

FENOC

FirstEnergy Nuclear Operating Company

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

October 28, 2004
L-04-138

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

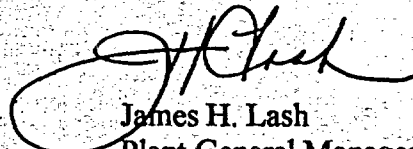
Beaver Valley Power Station Discharge Monitoring Report (NPDES)
Permit No. PA0025615

To Whom It May Concern:

Enclosed is the September 2004 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 are supplemental monitoring data for Outfall 001 (dissolved oxygen). A review of the reported data indicates that no permit parameters were exceeded.

Should you have any questions regarding the attached and enclosed documents, please direct them to Mr. Edward Hubley, Manager Nuclear Environmental & Chemistry at 724-682-4141.

Sincerely,



James H. Lash
Plant General Manager

slf

Attachments (1)
Enclosures (1)

cc: Document Control Desk & S NRC (NOTE: No new US NRC commitments are contained in this letter.)
US Environmental Protection Agency
BVRC - Keyword(s): DMR

IE25

ATTACHMENT 1

Weekly Dissolved Oxygen Monitoring Results at Outfall 001

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

SAMPLE DATE	SAMPLE TIME	VALUE	MEASURE UNITS
8/30/04	0815	6.95	mg/L
9/07/04	0945	7.00	mg/L
9/09/04	0930	6.70	mg/L
9/14/04	1200	7.17	mg/L
9/22/04	0900	8.12	mg/L
9/27/04	1000	7.66	mg/L

- Attachment 1 END -

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (D/Facility))
NAME BEAVER VALLEY POWER STATION
ADDRESS PA ROUTE 16B
SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

001 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNITS 1&2 COOLG. TOWER BLWDN.
EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
04	09	01	04	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	*****	*****		8.05	*****	8.43	(12)	0	1/7	GRAB
00400 1 0 0	PERMIT REQUIREMENT			***				SU			
EFFLUENT GROSS VALUE				***							
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(19)	*	*	*
00610 1 0 0	PERMIT REQUIREMENT			***				MG/L			
EFFLUENT GROSS VALUE				***							
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	*****	*****		*****	<0.05	<0.05	(19)	0	1/30	COMP-24
04251 1 0 0	PERMIT REQUIREMENT			***				MG/L			
EFFLUENT GROSS VALUE				***							
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	45.4	90.5	(03)	*****	*****	*****			DAILY	CONT.
50050 1 0 0	PERMIT REQUIREMENT			***				MGD			
EFFLUENT GROSS VALUE				***							
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.020	0.080	(19)	0	22/30	GRAB
50060 1 0 0	PERMIT REQUIREMENT			***				MG/L			
EFFLUENT GROSS VALUE				***							
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****	0.010	0.020	(19)	0	CONT.	RCORD.
50064 1 0 0	PERMIT REQUIREMENT			***				MG/L			
EFFLUENT GROSS VALUE				***							
HYDRAZINE	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(19)	*	*	*
81313 1 0 0	PERMIT REQUIREMENT			***				MG/L			
EFFLUENT GROSS VALUE				***							

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

James H. Losh
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

724 682-4411

04 10 08

AREA CODE

NUMBER

YEAR

MO

DAY

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ T-1 WHEN DISCHARGING. THE LIMIT IS 35 MG/L AS A DAILY MAX.

* The plant was not in wet layup in September, 2004.

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

002 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

INTAKE SCREEN BACKWASH

EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: EDWARD HUBLEY/MGR. NUC ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	09	01		04	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	0.006	0.046	(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										
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	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

724 682-4141
AREA CODE NUMBER

DATE

04 10 08
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)

PA0025615

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: EDWARD HUBLEY/MGR. NUC ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	09	01		04	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	0.15	0.554	(03)	*****	*****	*****			3/30	EST
	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										
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	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

751 682-4411

AREA CODE

NUMBER

DATE

04 10 08

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.

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

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

ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	07	01		04	07	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	*****	*****		7.21	*****	8.34	(12)	0	4/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	17.3	23.1	(03)	*****	*****	*****			4/30	MEAS
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		WEEKLY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.02	0.02	(19)	0	4/30	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.5 MD AVG	1.25 INST MAX	MG/L		WEEKLY	GRAB
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****	0.02	0.02	(19)	0	4/30	GRAB
50064 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.2 AVERAGE	0.5 MAXIMUM	MG/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 James H. Lash
Plant General Manager
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

774 682-4141

DATE

04 10 08

AREA CODE

NUMBER

YEAR

MO

DAY

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

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

006 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

AUX. 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: EDWARD HUBLEY/MGR NUC ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	07	01		04	07	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	0.002	0.016	(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										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

James H. Lash
Plant Control Manager
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

724 622-4141
724 622-4141
04 10 08
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)

PA0025615

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: EDWARD HUBLEY/MGR NUC ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	09	01		04	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	*****	*****	***	5.0	*****	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		MD 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				****		MD 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

774 682-4141 *04 10 08*

AREA CODE

NUMBER

YEAR

MO

DAY

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

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 16B

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

008 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 1 COOLING TOWER PUMPHOUSE
EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	09	01		04	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	*****	*****		7.82	*****	8.05	(12)	0	3/30	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SU		WICE/MONTH	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM				
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	18.9	21.5	(19)	0	3/30	GRAB
SUSPENDED	PERMIT REQUIREMENT	*****	*****	****	*****	30	100	MG/L		WICE/MONTH	GRAB
00530 1 0 0				****	MD AVG		DAILY MX				
EFFLUENT GROSS VALUE											
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	<5.0	<5.0	(19)	0	3/30	GRAB
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	15	20	MG/L		WICE/MONTH	GRAB
EFFLUENT GROSS VALUE				****	MD AVG		DAILY MX				
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	<0.001	<0.001	(03)	*****	*****	*****			1/7	EST
THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		WEEKLY	ESTIMA
50050 1 0 0		MD 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

24682414 *08/10/08*

AREA CODE

NUMBER

YEAR

MO

DAY

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

PA 15077-0004

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

Form Approved.
OMB No. 2040-0004

MAJOR

(SUBR 05)

F - FINAL

UNIT 2 COOLING WATER
EFFLUENT

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATIONSHIPPINGPORT

PA 15077-0004 FROM

ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	07	01		04	07	30

[illegible]

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

James H. Lash
Plant General Manager

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SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE _____

724 682-4141

04	10	08
----	----	----

AREA
CODE

NUMBER

YEAR

MO

DAY

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

REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (24 HR. COMP.) : MG/L. (THE LIMIT IS 35 MG/L.)

G/L AS A DAILY MAX.) * No CT-1 was discharged from outfall 010 during September 2004.

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: EDWARD HUBLEY/MGR NUC ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	09	01		04	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 MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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, 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

724.682-4140

AREA CODE

NUMBER

DATE

10 08

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: EDWARD HUBLEY/MGR NUC ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	09	01		04	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	*****	*****		8.49	*****	8.62	(12)	0	1/30	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SU		ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM				
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	*****	*****		*****	0.026	0.039	(19)		1/30	GRAB
01042 1 0 1	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		1/30	GRAB
EFFLUENT GROSS VALUE				****						ONCE/MONTH	GRAB
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	*****	*****		*****	0.215	0.408	(19)		1/30	GRAB
01092 1 0 1	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		1/30	GRAB
EFFLUENT GROSS VALUE				****						ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	40.001	40.001	(03)	*****	*****	*****			1/30	EST.
50050 1 0 0	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE/MONTH	ESTIMA
EFFLUENT GROSS VALUE								****			
SOLIDS, TOTAL DISSOLVED	SAMPLE MEASUREMENT	*****	*****		*****	616	740	(19)		1/30	GRAB
70295 1 0 1	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		1/30	GRAB
EFFLUENT GROSS VALUE				****						ONCE/MONTH	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

DATE

214 682-4141 09/10/08

AREA CODE

NUMBER

YEAR

MO

DAY

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

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

013 A

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: EDWARD HUBLEY/MGR NUC ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	07	01		04	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	*****	*****		7.46	*****	7.78	(12)	0	1/7	GRAB
00400 1 0 1	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM				
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	*****	*****		*****	< 0.005	< 0.005	(19)		2/30	GRAB
00720 1 0 1	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT			WICE/MONTH	GRAB
EFFLUENT GROSS VALUE				****		MO AVG	DAILY MX	MG/L			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	*****	*****		*****	0.026	0.059	(19)		3/30	GRAB
01042 1 0 1	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT			WICE/MONTH	GRAB
EFFLUENT GROSS VALUE				****		MO AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.031	0.053	(03)	*****	*****	*****			2/30	EST
50050 1 0 1	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		WICE/MONTH	ESTIMA
EFFLUENT GROSS VALUE		MO AVG	DAILY MX	MGD				****			
	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

1/4/682-4141
04/10/08
AREA CODE NUMBER YEAR MO DAY

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

THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

013 Q

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: EDWARD HUBLEY/MGR NUC ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	07	01		04	09	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CHLOROBENZENE	SAMPLE MEASUREMENT	*****	*****		*****	40.005	40.005	(19)		1/90	GRAB
34301 1 0 1	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		WICE/GRAB QTR	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

James F. 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

724 682-9441

DATE

04 08 17

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

[Signature]

AREA CODE NUMBER

724 682-9441

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

NAME BEAVER VALLEY POWER STATION

Address PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

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

PA0025615

PERMIT NUMBER

101 A

DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY
04 09 01

YEAR MO DAY
04 09 30

MAJOR

(SUBR 05)

F - FINAL

101 CHEMICAL WASTE TREATMENT

INTERNAL OUTFALL

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

Form Approved.
OMB No. 2040-0004

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		4.53	*****	7.71	(12)	0	*4/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			****				SU			
SOLIDS, TOTAL SUSPENDED		*****	*****		*****	4.93	6.8	(19)	0	*3/30	COMB-2
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			****				MG/L			
OIL & GREASE		*****	*****		*****	26.0	26.0	(19)	0	*3/30	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			****				MG/L			
NITROGEN, AMMONIA TOTAL (AS N)		*****	*****		*****	**	**	(19)	**	**	**
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			****				MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.001	0.011	(03)	*****	*****	*****		*	DAILY	CONT.
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			MGD				****			
HYDRAZINE		*****	*****		*****	**	**	(19)	**	**	**
81313 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			****				MG/L			
	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

04 10 15

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.

* 101 was discharged on 3 occasions. Discharge on week of September 12th was directed to Unit 1 clarifier.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (F/D/for))
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 ***

Form Approved.
OMB No. 2040-0004

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004 FROM
ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	07	01		04	07	30

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.65	*****	7.85	(12)	0	2/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	10.3	12.5	(19)	0	2/30	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		WICE/MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	15.0	16.0	(19)	0	2/30	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MO AVG	20 DAILY MX	MG/L		WICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	10.001	10.001	(03)	*****	*****	*****			2/30	EST.
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WICE/MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>James H. Lash</i> Plant General Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>J. Lash</i>	TELEPHONE 734 682 4441	DATE 04 10 08
TYPED OR PRINTED		AREA CODE NUMBER	YEAR MO DAY	

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 (F/D/Drum))

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

Form Approved.
OMB No. 2040-0004

MAJOR

(SUBR 05)

F - FINAL

SLUDGE SETTLING BASIN

INTERNAL OUTFALL

*** NO DISCHARGE 1 ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	09	01		04	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	*****	*****		7.34	*****	7.70	(12)	0	2/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			*** ****				SU			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	5.65	7.60	(19)	0	2/30	COMP-24
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			*** ****				MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.128	0.495	(03)	*****	*****	*****			2/30	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			MGD							
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

James H. Lask
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

224 682-4141 04 10 14
AREA CODE NUMBER YEAR MO DAY

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

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

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

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

Form Approved.
OMB No. 2040-0004

PA0025615
PERMIT NUMBER

110 A
DISCHARGE NUMBER

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

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT PA 15077-0004 FROM

ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	09	01		04	09	30

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

James H. Carr
Chief 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

724-682-4441
AREA CODE NUMBER

DATE

04 10 08
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

111 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

111 DIESEL GENERATOR BLDG

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: EDWARD HUBLEY/MGR NUC ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	09	01		04	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	*****	*****		7.05	*****	7.72	(12)	0	1/7	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	4.0	4.0	(19)	0	1/7	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	30	100	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		MD AVG	DAILY MX				
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	5.0	5.0	(19)	0	1/7	GRAB
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	15	20	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		MD AVG	DAILY MX				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.002	0.002	(03)	*****	*****	*****			1/7	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	***		WEEKLY	ESTIMA
EFFLUENT GROSS VALUE		MD AVG	DAILY MX	MGD				****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

James F. Lash
Plant 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

74682-414 *04 10 08*

AREA CODE

NUMBER

YEAR

MO

DAY

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

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

113 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 2 SEWAGE TMT PLANT

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: EDWARD HUBLEY/MGR NUC ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	To	YEAR	MO	DAY
04	07	01		04	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	*****	*****		6.80	*****	7.19	(12)	0	2/30	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	7.0	SU		WICE/MONTH	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM				
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	8.13	11.6	(19)	0	3/30	COM-8
SUSPENDED	PERMIT REQUIREMENT	*****	*****	****	*****	8.0	11.0	MG/L		WICE/MONTH	COM-8
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	8.0	11.0	MG/L		WICE/MONTH	COM-8
EFFLUENT GROSS VALUE				****							
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	0.027	0.049	(03)	*****	*****	*****		0	1/7	MEAS
THRU TREATMENT PLANT	PERMIT REQUIREMENT	0.043	0.049	MGD	*****	*****	*****			WEEKLY	MEASRD
50050 1 0 0	PERMIT REQUIREMENT	0.043	0.049	MGD	*****	*****	*****			WEEKLY	MEASRD
EFFLUENT GROSS VALUE				MGD							
CHLORINE, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	0.06	0.09	(19)	0	3/30	GRAB
RESIDUAL	PERMIT REQUIREMENT	*****	*****	****	*****	0.06	0.09	MG/L		WICE/MONTH	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.06	0.09	MG/L		WICE/MONTH	GRAB
EFFLUENT GROSS VALUE				****							
COLIFORM, FECAL	SAMPLE MEASUREMENT	*****	*****		*****	24.9	*****	(13)	0	2/30	GRAB
GENERAL	PERMIT REQUIREMENT	*****	*****	****	*****	200	*****	100ML		WICE/MONTH	GRAB
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	*****	100ML		WICE/MONTH	GRAB
EFFLUENT GROSS VALUE				****							
BOD, CARBONACEOUS	SAMPLE MEASUREMENT	*****	*****		*****	4.10	6.30	(19)	0	3/30	COM-8
05 DAY, 20C	PERMIT REQUIREMENT	*****	*****	****	*****	4.10	6.30	MG/L		WICE/MONTH	COM-8
80082 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	4.10	6.30	MG/L		WICE/MONTH	COM-8
EFFLUENT GROSS VALUE				****							
	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

724 682-4141 04 10 08

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

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

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: EDWARD HUBLEY/MGR NUC ENV&CHEM

 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.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.68	*****	7.77	(12)	0	3/30	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	MINIMUM		MAXIMUM	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****						MONTH	
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	15.9	21.2	(19)	0	3/30	COMP-8
SUSPENDED	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	20	30	MG/L		WEEKLY	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	****	MO AVE	DATELY MX				MONTH	
EFFLUENT GROSS VALUE				****							
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	10.003	10.003	(03)	*****	*****	*****		0	1/4	MEAS
THRU TREATMENT PLANT	PERMIT REQUIREMENT	MO AVE	DATELY MX	MGD						WEEKLY	MEAS
50050 1 0 0	PERMIT REQUIREMENT	MO AVE	DATELY MX	MGD							
EFFLUENT GROSS VALUE											
CHLORINE, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	0.073	0.120	(19)	0	3/30	GRAB
RESIDUAL	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	MO AVE	INST MAX	MG/L		WEEKLY	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	****						MONTH	
EFFLUENT GROSS VALUE				****							
COLIFORM, FECAL	SAMPLE MEASUREMENT	*****	*****		*****	10.8	*****	(13)	0	3/30	GRAB
GENERAL	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	200	*****	100ML		WEEKLY	GRAB
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	MO AVE	DATELY MX				MONTH	
EFFLUENT GROSS VALUE				****							
BOD, CARBONACEOUS	SAMPLE MEASUREMENT	*****	*****		*****	11.9	14.0	(19)	0	3/30	COMP-8
05 DAY, 20C	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	25	50	MG/L		WEEKLY	GRAB
80082 1 0 0	PERMIT REQUIREMENT	*****	*****	****	MO AVE	DATELY MX				MONTH	
EFFLUENT GROSS VALUE				****							
	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

724 682-4441

AREA CODE

NUMBER

DATE

04 10 15

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.

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

211 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

211 TURBINE BLDG

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: EDWARD HUBLEY/MGR NUC ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	09	01		04	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	*****	*****		6.66	*****	7.10	(12)	0	1/4	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	7.0			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	SU			
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	4.60	6.0	(19)	0	1/4	GRAB
SUSPENDED	PERMIT REQUIREMENT	*****	*****	****	*****	30	100			WEEKLY	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	MD AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE				****							
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	45.0	46.0	(19)	0	1/4	GRAB
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	15	20			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	*****	MD AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	0.002	0.002	(03)	*****	*****	*****			1/4	EST
THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		WEEKLY	ESTIMA
50050 1 0 0	PERMIT REQUIREMENT	MD 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 J. 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

774-62-4441
AREA CODE NUMBER

DATE

04 10 08
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

213 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 2 COOL TOWER PUMPHOUSE

INTERNAL OUTFALL

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	To	YEAR	MO	DAY
04	09	01		04	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 MINIMUM	*****	9.0 MAXIMUM	SU			TWICE/GRAB MONTH
EFFLUENT GROSS VALUE				***							
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	30 MD AVG	100 DAILY MX	MG/L			TWICE/GRAB MONTH
EFFLUENT GROSS VALUE				***							
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	15 MD AVG	20 DAILY MX	MG/L			TWICE/GRAB MONTH
EFFLUENT GROSS VALUE				***							
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
50050 1 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	***			WEEKLY ESTIMATE
EFFLUENT GROSS VALUE								***			
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
50060 1 0 1	PERMIT REQUIREMENT	*****	*****	***	*****	0.5 MD AVG	1.25 INST MAX	MG/L			TWICE/GRAB MONTH
EFFLUENT GROSS VALUE				***							
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

James N. 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 9141 04 10 03

AREA CODE

NUMBER

YEAR

MO

DAY

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

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

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

301 A
DISCHARGE NUMBER

MAJOR
(SUBR 05)

F - FINAL

UNIT 2 AUX BOILER BLOWDOWN
INTERNAL OUTFAL

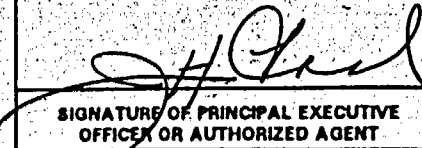
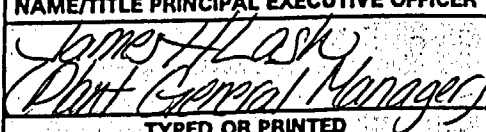
*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004 FROM
ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	09	01		04	09	30

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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		
 TYPED OR PRINTED			714 682-4441 AREA CODE NUMBER	04	10	08

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 15077-0004

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

PA0025615

PERMIT NUMBER

303 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 1 OIL WATER SEPARATOR

INTERNAL OUTFALL

*** NO DISCHARGE 1 ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	09	01		04	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	*****	*****		7.25	*****	7.38	(12)	0	3/30	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	5.0	*****	9.0	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	9.4	15.4	(19)	0	3/30	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	30	100	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	MD AVG		DAILY MX				
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	25.0	25.0	(19)	0	3/30	GRAB
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	15	20	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	MD AVG		DAILY MX				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.019	0.056	(03)	*****	*****	*****			1/7	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	***		WEEKLY	ESTIMA
EFFLUENT GROSS VALUE		MD AVG	DAILY MX	MGD				****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 James A. 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

 254 692 4141
04 10 09
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.

* 303 was only discharged in 3 weeks during September 2004. During the week of September 27th it was isolated.

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 16B

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

401 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

CHEM. FEED AREA OF AUX BOILERS

INTERNAL OUTFAL

 *** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	09	01		04	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	*****	*****	***	2.0 MINIMUM	*****	REPORT MAXIMUM	SU		WICE/GRAB MONTH	
EFFLUENT GROSS VALUE				****							
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	30	100	MG/L		WICE/GRAB MONTH	
EFFLUENT GROSS VALUE				****		MD AVG	DAILY MX				
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	15	20	MG/L		WICE/GRAB MONTH	
EFFLUENT GROSS VALUE				****		MD AVG	DAILY MX				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
50050 1 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY ESTIMA	
EFFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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 4410
724 682 4410 09 10 08
AREA CODE NUMBER YEAR MO DAY

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

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

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

(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: EDWARD HUBLEY/MGR NUC ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	08	01		04	08	31

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	*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****							
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	30 MD AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****							
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	15 MD AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****							
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00610 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****							
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
04251 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	0 MD AVG	0 DAILY MX	MG/L		WEEKLY	COMP 24 DISCHG
EFFLUENT GROSS VALUE				****							
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
50050 1 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		WEEKLY	ESTIMA
EFFLUENT GROSS VALUE								****			
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	0.5 MD AVG	0.25 INST MAX	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****							

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

 774 687-4140
04 10 08
AREA CODE NUMBER YEAR MO DAY

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

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

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

(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: EDWARD HUBLEY/MGR NUC ENV&CHEM

MONITORING PERIOD:						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	09	01		04	09	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
HYDRAZINE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
81313 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0	0	MG/L		WEEKLY GRAB	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			****		MD AVG	DAILY MAX				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	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

DATE

AREA CODE

NUMBER

YEAR

MO

DAY

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

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

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

413 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

BULK FUEL STORAGE 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: EDWARD HUBLEY/MGR NUC ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	09	01		04	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	*****	*****		7.1	*****	7.39	(12)	0	* 3/30	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	5.0	*****	9.0	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	9.23	12.5	(19)	0	* 3/30	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	30	100	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	MD AVG		DAILY MX				
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	45.0	45.0	(19)		* 3/30	GRAB
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	15	20	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	MD AVG		DAILY MX				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.002	0.002	(03)	*****	*****	*****			* 1/4	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
EFFLUENT GROSS VALUE		MD AVG	DAILY MX					****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

James H. Cash
Plant General Manager

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

214-682-9441 *09/10/08*

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

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

* There was flow in only 3 weeks in September 2004.

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

501 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 1 GENRTR BLWDN FILT BW

INTERNAL OUTFAL

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	09	01	TO	04	09	30

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	*****	*****		*****			(19)			
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	30 MB AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****							
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
50050 1 0 0	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
EFFLUENT GROSS VALUE								****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

James V. Cash
Plant General Manager
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

24,682-4411
AREA CODE NUMBER YEAR MO DAY
04 10 02

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.

DISCHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

Instructions:

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

Month: September

Year: 2004

Permittee: FENOC

Plant: Beaver Valley Power Station

NPDES: PA0025615

Municipality: Shippingport Borough

County: Beaver

Unit 1

For sludge that is incinerated:

Pre-incineration weight = _____ dry tons

Post-incineration weight = _____ dry tons

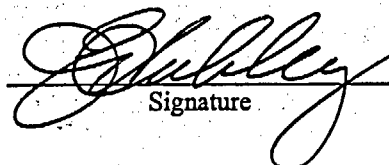
SLUDGE PRODUCTION INFORMATION (prior to incineration)

HAULED AS LIQUID SLUDGE				HAULED AS DEWATERED SLUDGE							
(Gallons)	X	(% Solids)	X (Conversion Factor)	=	Dry Tons	(Tons of Dewater Sludge)	X	(% Solids)	X (.01)	=	Dry Tons
8000		2.0	.0000417		0.667				.01		
TOTAL					=	0.667	TOTAL =				

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

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

(SSR-1 3/21/91)


Signature

Chemistry Manager
Title

10/25/04
Date

(724) 682-4141
Telephone

Sludge Received From Other Sources

Source Name (include specific plant)	Gallons Received	% Solids	Dry Tons

Comments:	

Instructions:

- Month: September
Year: 2004
FENOC
Beaver Valley Power Station
PA0025615
ity: Shippingport Borough
Beaver

Unit 2

For sludge that is incinerated:

Pre-incineration weight = _____ dry tons

Post-incineration weight = _____ dry tons

HAULED AS LIQUID SLUDGE				HAULED AS DEWATERED SLUDGE				
(Gallons)	X	(% Solids)	X (Conversion Factor)	= Dry Tons	(Tons of Dewater Sludge)	X	(% Solids) X (.01)	= Dry Tons
18000		2.0	.0000417	1.50			.01	
TOTAL =				1.50	TOTAL =			

DISPOSAL SITE INFORMATION: List all sites, even if not used this month.				
	Site 1	Site 2	Site 3	Site 4
Name:	Borough of Monaca Sewage Treatment Plant	Hopewell Township		
Permit No.	PA0020125	PA0026328		
Dry Tons Disposed:				
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	Beaver	Beaver		

(SSR-1 3/21/91)


Signature

Chemistry Manager
Title

10/25/04
Date

(724) 682-4141
Telephone

Sludge Received From Other Sources

Source Name (include specific plant)	Gallons Received	% Solids	Dry Tons

Comments:	