

James H. Lash
Plant General Manager

724-682-7773

October 28, 2003
L-03-178

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

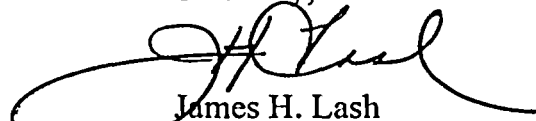
National Pollutants Discharge Elimination System (NPDES) Monthly Report
Permit No. PA0025615

To Whom It May Concern:

Enclosed is the September 2003 NPDES Discharge Monitoring Report (DMR) for FirstEnergy Nuclear Operating Company (FENOC), Beaver Valley Power Station, in accordance with the requirements of the Permit. Attachment 1 to this letter provides supplemental monitoring data for Outfall 001 (dissolved oxygen). A review of the reported data indicates that there were no exceedances or other challenges to Permit conditions during September 2003. On September 13 we did note that Circulating Water (non-contact condenser cooling water) overflowed the Unit 2 cooling tower basin during station shutdown for the recent refueling outage. The report of that incident investigation is included as Attachment 2 to this letter.

Should you have any questions regarding the attached and enclosed documents, please direct them to Mr. Edward Hubley, Manager Nuclear Environmental & Chemistry, at 724-682-7340.

Sincerely,



James H. Lash
Plant General Manager

Attachments (2)
Enclosure

cc: Document Control Desk US NRC
US Environmental Protection Agency
S. F. Brown

IE25

ATTACHMENT 1

Weekly Dissolved Oxygen Monitoring Results at Outfall 001

The following supplemental dissolved oxygen monitoring data for Outfall 001 is provided as agreed.

| SAMPLE DATE | SAMPLE TIME | VALUE | MEASURE UNITS |
|-------------|-------------|-------|---------------|
| 9/02/03 | 0915 | 7.84 | mg/L |
| 9/10/03 | 0940 | 7.82 | mg/L |
| 9/17/03 | 1400 | 7.63 | mg/L |
| 9/26/03 | 0905 | 8.65 | mg/L |
| 9/28/03 | 0850 | 8.30 | mg/L |

- Attachment 1 END -

ATTACHMENT 2

Cooling Tower Basin Overflow in September 2003

During the plant shutdown process for our recent refueling outage on September 14, 2003, circulating water overflowed from the Unit 2 Cooling Tower basin. Circulating Water, non-contact condenser cooling water, is comprised of Ohio River water made-up from the Unit 2 Service Water system. It is estimated that several thousand gallons overflowed from the basin, over pavement, and into soil and various storm drains that lead to Outfall 013-Peggs Run.

A surveillance of Peggs Run was conducted and no environmental harm or effects were observed. In addition, our recent annual stormwater pollution prevention inspections indicated no challenging conditions existed that could contribute to pollution from run-off of any water into the stormwater system.

EVENT INVESTIGATION AND CORRECTIVE ACTIONS

The event was investigated in the FENOC Process Improvement Process under Condition Report 03-09415. The cause was determined to be a clogged blowdown drain valve that prevented the cooling tower basin to drain water in the risers after the circulating pumps were shut off. When the pumps are shut down, the water in the risers flows into the basin. The blowdown drain valve system is designed to accept that additional volume of water under normal conditions. However, some degradation of various piping components caused damage to plastic diffusers in the tower, and that debris as well as piping materials clogged the valve.

Corrective actions included cleaning out the valve and the replacement of defective piping and diffuser materials. The lessons learned are captured in the condition report.

- Attachment 2 END -

DISCHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

Month: SEPT
Year: 2003

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

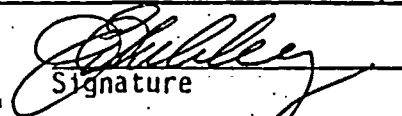
Unit 1

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 |
| 12,000 | | 2.0 | | .0000417 | | 1.00 | | | | | .01 | | |
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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: | 1.00 | | | |
| Type: (check one) | | | | |
| Landfill | | | | |
| Agr. Utilization | | | | |
| Other (specify) | | | | |
| County: | Beaver | Beaver | | |


 Signature

 Chemistry Manager
 Title

 10/27/03
 Date

 (724) 682-5113
 Telephone

Month: SEPT
Year: 2003

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

HAULED AS DEWATERED SLUDGE

| (Gallons) | X | (% Solids) | X | (Conversion Factor) | = | Dry Tons | (Tons of Dewatered Sludge) | X | (% Solids) | X | (.01) | = | Dry Tons |
|-----------|---|------------|---|---------------------|---|----------|----------------------------|---------|------------|---|-------|---|----------|
| 24,000 | | 2.0 | | .0000417 | | 2.00 | | | | | .01 | | |
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| TOTAL | | | | | | = | 2.00 | TOTAL = | | | | | |

| | Site 1 | Site 2 | Site 3 | Site 4 |
|--------------------|---|-------------------|--------|--------|
| Name: | Borough of Monaca Sewage Treatment Plant | Hopewell Township | | |
| Permit No.: | PA0020125 | PA0026328 | | |
| Dry Tons Disposed: | 2.00 | | | |
| Type: (check one) | | | | |
| Landfill | | | | |
| Agr. Utilization | | | | |
| Other (specify) | | | | |
| County: | Beaver | Beaver | | |

Signature _____

Chemistry Manager
Title

10/27/03
Date

(724) 682-5113
Telephone

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025415

PERMIT NUMBER

001 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNITS 1&2 COOLG. TOWER BLWDN.

EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

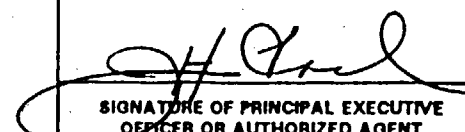
| PARAMETER | X | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|--------------------|--------|--------------------------|---------|---------|--------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| PH | | ***** | ***** | | 8.27 | ***** | 8.49 | (12) | 0 | 1/7 | GRAB |
| 00400 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | ***** | 5.0 | ***** | 9.0 | SU | | WEEKLY | GRAB |
| NITROGEN, AMMONIA TOTAL (AS N) | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | | | |
| 00610 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | (19) | | 4/30* | GRAB |
| CLAMTROL CT-1, TOTAL WATER | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | | WEEKLY | GRAB |
| 04251 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | (19) | | ***** | ***** |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | | WHEN COMP24 DISCHR | |
| 50050 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 39.3 | 58.5 | (03) | ***** | ***** | ***** | ***** | | DAILY | CONT |
| CHLORINE, TOTAL RESIDUAL | PERMIT REQUIREMENT | REPORT MO AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | ***** | | DAILY | CONTIN |
| 50060 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | (19) | 0 | 15/30 | GRAB |
| CHLORINE, FREE AVAILABLE | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | | WEEKLY | GRAB |
| 50064 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | (19) | 0 | CONT | RECOR |
| HYDRAZINE | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | | CONTIN | RECORD |
| 81313 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | (19) | 0 | 4/30* | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | | WEEKLY | GRAB |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH
PLANT GENERAL 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

724-682-7340

DATE

03/10/22

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ D T-1 WHEN DISCHARGING. THE LIMIT IS 35 MG/L AS A DAILY MAX. * PLANT WAS IN WET-LAY-UP IN 4 WEEKS IN SEPT 2003.

NOV 1977
JAN 1978

NOV 1977
JAN 1978

NOV 1977
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JAN 1978

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

If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.

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.)

Enter dates beginning and ending "Monitoring Period" covered by form where indicated.

Enter each "Parameter" as specified in monitoring requirements of permit.

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.")

Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.

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".

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.)

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.)

Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective action taken, and reference each violation by date.

Enter "Name/Title of Principal" (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.)

Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective action taken, and reference each violation by date.

Enter "Name/Title of Principal" (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.)

Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective action taken, and reference each violation by date.

Legal Notice

Failure to report or failure to report on a timely basis may be obtained from the following sources: 33 U.S.C. 1251; 40 C.F.R. 125.1. Failure to report or failure to report on a timely basis may be obtained from the following sources: 33 U.S.C. 1251; 40 C.F.R. 125.1.

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

002 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

INTAKE SCREEN BACKWASH

EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

| PARAMETER | X | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------|-------|--------------------------|---------|---------|-------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 0.006 | 0.046 | (03) | ***** | ***** | ***** | | | 1/7 | EST |
| 30050, 1 0 0 | PERMIT REQUIREMENT | REPORT MD AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | **** | | WEEKLY | ESTIMA |
| EFFLUENT GROSS VALUE | | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
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| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH

PLANT GENERAL 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

724 682-7340

03 10 22

AREA CODE NUMBER YEAR MO DAY

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025415

PERMIT NUMBER

003 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

003

EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | | YEAR | MO | DAY |
| 03 | 09 | 01 | TO | 03 | 09 | 30 |

| 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 | 0.053 | 0.190 | (03) | ***** | ***** | ***** | | | 2/30 | EST |
| | PERMIT REQUIREMENT | REPORT MO AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | **** | | TWICE/MONTH | ESTIMA |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
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| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

 NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 JAMES H. LASH
 PLANT GENERAL 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

 724 182-7340
 AREA CODE NUMBER

 02 10 22
 YEAR MO DAY

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

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

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025415

PERMIT NUMBER

004 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT ONE COOLG TOWER OVERFLOW
EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

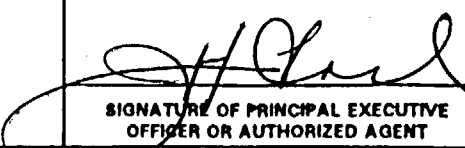
LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | | YEAR | MO | DAY |
| 03 | 09 | 01 | TO | 03 | 09 | 30 |

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|----------|--------|--------------------------|---------|----------|--------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | 7.66 | ***** | 8.21 | (12) | 0 | 1/7 | GRAB |
| 00400 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | 5.0 | ***** | 9.0 | SU | | WEEKLY | GRAB |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 12.2 | 15.4 | (03) | ***** | ***** | ***** | | | 1/7 | MEAS |
| 50050 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | REPORT | REPORT | | ***** | ***** | ***** | **** | | WEEKLY | MEASRD |
| | | MD AVG | DAILY MX | MGD | | | | **** | | | |
| CHLORINE, TOTAL RESIDUAL | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.04 | 0.17 | (19) | 0 | 1/7 | GRAB |
| 50060 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 0.5 | 1.25 | MG/L | | WEEKLY | GRAB |
| | | | | **** | | MD AVG | INST MAX | | | | |
| CHLORINE, FREE AVAILABLE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.04 | 0.14 | (19) | 0 | 1/7 | GRAB |
| 50064 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 0.2 | 0.5 | MG/L | | WEEKLY | GRAB |
| | | | | **** | | AVERAGE | MAXIMUM | | | | |
| | 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 | | | | | |
| JAMES H. LASH PLANT GENERAL MANAGER TYPED OR PRINTED | | | | | | | | |
| COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE | NUMBER | YEAR | MO | DAY | |
| | |  | 724 | 682-7340 | 02 | 10 | 22 | |

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025415

PERMIT NUMBER

006 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

AUX. INTAKE SCREEN BACKWASH

EFFLUENT

 *** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 03 | 09 | 01 | | 03 | 09 | 30 |

| 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 MO AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | **** | | WEEKLY | ESTIMA |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH
Plant General 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

724 682-7340

DATE

03 10 22

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025415

PERMIT NUMBER

007 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

AUX. INTAKE SYSTEM

EFFLUENT

 *** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 03 | 09 | 01 | | 03 | 09 | 30 |

| 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 | PERMIT REQUIREMENT | ***** | ***** | **** | 6.0 | ***** | 9.0 | SU | | WEEKLY | GRAB |
| EFFLUENT GROSS VALUE | | | | **** | MINIMUM | | MAXIMUM | | | | |
| FLOW, IN CONDUIT OR | SAMPLE MEASUREMENT | | | (03) | ***** | ***** | ***** | | | | |
| THRU TREATMENT PLANT | | | | | | | | | | | |
| 50050 1 0 0 | PERMIT REQUIREMENT | REPORT | REPORT | | ***** | ***** | ***** | **** | | WEEKLY | ESTIMA |
| EFFLUENT GROSS VALUE | MO AVG | DAILY MX | MGD | | | | | **** | | | |
| CHLORINE, TOTAL | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | (19) | | | |
| RESIDUAL | | | | | | | | | | | |
| 50060 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 0.5 | 1.25 | | | WEEKLY | GRAB |
| EFFLUENT GROSS VALUE | | | | **** | | MO AVG | INST MAX | MG/L | | | |
| CHLORINE, FREE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | (19) | | | |
| AVAILABLE | | | | | | | | | | | |
| 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

 JAMES H. LASH
PLANT GENERAL MANAGER
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

724-682-7340

03 10 22

AREA CODE NUMBER

YEAR MO DAY

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

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

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025415

PERMIT NUMBER

008 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 1 COOLING TOWER PUMPHOUSE

EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|--------------------|--------|--------------------------|--------------|-----------------|--------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | 7.92 | ***** | 8.00 | (12) | 0 | 7/30 | GLAB |
| 00400 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | SU | | WICE/GRAB MONTH | |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 11.5 | 18.5 | (19) | 0 | 7/30 | GLAB |
| 00530 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 30 MO AVG | 100 DAILY MX | MG/L | | WICE/GRAB MONTH | |
| OIL & GREASE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 45.0 | 45.0 | (19) | 0 | 7/30 | GLAB |
| 00556 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 15 MO AVG | 20 DAILY MX | MG/L | | WICE/GRAB MONTH | |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 40.00 | 40.00 | (03) | ***** | ***** | ***** | | | 1/7 | EST |
| 50050 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | REPORT MO AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | ***** | | WEEKLY | ESTIMA |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH
PLANT GENERAL MANAGER

TYPED OR PRINTED

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TELEPHONE

DA 682-7340

AREA CODE NUMBER

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

03 10 22

YEAR MO DAY

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025415

PERMIT NUMBER

010 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 2 COOLING WATER

EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 03 | 09 | 01 | | 03 | 09 | 30 |

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|--------------------|--------|--------------------------|----------------|------------------|--------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | 7.67 | ***** | 7.82 | (12) | 0 | 1/7 | GRAB |
| 00400 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | SU | | WEEKLY | GRAB |
| CLAMTROL CT-1, TOTAL WATER | SAMPLE MEASUREMENT | ***** | ***** | | ***** | * | * | (19) | | * | * |
| 04251 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 0 MO AVG | 0 INST MAX | MG/L | | WHEN DISCHR | COMP24 |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 5.5 | 8.6 | (03) | ***** | ***** | ***** | | | 1/7 | Meas |
| 50050 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | REPORT MO AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | ***** | | WEEKLY | MEASRD |
| CHLORINE, TOTAL RESIDUAL | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.0 | 0.0 | (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 | ***** | ***** | | ***** | 0.0 | 0.0 | (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 | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH
PLANT GENERAL 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

724 682-7340

DATE

03 10 22

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 CLAMTROL (CT-1) DISCHARGED IN SEPT 2003.

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

011 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

DIESEL GEN & TURBINE DRAINS
EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 03 | 09 | 01 | | 03 | 09 | 30 |

| 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 | 0.004 | 0.004 | (03) | ***** | ***** | ***** | | | 1/7 | EST |
| | PERMIT REQUIREMENT | REPORT MO AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | **** | | WEEKLY | ESTIMA |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | 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 | | |
| JAMES H. LASH PLANT GENERAL MANAGER TYPED OR PRINTED | | | 724 682-7340 | | 03 | 10 | 22 |
| | | | AREA CODE | NUMBER | YEAR | MO | DAY |

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENTAREA
CODE

NUMBER

YEAR

MO

DAY

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

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

012 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

BLOWDOWN FROM THE HVAC UNIT

EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | | YEAR | MO | DAY |
| 03 | 09 | 01 | TO | 03 | 09 | 30 |

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---|----------|--------|--------------------------|--------------|----------|--------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | 8.69 | ***** | 8.86 | (12) | 0 | 2/30 | Grab |
| 00400 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.0 | ***** | 9.0 | SU | | ONCE/ | GRAB |
| EFFLUENT GROSS VALUE | | | | | MINIMUM | | MAXIMUM | | | MONTH | |
| COPPER, TOTAL (AS CU) | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.041 | 0.050 | (19) | | 2/30 | Grab |
| 01042 1 0 1 | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT | REPORT | | | TWICE/ | GRAB |
| EFFLUENT GROSS VALUE | | | | | | MO AVG | DAILY MX | MG/L | | MONTH | |
| ZINC, TOTAL (AS ZN) | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.26 | 0.31 | (19) | | 2/30 | Grab |
| 01092 1 0 1 | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT | REPORT | | | TWICE/ | GRAB |
| EFFLUENT GROSS VALUE | | | | | | MO AVG | DAILY MX | MG/L | | MONTH | |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 0.001 | 0.001 | (03) | ***** | ***** | ***** | | | 1/30 | Est |
| 50050 1 0 0 | PERMIT REQUIREMENT | REPORT | REPORT | | ***** | ***** | ***** | ***** | | ONCE/ | ESTIMA |
| EFFLUENT GROSS VALUE | | MO AVG | DAILY MX | MGD | | | | | | MONTH | |
| SOLIDS, TOTAL DISSOLVED | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 1244 | 1732 | (19) | | 2/30 | Grab |
| 70295 1 0 1 | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT | REPORT | | | TWICE/ | GRAB |
| EFFLUENT GROSS VALUE | | | | | | MO AVG | DAILY MX | MG/L | | MONTH | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | | | | TELEPHONE | | DATE | | | |
| JAMES H. LASH Plant General Manager | | | | | | 724-682-7340 | | 03 | 10 | 22 | |
| 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)

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025415

PERMIT NUMBER

013 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

OUTFALL 013

EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | | YEAR | MO | DAY |
| 03 | 09 | 01 | TO | 03 | 09 | 30 |

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|--------------------|--------|--------------------------|------------------|--------------------|--------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | 6.71 | ***** | 7.43 | (12) | 0 | 1/7 | GRAB |
| 00400 1 0 1 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | SU | | WEEKLY | GRAB |
| CYANIDE, TOTAL (AS CN) | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 40.02 | 40.02 | (19) | | 3/30 | GRAB |
| 00720 1 0 1 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT MO AVG | REPORT DAILY MX | MG/L | | TWICE/ MONTH | GRAB |
| COPPER, TOTAL (AS CU) | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.056 | 0.12 | (19) | | 4/30 | GRAB |
| 01042 1 0 1 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT MO AVG | REPORT DAILY MX | MG/L | | TWICE/ MONTH | GRAB |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 0.027 | 0.067 | (03) | ***** | ***** | ***** | | | 3/30 | EST |
| 50050 1 0 1 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | REPORT MO AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | ***** | | TWICE/ MONTH | ESTIMA |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH

PLANT GENERAL 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

724 682-7340

DATE

03 10 22

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.

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

 PA0025415
PERMIT NUMBER

 013 0
DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

OUTFALL 013

EFFLUENT

*** NO DISCHARGE 1 ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|----------------------|--------------------|---------------------|---------|-------|--------------------------|---------|----------|--------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| CHLOROBENZENE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 60.005 | 60.005 | (19) | | 3/92 | GRAB |
| 34301 1 0 1 | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT | REPORT | | | WICE | GRAB |
| EFFLUENT GROSS VALUE | | | | **** | | MO AVG | DAILY MX | MG/L | | QTRLY | |
| | 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
 JAMES H. LASH
 PLANT GENERAL 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
 724 682-7340
 AREA CODE NUMBER

DATE
 03 10 22
 YEAR MO DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

101 A

DISCHARGE NUMBER

MAJOR

(SUDB 05)

F - FINAL

101 CHEMICAL WASTE TREATMENT

INTERNAL OUTFALL

 *** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 03 | 09 | 01 | | 03 | 09 | 30 |

| 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 MO AVG | 100 DAILY MX | MG/L | | WEEKLY | COMP-2 |
| OIL & GREASE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | (19) | | | |
| 00556 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 15 MO 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 MO AVG | REPORT DAILY MX | MG/L | | WEEKLY | GRAB |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | | | (03) | ***** | ***** | ***** | | | | |
| 50050 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | REPORT MO AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | **** | | DAILY | CONTIN |
| HYDRAZINE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | (19) | | | |
| 81313 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT MO AVG | REPORT DAILY MX | MG/L | | WEEKLY | GRAB |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH

PLANT GENERAL 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

74 682-7340

AREA CODE NUMBER

03 10 22

YEAR MO DAY

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

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

* CHEM WASTE SUMP DISCHARGED TO CLARIFIER DURING SEPT 2003.

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 PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

102 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

102 INTAKE SCREENHOUSE

INTERNAL OUTFALL

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | | YEAR | MO | DAY |
| 03 | 09 | 01 | TO | 03 | 09 | 30 |

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|--------------------|--------|--------------------------|--------------|-----------------|--------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | 7.78 | ***** | 7.79 | (12) | 0 | 2/30 | GRAB |
| 00400 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | 5.0 MINIMUM | ***** | 9.0 MAXIMUM | SU | | TWICE/MONTH | GRAB |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 18.0 | 27.2 | (19) | 0 | 2/30 | 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 | ***** | ***** | | ***** | 25.0 | 25.0 | (19) | 0 | 2/30 | 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) | ***** | ***** | ***** | | | 2/30 | 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 | | | | | TELEPHONE | | DATE | | |
| JAMES H. LASH PLANT GENERAL MANAGER | | | | | 724 682-7340 | | 03 | 10 | 22 |
| TYPED OR PRINTED | | | | | AREA CODE NUMBER | | YEAR | MO | DAY |

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

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

SAMPLES SHALL BE TAKEN AT THE DISCHARGE OF COLLECTED PUMP BEARING LEAKAGE PRIOR TO MIXING WITH ANY OTHER WATER.

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location / D/U/owner)

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

103 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

SLUDGE SETTLING BASIN

INTERNAL OUTFALL

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 03 | 07 | 01 | | 03 | 07 | 30 |

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|--------------------|--------|--------------------------|---------|---------|--------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | 7.15 | ***** | 7.23 | (12) | 0 | 2/30 | GRAB |
| 00400 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | 6.0 | ***** | 9.0 | SU | | TWICE/MONTH | GRAB |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 6.4 | 14.1 | (19) | 0 | 2/30 | 24 HR COMP |
| 00530 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 30 | 100 | MG/L | | TWICE/MONTH | COMP 24 |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 0.031 | 0.122 | (03) | ***** | ***** | ***** | | | 28/30 | MEAS |
| 50050 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | REPORT MO 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 | | | | | TELEPHONE | | | DATE | | |
| JAMES H. LASH PLANT GENERAL MANAGER | | | | | 724-682-7340 | | | 03 10 22 | | |
| TYPED OR PRINTED | | | | | AREA CODE NUMBER | | | YEAR MO DAY | | |

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

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

SAMPLES SHALL BE TAKEN AT OVERFLOW FROM THE BASIN PRIOR TO MIXING WITH ANY OTHER WATER.

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

110 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 2 SERVICE WATER BACKWASH

EFFLUENT

 *** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 03 | 09 | 01 | | 03 | 09 | 30 |

ATTN: MATTHEW J HARTMAN

| 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 | 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 | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH
PLANT GENERAL 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

 724 682-7310
AREA CODE NUMBER

 03 10 22
YEAR MO DAY

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

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025415

PERMIT NUMBER

111 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

111 DIESEL GENERATOR BLDG

INTERNAL OUTFALL

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 03 | 09 | 01 | | 03 | 09 | 30 |

ATTN: MATTHEW J HARTMAN

| 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 | ***** | 7.56 | (12) | 0 | 1/7 | Grab |
| 00400 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | SU | | WEEKLY | Grab |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 4.5 | 5.9 | (19) | 0 | 1/7 | Grab |
| 00530 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 30 MD AVG | 100 DAILY MX | MG/L | | WEEKLY | Grab |
| OIL & GREASE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 25.0 | 25.0 | (19) | 0 | 1/7 | Grab |
| 00556 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 15 MD AVG | 20 DAILY MX | MG/L | | WEEKLY | Grab |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 0.002 | 0.002 | (03) | ***** | ***** | ***** | | | 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

JAMES H. LASH
PLANT GENERAL 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

724-682-7346

DATE

03 10 22

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

113 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 2 SEWAGE TMT PLANT

INTERNAL OUTFALL

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 03 | 09 | 01 | | 03 | 09 | 30 |

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|----------|--------|--------------------------|----------|----------|---------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | 7.07 | ***** | 7.54 | (12) | 0 | 3/30 | GRAB |
| 00400 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.0 | ***** | 9.0 | SU | | TWICE/MONTH | GRAB |
| EFFLUENT GROSS VALUE | | | | | MINIMUM | | MAXIMUM | | | | |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 6.8 | 8.9 | (19) | 0 | 3/30 | 8 HR COMP |
| 00530 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 30 | 60 | MG/L | | TWICE/MONTH | COMP-B |
| EFFLUENT GROSS VALUE | | | | | | MO AVG | DAILY MX | | | | |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 0.024 | 0.064 | (03) | ***** | ***** | ***** | | 0 | 12/30 | MEAS |
| 50050 1 0 0 | PERMIT REQUIREMENT | 0.043 | REPORT | | ***** | ***** | ***** | ***** | | WEEKLY | MEASRI |
| EFFLUENT GROSS VALUE | | MO AVG | DAILY MX | MGD | | 0.26 | | | | 5 DWS | |
| CHLORINE, TOTAL RESIDUAL | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.32 | 1.1 | (19) | 0 | 4/30 | GRAB |
| 50060 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 1.4 | 3.3 | MG/L | | TWICE/MONTH | GRAB |
| EFFLUENT GROSS VALUE | | | | | | MO AVG | INST MAX | | | | |
| COLIFORM, FECAL GENERAL | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0 | ***** | (13) | 0 | 2/30 | GRAB |
| 74055 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 200 | ***** | #/100ML | | TWICE/MONTH | GRAB |
| EFFLUENT GROSS VALUE | | | | | | MO GEOMN | | | | | |
| BOD, CARBONACEOUS 05 DAY, 20C | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 4.0 | 4.5 | (19) | 0 | 2/30 | 8 HR COMP |
| 80082 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 25 | 50 | MG/L | | TWICE/MONTH | COMP-B |
| EFFLUENT GROSS VALUE | | | | | | MO AVG | DAILY MX | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH

PLANT GENERAL 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

724 682-7340

03 10 22

AREA CODE

NUMBER

YEAR

MO

DAY

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

SAMPLES SHALL BE TAKEN AT OVERFLOW FROM THE CHLORINE CONTACT TANK PRIOR TO MIXING WITH ANY OTHER WATER.

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

203 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

MAIN SEWAGE TMT PLANT

INTERNAL OUTFALL

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 03 | 09 | 01 | | 03 | 09 | 30 |

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|--------------------|--------|--------------------------|-----------------|-----------------|-------------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | 6.85 | ***** | 7.84 | (12) | 0 | 3/30 | GRAB |
| 00400 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | SU | | TWICE/MONTH | GRAB |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 14.6 | 16.8 | (19) | 0 | 3/30 | BHL COMP |
| 00530 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 30 MO AVG | 60 DAILY MX | MG/L | | TWICE/MONTH | COMP-E |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 0.003 | 0.012 | (03) | ***** | ***** | ***** | | 0 | 1/7 | MEAS |
| 50050 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | 0.023 MO AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | ***** | | WEEKLY | MEASRI |
| CHLORINE, TOTAL RESIDUAL | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.06 | 0.11 | (19) | 0 | 4/30 | GRAB |
| 50060 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 1.4 MO AVG | 3.3 INST MAX | MG/L | | TWICE/MONTH | GRAB |
| COLIFORM, FECAL GENERAL | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0 | ***** | (13) | 0 | 2/30 | GRAB |
| 74055 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 200 MO GEOMN | ***** | #/ 100ML | | TWICE/MONTH | GRAB |
| BOD, CARBONACEOUS 05 DAY, 20C | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 6.1 | 11.4 | (19) | 0 | 3/30 | BHL COMP |
| 80082 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 25 MO AVG | 50 DAILY MX | MG/L | | TWICE/MONTH | COMP-E |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

 NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 JAMES H. LASH
 PLANT GENERAL MANAGER
 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

724-682-7340

03 10 22

AREA CODE

NUMBER

YEAR

MO

DAY

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

SAMPLES SHALL BE TAKEN AT OVERFLOW FROM THE CHLORINE CONTACT TANK PRIOR TO MIXING WITH ANY OTHER WATER.

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

211 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

211 TURBINE BLDG

INTERNAL OUTFALL

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 03 | 09 | 01 | | 03 | 09 | 30 |

ATTN: MATTHEW J HARTMAN

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|---------|--------|--------------------------|---------|---------|--------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | 7.08 | ***** | 8.68 | (12) | 0 | 1/7 | GRAB |
| 00400 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | 6.0 | ***** | 9.0 | SU | | WEEKLY | GRAB |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 6.0 | 14.0 | (19) | 0 | 1/7 | GRAB |
| 00530 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 30 | 100 | MG/L | | WEEKLY | GRAB |
| OIL & GREASE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 25.0 | 25.0 | (19) | 0 | 1/7 | GRAB |
| 00556 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 15 | 20 | MG/L | | WEEKLY | GRAB |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 0.002 | 0.002 | (03) | ***** | ***** | ***** | | | 1/7 | EST |
| 50050 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | REPORT | REPORT | MGD | ***** | ***** | ***** | **** | | WEEKLY | ESTIMA |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 James H. LASH
Plant General Manager

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

724.682-7340

AREA CODE NUMBER

03 10 22

YEAR MO DAY

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

213 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 2 COOL TOWER PUMPHOUSE

INTERNAL OUTFAL

 *** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 03 | 09 | 01 | | 03 | 09 | 30 |

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH

PLANT GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

704 682-7346

03 10 22

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

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

 PA0025415
PERMIT NUMBER

 301 A
DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 2 AUX BOILER BLOWDOWN

INTERNAL OUTFAL

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 03 | 09 | 01 | | 03 | 09 | 30 |

ATTN: MATTHEW J HARTMAN

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-----------------|--------|--------------------------|-----------|--------------|--------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 4.0 | 4.0 | (19) | 0 | 2/30 | GLAB |
| 00530 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 30 MD AVG | 100 DAILY MX | MG/L | | WICE/GRAD MONTH | |
| EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 45.0 | 45.0 | (19) | 0 | 2/30 | GLAB |
| 00556 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 15 MD AVG | 20 DAILY MX | MG/L | | WICE/GRAD MONTH | |
| EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 40.001 | 40.001 | (03) | ***** | ***** | ***** | | | 1/7 | EST |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | PERMIT REQUIREMENT | REPORT MD AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | **** | | WEEKLY | ESTIMA |
| 50050 1 0 0 | SAMPLE MEASUREMENT | | | | | | | | | | |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH
PLANT GENERAL 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

AREA CODE

NUMBER

YEAR

MO

DAY

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

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 13077-0004

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

PA0025415

PERMIT NUMBER

303 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 1 OIL WATER SEPARATOR

INTERNAL OUTFALL

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 13077-0004 FROM

ATTN: MATTHEW J HARTMAN

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|----------------------|--------------------|---------------------|----------|--------|--------------------------|---------|----------|--------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | 7.23 | ***** | 7.58 | (12) | 0 | 1/7 | GRAB |
| 00400 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | ***** | 5.0 | ***** | 9.0 | | | WEEKLY | GRAB |
| EFFLUENT GROSS VALUE | | | | | MINIMUM | | MAXIMUM | SU | | | |
| SOLIDS, TOTAL | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 10.0 | 24.8 | (19) | 0 | 1/7 | GRAB |
| SUSPENDED | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 30 | 100 | | | WEEKLY | GRAB |
| 00530 1 0 0 | | | | | | MO AVG | DAILY MX | MG/L | | | |
| EFFLUENT GROSS VALUE | | | | | | | | | | | |
| OIL & GREASE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | LS.0 | LS.0 | (19) | 0 | 1/7 | GRAB |
| 00556 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 15 | 20 | | | WEEKLY | GRAB |
| EFFLUENT GROSS VALUE | | | | | | MO AVG | DAILY MX | MG/L | | | |
| FLOW, IN CONDUIT OR | SAMPLE MEASUREMENT | 0.019 | 0.056 | (03) | ***** | ***** | ***** | | | 1/7 | EST |
| THRU TREATMENT PLANT | PERMIT REQUIREMENT | REPORT | REPORT | | ***** | ***** | ***** | ***** | | WEEKLY | ESTIMA |
| 50050 1 0 0 | | MO AVG | DAILY MX | MGD | | | | | | | |
| EFFLUENT GROSS VALUE | | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH

PLANT GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

724-682-7340

03 10 22

AREA CODE NUMBER

YEAR MO DAY

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

SAMPLES SHALL BE TAKEN AT OVERFLOW FROM THE OIL WATER SEPARATOR PRIOR TO MIXING WITH ANY OTHER WATER.

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

313 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

313 TURBINE BLDG DRAIN

INTERNAL OUTFALL

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 03 | 09 | 01 | | 03 | 09 | 30 |

| PARAMETER | X | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|--------------------|--------|--------------------------|--------------|-----------------|--------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | 6.73 | ***** | 7.87 | (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 | ***** | ***** | | ***** | 8.1 | 14.8 | (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 | ***** | ***** | | ***** | 45.0 | 45.0 | (19) | 0 | 1/7 | GRAB |
| 00556 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 15 MD AVG | 20 DAILY MX | MG/L | | WEEKLY | GRAB |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 0.002 | 0.002 | (03) | ***** | ***** | ***** | | | 1/7 | EST |
| 00050 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | REPORT MD AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | ***** | | WEEKLY | ESTIMA |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

| | | | | | | |
|--|---|-----------|----------|------|----|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | TELEPHONE | DATE | | | |
| JAMES H. LASH PLANT GENERAL MANAGER TYPED OR PRINTED | | | 03 10 22 | | | |
| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA CODE | NUMBER | YEAR | MO | DAY |
| | | 724 | 682-7340 | 03 | 10 | 22 |

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

SAMPLES SHALL BE TAKEN AT DISCHARGE FROM QWS #21 PRIOR TO MIXING WITH ANY OTHER WATER.

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025415

PERMIT NUMBER

401 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

CHEM. FEED AREA OF AUX BOILERS

INTERNAL OUTFAL

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 03 | 09 | 01 | | 03 | 09 | 30 |

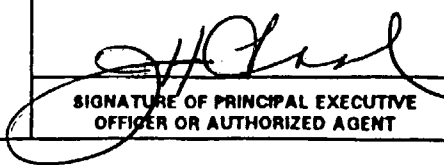
| PARAMETER | X | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|--------------------|--------|--------------------------|--------------|-------------------|--------|--------|-----------------------|---------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | 8.31 | ***** | 8.40 | (12) | 0 | 2/30 | GRAB |
| 00400 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.0 MINIMUM | ***** | REPORT MAXIMUM | SU | | TWICE/ | GRAB MONTH |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 24.0 | 24.0 | (19) | 0 | 2/30 | GRAB |
| 00530 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 30 MO AVG | 100 DAILY MX | MG/L | | TWICE/ | GRAB MONTH |
| OIL & GREASE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 25.0 | 25.0 | (19) | 0 | 2/30 | GRAB |
| 00556 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 15 MO AVG | 20 DAILY MX | MG/L | | TWICE/ | GRAB MONTH |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 20.001 | 20.001 | (03) | ***** | ***** | ***** | | | 1/7 | EST |
| 50050 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | REPORT MO AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | ***** | | WEEKLY | ESTIMA |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH
PLANT GENERAL 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

724 682-7346

DATE

03 10 22

AREA CODE

724

NUMBER

682-7346

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

SAMPLES SHALL BE TAKEN AT CHEMICAL FEED AREA DRAINS PRIOR TO MIXING WITH ANY OTHER WATER.

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025415

PERMIT NUMBER

403 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

CONDENSATE BLOWDOWN & RIVR WAT

INTERNAL OUTFAL

 *** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 03 | 09 | 01 | | 03 | 09 | 30 |

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--|---|--------------------|--------|--------------------------|------------------|--------------------|--------|--------|------------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| PH | <input checked="" type="checkbox"/> SAMPLE MEASUREMENT | ***** | ***** | | | ***** | | (12) | | | |
| 00400 1 0 0 EFFLUENT GROSS VALUE | <input checked="" type="checkbox"/> PERMIT REQUIREMENT | ***** | ***** | **** | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | SU | | WEEKLY | GRAB |
| SOLIDS, TOTAL SUSPENDED | <input checked="" type="checkbox"/> SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | (19) | | | |
| 00530 1 0 0 EFFLUENT GROSS VALUE | <input checked="" type="checkbox"/> PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 30 MO AVG | 100 DAILY MX | MG/L | | WEEKLY | GRAB |
| OIL & GREASE | <input checked="" type="checkbox"/> SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | (19) | | | |
| 00556 1 0 0 EFFLUENT GROSS VALUE | <input checked="" type="checkbox"/> PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 15 MO AVG | 20 DAILY MX | MG/L | | WEEKLY | GRAB |
| NITROGEN, AMMONIA TOTAL (AS N) | <input checked="" type="checkbox"/> SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | (19) | | | |
| 00610 1 0 0 EFFLUENT GROSS VALUE | <input checked="" type="checkbox"/> PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT MO AVG | REPORT DAILY MX | MG/L | | WEEKLY | GRAB |
| CLAMTROL CT-1, TOTAL WATER | <input checked="" type="checkbox"/> SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | (19) | | | |
| 04251 1 0 0 EFFLUENT GROSS VALUE | <input checked="" type="checkbox"/> PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 0 MO AVG | 0 DAILY MX | MG/L | | WHEN COMP 24 DISCHR | |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | <input checked="" type="checkbox"/> SAMPLE MEASUREMENT | | | (03) | ***** | ***** | ***** | | | | |
| 50050 1 0 0 EFFLUENT GROSS VALUE | <input checked="" type="checkbox"/> PERMIT REQUIREMENT | REPORT MO AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | **** | | WEEKLY | ESTIMA |
| CHLORINE, TOTAL RESIDUAL | <input checked="" type="checkbox"/> SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | (19) | | | |
| 50060 1 0 0 EFFLUENT GROSS VALUE | <input checked="" type="checkbox"/> PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 0.5 MO AVG | 1.25 INST MAX | MG/L | | WEEKLY | GRAB |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | | | | TELEPHONE | | DATE | | | |
| JAMES H. LASH Plant General Manager | | | | | | 724-682-7340 | | 03 | 10 | 22 | |
| 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)

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ D T-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.) SAMPLES SHAL

L BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER.

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

403 A

DISCHARGE NUMBER

MAJOR

(SU8R 05)

F - FINAL

CONDENSATE BLOWDOWN & RIVR WAT

INTERNAL OUTFAL

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 03 | 07 | 01 | | 03 | 07 | 30 |

| PARAMETER | <input checked="" type="checkbox"/> | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|----------------------|-------------------------------------|---------------------|---------|-------|--------------------------|---------|----------|--------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| HYDRAZINE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | (19) | | | |
| 31313 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 0 | 0 | | | WEEKLY | GRAB |
| EFFLUENT GROSS VALUE | | | | **** | | MD AVG | DAILY MX | MG/L | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH
PLANT GENERAL 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

724-1682-7340

DATE

03 10 22

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ D T-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.) SAMPLES SHAL

BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER.

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

This is a 4-part form.
00106/030717-1127

PAGE 2 OF 2

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025415

PERMIT NUMBER

413 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

BULK FUEL STORAGE DRAIN

INTERNAL OUTFALL

*** NO DISCHARGE 1 ☐ ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD

| YEAR | MO | DAY | TO | YEAR | MO | DAY |
|------|----|-----|----|------|----|-----|
| 03 | 09 | 01 | | 03 | 09 | 30 |

ATTN: MATTHEW J HARTMAN

| PARAMETER | X | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|---------|--------|--------------------------|---------|---------|--------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | 7.36 | ***** | 7.58 | (12) | 0 | 3/30* | GRAB |
| 00400 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | 6.0 | ***** | 9.0 | SU | | WEEKLY | GRAB |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 18.9 | 31.2 | (19) | 0 | 3/30* | GRAB |
| 00530 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 30 | 100 | MG/L | | WEEKLY | GRAB |
| OIL & GREASE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | LS.0 | LS.0 | (19) | 0 | 3/30* | GRAB |
| 00556 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 15 | 20 | MG/L | | WEEKLY | GRAB |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 40.001 | 40.001 | (03) | ***** | ***** | ***** | | | 1/7 | EST |
| 50050 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | REPORT | REPORT | MGD | ***** | ***** | ***** | **** | | WEEKLY | ESTIMA |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH

PLANT GENERAL 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

74682-7340

DATE

03 10 22

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA CODE

NUMBER

YEAR

MO

DAY

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

SAMPLES SHALL BE TAKEN AT DISCHARGE FROM OWS #24 PRIOR TO MIXING WITH ANY OTHER WATER.

* DISCHARGE OCCURRED IN ONLY 3 WEEKS IN SEPT 2003.

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

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

PA0025415
PERMIT NUMBER

501 A
DISCHARGE NUMBER

MAJOR
(SUBR 03)
F - FINAL

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 03 | 09 | 01 | | 03 | 09 | 30 |

UNIT 1 GENRTR BLWDWN FILT BW
INTERNAL OUTFAL

*** 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 | | | |
| 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 | ESTIMA |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
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| | PERMIT REQUIREMENT | | | | | | | | | | |
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| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JAMES H. LASH
Plant General 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
724-682-7340
DATE
03 10 22

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

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