

October 28, 2006
L-06-156

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 September 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). Review of the data indicates one (1) Permit parameter was exceeded during the month. This occurred on September 4, 2006, when Total Suspended Solids at Internal Outfall 301 was determined to be 203 mg/L thus exceeding the Permit limit of 100 mg/L daily maximum. Attachment 2 to this letter provides the description of the occurrence and corrective action(s) taken. The following describes the information contained in Attachments 3 and 4 to this cover letter.

- ◆ Attachment 3 is a summary of the stormwater monitoring we conducted during the second and third quarters of 2006 in accordance with Part C.21 of the Permit.
- ◆ Attachment 4 is the Clamicide report for the second round of subsystem treatment

Included with this report is an amended DMR for Outfall 004 for the Month of August.

Also included with the report this month are two Supplemental Laboratory Accreditation Forms for analyses performed to support permit requirements as required by 25 Pa. Code § 252.

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 (2)

IE25

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**

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
08/28/06	12:00	8.70	mg/L
09/04/06	08:22	8.30	mg/L
09/14/06	08:30	7.85	mg/L
09/18/06	09:00	8.50	mg/L
09/25/06	08:00	8.10	mg/L

- Attachment 1 END -

ATTACHMENT 2

Total Suspended Solids Exceedance at Outfall 301

Total Suspended Solids (TSS) at Outfall/Internal Monitoring Point (IMP) 301 – Auxiliary Boiler Blowdown, was analytically determined to be 203 mg/L for the sample taken on September 4, 2006, thus exceeding the Permit Maximum Daily Limit of 100 mg/L. Monitoring results after September 4 (7 samples) were all less than the Minimum Detectable Level (MDL). Thus, the TSS Monthly Average limit of 30 mg/L was not exceeded. The condition was documented and investigated in the FENOC Problem Identification and Resolution Program under Condition Report CR-06-6066.

The investigation included a review of recent out-of-normal operating conditions, historical TSS data review, re-sampling, a review of the sampling procedures, and interviews with BV Chemistry sampling technicians.

- Historically (data reviewed since April 4, 2003), only two TSS results have been greater than the Minimum Detectable Level (MDL < 4 mg/L). They were 7.7 mg/L on June 7, 2005, and 13.3 mg/L on April 3, 2006.
- All six samples taken since September 4, 2006, were <MDL.
- Sampling procedures were reviewed and re-performed with no deficiencies identified. They were found to provide the guidance necessary to obtain a representative sample.
- Interviews with chemistry technicians indicated that typically no visible evidence of solids in samples is observed after the stagnant sample line is purged. The technician that performed the sample on September 4, 2006 indicated he followed the procedure instructions for sample line purging.

Based on the nature of the water, historical solids data, and operating experience of the chemistry technicians, it is likely that the solids measured on September 4, 2006 may be attributed to less than an adequate sample line purging. The data and subsequent exceedance, however, cannot be ruled out because the chemistry technician indicated that the sample was acquired in accordance with the established procedures.

FENOC, and specifically Chemistry supervision will continue to communicate and coach adherence to procedures, and emphasize the technical importance of sample line purging as it relates to representative sampling.

ATTACHMENT 3

2006 SECOND AND THIRD QUARTER STORMWATER SAMPLING REPORT

Permit Part C.21 Iron & Zinc Stormwater Monitoring Results

Sample Date	Sample Time	Outfall	Parameter	Result	Units
7/2/06	23:32	003	Iron	654	ug/L
7/2/06	23:32	003	Zinc	287	ug/L
9/19/06	00:21	003	Iron	611	ug/l
9/19/06	00:21	003	Zinc	182	ug/l
7/3/06	07:50	008	Iron	704	ug/L
7/3/06	07:50	008	Zinc	132	ug/L
9/19/06	00:24	008	Iron	2902	ug/l
9/19/06	00:24	008	Zinc	240	ug/l
7/3/06	07:40	011	Iron	151	ug/L
7/3/06	07:40	011	Zinc	65	ug/L
9/19/06	00:22	011	Iron	154	ug/l
9/19/06	00:22	011	Zinc	567	ug/l

- Attachment 3 END -

ATTACHMENT 4

Clamicide Report

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

Parameter	Unit 1 A Train	Unit 1 B Train	Unit 2 A Train	Unit 2 B Train
Date	8/3-4/06	8/15-16/06	7/25-26/06	8/8-9/06
Chemical Used ¹	2110 lbs	600 lbs	867 lbs	842 lbs
Outfall 001 Concentration	<0.2 mg/L	<0.2 mg/L	<0.2 mg/L	<0.2 mg/L
Outfall 010 Concentration	N/A ⁴	N/A ⁴	<0.2 mg/L	<0.2 mg/L
Detoxicant Used ²	3014 lbs ³	3174 lbs ³	3461 lbs ³	3109 lbs ³
Outfall 001 Concentration	7.5 mg/L	8.0 mg/L	13.9 mg/L	5.5 mg/L
Outfall 010 Concentration	N/A ⁴	N/A ⁴	16.0 mg/L	13.7 mg/L

1. Chemical GE Betz Powerline 3657; Limits 7,000 pounds per day and Not Detectable at Outfalls 001 and 010.
2. Detoxifying agent used was GE Betz Spectrus 1400 and 1401 as powder and slurry mixture; LIMITS: 21,000 pounds per day and <35mg/L at Outfalls 001 and 010.
3. Dry Weight Equivalent
4. Outfall does not receive wastewater from the target system

DISCHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

Instructions:

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

Month: September

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
10000		2.0		.0000417 = 0.83					.01
TOTAL				=	0.83	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		

V. J. ...
Signature

Chemistry Manager
Title

10/25/06
Date

(724) 682-4141
Telephone

DISCHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

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4. If no sludge was removed, note on form.

Month: September

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

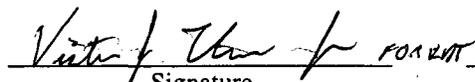
SLUDGE PRODUCTION INFORMATION (prior to incineration)

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		
22500		2.0		.0000417		1.87					.01				
TOTAL						=	<u>1.87</u>	TOTAL						=	_____

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

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

(SSR-1 3/21/91)


 Signature

Chemistry Manager
 Title

10/25/06
 Date

(724) 682-4141
 Telephone



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>FirstEnergy Nuclear Operating Company</u>										
Address: <u>P.O. Box 4</u>										
<u>Shippingport, PA 15077</u>										
<u>Beaver Valley Power Station</u>										
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day						
PA0025615				2006	09	01	TO	2006	09	30
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER ²							
Powerline 3627 (Clamtrol)	Photometric Determination	Beaver Valley Power Station	04-2742							
Bentonite Detoxicant (Betz DT-1)	Estimated using feed rate and discharge flow rate per NPDES Permit PA0025645	Beaver Valley Power Station	04-2742							
Total Residual Chlorine	EPA 330.5	Beaver Valley Power Station	04-2742							
Free Available Chlorine	EPA 330.5	Beaver Valley Power Station	04-2472							
pH	EPA 150.1	Beaver Valley Power Station	04-2472							
Temperature	EPA 170.1	Beaver Valley Power Station	04-2472							
Flow	NA	Beaver Valley Power Station	04-2472							
Total Suspended Solids	EPA 160.2	Beaver Valley Power Station	04-2472							
Hydrazine	ASTM D1385-01	Beaver Valley Power Station	04-2472							
Fecal Coliform	Standard Method 9222D	Beaver Valley Power Station	04-2472							
Oil and Grease	EPA 1664 Rev A	FirstEnergy Corp-Beta Lab	68-01120							
Total Dissolved Solids	EPA 160.1	FirstEnergy Corp-Beta Lab	68-01120							

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.

Name/Title Principal Executive Officer

Phone: 724-682-7773

**Signature of Principal Executive Officer or
Authorized Agent**

Richard G. Mende, Director, Site Operations

Date: 10/26/06

Richard G. Mende

¹ Submit this form with each Discharge Monitoring Report (DMR), Annual Report or Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes.

² For parameter(s) covered under accreditation-by-rule, submit the lab's registration number in lieu of an accreditation number.



COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 BUREAU OF WATER STANDARDS AND FACILITY REGULATION

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: FirstEnergy Nuclear Operating Company

Address: P.O. Box 4
Shppingport, PA 15077
Beaver Valley Power Station

PERMIT NUMBER	MONITORING PERIOD						
	Year/Month/Day						
PA0025615	2006	09	01	TO	2006	09	30

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER ²
Zinc	EPA 200.7	FirstEnergy Corp-Beta Lab	68-01120
Copper	EPA 200.7	FirstEnergy Corp-Beta Lab	68-01120
Iron	EPA 200.7	FirstEnergy Corp-Beta Lab	68-01120
Chromium	EPA 200.7	FirstEnergy Corp-Beta Lab	68-01120
Ammonia	EPA 350.3	FirstEnergy Corp-Beta Lab	68-01120
CBOD-5 Day	SM5210 B	Firstechnology, Inc.	68-00434
Cyanide	EPA 335.2	Firstechnology, Inc.	68-00434
Chlorobenzene	EPA 624	Firstechnology, Inc.	68-00434

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Name/Title Principal Executive Officer Phone: 724-682-7773 Signature of Principal Executive Officer or Authorized Agent

Richard G. Mende, Director Site Operations Date: 10/26/06 Richard G. Mende

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Permittee Name/Address (Include Facility Name/Location if Different)

Name: Beaver Valley Power Station

Address: Pa Route 168

Shippingport PA 15077-0004

National Pollutant Discharge Elimination System (NPDES)

Discharge Monitoring Report (DMR)

MAJOR

(SUBR 05)

F-FINAL

UNIT OEN COOLG TOWER OVERFLOW
EFFLUENT

PA0025615
Permit Number

004 A
Discharge number

Facility: Beaver Valley Power Station

Location: Shippingport PA 15077-0004

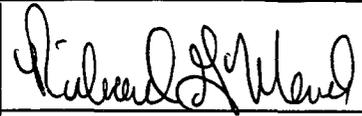
Attn: Elizabeth Thomas/ Mgr Env&Chem

Monitoring Period							
From	Year	Mo	Day	To	Year	Mo	Day
	06	08	01		06	08	31

*** No Discharge ***

Note: Read Instructions before completing this

Parameter	Sample Measurement / Permit Requirement	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				No Ex.	Frequency Of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
PH	Sample Measurement	*****	*****		6.85	*****	8.41	(12)	0	1/7	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****		6.0	*****	9.0	SU		Weekly Grab	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	Sample Measurement	7.32	15.41	(03)	*****	*****	*****			1/7	Meas
50050 1 0 0 EFFLUENT GROSS VALUE	Permit Requirement	REPORT MO AVG	REPORT DAILY-MX	MGD	*****	*****	*****			WEEKLY MEASRD	
CHLORINE, TOTAL RESIDUAL	Sample Measurement	*****	*****		*****	0.05	0.16	(19)	0	6/31	Grab
50060 1 0 0 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****		*****	.5	1.25	MG/L		WEEKLY GRAB	
CHLORINE FREE AVAILABLE	Sample Measurement	*****	*****		*****	0.035	0.90	(19)	0	6/31	Grab
50064 1 0 0 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****		*****	.2	.5	MG/L		Weekly Grab	
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

Name/Title Principle 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 Principle Executive Officer or Authorized Agent	Telephone	Date				
R. G. Mende			724-682-7773	06	10	26		
Typed or Printed			Area code	Number	Year	Month	Day	

Comments and Explanation of any Violations (Reference all attachments here) * More than trace amounts of foam was observed at the discharge point on August 27, 2006. Condition was immediately corrected.

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

PA0025615 PERMIT NUMBER
 001 A DISCHARGE NUMBER

MAJOR (SUBR 05) F - FINAL
 UNITS 1&2 COOLG. TOWER BLWDN. EFFLUENT

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	09	01		06	09	30

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	*****	*****			7.07	*****	7.65	(12)	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	7.0 MAXIMUM	SU		WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****			*****	*	*	(19)	*	*	*
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
CLAMTROL CT-1, TOTAL WATER	*****	*****			*****	* *	* *	(19)	**	**	**
04251 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0 MD AVG	0 DAILY MX	MG/L		WHEN DISCHG	COMP 24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	*****	(03)		*****	*****	*****		0	DAILY	CONT
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		DAILY	CONTIN
CHLORINE, TOTAL RESIDUAL	*****	*****			*****	0.002	0.02	(19)	0	9/30	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.5 AVERAGE	1.25 MAXIMUM	MG/L		WEEKLY	GRAB
CHLORINE, FREE AVAILABLE	*****	*****			*****	0.022	0.14	(19)	0	CONT	RCRD
50064 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.2 AVERAGE	0.5 MAXIMUM	MG/L		CONTIN RECORD	UDUS
HYDRAZINE	*****	*****			*****	*	*	(19)	*	*	*
81313 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0 MD AVG	0 DAILY MX	MG/L		WEEKLY	GRAB

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE 724 682-7773
 DATE 06 10 22
 AREA CODE NUMBER YEAR MO DAY

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 THIS 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
 002 A DISCHARGE NUMBER

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

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	09	01		06	09	30

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

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.006	0.040	(03)	*****	*****	*****		-	1/7	EST
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

TELEPHONE 724 682-7773
 DATE 06 10 28
 AREA CODE NUMBER YEAR MO DAY

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025415 PERMIT NUMBER

003 A DISCHARGE NUMBER

MAJOR (SUBR 05) F - FINAL 003 EFFLUENT

FACILITY LOCATION BEAVER VALLEY POWER STATION

SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	09	01		06	09	30

*** 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			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.0366	0.0873	(03)	*****	*****	*****		-	2/30	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		TWICE/MONTH	ESTIMA
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	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. Mend

TELEPHONE 724 682-7773
DATE 06 10 28
AREA CODE NUMBER YEAR MO DAY

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

THE FLOWS FROM OUTFALLS 103, 203, 303, AND 403 ARE TO BE TOTALED AND REPORTED AS THE 003 FLOW.

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

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

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

PA0025415
PERMIT NUMBER

004 A
DISCHARGE NUMBER

MAJOR (SUBR 05)
F - FINAL
UNIT ONE COOLG TOWER OVERFLOW
EFFLUENT
*** 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	09	01		06	09	30

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		6.73	*****	6.73	{ 12 }	0	117	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	7.706	7.706	{ 03 }	*****	*****	*****		0	117	MEAS
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.06	0.06	{ 19 }	0	117	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.5 MD AVG	1.25 INST MAX	MG/L		WEEKLY	GRAB
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****	<0.02 *	<0.02 *	{ 19 }	0	117	GRAB
50064 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.2 AVERAGE	0.5 MAXIMUM	MG/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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			
			724 682-7723	06	10	28	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO DISCHARGE AFTER 9-19-06
* 0.02 is the minimum detectable level.

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

PA0025415
PERMIT NUMBER

004 A
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	09	01		06	09	30

FACILITY LOCATION BEAVER VALLEY POWER STATION 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		*****	*****		6.73	*****	6.73	{ 12 }	0	117	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	7.706	7.706	{ 03 }	*****	*****	*****		0	117	MEAS
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		WEEKLY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.06	0.06	{ 19 }	0	117	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.5 MD AVG	1.25 INST MAX	MG/L		WEEKLY	GRAB
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****	<0.02 *	<0.02 *	{ 19 }	0	117	GRAB
50064 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.2 AVERAGE	0.5 MAXIMUM	MG/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

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

TELEPHONE 724 682-7723
DATE 06 10 28
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO DISCHARGE AFTER 9-19-06
* 0.02 IS the minimum detectable level.

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

MAJOR
(SUBR 05)
F - FINAL

AUX. 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

006 A
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	09	01		06	09	30

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			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.002	0.016	(03)	*****	*****	*****		-	1/7	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	10/25/06	*****	*****	*****	****		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. MENDO
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. Mendez

TELEPHONE 724 682-7773
DATE 06 10 28
AREA CODE NUMBER YEAR MO DAY

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

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

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

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

PA0025615
PERMIT NUMBER

007 A
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	09	01		06	09	30

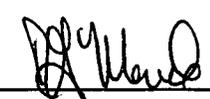
*** NO DISCHARGE ***
NOTE: Read Instructions before completing this form.

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

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	*****	*****			*****		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6 0 MINIMUM	*****	9 0 MAXIMUM	SU		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MG AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
CHLDRINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.5 MG AVG	1.25 INST MAX	MG/L		WEEKLY	GRAB
CHLDRINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
50064 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.2 AVERAGE	0.5 MAXIMUM	MG/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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


SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 724 682-7773
DATE 06 10 28
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 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
 UNIT 1 COOLING TOWER PUMPHOUSE
 EFFLUENT
 *** 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	09	01		06	09	30

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****			*****		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	GU		TWICE / GRAB	MONTH
SOLIDS, TOTAL SUSPENDED		*****	*****		*****			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MD AVG	100 DAILY MX	MG/L		TWICE / GRAB	MONTH
OIL & GREASE		*****	*****		*****			(19)			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MD AVG	20 DAILY MX	MG/L		TWICE / GRAB	MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT				(03)	*****	*****	*****				
50050 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
 R.G. MEUDE
 TYPED OR PRINTED

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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
724 682-7773		06	10	28
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

PAG025615
PERMIT NUMBER

010 A
DISCHARGE NUMBER

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

3PX 10-20-06

*** 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	09	01		06	09	30

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	00400 1 0 0	6.30	7.25	(12)	6.0	7.0	SI	0	1/7	GRAB	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	MAXIMUM				WEEKLY GRAB	
CLAMTROL CT-1, TOTAL WATER	04251 1 0 0	*	*	(19)	*****	*****	*****	*	*	*	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0	0	MD AVG	INST MAX	MG/L	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	50050 1 0 0	6.05	7.20	(03)	*****	*****	*****	0	1/7	MEAS	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX MGD	*****	*****	*****	*****	*****		WEEKLY MEASRD	
CHLORINE, TOTAL RESIDUAL	50060 1 0 0	0.058	0.29	(19)	*****	0.5	1.25	0	1/7	GRAB	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.5	1.25	MD AVG	INST MAX	MG/L	
CHLORINE, FREE AVAILABLE	50064 1 0 0	0.024	0.12	(19)	*****	0.2	0.5	0	1/7	GRAB	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.2	0.5	AVERAGE	MAXIMUM	MG/L	
	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. Mend

TELEPHONE 724 682 7773
DATE 06 10 28
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (24 HR. COMP.) : * NO DISCHARGE OF CT-1 THIS PERIOD

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

PA0025A15
PERMIT NUMBER

011 A
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	09	01		06	09	30

*** 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

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	0.004	0.004	{ 03 }	*****	*****	*****	****	-	117	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

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

TELEPHONE 724 682 3773
DATE 06 10 28
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

012 A
DISCHARGE NUMBER

MAJOR (SUBR 05)
F - FINAL

BLOWDOWN FROM THE HVAC UNIT
EFFLUENT

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	09	01		06	09	30

*** 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

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

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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

724 682
7773

AREA CODE

NUMBER

DATE

06 10 28

YEAR MO DAY

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

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

PAG025615
PERMIT NUMBER

013 A
DISCHARGE NUMBER

MAJOR (SUBR 05)
F - FINAL
OUTFALL 013
EFFLUENT

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	09	01		06	09	30

*** 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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	00400 1 0 1	*****	*****		7.15	*****	7.23	(12)	0	1/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
CYANIDE, TOTAL (AS CN)	00720 1 0 2	*****	*****		*****	* <0.05	* <0.05	(19)	0	2/30	24 HR COMP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	COMP 24
COPPER, TOTAL (AS CU)	01042 1 0 2	*****	*****		*****	0.006	0.007	(19)	0	2/30	24 HR COMP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.05 MD AVG	0.1 DAILY MX	MG/L		TWICE/MONTH	COMP 24
CHLOROBENZENE	34301 1 0 1	*****	*****		*****	** <0.005	** <0.005	(19)	0	2/30	24 HR COMP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	COMP 24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	50050 1 0 1	0.0116	0.0173	(03)	*****	*****	*****		-	2/30	EST
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		TWICE/MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
R.G. MEUDE
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. Meude

TELEPHONE 724 682-7773
DATE 06 10 28
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.
* 0.05 is the minimum detection level. ** 0.005 is the minimum detection level.
EPA Form 3320-1 (Rev. 3/99) Previous editions may be used. This is a 4-part form. PAGE 1 OF 1

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

101 A
DISCHARGE NUMBER

MAJOR (SUBR 05)
F - FINAL
101 CHEMICAL WASTE TREATMENT
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	09	01		06	09	30

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6 0 MINIMUM	*****	9 0 MAXIMUM	5U		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MD AVG	100 DAILY MX	MG/L		WEEKLY	COMP-E
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MD AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		DAILY	CONTIN
HYDRAZINE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
81313 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
R.G. MEUDE
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. Meude
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
724	682-7773	06	10	28
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.

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

102 A
DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

102 INTAKE SCREENHOUSE

INTERNAL OUTFALL

*** 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	09	01		06	09	30

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	*****	*****		7.44	*****	7.56	{ 12 }	0	2/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	6.6	7.7	{ 19 }	0	2/30	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MG AVG	100 DAILY MX	MG/L		TWICE/MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	* <5	* <5	{ 19 }	0	2/30	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MG AVG	20 DAILY MX	MG/L		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	<0.001	<0.001	{ 03 }	*****	*****	*****		-	2/30	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MG 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 B.G. MEUDE 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		
			724 682-7713 AREA CODE NUMBER	06	10	28

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.

* 5 is minimum detection level.

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 OUTFALL

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	09	01		06	09	30

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

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		6.92	*****	7.31	(12)	0	3/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED		*****	*****		*****	10	12	(19)	0	2/30	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		0.0094	0.0206	(03)	*****	*****	*****		-	24/30	EST
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		TWICE/MONTH	ESTIMA
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
B.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.

B.G. Mendez
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE		
724 7773 782	06	10	28
AREA CODE NUMBER	YEAR	MO	DAY

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

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

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

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

PAG025615
PERMIT NUMBER

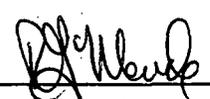
111 A
DISCHARGE NUMBER

MAJOR (SUBR 05)
F - FINAL
111 DIESEL GENERATOR BLDG
INTERNAL DUTFAL
*** NO DISCHARGE I...I ***
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	09	01		06	09	30

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	*****	*****		6.83	*****	7.50	(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	*****	*****		*****	2	5.9	(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	* 5	(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)	*****	*****	*****		-	1/7	EST
50050 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 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	10	28 YEAR MO DAY

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

* 5 is minimum detection level.

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

MAJOR
(SUBR 05)
F - FINAL
UNIT 2 SEWAGE TMT PLANT
INTERNAL OUTFAL

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

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

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

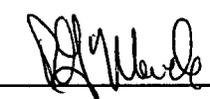
PA0025615
PERMIT NUMBER

113 A
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	09	01		06	09	30

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		*****	*****		7.04	*****	7.52	{ 12 }	0	3/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	6.0 MINIMUM	*****	7.0 MAXIMUM	SU		TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED		*****	*****		*****	10	12	{ 19 }	0	2/30	8 HR Comp
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	30 MG AVG	60 DAILY MX	MG/L		TWICE/MONTH	COMP
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.0086	0.0143	{ 03 }	*****	*****	*****		0	12/30	MEAS
50050 1 0 0 EFFLUENT GROSS VALUE		0.043 MG AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	MEAS
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	0.71	2.20	{ 19 }	0	2/30	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	1.4 MG AVG	3.3 INST MAX	MG/L		TWICE/MONTH	GRAB
COLIFORM, FECAL GENERAL		*****	*****		*****	1	*****	{ 13 }	0	2/30	GRAB
74055 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	200 MG GEDMN	*****	#/ 100ML		TWICE/MONTH	GRAB
BOD, CARBONACEOUS 05 DAY, 20C		*****	*****		*****	1.41	2.82	{ 19 }	0	2/30	8 HR Comp
80082 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	25 MG AVG	50 DAILY MX	MG/L		TWICE/MONTH	COMP
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER B.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	10	28 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.

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

FACILITY BEAVER VALLEY POWER STATION
 LOCATION SHIPPINGPORT PA 15077-0004 FROM

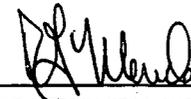
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	09	01		06	09	30

MAIN SEWAGE TMT PLANT
 INTERNAL OUTFALL

*** 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		*****	*****		7.65	*****	7.70	(12)	0	2/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED		*****	*****		*****	15.5	17.4	(19)	0	2/30	8HR COMP
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	30 MD AVG	60 DAILY MX	MG/L		TWICE/MONTH	COMP-8
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.0082	0.0107	(03)	*****	*****	*****		-	11/30	MEAS
50050 1 0 0 EFFLUENT GROSS VALUE		0.023 MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	MEASRD
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	1.05	2.50	(19)	0	2/30	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	1.4 MD AVG	3.3 INST MAX	MG/L		TWICE/MONTH	GRAB
COLIFORM, FECAL GENERAL		*****	*****		*****	1	*****	(13)	0	2/30	GRAB
74055 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	200 MD GEOMN	*****	#/100ML		TWICE/MONTH	GRAB
BOD, CARBONACEOUS 05 DAY, 20C		*****	*****		*****	7.68	10.5	(19)	0	2/30	8HR COMP
80082 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	25 MD AVG	50 DAILY MX	MG/L		TWICE/MONTH	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER R.G. MENDE TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE		
			774 682-7773 AREA CODE NUMBER	06	10	28 YEAR MO DAY

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

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location 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

PA0025615
 PERMIT NUMBER

211 A
 DISCHARGE NUMBER

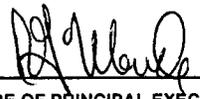
MAJOR (SUBR 05)
 F - FINAL
 211 TURBINE BLDG
 INTERNAL DUTFAL
 *** NO DISCHARGE ***
 NOTE: Read Instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	09	01		06	09	30

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		6.76	*****	7.60	{ 12 }	0	117	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	6.0	*****	9.0	SI			WEEKLY GRAB
SOLIDS, TOTAL SUSPENDED		*****	*****		*****	1.6	8	{ 15 }	0	117	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	30	100	MG/L			WEEKLY GRAB
OIL & GREASE		*****	*****		*****	* 15	* 20	{ 15 }	0	117	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	15	20	MG/L			WEEKLY GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.002	0.002	{ 03 }	*****	*****	*****		0	117	EST
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT	REPORT	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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE 724 682-7773
 DATE 06 10 28
 AREA CODE NUMBER YEAR MO DAY

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

* 5 is minimum detection level.

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

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

213 A
DISCHARGE NUMBER

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	09	01		06	09	30

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		*****	*****			*****						
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	50			TWICE/GRAB MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****							
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MD AVG	100 DAILY MX	MG/L			TWICE/GRAB MONTH	
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****							
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MD 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 MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****			WEEKLY ESTIMA	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****							
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.5 MD AVG	1.25 INST MAX	MG/L			TWICE/GRAB MONTH	
	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		
R.G. MENNDE TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO	DAY

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

SAMPLES SHALL BE TAKEN AT DISCHARGE FROM THE PUMP HOUSE PRIOR TO MIXING WITH ANY OTHER WATER. NOTE: THE MONITORING OF THIS DISCHARGE IS NOT REQUIRED WHEN EFFLUENT FROM UNIT NO. 2 COOLING TOWER PUMPHOUSE FLOOR & EQUIPMENT DRAINS IS BEING RECYCLED TO THE UNIT NO. 2 WATER RECIRCULATION SYSTEM.

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

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.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	09	01		06	09	30

FACILITY LOCATION BEAVER VALLEY POWER STATION
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			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	25	203	(17)	1	8/30	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	30 MD AVG	100 DAILY MX	MG/L		TWICE MONTH	GRAB
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	* < 5	* < 5	(17)	0	9/30	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	15 MD AVG	20 DAILY MX	MG/L		TWICE MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE		< 0.001	< 0.001	(03)	*****	*****	*****		-	1/7	EST
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 724 682-7773
DATE 06 10 28
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.
* 5 is minimum detection level

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
303 A DISCHARGE NUMBER

MAJOR (SUBR 05)
F - FINAL
UNIT 1 OIL WATER SEPARATOR
INTERNAL OUTFAL

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	09	01		06	09	30

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

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		6.48	*****	7.14	(12)	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	6.0	*****	9.0	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED		*****	*****		*****	9.88	21.2	(19)	0	1/7	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	30	100	MD AVG DAILY MX		WEEKLY	GRAB
OIL & GREASE		*****	*****		*****	* <5	* <5	(19)	0	1/7	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	15	20	MD AVG DAILY MX		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.019	0.056	(03)	*****	*****	*****		-	1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT	REPORT	MGD	*****	*****	*****	****		WEEKLY	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER R.G. MEUDE 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. Meude</i>	TELEPHONE	DATE		
			724 682-7773 AREA CODE NUMBER	06	10	28 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.
* Minimum Detection Level is 5.

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

313 A
DISCHARGE NUMBER

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

FACILITY LOCATION BEAVER VALLEY POWER STATION
SHIPPINGPORT PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	09	01		06	09	30

*** 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		*****	*****		6.45	*****	7.53	(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	* < 4	(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	** < 5	(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)	*****	*****	*****		-	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.

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

TELEPHONE DATE
724 682 7773 06 10 28
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.
* 4 is minimum detection level. ** 5 is minimum detection level.

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

MAJOR (SUBR 05)
F - FINAL
CHEM. FEED AREA OF AUX BOILERS
INTERNAL DUTFAL
*** 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
401 A DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	09	01		06	09	30

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		*****	*****		7.87	*****	8.50	(12)	0	3/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	6.0 MINIMUM	*****	REPORT MAXIMUM	SU		TWICE MONTH	GRAB
SOLIDS, TOTAL SUSPENDED		*****	*****		*****	1.7	5.2	(19)	0	3/30	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	30 MD AVG	100 DAILY MX	MG/L		TWICE MONTH	GRAB
OIL & GREASE		*****	*****		*****	* <5	* <5	(19)	0	3/30	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	15 MD AVG	20 DAILY MX	MG/L		TWICE MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		<0.001	<0.001	(03)	*****	*****	*****		-	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. MEUDE
TYPED OR PRINTED

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

TELEPHONE 724 682-7773
DATE 06 10 28
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.
* 5 is minimum detection level.

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

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

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

PA0025615
PERMIT NUMBER

403 A
DISCHARGE NUMBER

MAJOR (SUBR 05)
F - FINAL

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	09	01		06	09	30

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****			*****					
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	GU			WEEKLYGRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****						
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MD AVG	100 DAILY MX	MG/L			WEEKLYGRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****						
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MD AVG	20 DAILY MX	MG/L			WEEKLYGRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****						
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L			WEEKLYGRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	*****	*****		*****						
04251 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0 MD AVG	0 DAILY MX	MG/L			WEEKLYGRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			{ 03 }	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****			WEEKLYESTIMA
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****						
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.5 MD AVG	1.25 INST MAX	MG/L			WEEKLYGRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

R.G. MEUDE
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 682-774 7773
DATE 06 10 28
AREA CODE NUMBER YEAR MO DAY

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

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

MAJOR
(SUBR 05)
F - FINAL

CONDENSATE BLOWDOWN & RIVER WATER
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

PAC025615
PERMIT NUMBER

403 A
DISCHARGE NUMBER

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	09	01		06	09	30

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
HYDRAZINE		*****	*****		*****						
81313 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0	0	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. MEUDE
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA CODE	NUMBER	YEAR	MO	DAY
724	682-7773	06	10	28

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.

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168
SHIPPINGPORT

PA 15077-0004

PA0025615
PERMIT NUMBER

413 A
DISCHARGE NUMBER

MAJOR (SUBR 05)
F - FINAL

BULK FUEL STORAGE DRAIN
INTERNAL OUTFAL

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	09	01		06	09	30

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

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	*****	*****			6.79	*****	6.91	{ 12}	0	117	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU			WEEKLY GRAB
SOLIDS, TOTAL SUSPENDED	*****	*****			*****	22.5	27	{ 19}	0	117	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MG AVG	100 DAILY MX	MG/L			WEEKLY GRAB
OIL & GREASE	*****	*****			*****	15 *	20 *	{ 19}	0	117	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MG AVG	20 DAILY MX	MG/L			WEEKLY GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	*****	{ 03}		*****	*****	*****		-	117	EST
50050 1 0 0 EFFLUENT GROSS VALUE	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
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. Mend

TELEPHONE 724 682 7773
DATE 06 10 28
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.

* 5 is minimum detection level

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

PA0025415 PERMIT NUMBER
501 A DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	09	01		06	09	30

FACILITY LOCATION BEAVER VALLEY POWER STATION
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			
SOLIDS, TOTAL SUSPENDED	*****	*****	*****		*****						
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	30	100				WEEKLY GRAB
EFFLUENT GROSS VALUE				****		MG AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****			(03)	*****	*****	*****				
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****			WEEKLY ESTIMA
EFFLUENT GROSS VALUE		MG AVG	DAILY MX	MGD				****			
	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 B.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		
			724 692-7773 AREA CODE NUMBER	06	10	28

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.