

February 27, 2006  
L-06-027

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

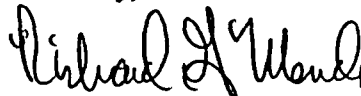
**Beaver Valley Power Station Discharge Monitoring Report (NPDES) Permit No. PA0025615**

To Whom It May Concern:

Enclosed is the January 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 is supplemental monitoring data for Outfall 001 (dissolved oxygen). A review of the data indicates no Permit parameters were exceeded.

Should you have any questions regarding the attached and enclosed documents, please direct them to Mr. Michael Banko, at 724-582-4117.

Sincerely,



Richard G. Mende  
Director, Site Operations

Attachments (1)  
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

## 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
1/2/2006	09:20	8.23	mg/L
1/11/2006	10:00	8.09	mg/L
1/19/2006	09:00	8.53	mg/L
1/24/2006	10:45	9.24	mg/L
1/31/2006	8:45	8.56	mg/L

- Attachment 1 END -

# 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: January  
 Year: 2006  
 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
30,000		2.0		.0000417 = 2.50					.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:				
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	Beaver	Beaver		

(SSR-1 3/21/91)

*Chad Thomas*  
 Signature

Chemistry Manager  
 Title

2/23/06  
 Date

(724) 682-4141  
 Telephone

Sludge Received From Other Sources

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

<b>Comments:</b>

# DISCHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

## Instructions:

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4. If no sludge was removed, note on form.

Month: January

Year: 2006

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
28,900		2.0		.0000417		2.41					.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:				
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	Beaver	Beaver		

(SSR-1 3/21/91)

Ch Thomas  
Signature

Chemistry Manager  
Title

2/23/06  
Date

(724) 682-4141  
Telephone

**Sludge Received From Other Sources**

<b>Source Name (include specific plant)</b>	<b>Gallons Received</b>	<b>% Solids</b>	<b>Dry Tons</b>

<b>Comments:</b>

NAME: BEAVER VALLEY POWER STATION

ADDRESS: PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

## DISCHARGE MONITORING REPORT (DMR)

PA0025615

PERMIT NUMBER

001 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNITS 1 1/2 COOLG. TOWER BLWDN.

EFFLUENT

\*\*\* NO DISCHARGE 1 1 \*\*\*

NOTE: Read instructions before completing this form.

UWID NO. 2040-0004

FACILITY BEAVER VALLEY POWER STATION

LOCATION: SHIPPINGPORT

PA 15077-0004 FROM

ATTN: EDWARD HUBLEY/MGR NUC ENV&amp;CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	01	01		06	01	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	*****	*****		7.10	*****	8.14	( 12 )	0	1/7	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	5.0	*****	9.0			WEEKLY	GRAB
EFFLUENT GROSS VALUE				***	MINIMUM		MAXIMUM	SU			
NITROGEN, AMMONIA	SAMPLE MEASUREMENT	*****	*****		*****	*	*	( 19 )	*	*	*
TOTAL (AS N)	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
00610 1 0 0				***							
EFFLUENT GROSS VALUE				***							
CLAMTROL CT-1, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	**	**	( 19 )	**	**	**
WATER	PERMIT REQUIREMENT	*****	*****	***	*****	MD AVG	DAILY MX	MG/L		WHEN DISCHG	COMP 24
04251 1 0 0				***							
EFFLUENT GROSS VALUE				***							
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	21.2	28.1	( 03 )	*****	*****	*****		0	DAILY	CONT
THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	***		DAILY	CONTIN
50050 1 0 0				***				***			
EFFLUENT GROSS VALUE				***				***			
CHLORINE, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	0.02	0.07	( 19 )	0	11/31	GRAB
RESIDUAL	PERMIT REQUIREMENT	*****	*****	***	*****	0.5	1.25	MG/L		WEEKLY	GRAB
50060 1 0 0				***		AVERAGE	MAXIMUM				
EFFLUENT GROSS VALUE				***							
CHLORINE, FREE	SAMPLE MEASUREMENT	*****	*****		*****	0.03	0.12	( 19 )	0	CONT	MEAS
AVAILABLE	PERMIT REQUIREMENT	*****	*****	***	*****	0.2	0.5	MG/L		CONTIN	RECORD
50064 1 0 0				***		AVERAGE	MAXIMUM			UOUS	
EFFLUENT GROSS VALUE				***							
HYDRAZINE	SAMPLE MEASUREMENT	*****	*****		*****	*	*	( 19 )	*	*	*
81313 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	MD AVG	DAILY MX	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE				***							

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

R.G. MENDE

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

724/682-773

06 02 21

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. \* NOT IN WET LAYUP DURING PERIOD

\*\* NO CT-1 DISCHARGE DURING PERIOD

## Paperwork Reduction Act Notice

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

## General Instructions

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

## Legal Notice

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



PAGE 1 OF 1

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

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
06	01	01		06	01	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	0.978	0.978	(03)	*****	*****	*****		0	2/31	EST
	PERMIT REQUIREMENT	0.978	0.978	MGD	*****	*****	*****	****		WICE/MONTH	ESTIMA
	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

R.G.MENOE  
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  
682-7773  
724  
DATE  
06 02 21  
AREA CODE NUMBER 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

PA0025615

PERMIT NUMBER

004 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

 UNIT ONE COOLG TOWER OVERFLOW  
EFFLUENT

\*\*\* NO DISCHARGE (X) \*\*\*

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: EDWARD HUBLEY/MGR NUC ENV&amp;CHEM

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
06	01	01	TO	06	01 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	*****	9.0			WEEKLY	GRAB
EFFLUENT GROSS VALUE				***	MINIMUM		MAXIMUM	SU			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			( 03 )	*****	*****	*****				
50050 1 0 0	PERMIT REQUIREMENT			***	*****	*****	*****	***		WEEKLY	MEASRD
EFFLUENT GROSS VALUE				***				***			
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****			( 19 )			
50060 1 0 0	PERMIT REQUIREMENT			***	*****	0.5	1.25			WEEKLY	GRAB
EFFLUENT GROSS VALUE				***		MO. AVG	INST MAX	MG/L			
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****			( 19 )			
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	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
R.G. MENDE			
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	724 682-7773	06 02 21

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
06	01	01		06	01	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	SAMPLE MEASUREMENT	0.002	0.016	(03)	*****	*****	*****		0	1/7	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORTED	REPORTED		*****	*****	*****	***		WEEKLY	ESTIMA
EFFLUENT GROSS VALUE		RELEVANT	DAILY MAX	MGD	*****	*****	*****	****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

R.G. MENDE

TYPED OR PRINTED

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TELEPHONE

682-724 7773

DATE

06 02 21

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

EDWARD HUBLEY

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

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
06	01	01		06	01	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	*****	9.0			WEEKLY	GRAB
EFFLUENT GROSS VALUE				***	MINIMUM	*****	MAXIMUM	SU			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			{ 03 }	*****	*****	*****				
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	***		WEEKLY	ESTIMA
EFFLUENT GROSS VALUE		IMP AVG	DAILY MAX	MGD		*****	*****	****			
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****			{ 19 }			
50060 1 0 0	PERMIT REQUIREMENT			***	*****	0.5	1.25			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		MG AVG	INST MAX	MG/L			
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****			{ 19 }			
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	<p>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.</p>	<p>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</p>	TELEPHONE	DATE
<p>R. G. MENDE</p> <p>TYPED OR PRINTED</p>			<p>724-682-7773</p> <p>AREA CODE NUMBER</p>	<p>06 02 21</p> <p>YEAR MO DAY</p>

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)

PA0025615

PERMIT NUMBER

008 A

DISCHARGE NUMBER

MAJOR

{SUBR 05}

F - FINAL

UNIT 1 COOLING TOWER PUMPHOUSE

EFFLUENT

\*\*\* NO DISCHARGE 1 \*\*\*

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

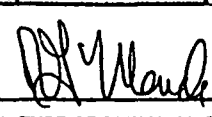
LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

MONITORING PERIOD.						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	01	01		05	01	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	*****	*****		7.83	*****	8.00	{ 12 }	0	2/31	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	SU		WICE / GRAB	
EFFLUENT GROSS VALUE				*****						MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	21.2	33.6	{ 19 }	0	2/31	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MD AVG	100 DAILY MX	MG/L		WICE / GRAB	
EFFLUENT GROSS VALUE				*****						MONTH	
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	<5	<5	{ 19 }	0	2/31	GRAB
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MD AVG	20 DAILY MX	MG/L		WICE / GRAB	
EFFLUENT GROSS VALUE				*****						MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	<0.001	<0.001	{ 03 }	*****	*****	*****		0	1/7	EST
50050 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		WEEKLY ESTIMA	
EFFLUENT GROSS VALUE				*****							
	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		
R.G. MENDE TYPED OR PRINTED			724 682-7773 AREA CODE NUMBER	06 02 21 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

010 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 2 COOLING WATER

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&amp;CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	01	01		06	01	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	*****	*****		7.44	*****	8.22	{ 12 }	0	1/7	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			WEEKLY	GRAB
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM	SU			
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	*****	*****		*****	*	*	{ 19 }	*	*	*
04251 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0	0			WHEN DISCHG	COMP 24
EFFLUENT GROSS VALUE					MD AVG		INST MAX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	5.47	5.76	{ 03 }	*****	*****	*****		0	1/7	MEAS
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT	*****	*****	*****	*****	*****		WEEKLY	MEAS
EFFLUENT GROSS VALUE		MD AVG	DAILY MX	MGD							
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.03	0.05	{ 19 }	0	1/7	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.5	1.25			WEEKLY	GRAB
EFFLUENT GROSS VALUE					MD AVG		INST MAX	MG/L			
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****	<0.02	<0.02	{ 19 }	0	1/7	GRAB
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										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE			
R.G. MENDE			724 682-7773	06	02	21
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (24 HR. COMP.) :

MG/L. (THE LIMIT IS 35 M

G/L AS A DAILY MAX.) \* NO CT-1 DISCHARGE DURING PERIOD

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 ! ! \*\*\*

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

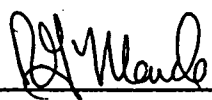
LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	01	01		06	01	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	SAMPLE MEASUREMENT	0.002	0.002	(03)	*****	*****	*****		0	1/7	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	***		WEEKLY	ESTIMA
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	INTERVAL	DAILY MAX	MGD				****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	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		
R. G. MENDE TYPED OR PRINTED			724 682-7773 AREA CODE NUMBER	06 02 21 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 ☒ \*\*\*

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

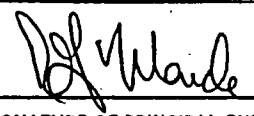
LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	01	01		06	01	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	*****	*****	****	*****	*****	*****	*****		ONCE/	GRAB
EFFLUENT GROSS VALUE		*****	*****	****	MINIMUM	*****	MAXIMUM	SU		MONTH	
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	*****	*****		*****			( 19 )			
01042 1 0 1	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/	GRAB
EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	*****	*****		MONTH	
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	*****	*****		*****			( 19 )			
01092 1 0 2	PERMIT REQUIREMENT	*****	*****	****	*****	1.5 MO AVG	1.5 DAILY MX	MG/L		TWICE/	GRAB
EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	*****	*****		MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			( 03 )	*****	*****	*****				
50050 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****		ONCE/	ESTIMA
EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	*****	*****		MONTH	
SOLIDS, TOTAL DISSOLVED	SAMPLE MEASUREMENT	*****	*****		*****			( 19 )			
70295 1 0 1	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/	GRAB
EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	*****	*****		MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
R.G. MENDE			724 682-7773	06	02	21	
TYPED OR PRINTED			AREA 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

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

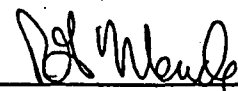
LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	01	01		05	01	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	*****	*****		6.77	*****	7.39	{ 12 }	0	1/7	GRAB
00400 1 0 1	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU			
EFFLUENT GROSS VALUE											
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	*****	*****		*****	<0.005	<0.005	{ 19 }	0	2/31	24 HR Comp
00720 1 0 2	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		WICE/MONTH	COMP 24
EFFLUENT GROSS VALUE											
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	*****	*****		*****	0.022	0.039	{ 19 }	0	2/31	24 HR Comp
01042 1 0 2	PERMIT REQUIREMENT	*****	*****	****	*****	0.05 MD AVG	0.1 DAILY MX	MG/L		WICE/MONTH	COMP 24
EFFLUENT GROSS VALUE											
CHLOROBENZENE	SAMPLE MEASUREMENT	*****	*****		*****	<0.005	<0.005	{ 19 }	0	2/31	24 HR Comp
34301 1 0 1	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		WICE/MONTH	COMP 24
EFFLUENT GROSS VALUE											
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.014	0.022	{ 03 }	*****	*****	*****		0	2/31	EST
50050 1 0 1	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		WICE/MONTH	ESTIMA
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 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			
R.G. MENDE TYPED OR PRINTED			724-682-7773 AREA CODE NUMBER	06	02	21	YEAR

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

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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

101 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

101 CHEMICAL WASTE TREATMENT

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&amp;CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	01	01		06	01	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	*****	*****	***	*****	*****	*****				
EFFLUENT GROSS VALUE		*****	*****	***	MINIMUM	MAXIMUM	SU				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			{ 19 }			
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	30 MD AVG	100 DAILY MX	MG/L			WEEKLY COMP-2
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		*****	*****	***							
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			{ 03 }	*****	*****	*****				
50050 1 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	***			DAILY CONTIN
EFFLUENT GROSS VALUE								****			
HYDRAZINE	SAMPLE MEASUREMENT	*****	*****		*****			{ 19 }			
81313 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L			WEEKLY GRAB
EFFLUENT GROSS VALUE		*****	*****	***							
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				TELEPHONE		DATE			
R.G. MENDE						724 682-7773		06 02 21			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMBER	YEAR	MO	DAY	

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. 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 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
06	01	01		06	01	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	*****	*****		7.34	*****	7.63	( 12 )	0	3/31	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU		WICE/MONTH	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	18.1	35.4	( 19 )	0	3/31	GRAB
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	*****	*****	****	*****	30 MD AVG	100 DAILY MX	MG/L		WICE/MONTH	GRAB
00530 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	<5	<5	( 19 )	0	3/31	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MD AVG	20 DAILY MX	MG/L		WICE/MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	<0.001	<0.001	( 03 )	*****	*****	*****		0	2/31	EST
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****		WICE/MONTH	ESTIMA
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT										
00050 1 0 0	SAMPLE MEASUREMENT										
EFFLUENT GROSS VALUE	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 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		
R.G. MEUDE TYPED OR PRINTED			724-682-7773 AREA CODE NUMBER	06	02	21 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.

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

103 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

SLUDGE SETTLING BASIN

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&amp;CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	01	01		06	01	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	*****	*****		6.88	*****	7.49	( 12 )	0	2/31	GRAB
00400 1 0 0	PERMIT REQUIREMENT			***	5.0	*****	9.0				
EFFLUENT GROSS VALUE				***	MINIMUM		MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	13.9	17.8	( 19 )	0	2/31	24 HR Comp
00530 1 0 0	PERMIT REQUIREMENT			***	*****	30	100				
EFFLUENT GROSS VALUE				***	MD AVG		DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.170	0.910	( 03 )	*****	*****	*****		0	10/31	MEAS
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	***			
EFFLUENT GROSS VALUE		MD AVG	DAILY MX	MGD				****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE				
R.G. MENDE TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO
		682	724	7773	06	02	21

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)

PA0025615

PERMIT NUMBER

110 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 2 SERVICE WATER BACKWASH  
EFFLUENT

\*\*\* NO DISCHARGE ☒ \*\*\*

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

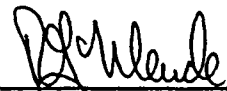
LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: EDWARD HUBLEY/MGR NUC ENV&CHEM

MONITORING PERIOD						
YEAR	MO	DAY	To	YEAR	MO	DAY
06	01	01		06	01	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 SC050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			( 03 )	*****	*****	*****				
	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		WEEKLY	ESTIMA
		NO AVG	DAILY	MGD							
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  R.G. MENDE  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		
			724 682-7773 AREA CODE NUMBER	06	02	21 YEAR MO DAY

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



NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

111 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

111 DIESEL GENERATOR BLDG

INTERNAL DUTFAL

 \*\*\* 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&amp;CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	01	01		06	01	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	*****	9.0			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			( 19 )			
00530 1 0 0	PERMIT REQUIREMENT			***	*****	30	100			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	MD AVG		DAILY MX	MG/L			
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****			( 19 )			
00556 1 0 0	PERMIT REQUIREMENT			***	*****	15	20			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	MD AVG		DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			( 03 )	*****	*****	*****				
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

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

RG MENDE

682-

724, 7773

06 02 21

TYPED OR PRINTED

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
05	01	01		05	01	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	*****	*****		7.18	*****	7.86	{ 12 }	0	2/31	6-RAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	*****	0	2/31	WICE/GRAB
EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	*****	*****	0	2/31	MONTH
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	20	30	{ 19 }	0	2/31	8 HR Comp
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	30	60	*****	0	2/31	WICE/COMP-E
EFFLUENT GROSS VALUE		*****	*****	***	*****	MD AVG	DAILY MX	MG/L	0	2/31	MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.011	0.019	{ 03 }	*****	*****	*****	*****	0	23/31	MEAS
50050 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	***	0	23/31	WEEKLY MEASRD
EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	*****	*****	0	23/31	MONTH
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.25	0.81	{ 19 }	0	16/31	6-RAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	1.4	3.3	*****	0	16/31	WICE/GRAB
EFFLUENT GROSS VALUE		*****	*****	***	*****	MD AVG	INST MAX	MG/L	0	16/31	MONTH
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1944	*****	{ 13 }	0	4/31	6-RAB
74055 1 1 0	PERMIT REQUIREMENT	*****	*****	***	*****	2000	*****	*****	0	4/31	WICE/GRAB
EFFLUENT GROSS VALUE		*****	*****	***	*****	MD GEOMN	*****	100ML	0	4/31	MONTH
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*****	*****		*****	10	14	{ 19 }	0	2/31	8 HR Comp
80082 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	25	50	*****	0	2/31	WICE/COMP-E
EFFLUENT GROSS VALUE		*****	*****	***	*****	MD AVG	DAILY MX	MG/L	0	2/31	MONTH
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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R.G. MENDE

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

724 682-7773

06 02 21

AREA CODE

NUMBER

YEAR

MO

DAY

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

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



NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

211 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

211 TURBINE BLDG

INTERNAL 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&amp;CHEM

MONITORING PERIOD						
YEAR	MO	DAY	To	YEAR	MO	DAY
06	01	01		06	01	31

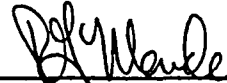
PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		6.75	*****	7.42	{ 12 }	0	1/7	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			*****
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM	SU			
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	6.4	15.8	{ 19 }	0	1/7	GRAB
SUSPENDED	PERMIT REQUIREMENT	*****	*****	*****	*****	30	100	MG/L			*****
00530 1 0 0					*****	MD AVG	DAILY MAX				*****
EFFLUENT GROSS VALUE											
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	<5	<5	{ 19 }	0	1/7	GRAB
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	15	20	MG/L			*****
EFFLUENT GROSS VALUE					*****	MD AVG	DAILY MAX				*****
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	0.002	0.002	{ 03 }	*****	*****	*****		0	1/7	EST
THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			*****
50050 1 0 0					*****	*****	*****	*****			*****
EFFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
  
 R.G. MENDE  
 TYPED OR PRINTED

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TELEPHONE  
 724 682 7773  
 AREA CODE NUMBER

DATE  
 06 02 21  
 YEAR MO DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025415

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

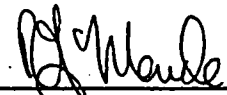
LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: EDWARD HUBLEY/MGR NUC ENV&amp;CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	01	01		06	01	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	<input checked="" type="checkbox"/>	*****	*****			*****		( 12 )			
00400 1 0 0	SAMPLE MEASUREMENT										
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			***	MINIMUM		MAXIMUM	SU		TWICE/GRAB MONTH	
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	SAMPLE MEASUREMENT	*****	*****		*****			( 19 )			
OIL & GREASE	PERMIT REQUIREMENT			***		15 MD AVG	20 DAILY MX	MG/L		TWICE/GRAB MONTH	
00556 1 0 0	SAMPLE MEASUREMENT			***							
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			***							
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	*****	*****		*****			( 19 )			
CHLORINE, TOTAL RESIDUAL	PERMIT REQUIREMENT			***		0.5 MD AVG	1.25 INST MAX	MG/L		TWICE/GRAB MONTH	
50060 1 0 1	SAMPLE MEASUREMENT			***							
EFFLUENT GROSS VALUE	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		
R.G. MENDE TYPED OR PRINTED			724 682 7773 AREA CODE NUMBER	06 02 21 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

&amp; 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
05	01	01		05	01	31

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	*****	*****		*****	<4	<4	{ 19 }	0	3/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	30	100			TWICE/MONTH	GRAB
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<5	<5	{ 19 }	0	3/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	15	20			TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	<0.001	<0.001	{ 03 }	*****	*****	*****		0	1/7	Est
	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	****		WEEKLY	ESTIMATE
	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

R.G. MENDE

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

682-724 7773

AREA CODE

NUMBER

DATE

06 02 21

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

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

PA0025415

PERMIT NUMBER

303 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 1 OIL WATER SEPARATOR

INTERNAL OUTFALL

\*\*\* NO DISCHARGE 1/1 \*\*\*

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: EDWARD HUBLEY/MGR NUC ENV&amp;CHEM

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	*****	*****		7.20	*****	8.31	( 12 )	0	1/7	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	4.9	7.1	( 19 )	0	1/7	GRAB
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	*****	*****	***	*****	30 MD AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	30 MD AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<5	<5	( 19 )	0	1/7	GRAB
OIL & GREASE	PERMIT REQUIREMENT	*****	*****	***	*****	15 MD AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	15 MD AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.019	0.056	( 03 )	*****	*****	*****		0	1/7	EST
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	***		WEEKLY	ESTIMA
50050 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	***		WEEKLY	ESTIMA
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
  
 R.G. MENDE  
 TYPED OR PRINTED

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TELEPHONE  
 724 682 7773  
 AREA CODE NUMBER

DATE  
 06 02 21  
 YEAR MO DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

SAMPLES SHALL BE TAKEN AT OVERFLOW FROM THE OIL WATER SEPARATOR 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

313 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

313 TURBINE BLDG DRAIN

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&amp;CHEM

MONITORING PERIOD						
YEAR	MO	DAY	To	YEAR	MO	DAY
06	01	01		06	01	31

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		6.66	*****	7.41	{ 12 }	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	9.0	*****	9.0			WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	4.3	4.6	{ 19 }	0	1/7	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 MD AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	<5	<5	{ 19 }	0	1/7	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	15 MD AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.002	0.002	{ 03 }	*****	*****	*****		0	1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	1GD	*****	*****	*****	***		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
R.G. MENDE TYPED OR PRINTED			724-682-7773 AREA CODE NUMBER	06 02 21 YEAR MO DAY		

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

SAMPLES SHALL BE TAKEN AT DISCHARGE FROM DWS #21 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)

PA0025415

PERMIT NUMBER

401 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

CHEM. FEED AREA OF AUX BOILERS

INTERNAL OUTFAL

\*\*\* NO DISCHARGE 1 1 \*\*\*

NOTE: Read instructions before completing this form.

FACILITY BEAVER VALLEY POWER STATION


LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: EDWARD HUBLEY/MGR NUC ENV&amp;CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	01	01		06	01	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	*****	*****		7.78	*****	7.97	( 12 )	0	3/31	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	5.0	*****	REPORT			WICE/GRAB	
EFFLUENT GROSS VALUE		*****	*****	***	MINIMUM	*****	MAXIMUM	SU		MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	6.5	7.5	( 19 )	0	3/31	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	6.5	100			WICE/GRAB	
EFFLUENT GROSS VALUE		*****	*****	***	*****	6.5	DAILY MX	MG/L		MONTH	
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	<5	<5	( 19 )	0	3/31	GRAB
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	15	20			WICE/GRAB	
EFFLUENT GROSS VALUE		*****	*****	***	*****	15	DAILY MX	MG/L		MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	<0.001	<0.001	( 03 )	*****	*****	*****		0	1/7	EST
00050 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	***		WEEKLY ESTIMA	
EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	*****	***			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE		
R.G. MENDE			682 -				
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	724	7773	06	02	21
			AREA CODE	NUMBER	YEAR	MO	DAY

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

SAMPLES SHALL BE TAKEN AT 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)

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
06	01	01		06	01	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			
PH	SAMPLE MEASUREMENT	*****	*****			*****		( 12 )			
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	5.0	*****	9.0			WEEKLY	GRAB
EFFLUENT GROSS VALUE				***	MINIMUM		MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			( 19 )			
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	30	100			WEEKLY	GRAB
EFFLUENT GROSS VALUE				***		MD AVG	DAILY MX	MG/L			
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****			( 19 )			
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	15	20			WEEKLY	GRAB
EFFLUENT GROSS VALUE				***		MD AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****			( 19 )			
00610 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT			WEEKLY	GRAB
EFFLUENT GROSS VALUE				***		MD AVG	DAILY MX	MG/L			
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	*****	*****		*****			( 19 )			
04251 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	0	0			WHEN DISCHG	COMP 24
EFFLUENT GROSS VALUE				***		MD AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			( 03 )	*****	*****	*****				
50050 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	***		WEEKLY	ESTIMA
EFFLUENT GROSS VALUE				***				***			
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****			( 19 )			
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	0.5	1.25			WEEKLY	GRAB
EFFLUENT GROSS VALUE				***		MD AVG	INST MAX	MG/L			

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.

R.G. MENDE

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

682-  
724 7773

06 02 21

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.

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

This is a 4-part form.  
00860/051216-0925

PAGE 1 OF 1

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025415

PERMIT NUMBER

403 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: EDWARD HUBLEY/MGR NUC ENV&amp;CHEM

## MONITORING PERIOD

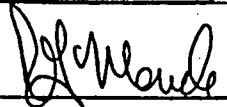
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	01	01		06	01	31

 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	*****	*****		*****			( 17 )			
B1313 1 0 0	PERMIT REQUIREMENT			***							WEEKLY GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			***		IND AVG	DAILY MAX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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			
R.G. MEADE			724-7773	06	02	21	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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

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

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

 This is a 4-part form.  
00861/051216-0925

PAGE 2 OF 2



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

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

413 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

BULK FUEL STORAGE DRAIN

INTERNAL OUTFALL

\*\*\* NO DISCHARGE 1-1-06 \*\*\*

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
06	01	01		06	01	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	*****	*****		6.88	*****	7.6	( 12 )	0	1/7*	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	19.5	33.4	( 19 )	0	1/7*	GRAB
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	*****	*****	***	*****	30	100	MG/L		WEEKLY	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	15	20	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<5	<5	( 19 )	0	1/7*	GRAB
OIL & GREASE	PERMIT REQUIREMENT	*****	*****	***	*****	15	20	MG/L		WEEKLY	GRAB
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	15	20	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	<0.001	<0.001	( 03 )	*****	*****	*****		0	1/7*	EST
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	1GD	*****	*****	*****	***		WEEKLY	ESTIMA
50050 1 0 0	PERMIT REQUIREMENT	*****	*****	1GD	*****	*****	*****	***		WEEKLY	ESTIMA
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

R.G. MENDE

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

682 724 7773

AREA CODE

NUMBER

DATE

06 02 21

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.

\* NO Flow week of 1-1-06; NO Flow week of 1-29-06

NAME BEAVER VALLEY POWER STATION

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025415

PERMIT NUMBER

501 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 1 GENRTR BLWDWN FILT BW

INTERNAL DUTFAL

 \*\*\* 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&amp;CHEM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	01	01		06	01	31

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	100			WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			( 03 )	*****	*****	*****				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		WEEKLY	ESTIMA
50050 1 0 0	SAMPLE MEASUREMENT			MGD				****			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE 682-724 7773	DATE			
R.G. MENDE TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	AREA CODE 724	NUMBER 7773	YEAR 06

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.