

August 28, 2006
L-06-135

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 July 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), and Attachment 2 is a clamicide report as required by Part C.15 – Asiatic Clam Control. A review of the data indicates no Permit parameters were exceeded during the month. There were, however, two conditions that occurred and are described as follows:

- Attachment 3: Temporary Circulating/Seal Water Recycling Hose Disconnected With Possible Discharge to Stormwater Drain
- Attachment 4: Leak of Chilled Water Containing Ethylene Glycol to Outfall 003

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.

SAMPLE DATE	SAMPLE TIME	VALUE	MEASURE UNITS
7/03/06	0930	7.12	mg/L
7/11/06	1005	8.23	mg/L
7/17/06	0820	8.15	mg/L
7/24/06	0850	7.89	mg/L

- Attachment 1 END -

ATTACHMENT 2

Clamicide Report

The following summarizes the first 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	5/09/06-5/10/06	5/23/06 -5/24/06	5/2/06 -5/3/06	4/18/06 - 4/19/06
Chemical Used ¹	1951 pounds	734 pounds	1468 pounds	1242 pounds
Outfall 001 Concentration	<0.20 ppm	<0.20 mg/l	<0.20 mg/l	<0.20 mg/l
Outfall 010 Concentration	N/A ³	N/A ³	<0.20 mg/l	<0.20 mg/l
Detox Used ²	2502 pounds	2992 pounds	4550 pounds	4,880 pounds
Outfall 001 Concentration ³	10.3 mg/l	15.4 mg/l	35.0 mg/l	10.7 mg/l
Outfall 010 Concentration ³	N/A ⁴	N/A ⁴	13.6 mg/l	40.5 mg/l ⁵

1. Chemical GEBetz Powerline 3627; LIMITS: 7,000 pounds per day and No Detectable at Outfalls 001 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 ≤ 35 mg/l at Outfalls 001 and 010
3. Dry-weight equivalent
4. Outfall does not receive wastewater from the target system
5. TSS was exceeded at Outfall 010 due to the amount of Detox used. For explanation, please see Attachment 2 to the April 2006 Discharge Monitoring Report cover letter (Letter No. L-06-092).

- Attachment 2 END -

ATTACHMENT 3

Temporary Circulating/Seal Water Recycling Hose Disconnected With Possible Discharge to Stormwater Drain

On July 13, 2006, environmental personnel noted that the hose carrying water from the Unit #1 Cooling Tower Pumphouse sumps to the cooling tower basin was disconnected. As a result of the disconnection, it is possible that circulating water (i.e., river water) may have flowed from the hose and discharged from Outfall 008 via the yard drain. FirstEnergy did not have the opportunity to sample any discharge from this location because upon discovery, Operations personnel promptly reconnected the hose, and stopped the potential for discharge.

The condition was documented and investigated under the FENOC Problem Identification and Resolution Program under Condition Report CR-06-04319. Additional corrective actions, if any, will also be documented in the Condition Report. FirstEnergy is working on a project to install piping to permanently recycle the circulating/seal water from the pump house sumps directly to the circulating water system. It is currently planned to be completed by the end of 2006.

- Attachment 3 End -

ATTACHMENT 4

Leak of Chilled Water Containing Ethylene Glycol to Outfall 003

NOTE The following was already reported via telephone and then submitted as a five-day follow-up report to the Pennsylvania Department of Environmental Protection (PA DEP) on August, 11, 2006 under FENOC Letter No. L-06-129. It is provided here to complete monthly reporting.

On August 9, 2006 at approximately 8:40 AM, an operator during a routine tour discovered a dropped level of chilled water in chiller (air conditioning) unit 1AC-85. By 10:00 AM, it was determined that an estimated 12.5 gallons of chilled water leaked from a temperature control bypass valve and flowed into a floor drain leading to the Unit 1 Turbine Building sumps. A review of plant drawings indicated the final flow path would be to the combined process and stormwater system discharged via Outfall 003. In response, the leak was isolated at the unit, the turbine building sumps were isolated to prevent further flow, and the area near the Outfall 003 discharge was inspected. No evidence of environmental harm or impact was observed at the discharge point to the Ohio River.

In accordance with site procedures identified in our Environmental Emergency Response Plan, we determined that the incident did not involve a glycol release above the CERCLA Reportable Quantity (RQ = 5,000 pounds) as the maximum estimated amount was 58 pounds leaked over an 8 hour period. Based on the volume of 50% ethylene glycol-chilled water lost (~12.5 gallons), and an average estimated combined process and stormwater system flow rate through Outfall 003 (118,000 gallons per day), we estimated the discharge concentration of ethylene glycol to be 0.16 mg/l.

A work notification was written to repair the leaking valve. Further, the incident is documented and investigated under the FENOC Problem Identification and Resolution Program under Condition Report CR-06-04754. Additional corrective actions, beyond those already identified and implemented, will also be documented and executed as determined by the condition report investigation.

- Attachment 4 End -

DISHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

Instructions:

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

Month: July

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	
8000		2.0		.0000417	=	0.67					.01	=		
TOTAL						=	0.67	TOTAL					=	_____

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

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

(SSR-1 3/21/91)

Elizbeth M Thomas
Signature

Chemistry Manager
Title

8/23/06
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: July

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)	X	(Conversion Factor)	=	Dry Tons	(Tons of Dewater Sludge)	X	(% Solids)	X	(.01)	=	Dry Tons
18000		2.0		.0000417	=	1.50					.01	=	
TOTAL						=	1.50	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)

Charles W. Thomas
Signature

Chemistry Manager
Title

8/23/06
Date

(724) 682-4141
Telephone

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168 SHIPPINGPORT

PA 15077-0004

PAG025615 PERMIT NUMBER

001 A DISCHARGE NUMBER

MAJOR (SUBR 05) F - FINAL

UNITS 1&2 COOLG. TOWER BLWDN. EFFLUENT

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	07	01		06	07	31

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

ATTN: ELIZABETH THOMAS/MGR 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		*****	*****		6.50	*****	8.0	(12)	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	6.0	*****	9.0	50		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		*****	*****		*****	<0.20	<0.20	(19)	0	1/31	24 HR COMP
04251 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	0	0	MG/L		WHEN DISCHG	COMP 24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	*****	(03)	*****	*****	*****		0	DAILY	CONT
50050 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	*****	****		DAILY	CONTIN
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	0.043	0.170	(19)	0	1/7	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	0.5	1.25	MG/L		WEEKLY	GRAB
CHLORINE, FREE AVAILABLE		*****	*****		*****	0.034	0.110	(19)	0	CONT	RECORD
50064 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	0.2	0.5	MG/L		CONTIN	RECORD
HYDRAZINE		*****	*****		*****	*	*	(19)	*	*	*
81313 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	0	0	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.

R G Mende
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
724 682-7773 06 08
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. * System not in wet layup for July 2006

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

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

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

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

PA0025615
PERMIT NUMBER

002 A
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	07	01		06	07	31

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004 FROM
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.006	0.046	(03)	*****	*****	*****		0	1/7	EST
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										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>R. G. Mondo</i> 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. Mondo</i>	TELEPHONE		DATE		
			724-682-77306	08			
			AREA CODE	NUMBER	YEAR	MO	DAY

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

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

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

PA0025615
PERMIT NUMBER

003 A
DISCHARGE NUMBER

MAJOR (SUBR 05)
F - FINAL
003
EFFLUENT
*** NO DISCHARGE ***
NOTE: Read Instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	07	01		06	07	31

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004 FROM
ATTN: ELIZABETH THOMAS/MGR 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 50050 1 0 0 EFFLUENT GROSS VALUE		0.096	0.204	(03)	*****	*****	*****		0	2/31	EST
		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. Mando
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. Mando

TELEPHONE 774 682-7773
DATE 06 08
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
THE FLOWS FROM OUTFALLS 103, 203, 303, AND 403 ARE TO BE TOTALED AND REPORTED AS THE 003 FLOW.

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

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

PA0025615
PERMIT NUMBER

004 A
DISCHARGE NUMBER

MAJOR (SUBR.05)
F - FINAL
UNIT ONE COOLG TOWER OVERFLOW
EFFLUENT
*** NO DISCHARGE I [] ***
NOTE: Read Instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	07	01		06	07	31

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004 FROM
ATTN: ELIZABETH THOMAS/MGR 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		*****	*****		6.54	*****	7.11	(12)	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	6.0	*****	9.0				WEEKLY GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.475	1.000	(03)	*****	*****	*****		0	1/7	MEAS
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT	REPORT	MGD	*****	*****	*****	***			WEEKLY MEASRD
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	0.118	0.370	(19)	0	1/7	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	0.5	1.25				WEEKLY GRAB
CHLORINE, FREE AVAILABLE		*****	*****		*****	0.055	0.160	(19)	0	1/7	GRAB
50064 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	0.2	0.5				WEEKLY GRAB
						AVERAGE	MAXIMUM	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

R. G. Mende
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

R. G. Mende

TELEPHONE DATE
724 682-7773 06 08
AREA CODE NUMBER YEAR MO DAY

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

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

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

PA0025615 PERMIT NUMBER
 006 A DISCHARGE NUMBER

MAJOR (SUBR 05)
 F - FINAL
 AUX. INTAKE SCREEN BACKWASH EFFLUENT
 *** NO DISCHARGE 1 ***
 NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION
 LOCATION SHIPPINGPORT PA 15077-0004 FROM
 ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	07	01		06	07	31

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		0.002	0.016	(03)	*****	*****	*****		0	1/7	EST
		REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****	1	WEEKLY	EST IMA
		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. Merde 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. Merde</i>	TELEPHONE	DATE		
			724-682-7775 AREA CODE NUMBER	06	08	

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

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

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

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

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

NAME BEAVER VALLEY POWER STATION
ADDRESS PA ROUTE 168
SHIPPINGPORT PA 15077-0004

PA0025615
PERMIT NUMBER

007 A
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	07	01		06	07	31

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004 FROM
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****			*****		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT				(03)	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
CHLORINE, TOTAL RESIDUAL		*****	*****		*****			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	0.5 MO AVG	1.25 INST MAX	MG/L		WEEKLY	GRAB
CHLORINE, FREE AVAILABLE		*****	*****		*****			(19)			
50064 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	0.2 AVERAGE	0.5 MAXIMUM	MG/L		WEEKLY	GRAB
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

R.G. Mendez

TELEPHONE

DATE

724.682-7713 06 08

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.

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

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

NAME BEAVER VALLEY POWER STATION
ADDRESS PA ROUTE 168 SHIPPINGPORT PA 15077-0004

PAC025615
PERMIT NUMBER

008 A
DISCHARGE NUMBER

MAJOR (SUBR 05)
F - FINAL
UNIT 1 COOLING TOWER PUMPHOUSE EFFLUENT

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004 FROM
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	07	01		06	07	31

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

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****			*****		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE/GRAB MONTH	
SOLIDS, TOTAL SUSPENDED		*****	*****		*****			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		TWICE/GRAB MONTH	
OIL & GREASE		*****	*****		*****			(19)			
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	15 MO AVG	20 DAILY MX	MG/L		TWICE/GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT				(03)	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE		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 <i>R.A. Hendrick</i> 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.A. Hendrick</i>	TELEPHONE	DATE			
			724-687-7773	06	08		
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			AREA CODE	NUMBER	YEAR	MO	DAY

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

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

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

PA0025615 PERMIT NUMBER	010 A DISCHARGE NUMBER
MONITORING PERIOD	
YEAR MO DAY	YEAR MO DAY
06 07 01	TO 06 07 31

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

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004 FROM
ATTN: ELIZABETH THOMAS/MGR 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		*****	*****		6.72	*****	7.54	(12)	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	6.0 MINIMUM	*****	7.0 MAXIMUM	5U		WEEKLY	GRAB
CLAMTROL CT-1, TOTAL WATER		*****	*****		*****	<0.20	<0.20	(19)	0	1/31	24 HR COMP
04251 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	0 MD AVG	0 INST MAX	MG/L		WHEN DISCHG	COMP 24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	*****	(03)	*****	*****	*****		0	1/7	MEAS
50050 1 0 0 EFFLUENT GROSS VALUE		*****	*****	MGD	*****	*****	*****	****		WEEKLY	MEASRD
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	0.096	0.180	(19)	0	1/7	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	0.5 MD AVG	1.25 INST MAX	MG/L		WEEKLY	GRAB
CHLORINE, FREE AVAILABLE		*****	*****		*****	0.070	0.110	(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									

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		
<i>R. G. Mende</i> TYPED OR PRINTED			724-682-7773	06	08	

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 MG/L AS A DAILY MAX.)

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

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

*** 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

011 A
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	07	01		06	07	31

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004 FROM
ATTN: ELIZABETH THOMAS/MGR 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 50050 1 0 0 EFFLUENT GROSS VALUE		0.004	0.004	(03)	*****	*****	*****		0	1/7	EST
		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. Mande
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. Mande
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
724.682.7713 06 08
AREA CODE NUMBER YEAR MO DAY

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

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

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

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

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168
SHIPPINGPORT

PA 15077-0004

PA0025615
PERMIT NUMBER

012 A
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	07	01		06	07	31

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT PA 15077-0004 FROM

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****			*****					
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	GU		ONCE/MONTH	GRAB
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	*****	*****		*****						
01042 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	GRAB
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	*****	*****		*****						
01092 1 0 2 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	1.5 MO 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 MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE/MONTH	ESTIMA
SOLIDS, TOTAL DISSOLVED	SAMPLE MEASUREMENT	*****	*****		*****						
70295 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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
TYPED OR PRINTED

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

TELEPHONE DATE

724.682-7773 06 08
AREA CODE NUMBER YEAR MO DAY

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

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

MAJOR
(SUBR 05)
F - FINAL
OUTFALL 013
EFFLUENT

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

PAC025615 PERMIT NUMBER	013 A DISCHARGE NUMBER
MONITORING PERIOD	
YEAR MO DAY	YEAR MO DAY
06 07 01	06 07 31

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME BEAVER VALLEY POWER STATION
ADDRESS PA ROUTE 168
SHIPPINGPORT PA 15077-0004
FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004 FROM
ATTN: ELIZABETH THOMAS/MGR 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		*****	*****		7.04	*****	7.43	(12)	0	1/7	GRAB
00400 1 0 1 EFFLUENT GROSS VALUE		*****	*****	****	6.0 MINIMUM	*****	7.0 MAXIMUM	SU	1	WEEKLY	GRAB
CYANIDE, TOTAL (AS CN)		*****	*****		*****	0.008	0.010	(19)	0	2/31	24 HR COMP
00720 1 0 2 EFFLUENT GROSS VALUE		*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L	5	TWICE/MONTH	COMP 24
COPPER, TOTAL (AS CU)		*****	*****		*****	0.011	0.019	(19)	0	2/31	24 HR COMP
01042 1 0 2 EFFLUENT GROSS VALUE		*****	*****	****	*****	0.05 MO AVG	0.1 DAILY MX	MG/L		TWICE/MONTH	COMP 24
CHLOROBENZENE		*****	*****		*****	<0.005	<0.005	(19)	0	2/31	24 HR COMP
34301 1 0 1 EFFLUENT GROSS VALUE		*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	COMP 24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.011	0.018	(03)	*****	*****	*****		0	2/31	EST
50050 1 0 1 EFFLUENT GROSS VALUE		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. Monde
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. Monde

TELEPHONE
774 682-7773
DATE
06 08

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

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

MAJOR
(SUBR 05)
F - FINAL
101 CHEMICAL WASTE TREATMENT
INTERNAL OUTFAL
*** NO DISCHARGE ***
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

PAG025615
PERMIT NUMBER

101 A
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	07	01		06	07	31

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT PA 15077-0004 FROM

ATTN: ELIZABETH THOMAS/MGR 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		*****	*****		6.60	*****	7.15	(12)	0	*2/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	6.0	*****	7.0	MINIMUM MAXIMUM SU	0	WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED		*****	*****		*****	11.50	11.50	(19)	0	*1/30	24 HR COMP
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	30	100	MO AVG DAILY MX MG/L	0	WEEKLY	COMP-2
OIL & GREASE		*****	*****		*****	<5.0	<5.0	(19)	0	*1/30	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	15	20	MO AVG DAILY MX MG/L	0	WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N)		*****	*****		*****	* *	* *	(19)	**	**	**
00610 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	REPORT	REPORT	MO AVG DAILY MX MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	*****	(03)	*****	*****	*****		0	DAILY	CONT
50050 1 0 0 EFFLUENT GROSS VALUE		*****	*****	MGD	*****	*****	*****	****		DAILY	CONTIN
HYDRAZINE		*****	*****		*****	* *	* *	(19)	**	**	**
B1313 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	REPORT	REPORT	MO AVG DAILY MX MG/L		WEEKLY	GRAB
		*****	*****	***	*****	REPORT	REPORT	MO AVG DAILY MX 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.

R. G. Mende

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

R. G. Mende

TELEPHONE

DATE

724 682-7773 06 08

AREA CODE NUMBER YEAR MO DAY

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. SAMPLES SHALL BE TAKEN AT THE DISCHARGE FROM THE CHEMICAL WASTE SUMP PRIOR TO MIXING WITH ANY OTHER WATER

* No discharge from July 06, 2006 - July 31, 2006
* System not in wet layup for July 2006

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

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

PAG025A15 PERMIT NUMBER 102 A DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	07	01		06	07	31

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004 FROM
ATTN: ELIZABETH THOMAS/MGR 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		*****	*****		7.64	*****	7.80	(12)	0	2/31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	SU	0	TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED		*****	*****		*****	<4.0	<4.0	(19)	0	2/31	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	30 MD AVG	100 DAILY MX	MG/L	0	TWICE/MONTH	GRAB
OIL & GREASE		*****	*****		*****	<5.0	<5.0	(19)	0	2/31	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	15 MD AVG	20 DAILY MX	MG/L	0	TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		<0.001	<0.001	(03)	*****	*****	*****		0	2/31	EST
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT	REPORT	MGD	*****	*****	*****	****	0	TWICE/MONTH	ESTIMA
		MD AVG	DAILY MX								

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. Mende	TELEPHONE	DATE		
			724-682-7773	06	08	

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

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

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

PA0025615 PERMIT NUMBER
103 A DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	07	01		06	07	31

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004 FROM
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

*** 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		*****	*****		7.07	*****	7.48	(12)	0	4/31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	50		TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED		*****	*****		*****	7.07	8.0	(19)	0	3/31	24 HR COMP
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	30 MD AVG	100 DAILY MX	MG/L		TWICE/MONTH	COMP 24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.067	0.135	(03)	*****	*****	*****		0	2/31	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									
		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 06 08
AREA CODE NUMBER YEAR MO DAY

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

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

MAJOR
(SUBR 05)
F - FINAL

111 DIESEL GENERATOR BLDG
INTERNAL DUTFAL

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

PA0025615
PERMIT NUMBER

111 A
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	07	01		06	07	31

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

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004 FROM
ATTN: ELIZABETH THOMAS/MGR 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		*****	*****		7.15	*****	7.39	(12)	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED		*****	*****		*****	5.80	9.20	(19)	0	1/7	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	30 MD AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL & GREASE		*****	*****		*****	<5.0	<5.0	(19)	0	1/7	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	15 MD AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.002	0.002	(03)	*****	*****	*****		0	1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		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.	TELEPHONE 724 682-7713	DATE		
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>R. G. Mende</i>	YEAR	MO

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

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

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

PA0025615 PERMIT NUMBER 113 A DISCHARGE NUMBER

MAJOR (SUBR 05) F - FINAL
 UNIT 2 SEWAGE TMT PLANT
 INTERNAL OUTFAL
 *** NO DISCHARGE ***
 NOTE: Read Instructions before completing this form.

FACILITY LOCATION BEAVER VALLEY POWER STATION SHIPPINGPORT PA 15077-0004 FROM
 ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	07	01		06	07	31

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		7.04	*****	7.49	(12)	0	4/31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	6.0	*****	9.0	50		TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED		*****	*****		*****	7.14	7.78	(19)	0	2/31	8 HR COMP
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	30	60	MG/L		TWICE/MONTH	COMP-E
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	*****	(03)	*****	*****	*****		0	1/7	MEAS
50050 1 0 0 EFFLUENT GROSS VALUE		0.043	REPORT	MGD	*****	*****	*****			WEEKLY	MEASRD
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	1.12	2.60	(19)	0	23/31	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	1.4	3.3	MG/L		TWICE/MONTH	GRAB
COLIFORM, FECAL GENERAL		*****	*****		*****	<1.0	*****	(13)	0	2/31	GRAB
74055 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	200	*****	#/100ML		TWICE/MONTH	GRAB
BOD, CARBONACEOUS 05 DAY, 20C		*****	*****		*****	<3.0	<3.0	(19)	0	2/31	8 HR COMP
80082 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	25	50	MG/L		TWICE/MONTH	COMP-E

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER R.G. Monde 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. Monde	TELEPHONE		DATE		
			724 682-7773	06	08		

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

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

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

PA0025615
PERMIT NUMBER

203 A
DISCHARGE NUMBER

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

FACILITY LOCATION **BEAVER VALLEY POWER STATION
SHIPPINGPORT PA 15077-0004**
ATTN: **ELIZABETH THOMAS/MGR ENV&CHEM**

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	07	01		06	07	31

*** 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		*****	*****		7.05	*****	7.98	(12)	0	4/31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	6.0	*****	9.0	SU		TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED		*****	*****		*****	8.43	9.25	(19)	0	2/31	8 HR COMP
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	30	60	MG/L		TWICE/MONTH	COMP-E
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	*****	(03)	*****	*****	*****		0	24/31	MEAS
50050 1 0 0 EFFLUENT GROSS VALUE		0.023	REPORT	MGD	*****	*****	*****	***		WEEKLY	MEASRD
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	0.86	1.90	(19)	0	23/31	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	1.4	3.3	MG/L		TWICE/MONTH	GRAB
COLIFORM, FECAL GENERAL		*****	*****		*****	<1.0	*****	(13)	0	2/31	GRAB
74055 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	200	*****	#/100ML		TWICE/MONTH	GRAB
BOD, CARBONACEOUS 05 DAY, 20C		*****	*****		*****	5.55	8.10	(19)	0	2/31	8 HR COMP
80082 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	25	50	MG/L		TWICE/MONTH	COMP-E

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 **06 08**

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

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

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

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

NAME BEAVER VALLEY POWER STATION
ADDRESS PA ROUTE 168 SHIPPINGPORT PA 15077-0004

PAG025615 PERMIT NUMBER 211 A DISCHARGE NUMBER

MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
06 07 01 TO 06 07 31

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004 FROM
ATTN: ELIZABETH THOMAS/MGR 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	*****	*****		6.82	*****	7.85	(12)	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	4.18	4.90	(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	*****	*****		*****	<5.0	<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	MGD	*****	*****	*****	****		WEEKLY	EST-IMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

R.G. Merde
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. Merde

TELEPHONE DATE
724 682-7773 06 08
AREA CODE NUMBER YEAR MO DAY

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

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

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

PA0025615
PERMIT NUMBER

213 A
DISCHARGE NUMBER

MAJOR (SUBR 05)
F - FINAL
UNIT 2 COOL TOWER PUMPHOUSE
INTERNAL OUTFAL

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004 FROM
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	07	01		06	07	31

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>R. G. Mende</i> 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 AREA CODE NUMBER	06 08 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 REGULATION SYSTEM.
 EPA Form 3320-1 (Rev. 3/99) Previous editions may be used. This is a 4-part form. PAGE 1 OF 1

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

MAJOR (SUBR 05)
F - FINAL
UNIT 2 AUX BOILER BLOWDOWN
INTERNAL OUTFAL

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

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168
SHIPPINGPORT

PA 15077-0004

PA0025615
PERMIT NUMBER

301 A
DISCHARGE NUMBER

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	07	01		06	07	31

ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<4.0	<4.0	(19)	0	3/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	30 NO AVG	100 DAILY MX	MG/L		TWICE/MONTH	GRAB
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<5.0	<5.0	(19)	0	3/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	15 NO AVG	20 DAILY MX	MG/L		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	<0.001	<0.001	(03)	*****	*****	*****		0	1/7	EST
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY EST	IMPA
	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. Mende

TELEPHONE

724-682-7773 06 08

DATE

AREA CODE NUMBER YEAR MO DAY

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

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

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

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

PAG025615
PERMIT NUMBER

303 A
DISCHARGE NUMBER

MAJOR (SUBR 05)
F - FINAL
UNIT 1 OIL WATER SEPARATOR
INTERNAL OUTFAL
*** NO DISCHARGE ***
NOTE: Read Instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004 FROM
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	07	01		06	07	31

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	*****	*****		6.59	*****	7.30	(12)	0	17	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	7.0 MAXIMUM	SU	1	WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	6.94	14.50	(17)	0	17	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 NO AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	< 5.0	< 5.0	(17)	0	17	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	15 NO AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.019	0.056	(03)	*****	*****	*****		0	17	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT NO 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 DATE
724 682-7773 06 08
AREA CODE NUMBER YEAR MO DAY

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

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

MAJOR
(SUBR 05)
F - FINAL
313 TURBINE BLDG DRAIN
INTERNAL OUTFAL
*** NO DISCHARGE ***
NOTE: Read Instructions before completing this form.

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168
SHIPPINGPORT

PA 15077-0004

PA0025615
PERMIT NUMBER

313 A
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	07	01		06	07	31

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT PA 15077-0004 FROM

ATTN: ELIZABETH THOMAS/MGR 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		*****	*****		7.03	*****	7.19	{ 12}	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED		*****	*****		*****	4.0	4.0	{ 19}	0	1/7	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	30 MO AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL & GREASE		*****	*****		*****	<5.0	<5.0	{ 19}	0	5/31	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	15 MO AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.002	0.002	{ 03}	*****	*****	*****		0	1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

R.G. Monde
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. Monde
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE

724 682-7773 06 08
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.

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

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

PA0025615
PERMIT NUMBER

401 A
DISCHARGE NUMBER

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

FACILITY LOCATION **BEAVER VALLEY POWER STATION**
SHIPPINGPORT PA 15077-0004
ATTN: **ELIZABETH THOMAS/MGR ENV&CHEM**

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	07	01		06	07	31

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****			*****		{ 12}			
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	6.0 MINIMUM	*****	REPORT MAXIMUM	SI		TWICE/GRAB MONTH	
SOLIDS, TOTAL SUSPENDED		*****	*****		*****			{ 19}			
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		TWICE/GRAB MONTH	
OIL & GREASE		*****	*****		*****			{ 19}			
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	15 MO AVG	20 DAILY MX	MG/L		TWICE/GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT				{ 03}	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE		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.

TELEPHONE
724.682.7773

DATE
06 08

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

AREA CODE NUMBER YEAR MO DAY
724 682 06 08

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

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

MAJOR (SUBR 05)
F - FINAL
CONDENSATE BLOWDOWN & RIVR WAT
INTERNAL OUTFAL
*** NO DISCHARGE ***
NOTE: Read Instructions before completing this form.

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

PA0025415 PERMIT NUMBER	403 A DISCHARGE NUMBER
MONITORING PERIOD	
YEAR MO DAY	YEAR MO DAY
06 07 01	TO 06 07 31

FACILITY LOCATION BEAVER VALLEY POWER STATION
SHIPPINGPORT PA 15077-0004 FROM
ATTN: ELIZABETH THOMAS/MGR 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	SI			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			{ 19 }			
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	*****	30	100	MG/L		WEEKLY GRAB	
	PERMIT REQUIREMENT	*****	*****	***		MO AVG	DAILY MX				
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****			{ 19 }			
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	*****	15	20	MG/L		WEEKLY GRAB	
	PERMIT REQUIREMENT	*****	*****	***		MO AVG	DAILY MX				
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****			{ 19 }			
00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	*****	REPORT	REPORT	MG/L		WEEKLY GRAB	
	PERMIT REQUIREMENT	*****	*****	***		MO AVG	DAILY MX				
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	*****	*****		*****			{ 19 }			
04251 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	*****	0	0	MG/L		WHEN DISCHG	COMP 24
	PERMIT REQUIREMENT	*****	*****	***		MO AVG	DAILY MX				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			{ 03 }	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				*****	*****	*****	***		WEEKLY ESTIMA	
	PERMIT REQUIREMENT	REPORT	REPORT	MGD							
	MO AVG	DAILY MX									
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****			{ 19 }			
50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	*****	0.5	1.25	MG/L		WEEKLY GRAB	
	PERMIT REQUIREMENT	*****	*****	***		MO AVG	INST MAX				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>R. G. Morde</i> 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. Morde</i>	TELEPHONE	DATE		
			724 682-7773	06	08	
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.
EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

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

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168
SHIPPINGPORT

PA 15077-0004

PA0025615
PERMIT NUMBER

403 A
DISCHARGE NUMBER

MAJOR
(SUBR 05)

F - FINAL

CONDENSATE BLOWDOWN & RIVR WAT
INTERNAL OUTFAL

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	07	01		06	07	31

ATTN: ELIZABETH THOMAS/MGR 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)			
81313 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	0	0			WEEKLY GRAB	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	MO AVG	DAILY MX	MG/L			
	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. Mende

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

724 682-7773 06 08

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 NP 403 PRIOR TO MIXING WITH ANY OTHER WATER.

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

MAJOR
(SUBR 05)
F - FINAL
BULK FUEL STORAGE DRAIN
INTERNAL OUTFALL
*** NO DISCHARGE ***
NOTE: Read Instructions before completing this form.

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

NAME BEAVER VALLEY POWER STATION
ADDRESS PA ROUTE 168
SHIPPINGPORT PA 15077-0004

PA0025615 PERMIT NUMBER	413 A DISCHARGE NUMBER
MONITORING PERIOD	
YEAR MO DAY	YEAR MO DAY
06 07 01	06 07 31

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004 FROM
ATTN: ELIZABETH THOMAS/MGR 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	*****	*****		6.94	*****	7.94	{ 12}	0	17	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU	1	WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	25.20	34.80	{ 19}	0	17	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 NO AVG	100 DAILY MX	MG/L	1	WEEKLY	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	<5.0	<5.0	{ 19}	0	17	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 NO AVG	20 DAILY MX	MG/L	1	WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	<0.001	<0.001	{ 03}	*****	*****	*****		0	17	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****	1	WEEKLY	EST IMA
	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

R.G. Mende

TELEPHONE DATE
724.682.7773 06 08
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLES SHALL BE TAKEN AT DISCHARGE FROM OWS #24 PRIOR TO MIXING WITH ANY OTHER WATER.

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

MAJOR
(SUBR 05)
F - FINAL
UNIT 1 GENRTR BLWDWN FILT BW
INTERNAL OUTFAL
*** NO DISCHARGE ***
NOTE: Read Instructions before completing this form.

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168
SHIPPINGPORT

PA 15077-0004

PAG025615
PERMIT NUMBER

501 A
DISCHARGE NUMBER

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	07	01		06	07	31

ATTN: ELIZABETH THOMAS/MGR 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)			
00530 1 0 0	SAMPLE MEASUREMENT										
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MD AVG	100 DAILY MX	MG/L		WEEKLY GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
50050 1 0 0	PERMIT REQUIREMENT	REPORT 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

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

TELEPHONE DATE
724.682.7775 06 08
AREA CODE NUMBER YEAR - MO DAY

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

SAMPLES SHALL BE TAKEN AT INTERNAL MP 501 PRIOR TO MIXING WITH ANY OTHER WATER.