	28

DIESEL GEN & TURBINE DRAINS
EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.002	0.002	(03)	*****	*****	*****		0	1/7	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		WEEKLY	ESTIMA
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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. Mendez for
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

682-724 7773
AREA CODE NUMBER

DATE

06 03 27
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

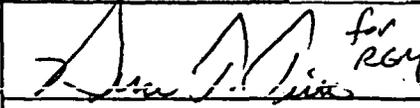
MAJOR
 (SUBR 05)
 F - FINAL
 OUTFALL 013
 EFFLUENT

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	02	01		06	02	28

*** 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 ENV2/CHEM

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		6.24	*****	8.06	(12)	0	1/7	GRAB
00400 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	*****	*****		*****	<0.005	<0.005	(19)	0	2/28	24 HR COMP
00720 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/ MONTH	COMP 24
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	*****	*****		*****	0.0087	0.0097	(19)	0	2/28	24 HR COMP
01042 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.05 MO AVG	0.1 DAILY MX	MG/L		TWICE/ MONTH	COMP 24
CHLOROBENZENE	SAMPLE MEASUREMENT	*****	*****		*****	<0.005	<0.005	(19)	0	2/28	24 HR COMP
03401 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/ MONTH	COMP 24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.017	0.041	(03)	*****	*****	*****		0	2/28	EST
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		TWICE/ MONTH	ESTIMA
	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 AREA CODE NUMBER	06 03 27 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)

Form Approved.
 OMB No. 2040-0004

PA0025615
 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
 ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	02	01		06	02	28

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	COMP-2
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
00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	1GD	*****	*****	*****	*** ****		DAILY	CONTIN
01313 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
01313 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 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>[Signature]</i>	TELEPHONE	DATE
			724 682 7773 AREA CODE NUMBER	06 03 27 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.

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168
SHIPPINGPORT

PA 15077-0004

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

PA0025415
PERMIT NUMBER

102 A
DISCHARGE NUMBER

MAJOR
(SUBR 05)
F - FINAL

Form Approved.
OMB No. 2040-0004

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	02	01		06	02	28

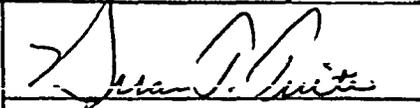
102 INTAKE SCREENHOUSE
INTERNAL OUTFAL

*** NO DISCHARGE ! ***

NOTE: Read instructions before completing this form.

ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.39	*****	7.62	{ 12}	0	3/28	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	*****	*****		*****	7.0	12	{ 19}	0	3/28	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 MD AVG	100 DAILY MX	MG/L		TWICE/MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	<5	<5	{ 19}	0	3/28	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	15 MD AVG	20 DAILY MX	MG/L		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	<0.001	<0.001	{ 03}	*****	*****	*****		0	2/28	EST
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										

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	06	03

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	02	01		06	02	28

SLUDGE SETTLING BASIN
 INTERNAL OUTFALL

*** NO DISCHARGE I [] ***

NOTE: Read instructions before completing this form.

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

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		7.01	*****	7.10	(12)	0	2/28	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED		*****	*****		*****	5.2	6.4	(19)	0	2/28	24 HR comp
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	30 MO AVG	100 DAILY MX	MG/L		TWICE/MONTH	COMP 24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.022	0.034	(03)	*****	*****	*****		0	2/28	EST
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		TWICE/MONTH	ESTIMA

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] for RCM
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 682-724 7773
 DATE
 06 03 27

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 (V/D/From))

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

110 A
DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004

MAJOR
(SUBR 05)
F - FINAL

UNIT 2 SERVICE WATER BACKWASH
EFFLUENT

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	02	01		06	02	28

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

R.G. MEUDE
TYPED OR PRINTED

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

TELEPHONE
682
724-7773
AREA CODE NUMBER

DATE
06 03 27
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

113 A
DISCHARGE NUMBER

MAJOR
(SUBR 05)
F - FINAL

Form Approved.
OMB No. 2040-0004

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	02	01		06	02	28

UNIT 2 SEWAGE TMT PLANT
INTERNAL OUTFAL

*** NO DISCHARGE !!!

NOTE: Read instructions before completing this form.

ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
PH		*****	*****		7.00	*****	7.21	{ 12 }	0	2/28	GRAB		
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	5.0 MINIMUM	*****	9.0 MAXIMUM	BU		TWICE/MONTH	GRAB		
SOLIDS, TOTAL SUSPENDED		*****	*****		*****	15.2	16	{ 19 }	0	2/28	8 HR COMP		
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	30 MO AVG	60 DAILY MX	MG/L		TWICE/MONTH	COMP-B		
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.015	0.039	{ 03 }	*****	*****	*****		0	25/28	MEAS		
50050 1 0 0 EFFLUENT GROSS VALUE		0.043 MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		WEEKLY	MEASRD		
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	0.39	1.28	{ 19 }	0	28/28	GRAB		
50060 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	1.4 MO AVG	3.3 INST MAX	MG/L		TWICE/MONTH	GRAB		
COLIFORM, FECAL GENERAL		*****	*****		*****	142	*****	{ 13 }	0	2/28	GRAB		
74055 1 1 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	2000 MO GEOMN	*****	#/ 100ML		TWICE/MONTH	GRAB		
BOD, CARBONACEOUS 05 DAY, 20C		*****	*****		*****	8.2	8.4	{ 19 }	0	2/28	8 HR COMP		
80082 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	25 MO AVG	50 DAILY MX	MG/L		TWICE/MONTH	COMP-B		
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				
R. G. MENDE TYPED OR PRINTED						[Signature]		724-7773	06	03	27		
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)									AREA CODE	NUMBER	YEAR	MO	DAY
SAMPLES SHALL BE TAKEN AT OVERFLOW FROM THE CHLORINE CONTACT TANK PRIOR TO MIXING WITH ANY OTHER WATER.													

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168
SHIPPINGPORT

PA 15077-0004

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

PA0025615
PERMIT NUMBER

203 A
DISCHARGE NUMBER

MAJOR
(SUBR 05)
F - FINAL

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: EDWARD HUBLEY/MOR NUC ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	02	01		05	02	28

MAIN SEWAGE TMT PLANT
INTERNAL OUTFAL

*** 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	*****	*****		6.81	*****	7.56	{ 12 }	0	3/28	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE/GRAB MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	25.5	26	{ 19 }	0	2/28	8 HR COMP
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	60 DAILY MX	MG/L		TWICE/COMP-8 MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.013	0.022	{ 03 }	*****	*****	*****		0	24/28	MEAS
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.023 MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		WEEKLY MEASRD	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.52	1.20	{ 19 }	0	24/28	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	1.4 MO AVG	3.3 INST MAX	MG/L		TWICE/GRAB MONTH	
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	< 1	*****	{ 13 }	0	2/28	GRAB
74055 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	2000 MO GEDMN	*****	#/ 100ML		TWICE/GRAB MONTH	
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*****	*****		*****	14.5	17	{ 19 }	0	2/28	GRAB
80082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	25 MO AVG	50 DAILY MX	MG/L		TWICE/COMP-8 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.

Edward Hubley for RGM
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
724 682-7773 06 03 27
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 (V/D)(front))

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168
SHIPPINGPORT

PA 15077-0004

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

PA0025415
PERMIT NUMBER

211 A
DISCHARGE NUMBER

MAJOR (SUBR 05)
F - FINAL

211 TURBINE BLDG
INTERNAL OUTFAL

Form Approved.
OMB No. 2040-0004

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	02	01		06	02	28

*** NO DISCHARGE !!!

NOTE: Read instructions before completing this form.

ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		6.67	*****	6.94	{ 12 }	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	<4	<4	{ 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	*****	*****		*****	<5	<5	{ 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	0.002	0.002	{ 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.

Lisa P. Smith for
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
687
724 7773 06 03 27
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

213 A
 DISCHARGE NUMBER

MAJOR (SUBR 05)
 F - FINAL
 UNIT 2 COOL TOWER PUMPHOUSE
 INTERNAL OUTFALL
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION
 LOCATION SHIPPINGPORT PA 15077-0004 FROM
 ATTN: EDWARD HURLEY/MGR NUC ENV2:CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	02	01		06	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			
PH		*****	*****			*****		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	5.0 MINIMUM	*****	9.0 MAXIMUM	SU			WICE/GRAB MONTH
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 MO AVG	100 DAILY MX	MG/L			WICE/GRAB MONTH
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	15 MO AVG	20 DAILY MX	MG/L			WICE/GRAB MONTH
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 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.5 MO AVG	1.25 INST MAX	MG/L			WICE/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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 [Signature] for RGM

TELEPHONE 682 724 7773
 DATE 06 03

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168
SHIPPINGPORT

PA 15077-0004

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

PAC025615
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.

Form Approved.
OMB No. 2040-0004

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	02	01		06	02	28

ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	<4	<4	(19)	0	2/28	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	30 MD AVG	100 DAILY MX	MG/L		TWICE/MONTH	
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	<5	<5	(19)	0	2/28	GRAB
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	15 MD AVG	20 DAILY MX	MG/L		TWICE/MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	<0.001	<0.001	(03)	*****	*****	*****		0	1/7	EST
00050 1 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		WEEKLY ESTIMA	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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			
R.G. MENDE TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO

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

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168
SHIPPINGPORT

PA 15077-0004

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	02	01		06	02	28

UNIT 1 OIL WATER SEPARATOR
INTERNAL OUTFAL
*** 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 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.49	*****	7.69	{ 12 }	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	***	5.0 MINIMUM	*****	9.0 MAXIMUM	SU			WEEKLY GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<4	<54	{ 19 }	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	30 MG-AVG	100 DAILY MX	MG/L			WEEKLY GRAB
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<5	<5	{ 19 }	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	15 MG-AVG	20 DAILY MX	MG/L			WEEKLY GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.019	0.056	{ 03 }	*****	*****	*****		0	1/7	EST
	PERMIT REQUIREMENT	REPORT MG-AVG	REPORT DAILY MX	MGD	*****	*****	*****	***			WEEKLY ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					TELEPHONE		DATE			
R.G. MENDE TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO

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.

NO DISCHARGE AFTER 2-12-06.

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

313 A
DISCHARGE NUMBER

MAJOR
(SUBR 05)
F - FINAL

Form Approved.
CMB No. 2040-0004

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	02	01		06	02	28

313 TURBINE BLDG DRAIN
INTERNAL OUTFAL

*** NO DISCHARGE [] ***

NOTE: Read instructions before completing this form.

ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.04	*****	7.37	(12)	0	117	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL DISPENDED	SAMPLE MEASUREMENT	*****	*****		*****	<4	<4	(19)	0	117	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 MD AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	<5	<5	(19)	0	117	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	117	EST
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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			
R. G. MENDE TYPED OR PRINTED						682- 724 7773		06 03 27			
	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 DWS #21 PRIOR TO MIXING WITH ANY OTHER WATER.

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

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

Form Approved.
 OMB No. 2040-0004

PA025615
 PERMIT NUMBER

401 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
06	02	01		06	02	28

CHEM. FEED AREA OF AUX BOILERS
 INTERNAL OUTFAL
 *** 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		*****	*****		7.86	*****	7.89	(12)	0	2/28	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	5.0	*****	REPORT			TWICE/GRAB	
		*****	*****	***	MINIMUM	*****	MAXIMUM	SU		MONTH	
SOLIDS, TOTAL SUSPENDED		*****	*****		*****	<4	<4	(19)	0	2/28	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	30	100			TWICE/GRAB	
		*****	*****	***	*****	MO AVG	DAILY MX	MG/L		MONTH	
OIL & GREASE		*****	*****		*****	<5	<5	(19)	0	2/28	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	15	20			TWICE/GRAB	
		*****	*****	***	*****	MO AVG	DAILY MX	MG/L		MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	*****	(03)	*****	*****	*****		0	1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	*****	***		WEEKLY ESTIMA	
		*****	*****	***	*****	*****	*****	***			
		*****	*****	***	*****	*****	*****	***			
		*****	*****	***	*****	*****	*****	***			
		*****	*****	***	*****	*****	*****	***			

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		
			774, 7773	682-	06	03
			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

Form Approved.
OMB No. 2040-0004

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	02	01		06	02	28

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

NOTE: Read instructions before completing this form.

ATTN: EDWARD HUBLEY/MOR 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		*****	*****	***	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB	
SOLIDS, TOTAL SUSPENDED		*****	*****		*****			(19)				
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	30 MO AVG	100 DAILY MX	MG/L		WEEKLY	GRAB	
OIL & GREASE		*****	*****		*****			(19)				
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	15 MO AVG	20 DAILY MX	MG/L		WEEKLY	GRAB	
NITROGEN, AMMONIA TOTAL (AS N)		*****	*****		*****			(19)				
00610 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB	
CLAMTROL CT-1, TOTAL WATER		*****	*****		*****			(19)				
04251 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	0 MO AVG	0 DAILY MX	MG/L		WHEN COMP	24 DISCHG	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT				(Q3)	*****	*****	*****					
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT	REPORT	MGD	*****	*****	*****	***		WEEKLY	ESTIMA	
CHLORINE, TOTAL RESIDUAL		*****	*****		*****			(19)				
50060 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	0.5 MO AVG	1.25 INST MAX	MG/L		WEEKLY	GRAB	
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			
R.G. MENDE TYPED OR PRINTED						<i>R.G. Mende for RGM</i>		724-7773	682-	06	03	27
								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)

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
06	02	01		06	02	28

CONDENSATE BLOWDOWN & RIVER WATER
 INTERNAL OUTFALL
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

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

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
HYDRAZINE		*****	*****		*****			(17)			
B1313 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*** ****	*****	0 MD AVG	0 DAILY MX	MG/L		WEEKLY	GRAB
	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]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 682
 724 7773
 AREA CODE NUMBER

DATE
 06 03 27
 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)

PA0025415
 PERMIT NUMBER

413 A
 DISCHARGE NUMBER

MAJOR
 (SUBR 05)
 F - FINAL

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	02	01		06	02	28

BULK FUEL STORAGE DRAIN
 INTERNAL OUTFALL

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

FACILITY BEAVER VALLEY POWER STATION
 LOCATION SHIPPINGPORT PA 15077-0004 FROM
 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		*****	*****	***	570 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED		*****	*****		*****			{ 19 }			
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	30 MD AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL & GREASE		*****	*****		*****			{ 19 }			
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	15 MD AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT				{ 03 }	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 R.G. MEADE
 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] for RGM

TELEPHONE
 682-724 7773
 AREA CODE NUMBER
 DATE
 06 03 27
 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 (V/D) (Form))

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168
SHIPPINGPORT

PA 15077-0004

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

PA0025615
PERMIT NUMBER

501 A
DISCHARGE NUMBER

MAJOR
(SUBR 05)
F - FINAL

Form Approved.
OMB No. 2040-0004

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	02	01		06	02	28

UNIT 1 GENRTR BLWDWN FILT BW
INTERNAL OUTFAL

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED		*****	*****		*****			(19)			
DO530 1 0 0		*****	*****	****	*****	30	100			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		MD AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT				(03)	*****	*****	*****				
50050 1 0 0		REPORT	REPORT		*****	*****	*****	****		WEEKLY	ESTIMA
EFFLUENT GROSS VALUE		MD AVG	DAILY MX	MGD				****			

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.

Edward Hubley
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
682
724, 7773
AREA CODE NUMBER

DATE
06 03 27
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.

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
1/31/2006	8:45	8.56	mg/L
2/7/06	13:30	9.60	mg/L
2/13/06	9:15	11.27	mg/L
2/20/06	14:50	11.77	mg/L
2/28/06	13:20	8.32	mg/L

- Attachment 1 END -

ATTACHMENT 2

HYDRAULIC DEMOLITION PROJECT TEST DATA REPORT FORM

Company Name: FENOC
 Facility name: Beaver Valley Power Station
 Municipality: Shippingport Borough
 County: Beaver County
 For the period: 2/12/2006 16:30 - 2/15/2006 06:18 Discharge One

Parameter	Allowable Limits ¹ Instantaneous Maximum ²	Sample Analysis ¹					
		2/12/06 17:15	2/12/06 17:30	2/13/06 08:39	2/13/06 09:00	2/13/06 23:00	2/13/06 23:30
Flow (gpm)	Monitor/Report	210*	210*	210*	210*	210*	210*
Duration (hours)	Monitor/Report	0.75	1.0	16.15	16.50	30.50	31.00
Dissolved Oxygen	Minimum of 5	13.68	13.75	12.51	10.41	13.35	13.40
Suspended Solids	60	7	<4	14.4	17.5	5.8	9.4
Oil and Grease	30	<5	<5	<5	<5	<5	<5
Iron	7.0	0.300	0.800	0.300	0.500	0.178	0.274
pH Standard Units	Between 6.0 and 9.0 at all times	7.22	7.25	6.96	6.95	7.38	7.37

¹ All limits are in mg/l unless otherwise noted.
^{*} Average Flow during discharge.

R. G. Mende
 Name of Responsible Official

Anna P. [Signature] for regm 3-27-06
 Signature Date

ATTACHMENT 2

HYDRAULIC DEMOLITION PROJECT TEST DATA REPORT FORM

Company Name: FENOC
 Facility name: Beaver Valley Power Station
 Municipality: Shippingport Borough
 County: Beaver County
 For the period: 2/12/2006 16:30 - 2/15/2006 06:18 Discharge One

Parameter	Allowable Limits ¹ Instantaneous Maximum ²	Sample Analysis ¹					
		2/14/06 10:30	2/14/06 10:50	2/14/06 20:00	2/14/06 20:30		
Flow (gpm)	Monitor/Report	210	210	210	210	210	
Duration (hours)	Monitor/Report	41.50	41.83	51.00	51.27	61.80	
Dissolved Oxygen	Minimum of 5	9.34	9.63	8.90	9.14		
Suspended Solids	60	5.2	4.4	<4	<4		
Oil and Grease	30	<5	<5	<5	<5		
Iron	7.0	0.181	0.123	0.076	0.033		
pH Standard Units	Between 6.0 and 9.0 at all times	7.48	7.47	7.46	7.36		

¹ All limits are in mg/l unless otherwise noted.
² Average Flow during discharge. Flow never exceeded 300gpm
 Total gallons discharged for discharge one was 778,900 gal.

R. G. Mende
 Name of Responsible Official

R. G. Mende for RGM 3-27-06
 Signature Date

ATTACHMENT 2

HYDRAULIC DEMOLITION PROJECT TEST DATA REPORT FORM

Company Name: FENOC
 Facility name: Beaver Valley Power Station
 Municipality: Shippingport Borough
 County: Beaver County
 For the period: 2/16/2006 12:42 - 2/16/2006 23:25 Discharge Two

Parameter	Allowable Limits ¹ Instantaneous Maximum ²	Sample Analysis ¹					
		2/16/06 17:35	2/16/06 18:00	2/16/06 20:15	2/16/06 20:45		
Flow (gpm)	Monitor/Report	215*	215*	215*	215*	215*	
Duration (hours)	Monitor/Report	4.88	5.30	7.55	8.05	10.72	
Dissolved Oxygen	Minimum of 5	11.12	11.09	9.52	9.26		
Suspended Solids	60	<4	<4	<4	<4		
Oil and Grease	30	<5	<5	<5	<5		
Iron	7.0	0.084	0.080	0.099	0.056		
Ph Standard Units	Between 6.0 and 9.0 at all times	7.40	7.52	7.54	7.51		

¹ All limits are in mg/l unless otherwise noted.
 * Average Flow during discharge.
 Total gallons discharged for discharge two was 138,500 gal.

R. G. Mende
 Name of Responsible Official

[Handwritten Signature]
 Signature

[Handwritten Date]
 Date

ATTACHMENT 2

HYDRAULIC DEMOLITION PROJECT TEST DATA REPORT FORM

Company Name: FENOC
 Facility name: Beaver Valley Power Station
 Municipality: Shippingport Borough
 County: Beaver County
 For the period: 2/17/2006 8:06 - 2/21/2006 16:00 Discharge Three

Parameter	Allowable Limits ¹ Instantaneous Maximum ²	Sample Analysis ¹					
		2/17/06 13:20	2/17/06 13:45	2/17/06 20:00	2/17/06 20:40	2/18/06 8:35	2/18/06 13:25
Flow (gpm)	Monitor/Report	218*	218*	218*	218*	218*	218*
Duration (hours)	Monitor/Report	5.23	5.65	11.90	12.57	24.48	29.32
Dissolved Oxygen	Minimum of 5	12.49	12.57	12.60	13.40	12.70	13.37
Suspended Solids	60	<4	<4	<4	13.5	<4	7.3
Oil and Grease	30	<5	<5	<5	<5	<5	<5
Iron	7.0	0.185	0.087	0.121	0.382	0.161	0.193
pH Standard Units	Between 6.0 and 9.0 at all times	7.63	7.81	7.48	7.70	7.30	7.25

¹ All limits are in mg/l unless otherwise noted.

* Average Flow during discharge.

R. G. Mende
 Name of Responsible Official

R. G. Mende for RGM 3-27-06
 Signature Date

ATTACHMENT 2

HYDRAULIC DEMOLITION PROJECT TEST DATA REPORT FORM

Company Name: FENOC
 Facility name: Beaver Valley Power Station
 Municipality: Shippingport Borough
 County: Beaver County
 For the period: 2/17/2006 8:06 - 2/21/2006 16:00 Discharge Three

Parameter	Allowable Limits ¹ Instantaneous Maximum ²	Sample Analysis ¹					
		2/18/06 20:25	2/18/06 20:55	2/19/06 8:00	2/19/06 8:30	2/19/06 22:00	2/19/06 22:30
Flow (gpm)	Monitor/Report	218*	218*	218*	218*	218*	218*
Duration (hours)	Monitor/Report	36.32	36.82	47.90	48.40	61.90	62.40
Dissolved Oxygen	Minimum of 5	10.80	11.55	14.18	13.72	13.60	15.20
Suspended Solids	60	<4	11.1	6.0	5.4	4.3	<4
Oil and Grease	30	<5	<5	<5	<5	<5	<5
Iron	7.0	0.107	0.356	0.253	0.208	0.445	0.337
pH Standard Units	Between 6.0 and 9.0 at all times	7.40	7.34	7.62	7.49	7.54	7.46

¹ All limits are in mg/l unless otherwise noted.
^{*} Average Flow during discharge.

R. G. Mende
 Name of Responsible Official

R. G. Mende for RGM 3-27-06
 Signature Date

ATTACHMENT 2

HYDRAULIC DEMOLITION PROJECT TEST DATA REPORT FORM

Company Name: FENOC
 Facility name: Beaver Valley Power Station
 Municipality: Shippingport Borough
 County: Beaver County
 For the period: 2/17/2006 8:06 - 2/21/2006 16:00 Discharge Three

Parameter	Allowable Limits ¹ Instantaneous Maximum ²	Sample Analysis ¹					
		2/20/06 08:30	2/20/06 9:00	2/20/06 21:45	2/20/06 22:15	2/21/06 08:30	2/21/06 08:45
Flow (gpm)	Monitor/Report	218	218	218	218	218	218
Duration (hours)	Monitor/Report	72.40	72.90	85.65	86.15	96.40	96.65
Dissolved Oxygen	Minimum of 5	14.05	15.34	14.60	13.60	15.8	15.91
Suspended Solids	60	9.7	12.1	6.2	6.9	<4	5.8
Oil and Grease	30	<5	<5	<5	<5	<5	<5
Iron	7.0	0.355	0.429	0.183	0.230	0.286	0.239
pH Standard Units	Between 6.0 and 9.0 at all times	7.59	7.52	8.30	7.60	7.71	7.85

¹ All limits are in mg/l unless otherwise noted.

* Average Flow during discharge.

R. G. Mende

Name of Responsible Official

[Handwritten Signature]

Signature

for RGM 3-27-06

Date

ATTACHMENT 2

HYDRAULIC DEMOLITION PROJECT TEST DATA REPORT FORM

Company Name: FENOC
 Facility name: Beaver Valley Power Station
 Municipality: Shippingport Borough
 County: Beaver County
 For the period: 2/17/2006 8:06 - 2/21/2006 16:00 Discharge Three

Parameter	Allowable Limits ¹ Instantaneous Maximum ²	Sample Analysis ¹					
		2/21/06 16:00					
Flow (gpm)	Monitor/Report	218*	218*				
Duration (hours)	Monitor/Report	103.90	103.90				
Dissolved Oxygen	Minimum of 5	13.58					
Suspended Solids	60	<4					
Oil and Grease	30	<5					
Iron	7.0	0.143					
Ph Standard Units	Between 6.0 and 9.0 at all times	7.41					

¹ All limits are in mg/l unless otherwise noted.
 * Average Flow during discharge.
 Total gallons discharged for discharge three was 1,357,300 gal.

R. G. Mende
 Name of Responsible Official

[Signature] for RGM
 Signature

3-27-06
 Date

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: 2006
 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
40,400		2.0		.0000417	=	3.37					.01	=	
TOTAL						=	0.59	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)

Victor J. Thomas, Jr.

 Signature

VICTOR J. THOMAS, JR.
 FOR E.P. THOMAS
 Chemistry Manager

 Title

 Date

(724) 682-4141

 Telephone

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: 2006

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
40,000		2.0	.000417	=	3.34					.01	=	
TOTAL				=	1.42	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)

Victor J. Linneisen, Jr.
Signature

VICTOR J. LINNEISEN, JR.
FOR E.O. THOMAS,
Chemistry Manager
Title

3/27/06
Date

(724) 682-4141
Telephone