

FENOC

FirstEnergy Nuclear Operating Company

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

September 25, 2001
L-01-123

Document Control Desk
U.S. Nuclear Regulatory Commission
Washington, DC 20555

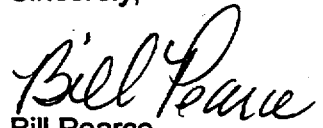
NPDES Monthly Report, EPA Permit No. PA0025615

SUBJECT: Beaver Valley Power Station, Unit No. 1 and No. 2
BV-1 Docket No. 50-334, License No. DPR-66
BV-2 Docket No. 50-412, License No. NPF-73

Dear Sir:

Enclosed is a copy of the NPDES Monthly Report as submitted to the Pennsylvania Department of Environmental Protection.

Sincerely,


Bill Pearce
Plant General Manager

DJS/lar

C: J. W. Venzon
Tiffany Shepard
Central File

IE25

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.

Permittee: FENOC
 Plant: Beaver Valley Power Station
 NPDES: PA 0025615
 Municipality: Shippingport Borough
 County: Beaver

For sludge that is incinerated:

Pre-incineration weight * _____ dry tons

Post-incineration weight * _____ dry tons

Unit 1

HAULED AS DEWATERED SLUDGE

| (Gallons) | X | (% Solids) | X | (Conversion Factor) | = | Dry Tons | (Tons of Dewatered Sludge) | X | (% Solids) | X | (.01) | = | Dry Tons |
|-----------|---|------------|---|---------------------|---|----------|----------------------------|---|------------|---|-------|---|----------|
| 12,000 | | 2.0 | | .0000417 | | 1.0008 | | | | | .01 | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| TOTAL | | | | | | = 1.0008 | TOTAL | | | | | | = |

| | Site 1 | Site 2 | Site 3 | Site 4 |
|--------------------|---|-------------------|--------|--------|
| Name: | Borough of Monaca Sewage Treatment Plant | Hopewell Township | | |
| Permit No.: | PA 0020125 | PA 0026328 | | |
| Dry Tons Disposed: | | 1,0008 | | |
| Type: (check one) | | | | |
| Landfill | | | | |
| Agr. Utilization | | | | |
| Other (specify) | | | | |
| County: | Beaver | Beaver | | |

Signature John W. Venz

Chemistry Manager 9/20/01

(724) 682-5113
Telephone

Year: 2001

- Permittee: FENOC
Plant: Beaver Valley Power Station
NPDES: PA 0025615
Municipality: Shippingport Borough
County: Beaver

Pre-incineration weight = _____ dry tons
Post-incineration weight = _____ dry tons

UNIT 2

HAULED AS LIQUID SLUDGE

[illegible]

TOTAL = 0.834

HAULED AS DEWATERED SLUDGE

[illegible]

| | | |
|-------|---|--|
| TOTAL | = | |
|-------|---|--|

| | Site 1 | Site 2 | Site 3 | Site 4 |
|--------------------|---|-------------------|--------|--------|
| Name: | Borough of Monaca Sewage Treatment Plant | Hopewell Township | | |
| Permit No.: | PA 0020125 | PA 0026328 | | |
| Dry Tons Disposed: | | 0.834 | | |
| Type: (check one) | | | | |
| Landfill | | | | |
| Agr. Utilization | | | | |
| Other (specify) | | | | |
| County: | Beaver | Beaver | | |

(SSR-1 3/21/91)

Signature

Chemistry Manager 9/28/01
Title Date

(724) 682-5113
Telephone

FENOC

FirstEnergy Nuclear Operating Company

BEAVER VALLEY POWER STATION

August 28, 2001

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

NPDES Permit PA0025615, Notice of Non-Compliance

Dear Sir or Madam:

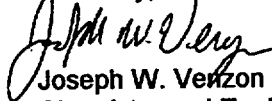
On August 4, 2001 a River Water System at Beaver Valley Power Station Unit 2 was drained to a storm sewer in support of an operational clearance. The river water that was drained is treated with chemicals, and although this water would eventually drain to the circulating water system and back to the river, the drain to storm sewer is prohibited by NPDES Permit PA0025615, Part C, Section 18 A.1 and A.2.

The drain to the storm sewer system was immediately terminated. Further, Unit 2 Operations Management sent a letter to operating personnel reminding them of the requirements related to system drains in compliance with PA0025615.

Furthermore, due to the very short duration of the discharge, none of the water drained to the storm sewer was a pollutant that may cause or contribute to an impact on aquatic life or pose a substantial hazard to human health or the environment due to its quantity or concentration.

If you have any questions, contact me at 724 682-5113.

Sincerely,



Joseph W. Venzon
Chemistry and Environmental Manager

DJS

C: J.W. Venzon
Tiffany Shepard
Central File

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location (if Different))
NAME BEAVER VALLEY POWER STATION
ADDRESS P.O. BOX 4
ATTN: DAVID ORNDORF
SHIPPINGPORT PA 15077
FACILITY
LOCATION
ATTN: KEVIN OSTROWSKI

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

PA0025615
PERMIT NUMBER

001 A
DISCHARGE NUMBER

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

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| YEAR | MO | DAY | YEAR | MO | DAY |
| 01 | 08 | 01 | 01 | 08 | 31 |

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

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|--------------------|--------|---|------------------|--------------------|--------------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | 8.02 | ***** | 8.38 | (12) | 0 | 1/7 | GRAB |
| 00400 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | SU | | WEEKLY | GRAB |
| NITROGEN, AMMONIA TOTAL (AS N) | SAMPLE MEASUREMENT | ***** | ***** | | ***** | * | * | (19) | | * | * |
| 00610 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT MO AVG | REPORT DAILY MX | MG/L | | WEEKLY | GRAB |
| CLAMTROL CT-1, TOTAL WATER | SAMPLE MEASUREMENT | ***** | ***** | | ***** | *** | *** | (19) | | *** | *** |
| 04251 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 0 MO AVG | 0 DAILY MX | MG/L | | WHEN DISCH | COMP24 |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 54.9 | 60.5 | (03) | ***** | ***** | ***** | | | DAILY | CONT |
| 50050 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | REPORT MO AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | **** | | DAILY | CONTIN |
| CHLORINE, TOTAL RESIDUAL | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.10 | 0.18 | (19) | 0 | 1/7 | GRAB |
| 50060 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 0.5 MO AVG | 1.25 INST MAX | MG/L | | WEEKLY | GRAB |
| CHLORINE, FREE AVAILABLE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.10 | 0.20 | (19) | | 2 GRAB DAILY | GRAB ** |
| 50064 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 0.2 AVERAGE | 0.5 MAXIMUM | MG/L | | CONTIN UDUS | RECORD |
| HYDRAZINE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | * | * | (19) | | * | * |
| 81313 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 0 MO AVG | 0 DAILY MX | MG/L | | WEEKLY | GRAB |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | | | TELEPHONE | | | DATE | | | |
| JOSEPH W. VENZON CHEMISTRY MANAGER | | | | | | | | | | | |
| TYPED OR PRINTED | | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | 724 682-5113 | | | 01 09 26 |
| | | | | | AREA CODE NUMBER | | | YEAR MO DAY | | | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) *** NO CLAMICIDE APPLICATION IN AUGUST
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.)
* PLANT WAS NOT IN WET LAYUP IN AUGUST 2001.
** RECORDED OUT OF SERVICE IN AUGUST, SAMPLING DONE PER PART C, 13 OF PA 0025615.

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P. O. BOX 4

ATTN: DAVID ORNDORF

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

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

MONITORING PERIOD

| YEAR | MO | DAY | TO | YEAR | MO | DAY |
|------|----|-----|----|------|----|-----|
| 01 | 08 | 01 | | 01 | 08 | 31 |

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JOSEPH W. VENZON
CHEMISTRY MANAGER
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, 682-5113
AREA CODE NUMBER

01 09 26
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 P. O. BOX 4
ATTN: DAVID DRNDORF
SHIPPINGPORT PA 15077
FACILITY
LOCATION
ATTN: KEVIN OSTROWSKI

NATIONAL POLLUTANT DISCHARGE MONITORING SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
PA0025615
PERMIT NUMBER
003 A
DISCHARGE NUMBER
MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
FROM 01 08 01 TO 01 08 31

MAJOR (SUBR 05)
F - FINAL
003 UNCONTAMINATED STORM WATER
*** NO DISCHARGE 1 1 ***
NOTE: Read instructions before completing this form.

| PARAMETER | SAMPLE MEASUREMENT | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------|--------|--------------------------|---------|---------|-------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 0.008 | 0.056 | (03) | ***** | ***** | ***** | | | 2/31 | Est |
| | PERMIT REQUIREMENT | REPORT MD AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | **** | | TWICE/MONTH | ESTIMA |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
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| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JOSEPH W. VENZA
CHEMISTRY MANAGER

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

724 682-5113

01 09 26

TELEPHONE

DATE

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 P. O. BOX 4
ATTN: DAVID DRNDORF
SHIPPINGPORT PA 15077
FACILITY
LOCATION
ATTN: KEVIN OSTROWSKI

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

PA0025615
PERMIT NUMBER

004 A
DISCHARGE NUMBER

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

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| YEAR | MO | DAY | YEAR | MO | DAY |
| 01 | 08 | 01 | 01 | 08 | 31 |

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

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|--------------------|-------|--------------------------|----------------|------------------|-------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | 7.81 | ***** | 8.26 | (12) | 0 | 4/31 | 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 | 2.8 | 7.7 | (03) | ***** | ***** | ***** | | | 1/7 | EST |
| 50050 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | REPORT MO AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | **** | | WEEKLY | MEASRD |
| CHLORINE, TOTAL RESIDUAL | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.22 | 0.28 | (19) | 0 | 1/7 | GRAB |
| 50060 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 0.5 MO AVG | 1.25 INST MAX | MG/L | | WEEKLY | GRAB |
| CHLORINE, FREE AVAILABLE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.12 | 0.18 | (19) | 0 | 1/7 | 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 JOSEPH W. LENZON CHEMISTRY MANAGER 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 | 682-513 | 01 | 09 | 26 |

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

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------|---------------|--------------------------|---------|---------|-------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 0.002 | 0.016 | (03) MGD | ***** | ***** | ***** | | | 1/7 | EST |
| | PERMIT REQUIREMENT | REPORT MO AVG | REPORT DAILY MX | | ***** | ***** | ***** | **** | | WEEKLY | ESTIM |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
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| | PERMIT REQUIREMENT | | | | | | | | | | |
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| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOSEPH W. VENZON
CHEMISTRY MANAGER
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
724 682-5113
AREA CODE NUMBER

DATE
01 09 26
YEAR MO DAY

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

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

00035/010822-0919

This is a 4-part form. PAGE 1 OF 1

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (if Different))
NAME BEAVER VALLEY POWER STATION
ADDRESS P. O. BOX 4
ATTN: DAVID DRNDORF
FACILITY SHIPPINGPORT
LOCATION PA 15077
ATTN: KEVIN OSTROWSKI

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
PA0025615
PERMIT NUMBER
007 A
DISCHARGE NUMBER
MONITORING PERIOD
FROM 01 08 01 TO 01 08 31

MAJOR (SUBR 05)
F - FINAL
AUX. INTAKE SYSTEM
*** NO DISCHARGE ☒ ***
NOTE: Read instructions before completing this form.

| PARAMETER | | 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 MO AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | **** | | WEEKLY | ESTIMA |
| CHLORINE, TOTAL RESIDUAL | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | (19) | | | |
| 50060 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 0.5 MO AVG | 1.25 INST MAX | MG/L | | WEEKLY | GRAB |
| CHLORINE, FREE AVAILABLE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | (19) | | | |
| 50064 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 0.2 AVERAGE | 0.5 MAXIMUM | MG/L | | WEEKLY | GRAB |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOSEPH W. VENZON
CHEMISTRY MANAGER
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
724 682-5113

DATE
01 09 26

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location if Different)
NAME BEAVER VALLEY POWER STATION
ADDRESS P. O. BOX 4
ATTN: DAVID DRNDORF
SHIPPINGPORT PA 15077

NATIONAL POLLUTANT DISCHARGE MONITORING SYSTEM (NPDMS)
DISCHARGE MONITORING REPORT (DMR)
PA0025615
PERMIT NUMBER
Q08 A
DISCHARGE NUMBER
MONITORING PERIOD
YEAR MO DAY
FROM 01 08 01 TO 01 08 31

MAJOR (SUBR 05)
F - FINAL
UNIT 1 COOLING TOWER PUMPHOUSE
*** NO DISCHARGE [X] ***
NOTE: Read instructions before completing this form.

ATTN: KEVIN OSTROWSKI

| PARAMETER | | 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 | | TWICE/MONTH | GRAB |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | (19) | | | |
| 00530 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 30 MD AVG | 100 DAILY MX | MG/L | | TWICE/MONTH | GRAB |
| OIL & GREASE | SAMPLE MEASUREMENT | ***** | ***** | | | | | (19) | | | |
| 00556 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | 15 MD AVG | 20 DAILY MX | 30 INST MAX | MG/L | | TWICE/MONTH | GRAB |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | | | (03) | ***** | ***** | ***** | | | | |
| 50050 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | REPORT MD AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | **** | | WEEKLY | ESTIMATE |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOSEPH W. VENZON
CHEMISTRY MANAGER
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
724 682-5113
AREA CODE NUMBER

DATE
01 09 26
YEAR MO DAY

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---|-----------------|--------|--------------------------|---------|--------------|--------|----------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | 7.60 | ***** | 7.72 | (12) | 0 | 1/7 | GRAB |
| 00400 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | 6.0 | ***** | 9.0 | SU | | WEEKLY | GRAB |
| CLAMTROL CT-1, TOTAL WATER | SAMPLE MEASUREMENT | ***** | ***** | | ***** | * | * | (19) | | * | * |
| 04251 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 0 | 0 | MG/L | | WHEN DISCH | COMP24 |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 5.73 | 5.90 | (03) | ***** | ***** | ***** | | | 1/7 | MEAS |
| 50050 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | REPORT MD AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | **** | | WEEKLY | MEASRD |
| CHLORINE, TOTAL RESIDUAL | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.02 | 0.08 | (19) | 0 | 1/7 | GRAB |
| 50060 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 0.5 | 1.25 | MG/L | | WEEKLY | GRAB |
| CHLORINE, FREE AVAILABLE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.01 | 0.04 | (19) | 0 | 1/7 | GRAB |
| 50064 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 0.2 | 0.5 | MG/L | | WEEKLY | GRAB |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | | | | | TELEPHONE | | DATE | | |
| JOSEPH W. Venzon CHEMISTRY MANAGER | | | | | | | 724 682-5113 | | 01 09 26 | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | | | 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.) : MG/L. (THE LIMIT IS 35 M G/L AS A DAILY MAX.) * NO CLAMICIDE APPLICATION IN AUGUST

NAME
BEAVER VALLEY POWER STATION

ADDRESS
P.O. BOX 4
ATTN: DAVID ORNDORF
SHIPPINGPORT PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

DISCHARGE MONITORING REPORT (DMR)

PA0025615

PERMIT NUMBER

011 A

DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY

01 08 01

TO

YEAR MO DAY

01 08 31

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

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JOSEPH W. VERNON
CHEMISTRY MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

724 682-5113

DATE

01 09 26

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

NAME
BEAVER VALLEY POWER STATION

ADDRESS
P.O. BOX 4
ATTN: DAVID ORNDORF
SHIPPINGPORT PA 15077

FACILITY
LOCATION

ATTN: KEVIN OSTROWSKI

PA0025415

PERMIT NUMBER

012 A

DISCHARGE NUMBER

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

MONITORING PERIOD

YEAR MO DAY

FROM 01 08 01 TO 01 08 31

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|----------|--------|--------------------------|---------|---------|--------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | 7.82 | ***** | 7.82 | (12) | 0 | 1/31 | GRAB |
| 00400 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | 6.0 | ***** | 9.0 | | | ONCE/ | GRAB |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 20.001 | 20.001 | (03) | ***** | ***** | ***** | | | 1/31 | EST |
| 50050 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | REPORT | REPORT | | ***** | ***** | ***** | **** | | ONCE/ | ESTIMA |
| | MO AVG | | DAILY MX | MGD | | | | **** | | MONTH | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JOSEPH W. VENZON
CHEMISTRY MANAGER

TYPED OR PRINTED

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Signature of David W. Day

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

724,682-5113

AREA CODE NUMBER

DATE

01 09 26

YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (include facility name, location, city, state)
NAME BEAVER VALLEY POWER STATION
ADDRESS P.O. BOX 4
ATTN: DAVID ORNDORF
SHIPPINGPORT PA 15077
FACILITY
LOCATION
ATTN: KEVIN OSTROWSKI

DISCHARGE MONITORING REPORT (DMR)

PA0025415
PERMIT NUMBER

013 A
DISCHARGE NUMBER

MAJOR
(SUBR 05)
F - FINAL
OUTFALL 013

| MONITORING PERIOD | | | | | | | | |
|-------------------|----|-----|------|----|-----|----|--|--|
| YEAR | MO | DAY | YEAR | MO | DAY | | | |
| 01 | 08 | 01 | TO | 01 | 08 | 31 | | |

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

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-----------------|-------|--------------------------|---------------|-----------------|-------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | 7.09 | ***** | 7.75 | (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 | 0.025 | 0.031 | (03) | ***** | ***** | ***** | | | 1/7 | EST |
| 50050 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | REPORT MD AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | **** | | WEEKLY | ESTIMA |
| CHLORINE, TOTAL RESIDUAL | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.12 | 0.55 | (19) | | 2/31 | CALC |
| 50060 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT MD AVG | REPORT INST MAX | MG/L | | TWICE/MONTH | CALC |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

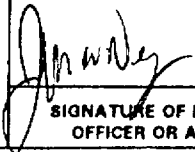
| | | | | | |
|---|---|-----------|-------------|------|--------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | DATE | | |
| JOSEPH W. VENZON CHEMISTRY MANAGER TYPED OR PRINTED | | | 724 682-513 | 01 | 09 26 |
| | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | 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.

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|--------------------|--------|--------------------------|------------------|--------------------|--------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | 6.60 | ***** | 7.30 | (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 | ***** | ***** | | ***** | 24.4 | 6.1 | (19) | 0 | 1/7 | COMP-2 |
| 00530 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 30 MD AVG | 100 DAILY MX | MG/L | | WEEKLY | COMP-2 |
| OIL & GREASE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 25 | 25 | (19) | 0 | 1/7 | GRAB |
| 00556 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 15 MD AVG | 20 DAILY MX | MG/L | | WEEKLY | GRAB |
| NITROGEN, AMMONIA TOTAL (AS N) | SAMPLE MEASUREMENT | ***** | ***** | | ***** | * | * | (19) | | * | * |
| 00610 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT MD AVG | REPORT DAILY MX | MG/L | | WEEKLY | GRAB |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 0.002 | 0.013 | (03) | ***** | ***** | ***** | | | DAILY | CONT |
| 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
JOSEPH W. VENZON
CHEMISTRY MANAGER
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
724 682-5113
AREA CODE NUMBER

DATE
01 09 26
YEAR MO DAY

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (if different))
NAME BEAVER VALLEY POWER STATION
ADDRESS P.O. BOX 4
ATTN: DAVID DRNDORF
FACILITY SHIPPINGPORT
LOCATION PA 15077
ATTN: KEVIN OSTROWSKI

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
PA0025415
PERMIT NUMBER
102 A
DISCHARGE NUMBER
MONITORING PERIOD
FROM 01 08 01 TO 01 08 31

MAJOR (SUBR 05)
F - FINAL
102 INTAKE SCREENHOUSE
*** NO DISCHARGE 1 1 ***
NOTE: Read instructions before completing this form.

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------|--------|--------------------------|-----------|--------------|--------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | 7.48 | ***** | 7.59 | (12) | 0 | 2/31 | 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 | ***** | ***** | | ***** | 4.2 | 4.5 | (19) | 0 | 2/31 | Grab |
| 00530 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 30 MD AVG | 100 DAILY MX | MG/L | | TWICE/MONTH | GRAB |
| OIL & GREASE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | LS | LS | (19) | 0 | 2/31 | Grab |
| 00556 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 15 MD AVG | 20 DAILY MX | MG/L | | TWICE/MONTH | GRAB |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 20.001 | 20.001 | (03) | ***** | ***** | ***** | | | 2/31 | EST |
| 50050 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | REPORT MD AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | **** | | TWICE/MONTH | ESTIMA |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOSEPH W. VENZON
CHEMISTRY MANAGER
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
724 682-5113
AREA CODE NUMBER

DATE
01 09 26
YEAR MO DAY

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

NAME BEAVER VALLEY POWER STATION
ADDRESS P. O. BOX 4
ATTN: DAVID ORNDORF
SHIPPINGPORT PA 15077

PA0025415
PERMIT NUMBER

103 A
DISCHARGE NUMBER

MAJOR (SUBR 05)
F - FINAL
SLUDGE SETTLING BASIN

FACILITY
LOCATION
ATTN: KEVIN OSTROWSKI

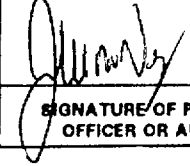
| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|-------|----|-----|--|
| YEAR | MO | DAY | YEAR | MO | DAY | |
| FROM 01 | 08 | 01 | TO 01 | 08 | 31 | |

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

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|--------------------|--------|--------------------------|--------------|-----------------|--------|--------|-----------------------|---------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | 7.35 | ***** | 7.40 | (12) | 0 | 2/31 | 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 | ***** | ***** | | ***** | 8.9 | 12.6 | (19) | 0 | 2/31 | 24 HR COMP |
| 00530 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 30 MD AVG | 100 DAILY MX | MG/L | | TWICE/MONTH | COMP24 |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 0.011 | 0.017 | (03) | ***** | ***** | ***** | | | 2/31 | EST |
| 50050 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | REPORT MD AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | **** | | TWICE/MONTH | ESTIMA |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOSEPH W. VENZON
CHEMISTRY MANAGER
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
724 682-5131
AREA CODE NUMBER

DATE
01 09 26
YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name, Location & Zip Code)
NAME BEAVER VALLEY POWER STATION
ADDRESS P.O. BOX 4
ATTN: DAVID ORNDORF
SHIPPINGPORT PA 15077
FACILITY
LOCATION
ATTN: KEVIN OSTROWSKI

DISCHARGE MONITORING REPORT (DMR)

| | | | | | |
|-------------------|----|-----|------------------|----|-----|
| PA0025615 | | | 110 A | | |
| PERMIT NUMBER | | | DISCHARGE NUMBER | | |
| MONITORING PERIOD | | | | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 01 | 08 | 01 | 01 | 08 | 31 |

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

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

| PARAMETER | | 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 | | | (03) | ***** | ***** | ***** | | | | |
| | PERMIT REQUIREMENT | REPORT MD AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | **** | | WEEKLY | ESTIMATE |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | | | | TELEPHONE | | DATE | | | |
| JOSEPH W. VENZON CHEMISTRY MANAGER | | | | | | 724682513 | | 01 | 09 | 26 | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | | 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 P.O. BOX 4
ATTN: DAVID ORNDORF
FACILITY SHIPPINGPORT PA 15077
LOCATION
ATTN: KEVIN OSTROWSKI

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
PA0025415
PERMIT NUMBER
111 A
DISCHARGE NUMBER
MONITORING PERIOD
YEAR MO DAY
FROM 01 08 01 TO 01 08 31

MAJOR (SUBR 05)
F - FINAL
111 DIESEL GENERATOR BLDG
*** NO DISCHARGE ☒ ***
NOTE: Read instructions before completing this form.

| PARAMETER | | 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 |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | (19) | | | |
| 00530 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 30 MD AVG | 100 DAILY MX | MG/L | | WEEKLY | GRAB |
| OIL & GREASE | SAMPLE MEASUREMENT | ***** | ***** | | | | | (19) | | | |
| 00556 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | 15 MD AVG | 20 DAILY MX | 30 INST MAX | MG/L | | WEEKLY | GRAB |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | DJS 9-26-01 0.002 | DJS 9-26-01 0.002 | (03) | ***** | ***** | ***** | | | 1/7 EST | DJS 9-26-01 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
JOSEPH W. JENZON
CHEMISTRY MANAGER
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
[Signature]

TELEPHONE
724-682-5113
AREA CODE NUMBER

DATE
01 09 26
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 P. O. BOX 4
ATTN: DAVID ORNDORF
SHIPPINGPORT PA 15077
FACILITY
LOCATION
ATTN: KEVIN OSTROWSKI

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

OMB No. 2040-0004

PA0025615
PERMIT NUMBER
113 A
DISCHARGE NUMBER

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

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-------|
| YEAR | MO | DAY | YEAR | MO | DAY |
| 01 | 08 | 01 | TO | 01 | 08 31 |

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

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---|--------------------|--------|--------------------------|-----------------|-----------------|-------------|----------|-----------------------|--------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | 7.09 | ***** | 7.40 | (12) | 0 | 2/31 | 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 | ***** | ***** | | ***** | 7.7 | 8.1 | (19) | 0 | 2/31 | 8 HR COMP |
| 00530 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 30 MD AVG | 60 DAILY MX | MG/L | | TWICE/MONTH | COMP-B |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 0.023 | 0.029 | (03) | ***** | ***** | ***** | | 0 | 1/7 | MEAS |
| 50050 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | 0.043 MD AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | **** | | WEEKLY | MEASRD |
| CHLORINE, TOTAL RESIDUAL | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.45 | 0.60 | (19) | 0 | 2/31 | GRAB |
| 50060 1 0 1 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 1.4 MD AVG | 3.3 INST MAX | MG/L | | TWICE/MONTH | GRAB |
| COLIFORM, FECAL GENERAL | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.0 | ***** | (13) | 0 | 2/31 | GRAB |
| 74055 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 200 MD GEOMN | ***** | #/ 100ML | | TWICE/MONTH | GRAB |
| BOD, CARBONACEOUS 05 DAY, 20C | SAMPLE MEASUREMENT | ***** | ***** | | ***** | L2 | L2 | (19) | 0 | 2/31 | 8 HR COMP |
| 80082 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 25 MD AVG | 50 DAILY MX | MG/L | | TWICE/MONTH | COMP-B |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | | | | | | TELEPHONE | | DATE | |
| JOSEPH W. VENZON CHEMISTRY MANAGER | | | | | | | | | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | | | | AREA CODE | NUMBER | YEAR | MO DAY |
| | | | | | | | | 724 | 682-5113 | 01 | 09 26 |

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

NAME BEAVER VALLEY POWER STATION
ADDRESS P. O. BOX 4
ATTN: DAVID ORNDORF
SHIPPINGPORT PA 15077
FACILITY
LOCATION
ATTN: KEVIN OSTROWSKI

DISCHARGE MONITORING REPORT (DMR)

PA0025615
PERMIT NUMBER

201 A
DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY

01 08 01 01 08 31

MAJOR (SUBR 05)
F - FINAL
201 SOFTENER REGENERANTS

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

| PARAMETER | | 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 | | TWICE/MONTH | GRAB |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | (19) | | | |
| 00530 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 30 MO AVG | 100 DAILY MX | MG/L | | TWICE/MONTH | GRAB |
| OIL & GREASE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | (19) | | | |
| 00556 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 15 MO AVG | 20 DAILY MX | MG/L | | TWICE/MONTH | GRAB |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | | | (03) | ***** | ***** | ***** | | | | |
| 50050 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | REPORT MO AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | **** | | TWICE/MONTH | ESTIMATE |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOSEPH W. VENZON
CHEMISTRY MANAGER
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
724, 682-5113

DATE
01 09 26

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 P.O. BOX 4
ATTN: DAVID ORNDORF
SHIPPINGPORT PA 15077
FACILITY
LOCATION
ATTN: KEVIN OSTROWSKI

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

OMB No. 2040-0004

PA0025615
PERMIT NUMBER

203 A
DISCHARGE NUMBER

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

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|-------|----|-----|
| YEAR | MO | DAY | YEAR | MO | DAY |
| FROM 01 | 08 | 01 | TO 01 | 08 | 31 |

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

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---|--------------------|--------|--------------------------|-----------------|-----------------|-------------|----------|-----------------------|--------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | 7.46 | ***** | 7.64 | (12) | 0 | 2/31 | 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 | ***** | ***** | | ***** | 22.6 | 23.8 | (19) | 0 | 2/31 | 8 HR COMP |
| 00530 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 30 MD AVG | 60 DAILY MX | MG/L | | TWICE/MONTH | COMP-8 |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 0.007 | 0.019 | (03) | ***** | ***** | ***** | | 0 | 1/7 | MEAS |
| 50050 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | 0.023 MD AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | **** | | WEEKLY | MEASRD |
| CHLORINE, TOTAL RESIDUAL | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.49 | 0.80 | (19) | 0 | 2/31 | GRAB |
| 50060 1 0 1 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 1.4 MD AVG | 3.3 INST MAX | MG/L | | TWICE/MONTH | GRAB |
| COLIFORM, FECAL GENERAL | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.0 | ***** | (13) | 0 | 2/31 | GRAB |
| 74055 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 200 MD GEOMN | ***** | #/ 100ML | | TWICE/MONTH | GRAB |
| BOD, CARBONACEOUS 05 DAY, 20C | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 2.4 | 2.7 | (19) | 0 | 2/31 | 8 HR COMP |
| 80082 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 25 MD AVG | 50 DAILY MX | MG/L | | TWICE/MONTH | COMP-8 |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | | | | | | TELEPHONE | | DATE | |
| JOSEPH W. VENZON CHEMISTRY MANAGER | | | | | | | | | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | | | | AREA CODE | NUMBER | YEAR | MO DAY |
| | | | | | | | | 724 | 682-5113 | 01 | 09 26 |

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

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------|--------|--------------------------|-------------|--------------|--------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | 6.79 | ***** | 7.80 | (12) | 0 | 1/7 | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | SU | | WEEKLY | GRAB |
| 00400 1 0 0 EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 24 | 4.1 | (19) | 0 | 1/7 | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30 MD AVG | 100 DAILY MX | MG/L | | WEEKLY | GRAB |
| 00530 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE | SAMPLE MEASUREMENT | ***** | ***** | | 25 | 25 | 25 | (19) | 0 | 1/7 | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | | 15 MD AVG | 20 DAILY MX | 30 INST MAX | MG/L | | WEEKLY | GRAB |
| 00556 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 0.002 | 0.002 | (03) | ***** | ***** | ***** | | | 1/7 | Est |
| | PERMIT REQUIREMENT | REPORT MD AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | ***** | | WEEKLY | ESTIMA |
| 00050 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOSEPH W. VENZON
CHEMISTRY MANAGER
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
724.682-5131
AREA CODE NUMBER

DATE
01 09 26
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 P.O. BOX 4
ATTN: DAVID ORNDORF
SHIPPINGPORT PA 15077
FACILITY
LOCATION

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

PA0025415
PERMIT NUMBER

213 A
DISCHARGE NUMBER

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

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| YEAR | MO | DAY | YEAR | MO | DAY |
| 01 | 08 | 01 | 01 | 08 | 31 |

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

ATTN: KEVIN OSTROWSKI

| PARAMETER | | 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 | | TWICE/MONTH | GRAB |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | (19) | | | |
| 00530 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 30 MG AVG | 100 DAILY MX | MG/L | | TWICE/MONTH | GRAB |
| OIL & GREASE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | (19) | | | |
| 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 | | | (03) | ***** | ***** | ***** | | | | |
| 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 | | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | | | | | | TELEPHONE | | DATE | |
| Joseph W. Venzon Chemistry Manager | | | | | | | | | | | |
| TYPED OR PRINTED | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | | | | AREA CODE | NUMBER | YEAR | MO DAY |
| | | | | | | | | 24 | 682-513 | 01 | 09 26 |

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

| PARAMETER | | 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 | ***** | ***** | | ***** | L4 | L4 | (19) | 0 | 2/31 | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 30 MD AVG | 100 DAILY MX | MG/L | | TWICE/MONTH | GRAB |
| OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | L5 | L5 | (19) | 0 | 2/31 | 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 | SAMPLE MEASUREMENT | L0.001 | L0.001 | (03) | ***** | ***** | ***** | | | 1/7 | EST |
| | PERMIT REQUIREMENT | REPORT MD AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | **** | | WEEKLY | ESTIMA |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
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| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOSEPH W. VENZON
CHEMISTRY MANAGER
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
724 682-513
AREA CODE NUMBER

DATE
01 09 26
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 P. O. BOX 4
ATTN: DAVID BRNDORF
SHIPPINGPORT PA 15077

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
PA0025615
PERMIT NUMBER
303 A
DISCHARGE NUMBER

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

MONITORING PERIOD
FROM 01 08 01 TO 01 08 31

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

ATTN: KEVIN OSTROWSKI

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|--------------------|--------|--------------------------|--------------|-----------------|--------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | 6.76 | ***** | 7.47 | (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 | ***** | ***** | | ***** | 7.0 | 13.9 | (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 | ***** | ***** | | ***** | 25 | 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 | 0.019 | 0.056 | (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
JOSEPH W. VENZON
CHEMISTRY MANAGER
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
724 682-5113
AREA CODE NUMBER

DATE
01 09 26
YEAR MO DAY

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

NAME BEAVER VALLEY POWER STATION
ADDRESS P. O. BOX 4
ATTN: DAVID ORNDORF
SHIPPINGPORT PA 15077

DISCHARGE MONITORING REPORT (DMR)

PA0025615

PERMIT NUMBER

313 A

DISCHARGE NUMBER

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

FACILITY
LOCATION

MONITORING PERIOD

YEAR MO DAY

YEAR MO DAY

FROM 01 08 01 TO 01 08 31

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

ATTN: KEVIN OSTROWSKI

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|--------------------|-------|--------------------------|--------------|-----------------|-------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | 7.31 | ***** | 7.75 | (12) | 0 | 1/1 | GRAB |
| 00400 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | SU | | WEEKLY | GRAB |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | | ***** | L4 | L4 | (19) | 0 | 1/1 | GRAB |
| 00530 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 30 MD AVG | 100 DAILY MX | MG/L | | WEEKLY | GRAB |
| OIL & GREASE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | L5 | L5 | (19) | 0 | 1/1 | 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) | ***** | ***** | ***** | | | 1/1 | 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
JOSEPH W. VENZON
CHEMISTRY MANAGER
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

724 682-513

01 09 26

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 P.O. BOX 4
ATTN: DAVID ORNDORF
FACILITY SHIPPINGPORT
LOCATION PA 15077

NATIONAL POLLUTANT DISCHARGE MONITORING REPORT (DMR)

| | |
|---------------|------------------|
| PA0025615 | 401 A |
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| YEAR | MO | DAY | YEAR | MO | DAY |
| 01 | 08 | 01 | 01 | 08 | 31 |

FROM TO

MAJOR (SUBR 05)
F - FINAL
CHEM. FEED AREA OF AUX BOILERS

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

ATTN: KEVIN OSTROWSKI

| PARAMETER | | 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 | ***** | REPORT MAXIMUM | SU | | TWICE/GRAB MONTH | |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | (19) | | | |
| 00530 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 30 MD AVG | 100 DAILY MX | MG/L | | TWICE/GRAB MONTH | |
| OIL & GREASE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | (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 | SAMPLE MEASUREMENT | | | (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 | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | DATE | | | |
| JOSEPH W. VENZON CHEMISTRY MANAGER TYPED OR PRINTED | | | 74, 682-513 | 01 | 09 | 26 |
| | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | YEAR | MO | DAY |

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

ATTN: KEVIN OSTROWSKI

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---|--------------------|--------|--------------------------|------------------|--------------------|-------------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | 7.29 | ***** | 7.84 | (12) | 0 | 4/31 | Grab |
| 00400 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | SU | | WEEKLY | GRAB |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 4.4 | 5.1 | (19) | 0 | 3/31 | Grab |
| 00530 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 30 MD AVG | 100 DAILY MX | MG/L | | WEEKLY | GRAB |
| OIL & GREASE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 25 | 25 | (19) | 0 | 3/31 | Grab |
| 00556 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 15 MD AVG | 20 DAILY MX | MG/L | | WEEKLY | GRAB |
| NITROGEN, AMMONIA TOTAL (AS N) | SAMPLE MEASUREMENT | ***** | ***** | | ***** | * | * | (19) | | * | * |
| 00610 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT MD AVG | REPORT DAILY MX | MG/L | | WEEKLY | GRAB |
| CLAMTROL CT-1, TOTAL WATER | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ** | ** | (19) | | ** | ** |
| 04251 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 0 MD AVG | 0 DAILY MX | MG/L | | WHEN DISCHRG | COMP24 |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 0.006 | 0.010 | (03) | ***** | ***** | ***** | | | 1/7 | Est |
| 50050 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | REPORT MD AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | **** | | WEEKLY | ESTIMA |
| CHLORINE, TOTAL RESIDUAL | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.06 | 0.10 | (19) | 0 | 3/31 | Grab |
| 50060 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 0.5 MD AVG | 1.25 INST MAX | MG/L | | WEEKLY | GRAB |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | | | | TELEPHONE | | DATE | | | |
| TYPED OR PRINTED | | | | | | | | | | | |
| Joseph W. Venzon Chemistry Manager | | | | | | 2462513 | | 01 09 26 | | | |
| | | | | | | AREA CODE NUMBER | | YEAR MO DAY | | | |

NAME BEAVER VALLEY POWER STATION
ADDRESS P.O. BOX 4
ATTN: DAVID DRNDORF
SHIPPINGPORT PA 15077

PA0025615
PERMIT NUMBER

403 A
DISCHARGE NUMBER

MAJOR (SUBR 05)
F - FINAL
CONDENSATE BLOWDOWN & RIVR WAT

FACILITY
LOCATION

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
01 08 01 01 08 31

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

ATTN: KEVIN OSTROWSKI

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-------------------------------------|--------------------|---------------------|---------|-------|--------------------------|----------|------------|--------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| HYDRAZINE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | * | * | (19) | | * | * |
| 81313 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 0 MO AVG | 0 DAILY MX | MG/L | | WEEKLY | GRAB |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
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| | 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 | | | |
| JOSEPH W. JENSON CHEMISTRY MANAGER | | | 724 682-5113 | 01 | 09 | 26 | |
| TYPED OR PRINTED | | | 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.)

| PARAMETER | | 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 |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | (19) | | | |
| 00530 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 30 MD AVG | 100 DAILY MX | MG/L | | WEEKLY | GRAB |
| OIL & GREASE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | (19) | | | |
| 00556 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 15 MD AVG | 20 DAILY MX | MG/L | | WEEKLY | GRAB |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | | | (03) | ***** | ***** | ***** | | | | |
| 50050 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | REPORT MD AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | **** | | WEEKLY | ESTIMA |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joseph W. Venzon
Chemistry Manager
TYPED OR PRINTED

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

Signature of Principal Executive Officer or Authorized Agent

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
724-682-5113
AREA CODE NUMBER

DATE
01 09 26
YEAR MO DAY

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

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.00105/010622-0919This is a 4-part form. PAGE 1 OF 1

NAME BEAVER VALLEY POWER STATION
ADDRESS P.O. BOX 4
ATTN: DAVID BRNDORF
SHIPPINGPORT PA 15077
FACILITY
LOCATION

PA0025415
PERMIT NUMBER

501 A
DISCHARGE NUMBER

MAJOR
(SUBR 05)
F - FINAL
UNIT 1 GENRTR BLWDWN FILT BW

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| YEAR | MO | DAY | YEAR | MO | DAY |
| 01 | 08 | 01 | 01 | 08 | 31 |

FROM TO

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

ATTN: KEVIN OSTROWSKI

| PARAMETER | | 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 | ***** | ***** | | ***** | | | (19) | | | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 30 MD AVG | 100 DAILY MX | MG/L | | | WEEKLY GRAB |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | | | (03) | ***** | ***** | ***** | | | | |
| | PERMIT REQUIREMENT | REPORT MD AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | **** | | | WEEKLY ESTIMATE |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOSEPH W. VENZON
CHEMISTRY MANAGER
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
724 682-5113
AREA CODE NUMBER

DATE
01 09 26
YEAR MO DAY

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

Paperwork Reduction Act Notice

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

General Instructions

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

Legal Notice

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$250,000 per day of violation, or by imprisonment for not more than one year, or by both.

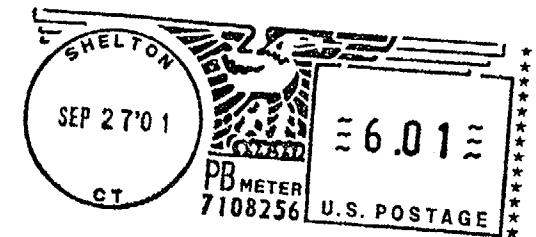


► **PerkinElmer Instruments**
Headquarters Office
710 Bridgeport Avenue
Shelton, CT 06484-4794 USA

CERTIFIED

Z 522 626 737

MAIL



**RETURN RECEIPT
REQUESTED**

U.S. NUCLEAR REGULATORY COMMISSION
NMSS/SCDB, MAIL STOP T:8F5
WASHINGTON, DC 20555
ATTN: CHERYL BARNES