

September 28, 2005
L-05-160

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

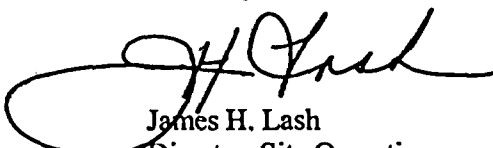
Beaver Valley Power Station Discharge Monitoring Report (NPDES) Permit No. PA0025615

To Whom It May Concern:

Enclosed is the August 2005 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). Attachment 2 contains the description and corrective actions taken for zinc exceedances at Outfall 012. A review of the data indicates no other parameters were exceeded.

Should you have any questions regarding the attached and enclosed documents, please direct them to Mr. Michael Banko, at 724-682-4117.

Sincerely,



James H. Lash
Director, Site Operations

Attachments (2)
Enclosures (1)

cc: Document Control Desk US NRC (NOTE: No new US NRC commitments are contained in this letter.)
US Environmental Protection Agency
Central File: **Keyword- DMR**

IE25

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

001 A
DISCHARGE NUMBER

MAJOR
(SUBR 05)
F - FINAL

OMB No. 2040-0004

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	08	01		05	08	31

UNITS 1&2 COOLG. TOWER BLWDN
EFFLUENT
*** NO DISCHARGE 1 ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.85	*****	8.5	(12)	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			***	MINIMUM		MAXIMUM	SU		WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(19)	*	*	*
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			***		REPORT MO AVE	REPORT DAILY MX	MG/L		WEEKLY	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	*****	*****		*****	40.06	40.06	(19)	0	2/31	COMP 24
04251 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			***		MO AVE	DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	48.5	58.9	03)	*****	*****	*****		0	DAILY	CONT
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVE	REPORT DAILY MX	MGD				***		DAILY	CONT
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.055	0.140	(19)	0	11/31	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			***		AVERAGE	MAXIMUM	MG/L		WEEKLY	GRAB
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****	0.042	0.120	(19)	0	CONT	CONT
50064 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			***		AVERAGE	MAXIMUM	MG/L		DAILY	GRAB
HYDRAZINE	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(19)	*	*	*
51313 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			***		MO AVE	DAILY MX	MG/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JAMES H. LASH
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. THE LIMIT IS 35 MG/L AS A DAILY MAX. DT-1 MAX 29.2 mg/L ON 8/005

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (V/D/Other))
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

CMB No. 2040-0004

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
05	08	01	TO	05	08	31

INTAKE SCREEN BACKWASH
EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

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

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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 ***

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	YEAR	MO	DAY
05	08	01	05	08	31

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	SAMPLE MEASUREMENT	0.052	0.135	03)	*****	*****	*****			2/31	MEAS
	PERMIT REQUIREMENT	0.019	0.043							26/31	
50050 1 0 0											
EFFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										

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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 (V/D/From))
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PA 15077-0004

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

PA0025615
PERMIT NUMBER

004 A
DISCHARGE NUMBER

MAJOR
(SUBR 05)
F - FINAL

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
05	08	01		05	08	31

UNIT ONE COOLG TOWER OVERFLOW
EFFLUENT

*** NO DISCHARGE 1 7 ***

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	*****	8.48	(12)	0	1/7	GRAB
	PERMIT REQUIREMENT										
00400 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	13.871	15.412	(03)	*****	*****	*****		0	1/7	MEAS
	PERMIT REQUIREMENT										
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.038	40.050	(19)	0	1/7	GRAB
	PERMIT REQUIREMENT										
50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****	0.038	40.050	(19)	0	1/7	GRAB
	PERMIT REQUIREMENT										
50064 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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CODE

NUMBER

YEAR

MO

DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (V/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

007 A
DISCHARGE NUMBER

MAJOR
(SUBR 05)
F - FINAL

FORM APPROVED
OMB No. 2040-0004

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	08	01		05	08	31

AUX. INTAKE SYSTEM
EFFLUENT

*** NO DISCHARGE. ☒ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			***	MINIMUM		MAXIMUM	SU		WEEKLY	GRAPH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVE	REPORT DAILY MAX	MGD	*****	*****	*****	***		WEEKLY	ESTIMATE
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			***	*****	0.5 MO AVE	0.25 INST MAX	MG/L		WEEKLY	GRAPH
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
50064 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			***	*****	0.5 AVERAGE	0.5 MAXIMUM	MG/L		WEEKLY	GRAPH
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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NUMBER

YEAR

MO

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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)

MAJOR
(SUBR 05)
F - FINAL

OMB No. 2040-0004

PA0025615
PERMIT NUMBER

008 A
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	08	01		05	08	31

UNIT 1 COOLING TOWER PUMPHOUSE
EFFLUENT
*** NO DISCHARGE 1 ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		8.07	*****	8.15	(12)	0	2/3	GRAB
00400 1 0 0	PERMIT REQUIREMENT			***	MINIMUM		MAXIMUM	SU		WICE/MONTH	GRAB
EFFLUENT GROSS VALUE				***							
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	9.0	9.2	(19)	0	2/3	GRAB
SUSPENDED	PERMIT REQUIREMENT			***		MO AVG	DAILY MX	MG/L		WICE/MONTH	GRAB
00530 1 0 0				***							
EFFLUENT GROSS VALUE				***							
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	<5.0*	<5.0*	(19)	0	2/3	GRAB
00556 1 0 0	PERMIT REQUIREMENT			***		MO AVG	DAILY MX	MG/L		WICE/MONTH	GRAB
EFFLUENT GROSS VALUE				***							
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	<0.00	<0.00	03)	*****	*****	*****		0	1/7	EST
THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT	REPORT					***		WICE/MONTH	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

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JAMES, H. LASH

TYPED OR PRINTED

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)

* ONE SAMPLE COLLECTED IN A PLASTIC BOTTLE

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

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: EDWARD HUBLEY/MGR NUC ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	08	01		05	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	*****	*****		7.55	*****	7.95	(12)	0	1/7	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE				***							
CLAMTRUL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	*****	*****		*****	<0.06	<0.06	(19)	0	1/31	COMP 24
04251 1 0 0	PERMIT REQUIREMENT	*****	*****	***		MD AVG	INST MAX	MG/L		WEEKLY	DISCH
EFFLUENT GROSS VALUE				***							
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	5.904	6.480	(03)	*****	*****	*****		0	1/7	MEAS
50050 1 0 0	PERMIT REQUIREMENT	*****	*****	***				***		WEEKLY	MEAS
EFFLUENT GROSS VALUE				***							
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.04	0.09	(19)	0	1/7	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	***		MD AVG	INST MAX	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE				***							
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****	0.04	0.09	(19)	0	1/7	GRAB
50064 1 0 0	PERMIT REQUIREMENT	*****	*****	***		AVERAGE	MAXIMUM	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE				***							
	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	
JAMES H. LASH TYPED OR PRINTED			AREA CODE	NUMBER	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (24 HR. COMP.) : 14.5 MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.)
DT-1 ON 8-10-05

PERMITTEE NAME/ADDRESS (Include Facility Name/Location) (Form)
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 ***

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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
05	08	01		05	08	31

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	MGD	*****	*****	*****		0	1/7	EST
	PERMIT REQUIREMENT	MD AVG	DAILY MX	MGD	****	****	****	****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location (V/D/Permit))
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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

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	YEAR	MO	DAY
05	08	01	05	08	31

BLOWDOWN FROM THE HVAC UNIT
 EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		8.36	*****	8.58	(.12)	0	2/31	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	*****	SU		1/1	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.056	0.066	(.19)	0	2/31	GRAB
COPPER, TOTAL (AS CU)	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		1/1	GRAB
01042 1 0 1	SAMPLE MEASUREMENT	*****	*****		*****	8.573	14.950	(.19)	2	2/31	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		1/1	GRAB
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****		0	1/31	EST
01092 1 0 2	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****			1/1	EST
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	40.001	40.001	(.03)	*****	*****	*****		0	1/31	EST
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****			1/1	EST
50050 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	648	868	(.19)	0	2/31	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		1/1	GRAB
SOLIDS, TOTAL DISSOLVED	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****			1/1	GRAB
70295 1 0 1	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****			1/1	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****			1/1	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****			1/1	GRAB
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****			1/1	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****			1/1	GRAB
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****			1/1	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****			1/1	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH

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)

* SEE ATTACHMENT 2 OF THE COVER LETTER TO THIS DMR. DISCHARGES VIA THIS OUTFALL WERE TERMINATED ON 8/18/05 @ 1200 HOURS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (VDI/From))
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

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
05	08	01		05	08	31

*** NO DISCHARGE 1 ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		6.60	*****	7.85	(12)	0	1/7	GRAB
00400 1 0 1	SAMPLE MEASUREMENT										
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			***	MINIMUM		MAXIMUM	SU		WEEKLY	GRAB
CYANIDE, TOTAL (AS CN)		*****	*****		*****	10.005	10.005	(19)	0	2/31	COMP 24
00720 1 0 2	SAMPLE MEASUREMENT					REPORT	REPORT				
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			***		MD AVG	DAILY MX	MG/L		MONTH	COMP 24
COPPER, TOTAL (AS CU)		*****	*****		*****	0.015	0.026	(19)	0	2/31	COMP 24
01042 1 0 2	SAMPLE MEASUREMENT					0.05	0.1				
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			***		MD AVG	DAILY MX	MG/L		MONTH	COMP 24
CHLOROBENZENE		*****	*****		*****	10.005	10.005	(19)	0	2/31	COMP 24
84301 1 0 1	SAMPLE MEASUREMENT					REPORT	REPORT				
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			***		MD AVG	DAILY MX	MG/L		MONTH	COMP 24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.030	0.074	(03)	*****	*****	*****		0	2/31	EST
50050 1 0 1	SAMPLE MEASUREMENT										
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD				***		WEEKLY	SUBMIT
		MD AVG	DAILY MX					***		MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH

TYPED OR PRINTED

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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)

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (D/Facility))
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
(SUBR 05)
F - FINAL

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
05	08	01		05	08	31

101 CHEMICAL WASTE TREATMENT
INTERNAL OUTFAL
*** NO DISCHARGE 121 ***
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	*****	*****		6.45	*****	7.18	(12)	0	6/31	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0				WEEKLY GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	SU			
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	24.0	24.0	(19)	0	4/31	COMP-2
SUSPENDED	PERMIT REQUIREMENT	*****	*****	***	30	MD AVG	100	DAILY MX			WEEKLY COMP-2
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	****				MG/L			
EFFLUENT GROSS VALUE											
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	25.0	25.0	(19)	0	4/31	GRAB
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	***	25	MD AVG	20	DAILY MX			WEEKLY GRAB
EFFLUENT GROSS VALUE				****				MG/L			
NITROGEN, AMMONIA	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(19)	*	*	*
TOTAL (AS N)	PERMIT REQUIREMENT	*****	*****	***		REPORT	REPORT				WEEKLY GRAB
00610 1 0 0	PERMIT REQUIREMENT	*****	*****	****		MD AVG		DAILY MX			
EFFLUENT GROSS VALUE								MG/L			
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	0.008	0.008	(03)	*****	*****	*****		0	DAILY	CONT
THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT	REPORT					***			DAILY CONTIN
50050 1 0 0	PERMIT REQUIREMENT	MD AVG	DAILY MX	MGD				****			
EFFLUENT GROSS VALUE											
HYDRAZINE	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(19)	*	*	*
B1313 1 0 0	PERMIT REQUIREMENT	*****	*****	***		REPORT	REPORT				WEEKLY GRAB
EFFLUENT GROSS VALUE				****		MD AVG		DAILY MX			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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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. SAMPLES SHALL BE TAKEN AT THE DISCHARGE FROM THE CHEMICAL WASTE SUMP PRIOR TO MIXING WITH ANY OTHER WATER.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (If Different))
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: EDWARD HUBLEY/MGR NUC ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	08	01		05	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	*****	*****		7.27	*****	8.05	(12)	0	2/31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			***	MINIMUM		MAXIMUM	SU		WIDE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	24.55	45.10	(19)	0	2/31	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			***	*****	30 MD AVG	100 DAILY MX	MG/L		WIDE/ MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	<5.0	<5.0	(19)	0	2/31	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			***		5 MD AVG	20 DAILY MX	MG/L		WIDE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	20.001	20.001	03)	*****	*****	*****			2/31	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		WIDE/ MONTH	SUMMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH

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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 COLLECTED PUMP BEARING LEAKAGE 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

103 A
 DISCHARGE NUMBER

MAJOR
 (SUBR 05)
 F - FINAL

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
05	08	01		05	08	31

SLUDGE SETTLING BASIN
 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	*****	*****		7.38	*****	7.70	(12)	0	2/31	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	SU		MONTH	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	24.0	24.0	(19)	0	2/31	COMP 24
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	*****	*****	***	*****	30	100	MG/L		MONTH	COMP 24
00530 1 0 0	SAMPLE MEASUREMENT	0.019	0.043	(03)	*****	*****	*****		0	26/31	MEAS
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	*****		MONTH	MEAS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT										
50050 1 0 0	PERMIT REQUIREMENT										
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH

TYPED OR PRINTED

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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 OVERFLOW FROM THE BASIN PRIOR TO MIXING WITH ANY OTHER WATER.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (D/Permit))
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

110 A
DISCHARGE NUMBER

MAJOR
(SUBR 05)
F - FINAL

OMB No. 2040-0004

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004

FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	08	01		05	08	31

UNIT 2 SERVICE WATER BACKWASH
EFFLUENT

*** 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	SAMPLE
	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

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JAMES H. LASH

TYPED OR PRINTED

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)

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

OMB No. 2040-0004

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	08	01		05	08	31

111 DIESEL GENERATOR BLDG

INTERNAL DUTFL

*** 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	*****	*****		7.45	*****	7.78	(12)	0	3/31	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE				***							
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	4.2	4.6	(19)	0	3/31	GRAB
SUSPENDED	PERMIT REQUIREMENT	*****	*****	***	*****	MD AVG	DAILY MX	MG/L		WEEKLY	GRAB
00530 1 0 0				***							
EFFLUENT GROSS VALUE				***							
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	<5.0	<5.0	(19)	0	3/31	GRAB
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	MD AVG	DAILY MX	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE				***							
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	0.002	0.002	(03)	*****	*****	*****		0	3/31	EST
THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	***	*****	MD AVG	DAILY MX	MGD		WEEKLY	EST
50050 1 0 0				***							
EFFLUENT GROSS VALUE				***							
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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JAMES H. LASH

TYPED OR PRINTED

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)

FLOW ISOLATED / NO DISCHARGE FROM 8/21/05 TIL END OF MONTH

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

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
05	08	01		05	08	31

UNIT 2 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		*****	*****		7.75	*****	7.85	(12)	0	2/31	GRAB
00400 1 0 0	SAMPLE MEASUREMENT										
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			***	MINIMUM		MAXIMUM	SU		WIDE/GRAB	
SOLIDS, TOTAL		*****	*****		*****			(19)	0	2/31	COMP-8
SUSPENDED	SAMPLE MEASUREMENT					8.55	10.80				
00530 1 0 0	PERMIT REQUIREMENT			***		MO AVG	DAILY MX	MG/L		WIDE/COMP-8	
EFFLUENT GROSS VALUE				***						MONTH	
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	0.027	0.071	(03)	*****	*****	*****		0	7/31	MEAS
THRU TREATMENT PLANT	PERMIT REQUIREMENT							***		WEEKLY MEAS	
50050 1 0 0								***			
EFFLUENT GROSS VALUE											
CHLORINE, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	0.188	0.210	(19)	0	4/31	GRAB
RESIDUAL	PERMIT REQUIREMENT			***		MO AVG	DAILY MX	MG/L		WIDE/GRAB	
50060 1 0 0				***						MONTH	
EFFLUENT GROSS VALUE											
COLIFORM, FECAL	SAMPLE MEASUREMENT	*****	*****		*****	75.2	*****	(13)	0	2/31	GRAB
GENERAL	PERMIT REQUIREMENT			***		MO GEOGN		100ML		WIDE/GRAB	
74055 1 0 0				***						MONTH	
EFFLUENT GROSS VALUE											
BOD, CARBONACEOUS	SAMPLE MEASUREMENT	*****	*****		*****	3.0	3.0	(19)	0	2/31	COMP-8
05 DAY, 20C	PERMIT REQUIREMENT			***		MO AVG	DAILY MX	MG/L		WIDE/COMP-8	
80082 1 0 0				***						MONTH	
EFFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH

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 ensure 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 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

203 A

DISCHARGE NUMBER

MAJOR
(SUBR 05)

F - FINAL

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
05	08	01		05	08	31

MAIN SEWAGE TMT PLANT
INTERNAL OUTFAL

*** 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	*****	*****		7.62	*****	7.88	(12)	0	3/31	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	SU		WICE/MONTH	GRAB
EFFLUENT GROSS VALUE				****							
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	12.3	17.2	(19)	0	2/31	COMP-8
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	30	60	MG/L		WICE/MONTH	COMP-8
EFFLUENT GROSS VALUE				****							
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.014	0.026	(03)	*****	*****	*****		0	7/31	MEAS
50050 1 0 0	PERMIT REQUIREMENT	0.023	0.029	MGD	*****	*****	*****	***		WEEKLY	MEAS
EFFLUENT GROSS VALUE		MD AVG	DAILY MX	MGD				****			
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.617	1.33	(19)	0	3/31	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	1.2	3.1	MG/L		WICE/MONTH	GRAB
EFFLUENT GROSS VALUE				****		MD AVG	INST MAX				
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	9.33	*****	(13)	0	12/31	GRAB
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	200	*****	/ 100ML		WICE/MONTH	GRAB
EFFLUENT GROSS VALUE				****		MD (CEOMN)					
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	*****	*****		*****	3.3	3.6	(19)	0	2/31	COMP-8
80082 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	25	50	MG/L		WICE/MONTH	COMP-8
EFFLUENT GROSS VALUE				****		MD AVG	DAILY MX				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH

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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 OVERFLOW FROM THE CHLORINE CONTACT TANK PRIOR TO MIXING WITH ANY OTHER WATER.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (V/D/Jurisdiction))
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

U.S. GOVERNMENT
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
05	08	01		05	08	31

211 TURBINE BLDG
INTERNAL DUTFAL
*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		6.70	*****	7.74	(12)	0	1/7	GRAB
00400 1 0 0	SAMPLE MEASUREMENT	*****	*****		6.70	*****	7.74	(12)	0	1/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	SU	0	1/7	GRAB
SOLIDS, TOTAL		*****	*****		*****	*****	*****				
SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	5.72	12.0	(19)	0	1/7	GRAB
00530 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	5.72	12.0	(19)	0	1/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	MD AVG	DAILY MX	MG/L	0	1/7	GRAB
OIL & GREASE		*****	*****		*****	*****	*****				
00556 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	45.0	45.0	(19)	0	1/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	MD AVG	DAILY MX	MG/L	0	1/7	GRAB
FLOW, IN CONDUIT OR		*****	*****		*****	*****	*****				
THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.002	0.002	(03)	*****	*****	*****		0	1/7	EST
00050 1 0 0	SAMPLE MEASUREMENT	0.002	0.002	(03)	*****	*****	*****		0	1/7	EST
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	***	0	1/7	EST
		*****	*****		*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
		*****	*****		*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				
		*****	*****		*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH

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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)

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

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
05	08	01		05	08	31

UNIT 2 COOL TOWER PUMPHOUSE
INTERNAL OUTFALL
*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			***	MINIMUM		MAXIMUM	SU		WEEKLY	GRAV
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			***		MD AVG	DAILY MX	MG/L		WEEKLY	GRAV
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			***		MD AVG	DAILY MX	MG/L		WEEKLY	GRAV
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			MD AVG				***		WEEKLY	GRAV
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			***		MD AVG	INST MAX	MG/L		WEEKLY	GRAV
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H LASH

TYPED OR PRINTED

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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 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 (V/D))
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

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		YEAR	MO	DAY
05	08	01	TO	05	08	31

UNIT 2 AUX BOILER BLOWDOWN
INTERNAL OUTFAL
*** 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			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	24.0	24.0	(19)	0	2/31	GRAB
	PERMIT REQUIREMENT			***		MD AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	45.0	45.0	(19)	0	2/31	GRAB
	PERMIT REQUIREMENT			***		MD AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.001	0.001	MGD	*****	*****	*****		0	1/7	EST
	PERMIT REQUIREMENT	MD AVG	DAILY MX	MGD				***		WEEKLY	STAIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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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 15077-0004

PA0025615

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 15077-0004 FROM

ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	08	01		05	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	*****	*****		7.35	*****	7.88	(12)	0	1/7	GRAB
00400 1 0 0	PERMIT REQUIREMENT				MINIMUM		MAXIMUM	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	4.84	8.20	(19)	0	1/7	GRAB
SUSPENDED	PERMIT REQUIREMENT					MD AVG	DAILY MX	MG/L		WEEKLY	GRAB
00530 1 0 0											
EFFLUENT GROSS VALUE											
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	45.0	45.0	(19)	0	1/7	GRAB
00556 1 0 0	PERMIT REQUIREMENT					MD AVG	DAILY MX	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	0.019	0.056	(03)	*****	*****	*****		0	1/7	EST
THRU TREATMENT PLANT	PERMIT REQUIREMENT									WEEKLY	ESTIMA
50050 1 0 0											
EFFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

JAMES H. LASH

TYPED OR PRINTED

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) (F/D/Forms)
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

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		YEAR	MO	DAY
05	08	01	TO	05	08	31

313 TURBINE BLDG DRAIN
INTERNAL OUTFAL
*** 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	*****	*****		6.75	*****	7.32	(12)	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			***	MINIMUM		MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	7.0	16.8	(19)	0	1/7	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			***	MD AVG		DAILY MX	MG/L			
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	<5.0	25.0	(19)	0	1/7	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			***	MD AVG		DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.002	0.002	(03)	*****	*****	*****		0	1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			***							
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH

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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 DISCHARGE FROM OWS #21 PRIOR TO MIXING WITH ANY OTHER WATER.

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

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

MAJOR
(SUBR 05)
F - FINAL

FORM APPROVED
OMB No. 2040-0004

PA0025615
PERMIT NUMBER

401 A
DISCHARGE NUMBER

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
05	08	01		05	08	31

CHEM. FEED AREA OF AUX BOILERS
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	*****	*****		8.85	*****	9.14	(12)	0	2/31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			***	MINIMUM		REPORT MAXIMUM	SU		WICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	<4.0	<4.0	(19)	0	2/31	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			***		MO AVE	100 DAILY MX	MG/L		WICE/MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	<5.0	<5.0	(19)	0	2/31	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			***		MO AVE	20 DAILY MX	MG/L		WICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	<0.001	<0.001	03)	*****	*****	*****		0	1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVE	REPORT DAILY MX	MGD				***		WICE/MONTH	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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JAMES H. LASH

TYPED OR PRINTED

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 CHEMICAL FEED AREA DRAINS 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)

MAJOR
(SUBR 05)
F - FINAL

Form Approved
OMB No. 2040-0004

PA0025615
PERMIT NUMBER

403 A
DISCHARGE NUMBER

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
05	09	01		05	09	30

CONDENSATE BLOWDOWN & RIVR WAT
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			
PH	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU		WEEKLY	OR AB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	MD AVG	DAILY MX	MG/L		WEEKLY	OR AB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	MD AVG	DAILY MX	MG/L		WEEKLY	OR AB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	MD AVG	DAILY MX	MG/L		WEEKLY	OR AB
CLAMTROL CT-17, TOTAL WATER	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
04251 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	MD AVG	DAILY MX	MG/L		WEEKLY	OR AB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	***		WEEKLY	ESTIMA
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	MD AVG	INST MAX	MG/L		WEEKLY	OR AB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH

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

00876/050627-0927

PAGE 1 OF

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

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
05	07	01		05	07	31

CONDENSATE BLOWDOWN & RIVR WAT
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			
HYDRAZINE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
81313 1 0 0	PERMIT REQUIREMENT		*****	***		MD AVG	DAILY MX	MG/L		WEEKLY	GRAPH
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT		*****	****							
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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JAMES H. LASH

TYPED OR PRINTED

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.

PERM. 77EE NAME/ADDRESS (Include Facility Name/Location (V/Different))
NAME BEAVER VALLEY POWER STATION
ADDRESS PA ROUTE 168
SHIPPINGPORT PA 15077-0004

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

MAJOR
(SUBR 05)
F - FINAL

Form Approved
OMB No. 2040-0004

PA0025615
PERMIT NUMBER

413 A
DISCHARGE NUMBER

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
05	08	01		05	08	31

BULK FUEL STORAGE DRAIN
INTERNAL OUTFALL
*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	MO/AVG	DAILY MX	MG/L		WEEKLY	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	MO/AVG	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	*****	*****	MGD	*****	*****	*****	***		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH

TYPED OR PRINTED

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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 DISCHARGE FROM DWS #24 PRIOR TO MIXING WITH ANY OTHER WATER.

PERMITTEE NAME: ADDRESS (Include Facility Name/Location (V/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

501 A
DISCHARGE NUMBER

MAJOR
(SUBR 05)
F - FINAL

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	YEAR	MO	DAY
05	08	01	05	08	31

UNIT 1 GENRTR BLWDWN FILT BW
INTERNAL OUTFAL

*** 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			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
	PERMIT REQUIREMENT		*****	***	*****	30	100			WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			03)	*****	*****	*****				
	PERMIT REQUIREMENT	PERMIT	PERMIT					***		WEEKLY	50050
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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JAMES H. LASH

TYPED OR PRINTED

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 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: August

Year: 2005

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
10,000		2.0		.0000417		1.00					.01		

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

	Site 1	Site 2	Site 3	Site 4
Name:	Borough of Monaca Sewage Treatment Plant	Hopewell Township		
Permit No.	PA0020125	PA0026328		
Dry Tons Disposed:	1.00			
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	Beaver	Beaver		

(SSR-1 3/21/91)


 Signature FOR E. THOMAS

Chemistry Manager
 Title

September 28, 2005
 Date

(724) 682-4141
 Telephone

Sludge Received From Other Sources

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

Comments:

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: August

Year: 2005

Permittee: FENOC

Plant: Beaver Valley Power Station

NPDES: PA0025615

Municipality: Shippingport Borough

County: Beaver

Unit 2

For sludge that is incinerated:

Pre-incineration weight = dry tons

Post-incineration weight = dry tons

SLUDGE PRODUCTION INFORMATION (prior to incineration)

HAULED AS LIQUID SLUDGE						HAULED AS DEWATERED SLUDGE							
(Gallons)	X	(% Solids)	X	(Conversion Factor)	=	Dry Tons	(Tons of Dewater Sludge)	X	(% Solids)	X	(.01)	=	Dry Tons
16,000		2.00		.0000417		1.33					.01		

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

	Site 1	Site 2	Site 3	Site 4
Name:	Borough of Monaca Sewage Treatment Plant	Hopewell Township		
Permit No.	PA0020125	PA0026328		
Dry Tons Disposed:	1.33			
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	Beaver	Beaver		

(SSR-1 3/21/91)

Victor E. Thomas
Signature FOR E. THOMAS

Chemistry Manager
Title

September 28, 2005
Date

(724) 682-4141
Telephone

Sludge Received From Other Sources

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

Comments:-

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
8/03/05	0950	7.44	mg/L
8/09/05	0820	7.65	mg/L
8/15/05	0945	7.76	mg/L
8/22/05	1041	7.70	mg/L
8/29/05	0910	7.87	mg/L

- Attachment 1 END -

ATTACHMENT 2

Zinc Exceedances at Outfall 012

On August 11th and 15th 2005, monitoring of Outfall 012 indicated zinc values of 2.20 mg/l and 14.95 mg/l respectively. The daily maximum and monthly average limits are both 1.5 mg/l. Upon receipt of the analytical data for the August 15th sample, the discharge to Outfall 012 was terminated by Beaver Valley Power Station (BVPS) supervision by closing the blowdown valves for the ERF building air conditioning evaporative coolers. Therefore, there has been no discharge via Outfall 012 since 1200 hours on August 18, 2005.

The condition was investigated and corrective actions are being developed and documented in the FENOC Problem Identification and Resolution program in Condition Report CR-05-05479. That investigation indicates that preventive and routine maintenance of the evaporative coolers, in accordance with the manufacturer's recommendations, can no longer control zinc entering the effluent from the three sources of zinc identified in the components of the coolers. As indicated in the investigation results and our previous description of the condition in the July 2005 DMR letter, a review of data from March 2004 through June of 2005 indicated that maintenance was being effective.

Therefore, FENOC is proceeding with resolution that eliminates zinc from being discharged in the blowdown of the evaporative coolers. The options include partial or complete replacement of the units with components that do not contain zinc. Until that final resolution is complete, FENOC intends to keep the blowdown valves closed, and thus, not discharge any cooler water to Outfall 012.

- Attachment 2 END -