

FENOC

FirstEnergy Nuclear Operating Company

**BEAVER VALLEY POWER STATION
NUCLEAR OPERATIONS DEPARTMENT
CHEMISTRY SECTION**

December 21, 2001
L-01-156

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

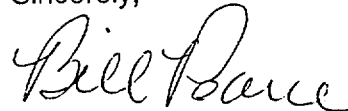
NPDES Monthly Report, EPA Permit No. PA0025615

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

LWP:jmm

cc: Tiffany Shepard
J. W. Venzon
Central File

IE25

Rec'd
01/15/02



BEAVER VALLEY POWER STATION
NUCLEAR OPERATIONS DEPARTMENT
CHEMISTRY SECTION

December 21, 2001
NPD3VPO:1205

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

NPDES Monthly Report, EPA Permit No. PA0025615

Gentlemen:

NPDES Monthly Report for First Energy Company, Beaver Valley Power Station for November 2001 is submitted for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Bill Pearce".

Bill Pearce
Plant General Manager

LWP:jmm

cc: Tiffany Shepard
J. W. Venzon
Central File



**BEAVER VALLEY POWER STATION
NUCLEAR OPERATIONS DEPARTMENT
CHEMISTRY SECTION**

December 21, 2001
NPD3VPO:1206

United States Environmental Protection Agency
Region III, Pennsylvania (3WM53)
Water Permits Branch
Water Management Division
1650 Arch Street
Philadelphia, PA 19103-2029

NPDES Monthly Report, EPA Permit No. PA0025615

Dear Sir:

This letter forwards a copy of our NPDES Monthly Report as submitted to the Pennsylvania Department of Environmental Resources, Bureau of Water Quality Management.

Sincerely,

A handwritten signature in cursive script that reads "Bill Pearce".

Bill Pearce
Plant General Manager

LWP:jmm

cc: Tiffany Shepard
J. W. Venzon
Central File

December 21, 2001

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

Gentlemen:

Pursuant to Part C, Section 19 of NPDES Permit, PA 0025615, Beaver Valley Power Station is required to demonstrate that Chromium and Zinc are not added for cooling tower maintenance at Outfall 001 and 012. The samples shall be taken twice per year in the same calendar month.

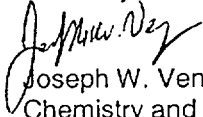
The following are the results for Chromium and Zinc

Outfall 001	Zinc, mg/L	Chromium, mg/L
November 13, 2001	0.031	<0.002
November 19, 2001	0.039	<0.002
Outfall 012	Zinc, mg/L	Chromium, mg/L
November 13, 2001	6.18	<0.002
November 19, 2001	5.08	<0.002

Note that zinc was detected at higher than expected levels in Outfall 012. The zinc is not due to the addition of zinc to the cooling system, but rather from galvanized corrosion of the cooling tower components. Beaver Valley Power Station is working with its chemical vendor to address the corrosion problem at Outfall 012.

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

Sincerely,



Joseph W. Venzon
Chemistry and Environmental Manager

Instructions:

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

For sludge that is incinerated:
Pre-incineration weight = _____ dry tons
Post-incineration weight = _____ dry tons

UNIT 1

HAULED AS LIQUID SLUDGE

[illegible]

TOTAL	=	0.66
-------	---	------

HAULED AS DEWATERED SLUDGE

[illegible]

TOTAL	=	
-------	---	--

	Site 1	Site 2	Site 3	Site 4
Name:	Borough of Monaca	Hopewell Township		
Permit No.:	PA0020125	PA0026328		
Dry Tons Disposed:		0.667		
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	Beaver	Beaver		

(SSR-1 3/21/91)

Donald J. Salera For
Signature

Chemistry Manager 12-27-01 (724) 682-5113
Title Date Telephone

DISCHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

Month: November
Year: 2001

Instructions:

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

 Permittee: FENOC
 Plant: Beaver Valley Power Station
 NPDES: PA0025615
 Municipality: Shippingport Borough
 County: Beaver

For sludge that is incinerated:

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

Unit 2

SLUDGE PRODUCTION INFORMATION (prior to incineration)

HAULED AS LIQUID SLUDGE				HAULED AS DEWATERED SLUDGE			
(Gallons)	X	(% Solids)	X (Conversion Factor)	= Dry Tons	(Tons of Dewatered Sludge)	X (% Solids)	X (.01) = Dry Tons
20,500		2.0	.0000417	1.71			.01

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

	Site 1	Site 2	Site 3	Site 4
Name:	Borough of Monaca	Hopewell Township		
Permit No.:	PA0020125	PA0026328		
Dry Tons Disposed:		1.71		
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	Beaver	Beaver		

Chemistry Manager

12-27-01

(724) 682-5113

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P. O. BOX 4

ATTN: DAVID DRNDORF

SHIPPENSBURG

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

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

Form Approved.
OMB No. 2040-0004

040025415
PERMIT NUMBER

417 A
DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

BULK FUEL STORAGE DRAIN

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

*** NO DISCHARGE ☒ ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	P.O. MAXIMUM	BU		WEEKLY	GRAB
00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
	PERMIT REQUIREMENT	*****	*****	*****	DO MD AVG	DO	100 DAILY MX	MG/L		WEEKLY	GRAB
00554 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			(18)			
	PERMIT REQUIREMENT	*****	*****	*****	MD AVG	5	20 DAILY MX	MG/L		WEEKLY	GRAB
00650 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	100	*****	*****	*****	*****		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.

TELEPHONE

724 682-5113

DATE

01 12 18

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 9 BOX 4

ATTN: DAVID ORNDORF

SHIPPINGSBORO PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTRONSKI

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

PERMIT NUMBER

DISCHARGE NUMBER

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

MAJOR

(SUBR 05)

F - FINAL

UNIT 1 GENERATOR BLOWN FILT HP

Form Approved.
OMB No. 2040-0004

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

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
WALDES TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	*****	*****		*****			1.0			
00330 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	30 MD AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			CGK	*****	*****	*****				
FLOW IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	***		WEEKLY	ESTIMA
00330 1 0 0		MD AVG	DAILY MX	MGD							
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
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	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			01 12 18		
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		724 682 5113 AREA CODE NUMBER	01	12	18

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

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

NAME HANOVER VALLEY POWER STATION

ADDRESS 101 BOX 4

ATLANTA, GA 30307

ALFRED CORP

PA 19047

FACILITY

LOCATION

ALFRED CORP

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

MAJOR

(SURR 05)

F - FINAL

UNITS 142 COOLG. TOWER BLNCH.

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY

*** NO DISCHARGE 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	8.26	*****	7.58	(12)	0	1/7	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	50		WEEKLY	GRAB
00410 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	(19)	*	*	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	DAILY MX	MG/L		WEEKLY	GRAB
00420 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.0	0.0	(19)	0	2/30	21 hr Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	DAILY MX	MG/L		WEEKLY	GRAB
00430 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	(03)	0	daily	Cont.
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		DAILY	CONTIN
00440 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.17	0.22	(19)	0	1/7	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	INST MAX	MG/L		WEEKLY	GRAB
00450 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.05	0.20	(19)	0	Cont.	recd.
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	AVERAGE	MAXIMUM	MG/L		CONTIN	CONDN
00460 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*	*	(19)		*	*
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	DAILY MX	MG/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Joseph W. Venzan

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 violating violations.

TELEPHONE

DATE

274 442-2113

01 12 17

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 NET LAYUP. REPORT THE DAILY MAXIMUM FOR BOTH WHEN DISCHARGING (24 HR. COMP.) 100/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.)

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

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

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

00025413

PERMIT NUMBER

002 A

DISCHARGE NUMBER

MAJOR

(EUDR 05)

F - FINAL

INTAKE SCREEN BACKWASH

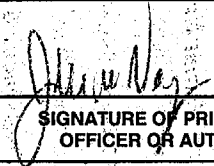
Form Approved.
OMB No. 2040-0004

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

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.006	0.046	03	*****	*****	*****		0	1/7	Est
00000 1 0 0	PERMIT REQUIREMENT	REPORT MD AVE	REPORT DAILY MX	MD	*****	*****	*****	****		WEEKLY	ESTIMA
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	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. Venzon Chemistry Manager TYPED OR PRINTED			724.682-5113	01	12	17

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: 0 BOX 4

ATTN: DAVID DRNDORF

SHIPPONPORT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

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

PA0025415
PERMIT NUMBER

003 A
DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

003 UNCONTAMINATED STORM WATER

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD

FROM 01 11 01 TO 01 11 30

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.058	0.164	0.031	*****	*****	*****		0	2/30	Est
EFFLUENT CROSS VALUE	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MAX	MGD	*****	*****	*****	****		THICE/ESTIMA MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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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.

TELEPHONE

724 682-5113

DATE

01 12 17

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 CRANDERT

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROMSKI

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

P40025A13

PERMIT NUMBER

004 A

DISCHARGE NUMBER

MAJOR

(SUBP Q5)

F - FINAL

UNIT ONE COOLG TOWER OVERFLOW

Form Approved.

OMB No. 2040-0004

MONITORING PERIOD

YEAR MO DAY
01 11 01

YEAR MO DAY
01 11 30

FROM

TO

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TH	SAMPLE MEASUREMENT	*****	*****			*****		121			
30400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	3.0	*****	7.0			WEEKLY	GRAB
EFFLUENT GROSS VALUE				***	MINIMUM		MAXIMUM	50			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(G)	*****	*****	*****				
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	***		WEEKLY	EAARD
EFFLUENT GROSS VALUE		NO AVG	DAILY MX	MGD				***			
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****			191			
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	0.5	25			WEEKLY	GRAB
EFFLUENT GROSS VALUE				***		NO AVG	INST MAX	MG/L			
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****			191			
50064 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	0.2	0.5			WEEKLY	GRAB
EFFLUENT GROSS VALUE				***		AVERAGE	MAXIMUM	MG/L			
	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

724 682-5113

01 12 17

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 OSYROWSKI

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

PA0025415

PERMIT NUMBER

004 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

AUX INTAKE SCREEN BACKWASH

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
01	11	01	01	11	30

FROM

TO

*** NO DISCHARGE ☒ ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY 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			(G3)	*****	*****	*****				
	PERMIT REQUIREMENT	REPORT NO. AVG	REPORT DAILY MAX	MGD	*****	*****	*****	****			WEEKLY ESTIMATE
	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 01 12 17
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 1

ATTN: DAVID BRNDORF

SHIPPENSBURG

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

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

PAGE 025413

PERMIT NUMBER

007 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

ADJ. INTAKE SYSTEM

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD

FROM YEAR 01 MO 11 DAY 01 TO YEAR 01 MO 11 DAY 30

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****			*****		12)			
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	0.0	*****	0.0			WEEKLY	GRAB
EFFLUENT GROSS VALUE				***	MINIMUM		MAXIMUM	5U			
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
00050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****			WEEKLY	ESTIMA
EFFLUENT GROSS VALUE		NO AVG	DAILY MX	MGD							
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****			19)			
00060 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	0.5	1.25			WEEKLY	GRAB
EFFLUENT GROSS VALUE				***	NO AVG		INST MAX	MG/L			
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****			19)			
00064 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	0.2	0.5			WEEKLY	GRAB
EFFLUENT GROSS VALUE				***	AVERAGE		MAXIMUM	MG/L			
	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

724-682-5113 01 12 17

AREA CODE

NUMBER

YEAR

MO

DAY

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

MONITORING FOR FLOW, FREE AVAILABLE CHLORINE, AND TOTAL RESIDUAL CHLORINE ARE REQUIRED ONLY DURING THOSE PERIODS OF DISCHARGE FROM THE ALTERNATE FLOW PATH OF THE REACTOR PLANT RIVER WATER SYSTEM

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

NAME BEAVER VALLEY POWER STATION

ADDRESS 0 BOX 4

ATTN: DAVID ORNDORF

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROMSKI

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

PA0025415

PERMIT NUMBER

008 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 1 COOLING TOWER PUMPHOUSE

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
01 11 01 TO 01 11 30

*** NO DISCHARGE 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.66	*****	8.03	12)	0	2/30	Grab
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	GU		TWICE/GRAB MONTH	
00500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	4.7	5.3	19)	0	2/30	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	DAILY MX	MG/L		TWICE/GRAB MONTH	
00550 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		<5.0	<5.0	<5.0	19)	0	2/30	Grab
	PERMIT REQUIREMENT	*****	*****	*****	MO AVG	DAILY MX	INST MAX	MG/L		TWICE/GRAB MONTH	
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	<0.001	<0.001	(03)	*****	*****	*****		0	1/7	Est.
	PERMIT REQUIREMENT	REPORT	REPORT	*****	*****	*****	*****	*****		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

724/687-5113

01/12/17

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 0. BOX 4

ATTN: DAVID GRUNDORF

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROMSKI

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

PERMIT NUMBER

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 2 COOLING WATER

Form Approved.
OMB No. 2040-0004

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

FROM

TO

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.69	*****	7.75	(12)	0	1/7	Grab
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	50			WEEKLY GRAB
CLAMTROL DT-1 TOTAL WATER	SAMPLE MEASUREMENT	*****	*****		*****	0.0	0.0	(19)	0	2/30	24 hr Comp
04251 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	MD AVG	INST MAX	MG/L			WHEN COMP 24 DISCHR
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	3.2	3.5	(03)	*****	*****	*****		0	1/7	meas.
00050 1 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****			WEEKLY MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.0	0.0	(19)	0	1/7	Grab
00060 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	MD AVG	INST MAX	MG/L			WEEKLY GRAB
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****	0.0	0.0	(19)	0	1/7	Grab
00064 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2 AVERAGE	0.5 MAXIMUM	MG/L			WEEKLY GRAB
	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

724 682-5113 01 12 17
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-MG/L AS A DAILY MAX.)

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P. O. BOX 4

ATTN: DAVID BRNDORF

SHIPPENSBURG

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

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

PA0025415
PERMIT NUMBER

011 A
DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

DIESEL GEN & TURBINE DRAINS

Form Approved
OMB No. 2040-0004

MONITORING PERIOD

FROM YEAR 01 MO 11 DAY 01 TO YEAR 01 MO 11 DAY 30

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.002	0.002	(G3)	*****	*****	*****		0	1/7	Est.
50050 1 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MCD	*****	*****	*****	****			WEEKLY ESTIMA
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER:

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.

TELEPHONE

724 682-5113

DATE

01 12 17

AREA CODE NUMBER YEAR MO DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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)

PA0025619

PERMIT NUMBER

012 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

BLOWDOWN FROM THE HVAC UNIT

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
01	11	01	01	11	30

FROM

TO

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		8.56	*****	8.56	(12)	0	1/30	Grab
00000 1 0 0	PERMIT REQUIREMENT	*****	*****	***	5.0	*****	0			ONCE/	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	GU		MONTH	
FLOW IN CONDUIT OR	SAMPLE MEASUREMENT	20.001	20.001	(03)	*****	*****	*****		0	1/30	EST
THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		ONCE/	ESTIMA
00050 5 0 0		MD AVG	DAILY MAX	MGD				****		MONTH	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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

01 12 17

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

See attached letter for Chromium and Zinc analysis.

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

NAME BEAVER VALLEY POWER STATION

ADDRESS BOX 4

ATTN: DAVID CRNDRF

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

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

PA00025415
PERMIT NUMBER

013 A
DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

OUTFALL 013

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD

FROM YEAR 01 MO 11 DAY 01 TO YEAR 01 MO 11 DAY 30

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.02	*****	7.39	(12)	0	1/7	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	SU			WEEKLY GRAB
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.033	0.045	(03)	*****	*****	*****		0	1/7	Est
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MAX	160	*****	*****	*****	***			WEEKLY ESTIMA
CHLORINE TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.29	0.36	(19)	0	2/30	Calc
00060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT INST MAX	MG/L			TWICE/CALC'D MONTH
	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.

TELEPHONE

724 682 5113

DATE

01 12 17

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.

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID ORNDORF

SNIPPENPORT

PA 13077

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

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

PA0025A15

PERMIT NUMBER

101 A

DISCHARGE NUMBER

MAJOR

(SUBP 05)

F - FINAL

101 CHEMICAL WASTE TREATMENT

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
01 11 01 TO 01 11 30

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.46	*****	8.98	(12)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	EU		WEEKLY	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	4.0	4.0	(19)	0	1/7	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	DAILY MX	MG/L		WEEKLY	COMF-2
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	4.5.3	6.0	(19)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	DAILY MX	MG/L		WEEKLY	GRAB
00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(19)		*	*
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT			WEEKLY	GRAB
00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.002	0.012	(03)	*****	*****	*****		0	daily	Cont.
	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	*****		DAILY	CONTIN
01313 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(19)		*	*
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT			WEEKLY	GRAB
	PERMIT REQUIREMENT					MO AVG	DAILY MX	MG/L			

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 01 12 17
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.

* Plant was not in wet lay-up.

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID BRNDORF

SHIPPINGSIDE

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

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

PERMIT NUMBER

DISCHARGE NUMBER

MAJOR

(SUBR 05)

FI - FINAL

100 INTAKE SCREENHOUSE

Form Approved.
OMB No. 2040-0004

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

FROM

TO

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.74	*****	7.83	127	0	2/30	Grab
CO400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	BU		TWICE/GRAB MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	4.7	5.4	197	0	2/30	Grab
30530 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	MO DAILY MX	MG/L		TWICE/GRAB MONTH	
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	25.0	25.0	197	0	2/30	Grab
30556 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	MO DAILY MX	MG/L		TWICE/GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	20.001	20.001	0.037	*****	*****	*****		0	2/30	Est
50050 1 0 0	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		TWICE/ESTIMA MONTH	
	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	724 682-5113	01

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 DRNDURF

SHIPPINGTON

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

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

PA0005415

PERMIT NUMBER

103 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

SLUDGE SETTLING BASIN

Form Approved

OMB No. 2040-0004

MONITORING PERIOD

YEAR MO DAY
01 11 01

YEAR MO DAY
01 11 30

FROM

TO

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.62	*****	7.80	(2)	0	2/30	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	DU		TWICE/MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	25.1	60.6	(19)	0	3/30	24 hr comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	MD AVG	MD DAILY MX	MG/L		TWICE/MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.026	0.092	(03)	*****	*****	*****		0	2/30	Est.
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		TWICE/ESTIMA MONTH	
	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.

TELEPHONE

724 682-5113

DATE

01 12 17

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

724 682-5113

AREA CODE NUMBER

YEAR MO DAY

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

NAME BEAVER VALLEY POWER STATION

ADDRESS 8 BOX 4

ATTN: DAVID GRNDERT

SHIPPINSPO

PA 15077

FACILITY

LOCATION

ATTN: KEVIN CBIPOWSKI

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

PERMIT NUMBER

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 2 SERVICE WATER BACKWASH

Form Approved.
OMB No. 2040-0004

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

FROM

TO

*** NO DISCHARGE ☒ ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			031	*****	*****	*****				
00030 1 0 0	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MAX MGD		*****	*****	*****	***		WEEKLY ESTIMA	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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. Venzon Chemistry Manager TYPED OR PRINTED			724 682-5113 AREA CODE NUMBER	01 12 17 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 BOX 4

ATTN: DAVID GENDRE

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN CSTRONSKI

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

PERMIT NUMBER

PERMIT NUMBER

DISCHARGE NUMBER

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

111 DIESEL GENERATOR BLDG

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD

YEAR MO DAY
01 11 01

YEAR MO DAY
01 11 30

FROM

TO

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUANTITY 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	*****	*****	*****	0 0 MINIMUM	*****	9 0 MAXIMUM	BU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	20 MD AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****					19)			
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	0 0 MD AVG	20 DAILY MX	100 INST MAX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			031	*****	*****	*****				
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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.

TELEPHONE

724 682-5113

DATE

01 12 17

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

724 682-5113

AREA CODE NUMBER

YEAR MO DAY

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

NAME BEAVER VALLEY POWER STATION

ADDRESS 10 BOX 4

ATTN: DAVID BRNDOFF

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTRONSKI

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

PERMIT NUMBER

DISCHARGE NUMBER

MAJOR

(BUBR 05)

F - FINAL

UNIT 2 SEWAGE TMT PLANT

Form Approved
OMB No. 2040-0004

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

FROM

TO

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.10	*****	7.39	(12)	0	2/30	Grab
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	BU		TWICE/GRAB MONTH	
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	7.6	10.5	(19)	0	2/30	8-hr Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	DAILY MX	MG/L		TWICE/GRAB MONTH	
00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.031	0.043	(03)	*****	*****	*****		0	1/7	Meas.
	PERMIT REQUIREMENT	0.043	REPORT		*****	*****	*****	*****		WEEKLY MEASRD	
00060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.38	0.38	(19)	0	2/30	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	INST MAX	MG/L		TWICE/GRAB MONTH	
00080 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1.6	*****	(13)	0	2/30	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	MO GLOMN	*****	MOML		TWICE/GRAB MONTH	
00082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	2.0	2.0	(19)	0	2/30	8 hr Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	DAILY MX	MG/L		TWICE/GRAB MONTH	
	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

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 BRNDURE

SHIPPENPORT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

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

PERMIT NUMBER

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

201 SOFTENER REGENERANTS

Form Approved.
OMB No. 2040-0004

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

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY 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	*****	*****	*****	MINIMUM	*****	0	MAXIMUM SU		TWICE/GRAB MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	20	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)	*****	*****		*****			
00650 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX MG		*****	*****		*****		TWICE/ESTIMA MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
Joseph W. Venzon Chemistry Manager TYPED OR PRINTED			724 687-5113 AREA CODE NUMBER	01	12	17 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 ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

240024415
PERMIT NUMBER

203 A
DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

MAIN SEWAGE TMT PLANT

Form Approved.
OMB No. 2040-0004

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

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.91	*****	7.73	(2)	0	2/30	Grab
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	GU		TWICE/GRAB MONTH	
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	28.2	34.0	(19)	0	2/30	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MD AVG	60 DAILY MX	MG/L		TWICE/COMP-8 MONTH	
00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.003	0.006	(03)	*****	*****	*****		0	1/7	Meas
	PERMIT REQUIREMENT	0.023 MD AVG	REPORT DAILY MX MGD		*****	*****	*****	*****		WEEKLY MEAS	
00060 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.81	1.1	(19)	0	2/30	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	4 MD AVG	3.3 INST MAX	MG/L		TWICE/GRAB MONTH	
04055 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.0	*****	(3)	0	2/30	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	2000 MG GEDMN	*****	00ML		TWICE/GRAB MONTH	
00082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	9.7	12.5	(19)	0	2/30	8 hr Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	25 MD AVG	50 DAILY MX	MG/L		TWICE/COMP-8 MONTH	
	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	724-682-5113	01

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 3 BOX 4

ATTN: DAVID DRNDUFF

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

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

PA0025415

PERMIT NUMBER

211 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

211 TURBINE BLDG

Form Approved
OMB No. 2040-0004

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
01	11	01	01	11	30

FROM

TO

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.92	*****	7.29	12)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	50		WEEKLY	GRAB
00550 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	4.3	5.1	19)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	30	00	DAILY MX		WEEKLY	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		45.0	45.0	45.0	19)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	*****	MD AVG	30	30	INST MAX		WEEKLY	GRAB
00030 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.002	0.002	0.03)	*****	*****	*****		0	1/7	Est.
	PERMIT REQUIREMENT	REPORT	REPORT	*****	*****	*****	*****			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

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TELEPHONE

724 682-5113

DATE

01 12 17

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA CODE NUMBER YEAR MO DAY

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

NAME BEAVER VALLEY POWER STATION

ADDRESS 0 BOX 4

ATTN: DAVID CRANDORF

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN GSTRONSKI

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

PERMIT NUMBER

PERMIT NUMBER

DISCHARGE NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY
01 11 01

YEAR MO DAY
01 11 30

FROM

TO

MAJOR

(SUBR 05)

F - FINAL

UNIT 2 COOL TOWER PUMPHOUSE

Form Approved.
OMB No. 2040-0004

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****			*****		12)			
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	SD		TWICE/GRAD MONTH	
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			15)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	20 MD AVG	00 DAILY MX	MD/L		TWICE/GRAD MONTH	
00536 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			17)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	20 MD AVG	20 DAILY MX	MD/L		TWICE/GRAD MONTH	
00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
	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:

Chemistry Manager
Joseph W. Venzon

TYPED OR PRINTED

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

TELEPHONE

724-682-5113

DATE

01 12 17

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA CODE NUMBER YEAR MO DAY

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

NAME BEAVER VALLEY POWER STATION

ADDRESS 8 BOX 4

ATTN: DAVID DRNDORF

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

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

PERMIT NUMBER

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 2 AUX BOILER BLOWDOWN

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
01 11 01 TO 01 11 30

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	< 4.0	< 4.0	19)	0	1/30*	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	MO DAILY MX	MG/L		TWICE/GRAB MONTH	
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	< 5.0	< 5.0	19)	0	1/30*	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	MO DAILY MX	MG/L		TWICE/GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	< 0.001	< 0.001	003	*****	*****	*****		0	1/7	Est.
	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	*****		WEEKLY ESTIMATE	
	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
Joseph W. Venzon Chemistry Manager TYPED OR PRINTED			724 682-5113	01	12	17

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

* only one discharge occurred in November.

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

NAME BEAVER VALLEY POWER STATION

ADDRESS BOX 4

ATTN: DAVID CRNDORF

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

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

PERMIT NUMBER

DISCHARGE NUMBER

MAJOR

(SUBR 05)

FINAL

UNIT 1 OIL WATER SEPARATOR

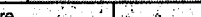
Form Approved
OMB No. 2040-0004

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

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00400 1 0 0	SAMPLE MEASUREMENT	*****	*****		7.55	*****	8.87	12	0	3/30*	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	BU		WEEKLY	GRAB
00530 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	5.7	9.1	19	0	3/30*	Grab
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	DAILY MX	MG/L		WEEKLY	GRAB
00530 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	25.0	25.0	19	0	3/30*	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	DAILY MX	MG/L		WEEKLY	GRAB
00536 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****		0	1/7	Est
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT	REPORT	03	*****	*****	*****	*****		WEEKLY	ESTIMA
00060 1 0 0	SAMPLE MEASUREMENT										
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MO AVG	DAILY MX	MGD							
	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		
TYPED OR PRINTED			724 682-5113	01	12	17	
Joseph W. Venzon Chemistry Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

Discharge occurred in only 3 of the 4 weeks in November.

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

NAME BEAVER VALLEY POWER STATION

ADDRESS 0 BOX 4

ATTN: DAVID DRNDORF

SHIPPINGSFORD

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

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

PA0025415

PERMIT NUMBER

013 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

013 TURBINE BLDG DRAIN

Form Approved
OMB No. 2040-0004

MONITORING PERIOD

FROM YEAR 01 MO 11 DAY 01 TO YEAR 01 MO 11 DAY 30

*** NO DISCHARGE 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.02	*****	7.31	12)	0	1/2	Grab
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	50			WEEKLY GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	24.0	4.0	19)	0	1/2	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	MD AVG	DAILY MX	MG/L			WEEKLY GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	25.0	5.0	19)	0	1/2	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	MD AVG	DAILY MX	MG/L			WEEKLY GRAB
00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.002	0.002	(03)	*****	*****	*****		0	1/2	Est.
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****			WEEKLY ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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.

TELEPHONE

724 682-5113

DATE

01 12 17

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

724 682-5113

AREA CODE NUMBER 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

PA 15077

LOCATION

ATTN: KEVIN OSTRONSKI

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

PA0025413

PERMIT NUMBER

401-A

DISCHARGE NUMBER

MAJOR

(SUBR 03)

F - FINAL

CREM. FEED AREA OF AUX BOILERS

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
01	11	01	01	11	30

FROM

TO

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		8.25	*****	8.25	12	0	1/30	Grab
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	REPORT MAXIMUM	DU		TWICE/GRAB MONTH	
00500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	< 4.0	< 4.0	19	0	1/30	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	NO AVG	NO DAILY MX	MG/L		TWICE/GRAB MONTH	
00554 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	< 5.0	< 5.0	19	0	1/30	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	NO AVG	NO DAILY MX	MG/L		TWICE/GRAB MONTH	
00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	< 0.001	< 0.001	(03)	*****	*****	*****		0	1/7	Est.
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		WEEKLY ESTIMA	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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 01 12 17

AREA CODE

NUMBER

YEAR

MO

DAY

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

* Discharge occurred in only one week in November.

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, including suggestion for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, S.W. 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 instruction 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*" as 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 measurement during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "*Frequency of Analysis*" both as "*Sample Measurement*" (actual frequency of sampling and analysis used during monitoring period) and as "*Permit Requirement*" specified in permit. (e.g. Enter "*Cont.*" for continuous monitoring, "*1/7*" for one day per week, "*1/30*" for one day per month, "*1/90*" for one day per quarter, etc.)
9. Enter "*Sample Type*" both as "*Sample Measurement*" (actual sample type used during monitoring period) and as "*Permit Requirement*," (e.g. Enter "*Grab*" for individual sample, "*24HC*" for 24-hour composite, "*N/A*" for continuous monitoring, etc.)
10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions to be taken, and reference each violation by date.
11. If "no discharge" occurs during monitoring period, enter "No Discharge" across form in place of data entry.
12. Enter "*Name/Title of Principal Executive Officer*" with "*Signature of Principal Executive Officer of Authorized Agent*," "*Telephone Number*," and "*Date*" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this *Discharge Monitoring Report (DMR)* form may be obtained from Office(s) specified in permit.

Legal Notice

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or both.