

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
**NAME** BEAVER VALLEY POWER STATION  
**ADDRESS** P.O. BOX 4  
 ATTN: ANDREW DULICK  
 SHIPPINGPORT PA 15077  
**FACILITY**  
**LOCATION**  
 ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**  
 (2-16) (17-19)  
**PA0025615** **101 A**  
**PERMIT NUMBER** **DISCHARGE NUMBER**

MAJOR (SUHR 05)  
 F - FINAL  
 101 CHEMICAL WASTE TREATMENT

Form Approved  
 OMB No. 2040-0004

**MONITORING PERIOD**  
 FROM YEAR 92 MO 12 DAY 01 TO YEAR 92 MO 12 DAY 31  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (58-65)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH		*****	*****	( )	7.11	*****	7.97	( 12 )	0	1/WK G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	SL		WEEKLYGRAB
SOLIDS, TOTAL SUSPENDED		*****	*****	( )	*****	49.88	216.80	( 19 )	2	1/WK 2HC
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 MTH AVG	100 DLY MAX	MG/L		WEEKLYCOMP-2
OIL AND GREASE FREON EXTR-GRAV METH		*****	*****	( )	*****	5.57	7.30	( 19 )	0	1/WK G
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	15 MTH AVG	20 DLY MAX	MG/L		WEEKLYGRAB
NITROGEN, AMMONIA TOTAL (AS N)		*****	*****	( )	*****	*****	*****	( 19 )		
00610 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MTH AVG	REPORT DLY MAX	MG/L		WEEKLYGRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.007	0.007	( 03 )	*****	*****	*****	( )	0	D CONT.
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	***		DAILY CONTIN
HYDRAZINE		*****	*****	( )	*****	*****	*****	( 19 )		
01313 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MTH AVG	REPORT DLY MAX	MG/L		WEEKLYGRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

9302040029 930121  
 PDR ADOCK 05000334  
 R PDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
A. M. Dulick Chemistry Manager		412 393-5113		93	01	21
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. wet layup conditions did not exist.  
 Please refer to the enclosed reportable occurrence letter concerning the noted exemptions.

PERMITTEE NAME/ ADDRESS (Include  
Facility Name/Location if different)  
NAME BEAVER VALLEY POWER STATION  
ADDRESS P.O. BOX 4  
ATTN: ANDREW DULICK  
SHIPPINGPORT PA 15077

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

PA0025615

PERMIT NUMBER

201 A

DISCHARGE NUMBER

MAJOR

(SUBE 05)

F - FINAL

201 SOFTENER REGENERANTS

Form Approved

OMB No. 2040-0004

FACILITY


LOCATION

ATTN: ANDREW DULICK

MONITORING PERIOD  
FROM YEAR 92 MO 12 DAY 01 TO YEAR 92 MO 12 DAY 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. EX	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (54-55)	AVERAGE (46-53)	MAXIMUM (54-61)				
PH		*****	*****	( )	7.59	*****	7.61	( 12 )			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	5.0	*****	9.0		0	2/m G	
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	50		TWICE/GRAB MONTH	
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	( )	*****	4.00	4.00	( 19 )	0	2/m G	
OIL AND GREASE	PERMIT REQUIREMENT	*****	*****	***	*****	30	100			TWICE/GRAB MONTH	
FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	*****	*****	( )	*****	*****	*****	MG/L			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	5.00	5.00	( 19 )	0	2/m G	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.001	0.019	( 03 )	*****	*****	*****	MG/L			
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT METH AVG	REPORT DLY MAX	MGD	*****	*****	*****	***	0	2/m EST	
	SAMPLE MEASUREMENT									TWICE/ESTIMA MONTH	
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
A. M. Dulick Chemistry Manager								412   393-5113		93   01   21	
TYPED OR PRINTED						OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER		YEAR MO DAY	
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
**NAME** BEAVER VALLEY POWER STATION  
**ADDRESS** P.O. BOX 4  
 ATTN: ANDREW DULICK  
 SHIPPINGPORT PA 15077

**FACILITY**  
**LOCATION**  
 ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) PA0025615 (17-19) 301 A  
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR (SUBR CS) Form Approved OMB No. 2040-0004  
 F - FINAL UNIT 2 AUX BOILER BLOWDOWN

MONITORING PERIOD  
 FROM YEAR 92 MO 12 DAY 01 TO YEAR 92 MO 12 DAY 31  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT (38-41)	(3 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	( )	*****	4.42	4.84	(19)	0	2/m G
OIL AND GREASE FREON EXTR-GRAV METH 00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30	100	MONTH AVG DLY MAX	MG/L	TWICE/GRAB MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	15	20	MONTH AVG DLY MAX	MG/L	TWICE/GRAB MONTH
	SAMPLE MEASUREMENT	0.001	0.001	( 03)	*****	*****	*****	( )	0	1/WK EST
	PERMIT REQUIREMENT	REPORT MONTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	***	***	WEEKLY ESTIMATE
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

A. M. Dulick  
Chemistry Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.)

*Andrew M. Dulick*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-5113

DATE

93 01 21

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

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: ANDREW DULICK

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

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

PA0025615

PERMIT NUMBER

401 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

CHEM. FEED AREA OF AUX BOILERS

Form Approved

OMB No. 2040-0004

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	12	01		92	12	11

(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

\*\*\* NO DISCHARGE [X] \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT (38-41)	(1 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPL TYPE (69-70)
		AVERAGE (46-51)	MAXIMUM (52-53)	UNITS (54-55)	MINIMUM (56-57)	AVERAGE (58-59)	MAXIMUM (60-61)	UNITS (62-63)			
PH		*****	*****	( )		*****					
00400 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	REPORT MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	( )	*****			50			TWICE/GRAB MONTH
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 MONTH AVG	100 DLY MAX	MG/L			TWICE/GRAB MONTH
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	( )	*****						
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	15 MONTH AVG	20 DLY MAX	MG/L			TWICE/GRAB MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	No FLOW			( 03)	*****	*****	( )			
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MONTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	***			0 1/WK EST WEEKLY ESTIMATE
	SAMPLE MEASUREMENT							***			
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

A. M. Dulick  
Chemistry Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412 393-5113

93 01 21

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

No DISCHARGE



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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: ANDREW DULICK

SHIPPINGPORT PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

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

(2.16) PA0025615

PERMIT NUMBER

(17.19) 501 A

DISCHARGE NUMBER

MAJOR  
(SUBR 05)  
F - FINAL  
UNIT 1 GENRTR BLWDWN FILT BW


Form Approved  
OMB No. 2040-0004

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	12	01		92	12	11
	(20.21)	(22.23)	(24.25)		(26.27)	(28.29)	(30.31)

\*\*\* NO DISCHARGE ☒ \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT (38-39)	(3 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (58-63)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-51)	MAXIMUM (52-57)	UNITS (58-61)	MINIMUM (58-63)	AVERAGE (64-69)	MAXIMUM (70-75)			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	( )	*****			( 19)		
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30	100			WEEKLYGRAB
	SAMPLE MEASUREMENT	No Flow			( 03)	*****	*****	*****	( )	0 1/wk est
	PERMIT REQUIREMENT	REPORT MONTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	*****	*****	WEEKLYESTIMA
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC 1001 AND 33 USC 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
A. M. Dulick Chemistry Manager			412 393-5113	93	01	21	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
**NAME** BEAVER VALLEY POWER STATION  
**ADDRESS** P.O. BOX 4  
 ATTN: ANDREW DULICK  
 SHIPPINGPORT PA 15077  
**FACILITY**  
**LOCATION**  
 ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PA0025615 (210) 001 A (1719)  
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR (SUBR 05) Form Approved OMB No. 2040-0004  
 F - FINAL  
 UNITS 152 COOLG. TOWER BLWDN.

MONITORING PERIOD  
 FROM YEAR 92 MO 12 DAY 01 TO YEAR 92 MO 12 DAY 31  
 (20 21) (22 23) (24 25) (26 27) (28 29) (30 31)

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (18-43)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	( )	7.42	*****	8.00	( 12)	0	1/WK G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	50		WEEKLY GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****	( )	*****	*****	*****	( 19)		
00610 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MONTH AVG	REPORT DLY MAX	MG/L		WEEKLY GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	44.320	47.736	( 03)	*****	*****	*****	( )	0	Daily CONT
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MONTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	****		DAILY CONTIN
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****	( )	*****	0.09	0.14	( 19)	0	2/day G
50064 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.2 DAILY HI	0.5 INST HI	MG/L		CONTINUOUS
HYDRAZINE	SAMPLE MEASUREMENT	*****	*****	( )	*****	*****	*****	( 19)		
81313 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0 DLY MAX	MG/L		WEEKLY GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

A. M. Dulick  
Chemistry Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

TELEPHONE

412 393-5113

DATE

93 01 21

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

*Andrew M. Dulick*

AREA CODE

NUMBER

YEAR

MO

DAY

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. QUARTERLY SAMPLING TO BE CONDUCTED IN SAME MONTH. No wet layup conditions existed.

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: ANDREW DULICK

SHIPPINGPORT PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PA0025615

PERMIT NUMBER

001 B

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNITS 1 & 2 COOL TOWER BLOWDOWN

Form Approved

OMB No. 2040-0004

MONITORING PERIOD

FROM YEAR 92 MO 10 DAY 01 TO YEAR 92 MO 12 DAY 31

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (46-51)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
BERYLLIUM, TOTAL (AS BE)	SAMPLE MEASUREMENT	*****	*****	( )	*****	0.000	0.000	( 19)	0	2/QC G
01012 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT			THICE GRAB
EFFLUENT GROSS VALUE				***		MONTH AVG	DAY MAX	MG/L		OTELY
2-CHLOROPHENOL	SAMPLE MEASUREMENT	*****	*****	( )	*****	0.000	0.000	( 19)	0	2/QC G
34586 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT			THICE GRAB
EFFLUENT GROSS VALUE				***		MONTH AVG	DAY MAX	MG/L		OTELY
	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

A. M. Dulick  
Chemistry Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412 393-5113 93 01 21

AREA CODE NUMBER YEAR MO DAY

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

The LLD for Beryllium is 5.00 µg/l  
The LLD for 2-chlorophenol is 0.500 µg/l

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: ANDREW DULICK

SHIPPINGPORT PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

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

PA0025615

PERMIT NUMBER

102 A

DISCHARGE NUMBER

HAJOK

(SUBR 05)

F - FINAL

102 INTAKE SCREENHOUSE

Form Approved

OMB No. 2040-0004

MONITORING PERIOD

FROM YEAR 92 MO 12 DAY 01 TO YEAR 92 MO 12 DAY 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	( )	6.81	*****	7.16	(12)	0	2/mo G
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0			
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	50		TWICE/GRAB MONTH
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****	( )	*****	4.00	4.00	(19)	0	2/mo G
SUSPENDED	PERMIT REQUIREMENT	*****	*****	***	*****	30	100			
00530 1 0 0				****		MONTH AVG	DAY MAX	MG/L		TWICE/GRAB MONTH
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	( )	*****	5.00	5.00	(19)	0	2/mo G
OIL AND GREASE	PERMIT REQUIREMENT	*****	*****	***	*****	15	20			
PERM EXTR-GRAV METH				****		MONTH AVG	DAY MAX	MG/L		TWICE/GRAB MONTH
00556 1 0 0	SAMPLE MEASUREMENT	0.001	0.001	(03)	*****	*****	*****	( )	0	2/mo EST
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		
FLOW, IN CONDUIT OR		MONTH AVG	DAY MAX	MGD						TWICE/ESTIMA MONTH
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									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

A. M. Dulick  
Chemistry Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY KNOWLEDGE OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412 393-5113

93 01 21

AREA CODE

NUMBER

YEAR MO DAY

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



PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)  
NAME **BEAVER VALLEY POWER STATION**  
ADDRESS **P.O. BOX 4**  
**ATTN: ANDREW DULICK**  
**SHIPPINGPORT PA 15077**

FACILITY  
LOCATION  
ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-16) **PA0025615**  
PERMIT NUMBER  
(17-19) **002 A**  
DISCHARGE NUMBER

MAJOR  
(SUBR 05)  
F - FINAL  
INTAKE SCREEN BACKWASH

Form Approved  
OMB No. 2040-0004

MONITORING PERIOD  
FROM YEAR **92** MO **12** DAY **01** TO YEAR **92** MO **12** DAY **31**  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.001	0.046	( 03 )	*****	*****	*****	( )	0	1/wk	Est
	PERMIT REQUIREMENT	REPORT BETH AVG	REPORT DLT MAX	MGD	*****	*****	*****	***			ESTIMATE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
A. M. Dulick Chemistry Manager		412 393-5113		93	01	21
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME BEAVER VALLEY POWER STATION  
ADDRESS P.O. BOX 4  
ATTN: ANDREW DULICK  
SHIPPINGPORT PA 15077

## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

## DISCHARGE MONITORING REPORT (DMR)

PA0025515

PERMIT NUMBER

103 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

SLUDGE SETTLING BASIN

Form Approved

OMB No. 2040-0004

FACILITY

LOCATION

ATTN: ANDREW DULICK

## MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	12	01		92	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX	FREQUENCY OF ANALYSIS (62-63)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	( )	7.40	*****	7.45	( 12 )	0	2/MO G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE/GRAB MONTH
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	( )	*****	7.36	8.80	( 19 )	0	2/MO 24HR
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 MONTH AVG	100 DLY MAX	MG/L		TWICE/COMP 24 MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.001	0.001	( 03 )	*****	*****	*****	( )	0	2/MO EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MONTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	***		TWICE/ESTIMA MONTH
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

A. M. Dulick  
Chemistry Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-5113

AREA  
CODE

NUMBER

DATE

93 0 1 21

YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include

Facility Name/Location if different)

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: ANDREW DULICK

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2.18)

(17.19)

PA0025615

PERMIT NUMBER

203 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

MAIN SEWAGE TMT PLANT

Form Approved

OMB No. 2040-0004

MONITORING PERIOD

FROM YEAR 92 MO 12 DAY 01 TO YEAR 92 MO 12 DAY 31


(12.21) (12.23) (12.25)

(12.27) (12.29) (12.31)

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (18-43)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-59)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	( )	7.23	*****	7.36	( 12 )	0 2/mo G	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	50	TWICE/GRAB MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	( )	*****	17.15	19.80	( 19 )	0 2/mo BHC	
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 MONTH AVG	60 DLY MAX	MG/L	TWICE/COMP-8 MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.003	0.008	( 03 )	*****	*****	*****	( )	0 1/WK MEAS	
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.023 MONTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	***	WEEKLY BASED	
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****	( )	*****	2.00	*****	( 13 )	0 2/mo G	
74055 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	2000 30DA GEO	*****	1 100ML	TWICE/GRAB MONTH	
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*****	*****	( )	*****	5.00	6.00	( 19 )	0 2/mo BHC	
80082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	25 MONTH AVG	50 DLY MAX	MG/L	TWICE/COMP-8 MONTH	
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
A. M. Dulick Chemistry Manager			412 393-5113	93	01	21	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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





PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
**NAME** BEAVER VALLEY POWER STATION  
**ADDRESS** P.O. BOX 4  
 ATTN: ANDREW DULICK  
 SHIPPINGPORT PA 15077  
**FACILITY**  
**LOCATION**  
 ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**  
 (12-16) PA0025615  
 (17-19) 004 A  
**PERMIT NUMBER**  
**DISCHARGE NUMBER**

MAJOR (SUBR 05)  
 F - FINAL  
 UNIT ONE COOLG TOWER OVERFLOW

Form Approved  
 OMB No. 2040-0004

**MONITORING PERIOD**  
 FROM YEAR 92 MO 12 DAY 11 TO YEAR 92 MO 12 DAY 11  
 (12-21) (22-23) (24-25) (26-27) (28-29) (30-31)

\*\*\* NO DISCHARGE ☒ \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (58-63)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-51)	MAXIMUM (52-57)	UNITS (58-61)	MINIMUM (58-61)	AVERAGE (62-67)	MAXIMUM (68-73)			
PH	SAMPLE MEASUREMENT	*****	*****	( )		*****		( 12 )		
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	30		WEEKLY GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE			( 03 )	*****	*****	*****	( )	0 /WK MEAS
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT WITH AVG	REPORT DLT MAX	MGD	*****	*****	*****	***		WEEKLY GRADED
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****	( )	*****				( 19 )	
50064 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.2 DAILY MX	0.5 INST MX	MG/L		CONTINUOUS
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

A. M. Dulick  
Chemistry Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

*Andrew M. Dulick*

TELEPHONE

412 393-5113

AREA CODE NUMBER YEAR MO DAY

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

NO DISCHARGE

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

NAME **BEAVER VALLEY POWER STATION**

ADDRESS **P.O. BOX 4**

**ATTN: ANDREW DULICK**

**SHIPPINGPORT**

**PA 15077**

FACILITY

LOCATION

**ATTN: ANDREW DULICK**

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

PA0025615

PERMIT NUMBER

006 A

DISCHARGE NUMBER

MAJOR

(SUBY 05)

F - FINAL

AUX-INTAKE SCREEN BACKWASH

Form Approved

OMB No. 2040-0004

\*\*\* NO DISCHARGE ☒ \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	<b>NO FLOW</b>	<b>REPORT MONTH AVG</b>	<b>REPORT DLY MAX</b>	<b>MGD</b>	*****	*****	*****	( )	162-63	1/WK	EST
	<b>PERMIT REQUIREMENT</b>				*****	*****	*****	****			
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
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	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
	<b>SAMPLE MEASUREMENT</b>										
	<b>PERMIT REQUIREMENT</b>										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 5 years.)				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
A. M. Dulick Chemistry Manager						[Signature]		412 393-5113		93 01 21	
TYPED OR PRINTED						AREA CODE NUMBER		YEAR MO DAY			
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											
<b>NO DISCHARGE</b>											

PERMITTEE NAME/ADDRESS (Include

Facility Name/Location if different)

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: ANDREW DULICK

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER EA0025615

DISCHARGE NUMBER 007 A

MAJOR

(SUBR 05)

F - FINAL

AUX. INTAKE SYSTEM

Form Approved

OMB No. 2040-0004

MONITORING PERIOD

FROM YEAR 92 MO 12 DAY 01 TO YEAR 92 MO 12 DAY 31

\*\*\* NO DISCHARGE [X] \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	No Flow			*****					
	PERMIT REQUIREMENT	REPORT MTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	***	WEEKLY	ESTIMA
CHLORINE, FREE AVAILABLE 50064 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	( )	*****			( 19)		
	PERMIT REQUIREMENT	*****	*****	***	*****	0.2 DAILY MX	0.5 INST MX	MG/L	WEEKLY	CRAB
	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

A. M. Dulick  
Chemistry Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412 393-5113 93 01 21  
AREA CODE NUMBER YEAR MO DAY

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

MONITORING FOR FLOW AND FREE AVAILABLE CHLORINE ARE REQUIRED ONLY DURING THOSE PERIODS OF DISCHARGE FROM THE ALTERNATE FLOW PATH OF THE REACTOR PLANT RIVER WATER SYSTEM. No Discharge

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
 NAME **BEAVER VALLEY POWER STATION**  
 ADDRESS **P.O. BOX 4**  
**ATTN: ANDREW DULICK**  
**SHIPPINGPORT PA 15077**  
 FACILITY  
 LOCATION  
**ATTN: ANDREW DULICK**

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

Form Approved

OMB No. 2040-0004

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	12	01		92	12	01
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-43)			(46-51)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
PH	SAMPLE MEASUREMENT	*****	*****	( )	7.22	*****	7.70	( 12 )			0	2/MO	G
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0	50					
EFFLUENT GROSS VALUE				***	MINIMUM		MAXIMUM						
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****	( )	*****	5.06	6.13	( 19 )			0	2/MO	G
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	30	100	MG/L					
EFFLUENT GROSS VALUE				***		MONTH AVG	DLY MAX						
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	( )	5.00	5.00	5.00	( 19 )			0	2/MO	G
FREON EXTR-GRAV METH	PERMIT REQUIREMENT	*****	*****	***	15	20	30	MG/L					
00556 1 0 1				***	30 DA AV	DAILY MX	INST MX						
EFFLUENT GROSS VALUE				***									
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	0.001	0.001	( 03 )	*****	*****	*****	( )			0	1/WK	EST
THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	***					
50050 1 0 0		MONTH AVG	DLY MAX	MGD				***					
EFFLUENT GROSS VALUE													
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

A. M. Dulick  
Chemistry Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.)

*Andrew M. Dulick*  
SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-5113

AREA CODE

NUMBER

DATE

93 01 21

YEAR MO DAY

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



PERMITTEE NAME/ADDRESS (Include

Facility Name/Location if different)

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: ANDREW DULICK

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

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

Form Approved

OMB No. 2040-0004


MONITORING PERIOD

FROM YEAR 92 MO 12 DAY 01 TO YEAR 92 MO 12 DAY 31

\*\*\* NO DISCHARGE !!! \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE (46-51)	MAXIMUM (52-53)	UNITS (54-55)	MINIMUM (38-43)	AVERAGE (44-45)	MAXIMUM (46-51)				UNITS (52-53)
PH	SAMPLE MEASUREMENT	*****	*****	( )	7.35	*****	7.86	( 12 )	0	1/wk G	
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0			WEEKLY GRAB	
EFFLUENT GROSS VALUE				***	MINIMUM		MAXIMUM	SU			
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	5.000	5.000	( 03 )	*****	*****	*****	( )	0	1/wk MEAS	
THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	***		WEEKLY GRAB	
50050 1 0 0		REPORT	REPORT								
EFFLUENT GROSS VALUE		5TH AVG	DLT MAX	MGD				***			
CHLORINE, FREE	SAMPLE MEASUREMENT	*****	*****	( )	*****		0.00	0.00	( 19 )	0	1/wk G
AVAILABLE	PERMIT REQUIREMENT	*****	*****	***	*****	0.2	0.5			WEEKLY GRAB	
50064 1 0 1				***		DAILY MX	INST MX	MG/L			
EFFLUENT GROSS VALUE				***							
	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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 37 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
TYPED OR PRINTED			412	393-5113	93	01	21

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

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: ANDREW DULICK

SHIPPINGPORT

PA 15077

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PA0025615

PERMIT NUMBER

012 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

CLOWDOWN FROM THE HVAC C. TOWER

Form Approved

OMB No. 2040-0004

FACILITY

LOCATION


ATTN: ANDREW DULICK

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	12	01		92	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (58-65)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****	( )	7.35	*****	7.35	( 12 )		1/mo	G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.001	0.001	( 03 )	*****	*****	*****	( )		1/mo	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	***		ONCE/	ESTIMA
		BETH AVG	DLY MAX	MGD				***		MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
A. M. Dulick Chemistry Manager			412, 393-5113	93	01	21	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here.)

ATTN: ANDREW DULICK

## MONITORING PERIOD

FROM YEAR 92 MO 12 DAY 01 TO YEAR 92 MO 12 DAY 31  
(20 21) (22 23) (24 25) (26 27) (28 29) (30 31)

UNIT 2 SERVICE WATER BACKWASH

OMB No. 2040-0004


\*\*\* NO DISCHARGE  $|\bar{X}|$  \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (38-43) (46-51) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE		No flow			( 03 )	*****	*****	***** ( )			
	SAMPLE MEASUREMENT	REPORT WITH AVG	REPORT DLY MAY	MGD	*****	*****	*****	***			
	PERMIT REQUIREMENT							***			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
  
A. M. Dulick  
Chemistry Manager  
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY KNOWLEDGE OF THOSE PERSONNELS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

  
SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE  
412 393-5113  
AREA CODE NUMBER

DATE  
93 01 21  
YEAR MO DAY

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

NO FLOW

PERMITTEE NAME/ADDRESS (Include

Facility Name/Location if different)

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: ANDREW DULICK

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

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

Form Approved


OMB No. 2040-0004

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	12	01		92	12	31
	(20 21)	(22 23)	(24 25)		(26 27)	(28 29)	(30 31)

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-58)	SAMPLE TYPE (59-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.002	0.002	( 03 )	*****	*****	*****	( )	0	1/WK	ESC
	PERMIT REQUIREMENT	REPORT MONTH AVG	REPORT DLY MAX	MCD	*****	*****	*****	***		ANALYST/STATION	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
A. M. Dulick Chemistry Manager			412 393-5113	93	01	21	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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



ADDRESS: FOR LUG  
 ATTN: ANDREW DULICK  
 SHIPPINGPORT PA 15077

PERMIT NUMBER

DISCHARGE NUMBER

F - FINAL  
 111 DIESEL GENERATOR BLDG

FACILITY  
 LOCATION  
 ATTN: ANDREW DULICK

MONITORING PERIOD

FROM YEAR 92 MO 12 DAY 01 TO YEAR 92 MO 12 DAY 31  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

\*\*\* NO DISCHARGE ☐ \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (54-61)			
PH	SAMPLE MEASUREMENT	*****	*****	( )	6.99	*****	7.64	( 12 )	0	1/wk	G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0	50			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	( )	*****	4.00	4.00	( 19 )	0	1/wk	G
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30	100	MG/L			
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	( )	6.52	7.60	7.60	( 19 )	0	1/wk	G
FREON EXTR-GRAV METH	PERMIT REQUIREMENT	*****	*****	***	15	20	30	MG/L			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	30 DA AV	DAILY MX	INST MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.001	0.001	( 03 )	*****	*****	*****	( )	0	1/wk	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

A. M. Dulick  
Chemistry Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

*Andrew Dulick*

TELEPHONE

412 393-5113

AREA CODE NUMBER

DATE

93 01 21

YEAR MO DAY

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

THE LCLD FOR 2-chlorophenol is 0.500 mg/L.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
**NAME** BEAVER VALLEY POWER STATION  
**ADDRESS** P.O. BOX 4  
 ATTN: ANDREW DULICK  
 SHIPPINGPORT PA 15077  
**FACILITY**  
**LOCATION**  
 ATTN: ANDREW DULICK

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

Form Approved

OMB No. 2040-0004

MONITORING PERIOD

FROM YEAR 92 MO 12 DAY 01 TO YEAR 92 MO 12 DAY 31  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH		*****	*****	( )	6.98	*****	8.50	( 12 )	0	1/wk G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0	30	WEEKLYGRAB	
SOLIDS, TOTAL SUSPENDED		*****	*****	( )	*****	4.45	6.18	( 19 )	0	1/wk G
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30	100	MG/L	WEEKLYGRAB	
OIL AND GREASE		*****	*****	( )	*****	5.18	5.90	( 19 )	0	1/wk G
FREON EXTR-GRAV METH	PERMIT REQUIREMENT	*****	*****	***	15	20	30	MG/L	WEEKLYGRAB	
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	30 DA AV	DAILY MX	INST MX	MG/L	WEEKLYGRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.001	0.001	( 03 )	*****	*****	*****	( )	0	1/wk EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	***	WEEKLYESTIMA	
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

A. M. Dulick  
Chemistry Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

412 | 393-5113 | 93 | 01 | 21

AREA CODE | NUMBER | YEAR | MO | DAY

TELEPHONE

DATE

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

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: ANDREW DULICK

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER PA0025615

PERMIT NUMBER

211 B

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

211 TURFIRE BLDG

Form Approved

OMB No. 2040-0004

MONITORING PERIOD

FROM YEAR 92 MO 10 DAY 01 TO YEAR 92 MO 12 DAY 31

NO DISCHARGE

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (58-65)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
2-CHLOROPHENOL	SAMPLE MEASUREMENT	0.00307	0.00442	( )	0.00307	0.00307	0.00442	(19)	0 2/00	G
34586 1 0 0	PERMIT REQUIREMENT	0.00307	0.00442	***	0.00307	REPORT	REPORT		TWICE QTRLY	
EFFLUENT GROSS VALUE				***		MONTH AVG	DLT MAX	MG/L		
PENTACHLOROPHENOL	SAMPLE MEASUREMENT	0.000	0.000	( )	0.000	0.000	0.000	(19)	0 2/00	G
39032 1 0 0	PERMIT REQUIREMENT	0.000	0.000	***	0.000	REPORT	REPORT		TWICE QTRLY	
EFFLUENT GROSS VALUE				***		MONTH AVG	DLT MAX	MG/L		
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

A. M. Dulick  
Chemistry Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412  
AREA CODE

393-5113  
NUMBER

93 01 21  
YEAR MO DAY

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

QUARTERLY SAMPLING TO BE CONDUCTED IN SAME CALENDAR MONTH.

The LLD for Pentachlorophenol is 1.00 ug/ml

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: ANDREW DULICK

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER PA0025615

PERMIT NUMBER

DISCHARGE NUMBER 113 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 2 SEWAGE TMT PLANT

Form Approved

OMB No. 2040-0004

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	12	01		92	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	( )	7.15	*****	7.22	( 12 )	0	2/mo G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	50		TWICE/GRAB MONTH
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	( )	*****	8.85	11.70	( 19 )	0	2/mo 8HK
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 MONTH AVG	60 DLY MAX	MG/L		TWICE/COMP-8 MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.021	0.030	( 03 )	*****	*****	*****	( )	0	1/WK Meas
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.043 MONTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	***		WEEKLY BASRD
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****	( )	*****	0.00	*****	( 13 )	0	2/mo G
74055 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	2000 30DA GEO	*****	1/ 100ML		TWICE/GRAB MONTH
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*****	*****	( )	*****	3.00	3.00	( 19 )	0	2/mo 8HK
80082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	25 MONTH AVG	50 DLY MAX	MG/L		TWICE/COMP-8 MONTH
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW 1, AT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
		412	393-5113	93	01	21
A. M. Dulick Chemistry Manager	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED						

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



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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: ANDREW DULICK

SHIPPINGPORT LA 15077

FACILITY

LOCATION

ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER

PERMIT NUMBER

DISCHARGE NUMBER

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 2 COOL TOWER PUMPHOUSE

Form Approved


OMB No. 2040-0004

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	92	12	01		92	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-43)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	( )	7.32	*****	8.01	( 12 )	0	2/mo	G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE/GRAB MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	( )	*****	29.02	46.02	( 19 )	0	2/mo	G
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MONTH AVG	100 DLY MAX	MG/L		TWICE/GRAB MONTH	
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	*****	*****	( )	*****	5.00	5.00	( 19 )	0	2/mo	G
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MONTH AVG	20 DLY MAX	MG/L		TWICE/GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.001	0.001	( 03 )	*****	*****	*****	( )	0	1/wk	Est
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MONTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	****		WEEKLY ESTIMATE	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1339. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
A. M. Dulick Chemistry Manager			412 393-5113	93	01	21	
TYPED OR PRINTED		OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMITTEE NAME/ADDRESS [Include  
Facility Name/Location if different]  
NAME BEAVER VALLEY POWER STATION  
ADDRESS P.O. BOX 4  
ATTN: ANDREW DULICK  
SHIPPINGPORT PA 15077

FACILITY  
LOCATION  
ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PA0025615  
PERMIT NUMBER

313 A  
DISCHARGE NUMBER

MAJOR  
(SUBR US)  
F - FINAL

Form Approved  
OMB No. 2040-0004

313 TURBINE BLDG DRAIN


MONITORING PERIOD

FROM YEAR 92 MO 12 DAY 01 TO YEAR 92 MO 12 DAY 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (38-43)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-71)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	( )	6.86	*****	7.86	( 12 )	0	1/wk	G
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	50		WEEKLY	CRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	( )	*****	17.45	71.25	( 19 )	0	1/wk	G
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 MONTH AVG	100 DLY MAX	MG/L		WEEKLY	CRAB
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****	( )	*****	5.04	5.20	( 19 )	0	1/wk	G
FREON EXTR-GRAV METH	PERMIT REQUIREMENT	*****	*****	***	*****	15 MONTH AVG	20 DLY MAX	MG/L		WEEKLY	CRAB
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.001	0.001	( 03 )	*****	*****	*****	( )	0	1/wk	EST
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT MONTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	***		WEEKLY	ESTINA
50050 1 0 0 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 I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
A. M. Dulick Chemistry Manager			412 393-5113	93	01	21	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
**NAME** BEAVER VALLEY POWER STATION  
**ADDRESS** P.O. BOX 4  
 ATTN: ANDREW DULICK  
 SHIPPINGPORT PA 15077  
**FACILITY**  
**LOCATION**  
 ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) PA0025615

PERMIT NUMBER

(17-19) 413 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

BULK FUEL STORAGE DRAIN

Form Approved

OMB No. 2040-0004

MONITORING PERIOD

FROM YEAR 92 MO 12 DAY 01 TO YEAR 92 MO 12 DAY 31  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

\*\*\* NO DISCHARGE ☒ \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****	( )		*****		( 12 )			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	CRAB
SOLIDS, TOTAL SUSPENDED		*****	*****	( )	*****			( 19 )			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 MONTH AVG	100 DLY MAX	MG/L		WEEKLY	CRAB
OIL AND GREASE		*****	*****	( )	*****			( 19 )			
FREON EXTR-GRAV METH		*****	*****	***	*****	15 MONTH AVG	20 DLY MAX	MG/L		WEEKLY	CRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	***		WEEKLY	CRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		No Flow		( 03 )	*****	*****	*****	( )		0 /wk Est	
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MONTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	***		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

A. M. Dulick  
Chemistry Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

*Andrew Dulick*

TELEPHONE

412 | 393-5113

AREA CODE | NUMBER

DATE

93 | 01 | 21

YEAR | MO | DAY

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

NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
**NAME** BEAVER VALLEY POWER STATION  
**ADDRESS** P.O. BOX 4  
 ATTN: ANDREW DULICK  
 SHIPPINGPORT PA 15077

**FACILITY**  
**LOCATION**  
 ATTN: ANDREW DULICK

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) PA0025615  
 PERMIT NUMBER  
 (17-19) 013 A  
 DISCHARGE NUMBER

MAJOR (SUBR US)  
 F - FINAL  
 UNCONTAMINATED STORMWATER

Form Approved  
 OMB No. 2040-0004


MONITORING PERIOD

FROM YEAR 92 MO 12 DAY 01 TO YEAR 92 MO 12 DAY 31  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-51)			(4 Card Only) QUALITY OR CONCENTRATION (58-63)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.023	0.032	( 03 )	*****	*****	*****	( )	0	1/WK	EST
	PERMIT REQUIREMENT	REPORT MONTH AVG	REPORT DLY MAX	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
A. M. Dulick Chemistry Manager TYPED OR PRINTED			412 393-5113	93 01 21	AREA CODE	NUMBER	YEAR

COMMENT 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 Duquesne Light Company  
ADDRESS One Oxford Centre  
301 Grant Street

Pittsburgh, PA 15279

ACTIVITY Shippingport Atomic Power Station  
LOCATION Shippingport Borough, Beaver County

FA0001589  
PERMIT NUMBER

10  
DISCHARGE NO.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
(NPDES)

MONITORING PERIOD

Year	Month	Day
93	12	01


  

Year	Month	Day
93	12	31

DISCHARGE MONITORING REPORT (DMR)

FROM

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. OF ANALYSIS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measure.	NO DISCHARGE							0	2/MO	EST
	Permit Require.									2/MO	EST
Suspended Solids	Sample Measure.						MS/L			2/MO	GRAB
	Permit Require.										
Oil & Grease	Sample Measure.						MS/L			2/MO	GRAB
	Permit Require.										
	Sample Measure.						S.U.			2/MO	GRAB
	Permit Require.										
	Sample Measure.										
	Permit Require.										
	Sample Measure.										
	Permit Require.										
	Sample Measure.										
	Permit Require.										
	Sample Measure.										
	Permit Require.										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER											
Andrew Duick											
CHEMISTRY MANAGER											
TYPED OR PRINTED											
SIGNATURE AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											
 Signature of Andrew Duick, Chemistry Manager, dated 12/01/93.											
TELEPHONE NUMBER 412 743 5123											
DATE 93 01 21											

NAME: Duquesne Light Company  
 ADDRESS: 300 Jefferson Centre  
 201 Grant Street

Pittsburgh, PA 15279

Facility: Shippingport Atomic Power Station  
 Location: Shippingport Broughn, Beaver County

PA-001589  
 PERMIT NUMBER

201  
 DISCHARGE NO.

MONITORING PERIOD

Year	Month	Day	Year	Month	Day
93	12	01	93	12	31

FROM

DISCHARGE MONITORING REPORT (DMR)

(NPDES)

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. OF ANALYSIS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measure.	NO DISCHARGE							
	Permit Require.		MGD						EST
Suspended Solids	Sample Measure.								
	Permit Require.				30	100	MG/L		EST
pH	Sample Measure.								
	Permit Require.				6.0	9.0	S.U.		GRAB
	Sample Measure.								
	Permit Require.								
	Sample Measure.								
	Permit Require.								
	Sample Measure.								
	Permit Require.								
	Sample Measure.								
	Permit Require.								
	Sample Measure.								
	Permit Require.								
	Sample Measure.								
	Permit Require.								
	Sample Measure.								
	Permit Require.								
	Sample Measure.								
	Permit Require.								

*[Signature]*  
 RECEIVED BY: 12/15/93  
 412 343 5113  
 0858

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER  
 ANDREW DULICH  
 CHEMISTRY MANAGER

TYPE OR PRINTED  
 INFORMATION OF PERMIT VIOLATIONS (Reference all attachments here)





UNITED STATES  
NUCLEAR REGULATORY COMMISSION  
WASHINGTON, D.C. 20555

March 23, 1993

TO: ALL HOLDERS OF OPERATING LICENSES OR CONSTRUCTION PERMITS FOR  
NUCLEAR POWER REACTORS AND ALL RECIPIENTS OF NUREG-0040, "LICENSEE  
CONTRACTOR AND VENDOR INSPECTION STATUS REPORT" (WHITE BOOK)

SUBJECT: NRC PUBLIC WORKSHOP ON COMMERCIAL GRADE PROCUREMENT AND  
DEDICATION - GENERIC LETTER 93-02

The U. S. Nuclear Regulatory Commission (NRC) is planning to conduct a public workshop on commercial grade item procurement and dedication on April 21-22, 1993. The workshop will be held from 8:00 a.m. to 5:30 p.m. on April 21, and 8:00 a.m. to 12:00 noon on April 22 at the Hyatt Regency Hotel, Dallas/Fort Worth Airport, Dallas, Texas, telephone (214) 453-1234. The details of the workshop are contained in Federal Register notice 58 FR 15167, entitled "Commercial Grade Procurement and Dedication Workshop," dated March 19, 1993.

Those planning to attend the workshop should complete the enclosed registration form and send it directly to the Hyatt Regency Hotel.

This generic letter contains no information collection requirements and, therefore, is not subject to the requirements of the Paperwork Reduction Act of 1980 (44 U.S.C. 3501 et seq.).

Please contact Uldis Potapovs at (301) 504-2959 if you have any questions concerning this matter. No specific licensee actions are requested.

Sincerely,

A handwritten signature in cursive script, appearing to read "James G. Partlow".

James G. Partlow  
Associate Director for Projects  
Office of Nuclear Reactor Regulation

Enclosures:

1. Workshop Registration Form
2. List of Recently Issued Generic Letters

9303190345

1503



LIST OF RECENTLY ISSUED GENERIC LETTERS

Generic Letter	Subject	Date of Issuance	Issued To
93-01	EMERGENCY RESPONSE DATA SYSTEM TEST PROGRAM	03/03/93	ALL HOLDERS OF OLs OR CPs FOR NPRs, EXCEPT FOR BIG ROCK POINT AND FACILITIES PERMANENTLY OR INDEFINITELY SHUT DOWN
92-09	LIMITED PARTICIPATION BY NRC IN THE IAEA INTERNATIONAL NUCLEAR EVENT SCALE	12/31/92	ALL HOLDERS OF OLs OR CPs FOR NPRs
92-08	THERMO-LAG 330-1 FIRE BARRIERS	12/17/92	ALL HOLDERS OF OLs OR CPs FOR NPRs
92-07	OFFICE OF NUCLEAR REACTOR REGULATION REORGANIZATION	10/10/92	ALL HOLDERS OF OLs OR CPs FOR NPRs
83-28 SUPPLEMENT 1	REQUIRED ACTIONS BASED ON GENERIC IMPLICATIONS OF SALEM ATWS EVENTS	10/07/92	ALL LIGHT-WATER REACTOR LICENSEES AND APPLICANTS
92-06	OPERATOR LICENSING NATIONAL EXAMINATION SCHEDULE	09/06/92	ALL POWER REACTOR LICENSEES AND APPLICANTS FOR AN OL
92-05	NRC WORKSHOP ON THE SYSTEMATIC ASSESSMENT OF LICENSEE PERFORMANCE (SALP) PROGRAM	09/04/92	ALL HOLDERS OF OLs OR CPs FOR NPRs
92-04	RESOLUTION OF THE ISSUES RELATED TO REACTOR VESSEL WATER LEVEL INSTRUMENTATION IN BWRs PURSUANT TO 10CFR50.54(F)	08/19/92	ALL BWR LICENSEES FOR OPERATING REACTORS
90-02 SUPPLEMENT 1	ALTERNATIVE REQUIREMENTS FOR FUEL ASSEMBLIES IN THE DESIGN FEATURES SECTION OF TECHNICAL SPECIFICATIONS	07/31/92	ALL LWR LICENSEES AND APPLICANTS