



Duquesne Light Company

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

THOMAS P. NOONAN
Division Vice President
Nuclear Operations

(412) 393-7622
Fax (412) 393-4905

October 25, 1996
NPD3VPO: 0535

Document Control Desk
U.S. Nuclear Regulatory Commission
Washington, DC 20555

NPDES Monthly Report, EPA Permit No. PA0025615

SUBJECT: Beaver Valley Power Station, Unit No. 1 and No. 2
BV-1 Docket No. 50-334, License No. DPR-66
BV-2 Docket No. 50-412, License No. NPF-73

Dear Sir:

Enclosed is a copy of the NPDES Monthly Report as submitted to the Pennsylvania Department of Environmental Protection.

Sincerely,

T. P. Noonan
Division Vice President
Nuclear Operations

DNH/trs

cc: D. A. Orndorf
J. A. Cool
R. K. Brosi
Central File

IE25 1/1

9611010087 960930
PDR ADOCK 05000334
R PDR





Duquesne Light Company

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

THOMAS P. NOONAN
Division Vice President
Nuclear Operations

(412) 393-7622
Fax (412) 393-4905

October 25, 1996
NPD3VPO: 0536

United States Environmental Protection Agency
Region III, Pennsylvania (3WM53)
Water Permits Branch
Water Management Division
841 Chestnut Street
Philadelphia, PA 19107

NPDES Monthly Report, EPA Permit No. PA0025615

Dear Sir:

This letter forwards a copy of our NPDES Monthly Report as submitted to the Pennsylvania Department of Environmental Resources, Bureau of Water Quality Management

Sincerely,

T. P. Noonan
Division Vice President
Nuclear Operations

DNH/trs

Attachment

cc: D. A. Orndorf
J. A. Cool
R. K. Brosi
Central File

DELIVERING
QUALITY
ENERGY



Duquesne Light Company

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

THOMAS P. NOONAN
Division Vice President
Nuclear Operations

(412) 393-7622
Fax (412) 393-4905

October 25, 1996
NPD3VPO: 0534

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

NPDES Monthly Report, EPA Permit Number PA0025615

Gentlemen:

NPDES Monthly Report for Duquesne Light Company, Beaver Valley Power Station for September 1996 is submitted for your consideration.

Sincerely,

T. P. Noonan
Division Vice President
Nuclear Operations

DNH/trs

Enclosure

cc: D. A. Orndorf
J. A. Cool
R. K. Brosi
Central File



Instructions:

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

Permittee: INQUESNE LIGHT COMPANY
 Plant: BEAVER VALLEY POWER STATION UNIT II
 NPDES: PA 0025615
 Municipality: SHIPPINGPORT BOROUGH
 County: BEAVER

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)	(Conversion Factor)	= Dry Tons	(Tons of Dewatered Sludge)	X (% Solids)	X (.01)	= Dry Tons	
16000		2%	.0000417	1.33			.01		
					</				

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

	Site 1	Site 2	Site 3	Site 4
Name:	BOROUGH OF MONACA			
Permit No.:	SEWAGE TREATMENT PLANT			
Dry Tons Disposed:	PA 0020125			
Type: (check one)	1.33			
Landfill				
Agr. Utilization				
Other (specify)				
County:	BEAVER			

(SSR-1 3/21/91)

Signature _____

CHEMISTRY MANAGER
Title

Date _____

412-393-5113
Telephone

Month: September
Year: 1996

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

Permittee: INQUESNE LIGHT COMPANY
Plant: BEAVER VALLEY POWER STATION UNIT I
NPDES: PA 0025615
Municipality: SHIPPINGPORT BOROUELL
County: BEAVER

For sludge that is incinerated:

Pre-incineration weight = _____	dry tons
Post-incineration weight = _____	dry tons

HAULED AS LIQUID SLUDGE

[illegible]

TOTAL	2
-------	---

(Tons of Dewatered Sludge)	X (% Solids)	X (.01) = Dry Tons
		.01

TOTAL	\$	
-------	----	--

	Site 1	Site 2	Site 3	Site 4
Name:	BOROUGH OF MONACA			
Permit No.:	PA 00 20125			
Dry Tons Disposed:	0.250			
Type: (check one)				
Landfill				
agr. Utilization				
Other (specify)				
County:	BEAVER			

(SSR-1 3/21/91)

Signature _____

CHEMISTRY MANAGER
Title

Q 10/23/76
Date

412-393-5113
Telephone

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID ORNDORF

SHIPPINGPORT

PA 15077

FACILITY BEAVER VALLEY POWER STATION

LOCATION

ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

200225615

PERMIT NUMBER

012

DISCHARGE NUMBER

UNIT 2 COOLING WATER

(SUBR 05)

P - FISCAL

MAJOR

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

MONITORING PERIOD

YEAR MO DAY

YEAR MO DAY

FROM

TO

(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) QUANTITY 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	SAMPLE MEASUREMENT	*****	*****		7.41	*****	7.47	(12)	0	1/7	Grab
COOLING WATER GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0				WEEKLY GRAB
CHLORIDE, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	N/A		(19)			
CHLORIDE, FREE	PERMIT REQUIREMENT	*****	*****	***	*****	0	0				WEEKLY COMP 24 DISCH
CHLORIDE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	0.008	0.008	(03)	*****	*****	*****		0	1/7	Meas.
CHLORIDE, FREE AVAILABLE	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	***			WEEKLY GRAB
CHLORIDE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.0	0.0	(19)	0	1/7	Grab
CHLORIDE, FREE AVAILABLE	PERMIT REQUIREMENT	*****	*****	***	*****	0.5	1.25				WEEKLY GRAB
CHLORIDE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.0	0.0	(19)	0	1/7	Grab
CHLORIDE, FREE AVAILABLE	PERMIT REQUIREMENT	*****	*****	***	*****	0.2	0.5				WEEKLY GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Orndorf
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 6 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-5113

DATE

96 10 18we

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

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

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 municipalities with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum.")
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.

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID ORNDORF

SHIPPINGPORT

PA 15077

FACILITY BEAVER VALLEY POWER STATION

LOCATION

ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER

PERMIT NUMBER

DISCHARGE NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY

YEAR MO DAY

FROM

TO

(20-21) (22-23) (24-25)

(26-27) (28-29) (30-31)


000 NO DISCHARGE 1 1 000

NOTE: Read instructions before completing this form.

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.76	*****	7.89	(12)	0	1/7	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	0.0	*****	0.0			WEEKLY GRAB	
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	<1	<1	(19)	0	1/7	Grab
00510 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT			WEEKLY GRAB	
CLANTHOL CI-1, TOTAL WATER	SAMPLE MEASUREMENT	*****	*****		*****	N/A		(19)			
04251 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	NO AVG	DAILY MX	MG/L		WHEN COMP24 DISCHG	
FLOW, IN CONDUIT OR FROM TREATMENT PLANT	SAMPLE MEASUREMENT	32.37	7.01	(03)	*****	*****	*****		0	Daily Cont.	
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	***		DAILY CONTIN	
CHLORINE, TOTAL INSTANTANEOUS	SAMPLE MEASUREMENT	*****	*****		*****	0.0	0.0	(19)	0	1/7	Grab
00060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.5	1.25			WEEKLY GRAB	
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****	0.04	0.1	(19)	0	C.T. Record.	
00064 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.2	0.5			CONTINUOUS	
HYDRAZINE	SAMPLE MEASUREMENT	*****	*****		*****	0	0	(19)	0	1/7	Grab
01313 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	NO AVG	DAILY MX	MG/L		WEEKLY GRAB	
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 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.)				 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE		
TYPED OR PRINTED							12 393-5113	96 10 14			
				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 SET2 D T-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.)

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 municipalities with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum.")
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, "24/HC" 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.

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID ORNDORF

SHIPPINGSPO

PA 15077

FACILITY BEAVER VALLEY POWER STATION

LOCATION

ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

00075615
PERMIT NUMBER

002 A
DISCHARGE NUMBER

INTAKE SCREEN 84
(SUBR 05)
P - FINAL
MAJOR

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
95 09 01 96 03 30
(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) QUANTITY OR CONCENTRATION (38-45) (46-53) (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 53050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.006	0.046	(03)	*****	*****	*****		0	1/7	EST
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY ME	REQ	*****	*****	*****	****		WEEKLY	ESTIM
	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

David Orndorf
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.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-51134

AREA
CODE

NUMBER

DATE

96

10

14

YEAR

MO

DAY

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

Paperwork Reduction Act Notice

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

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID ORNDORF

SHIPPINGSBORO

PA 15077

FACILITY BEAVER VALLEY POWER STATION

LOCATION

ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA0225015

PERMIT NUMBER

003 A

DISCHARGE NUMBER

003 UNCONTAMINATED

(SDDP 05)

F - FINAL

MAJOR

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

MONITORING PERIOD

FROM 06 09 01 TO 06 09 30
(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) QUANTITY OR CONCENTRATION (38-45)				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 GROSS 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.016	0.056	(33)	*****	*****	*****		0	2	EST
	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		THREE	ESTIMA
		NO AVG	DAILY	MG				****		MONTH	
	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

David Orndorf
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. § 1318. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 6 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-5113

AREA
CODE NUMBER

DATE

96 10 14

YEAR MO DAY

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

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 municipalities with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum.")
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, "24Hr" 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.

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID ORNDORF

SHIPPINCPORT

PA 15077

FACILITY BEAVER VALLEY POWER STATION

LOCATION

ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

000015615
PERMIT NUMBER

00001
DISCHARGE NUMBER

UNIT ONE COOLING TOWER
(SUBR DS)
F - FINAL
MAJOR

Form Approved.
CMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD
FROM 95 03 01 TO 96 03 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) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	0.0	*****	9.0			WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	No Flow			(33)	*****	*****	*****			
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	***		WEEKLY	GRAB
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.5	1.25			WEEKLY	GRAB
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00064 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.2	0.5			WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Orndorf
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

96 10 14

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

No Discharge

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA CODE NUMBER YEAR MO DAY

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 municipalities with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum.")
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, "24/H" 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.

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID ORNDORF

SHIPPINGPORT

PA 15077

FACILITY BEAVER VALLEY POWER STATION

LOCATION

ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

0000000000

PERMIT NUMBER

0000000000

DISCHARGE NUMBER

AUX. INTAKE SCREEN

(SUBR 05)

F - FINAL

MAJOR

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

MONITORING PERIOD

YEAR MO DAY

YEAR MO DAY

FROM

TO

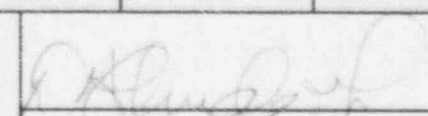
(20-21) (22-23) (24-25)

(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) QUANTITY OR CONCENTRATION (38-45)				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	SAMPLE MEASUREMENT	0.002	0.016	(03)	*****	*****	*****		0	1/7	EST
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		WEEKLY ESTIMA	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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. § 1310. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 6 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
David Orndorf Chemistry Manager			412393-5113	96	10	14	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

Paperwork Reduction Act Notice

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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.
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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

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

NAME BRAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID GRNDORF

SHIPPINGPORT

PA 15077

FACILITY BRAVER VALLEY POWER STATION

LOCATION

ATTN: DAVID GRNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER

PERMIT NUMBER

DISCHARGE NUMBER

DISCHARGE NUMBER

AUX. INTAKE SYSTEM

(SUBS DS)

F - FINAL

MAJOR

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

MONITORING PERIOD

FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
98	04	01	98	12	13
(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) QUANTITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PERMIT	SAMPLE MEASUREMENT	*****	*****			*****		(12)		
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	0.0	*****	0.0		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	GU		
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT			(03)	*****	*****	*****			
THRU TREATMENT PLANT		No Flow								
00050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	***	WEEKLY	ESTIMA
EFFLUENT GROSS VALUE		NO AVG	ONLY MAX	NO				****		
CHLORINE, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****			(19)		
RESIDUAL										
00080 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	0.5	1.25		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		NO AVG	INST MAX	MG/L		
CHLORINE, FREE	SAMPLE MEASUREMENT	*****	*****		*****			(19)		
AVAILABLE										
00090 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 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.)

David Grndorf

Chemistry Manager

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412 393-5113

98 10 14

AREA CODE

NUMBER

YEAR MO DAY

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

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

No Discharge

Paperwork Reduction Act Notice

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 9

ATTN: DAVID ORNDORF

SHIPPINGPORT

PA 15077

FACILITY BEAVER VALLEY POWER STATION

LOCATION

ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

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

UNIT 1 COOLING TO
(SUBR 05)
F - FINAL
MAJOR

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY 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	SAMPLE MEASUREMENT	*****	*****		7.86	*****	7.76	(12)	0	7/30	Grab
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	5.0	*****	9.0			TWICE/GRAB	
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	CU		MONTH	
SOLIDS, TOTAL UNSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	12.7	14.8	(19)	0	7/30	Grab
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	30	100			TWICE/GRAB	
EFFLUENT GROSS VALUE				****		NO AVG	DAILY MX	KG/L		MONTH	
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		<5	5-65	6.3	(19)	0	7/30	Grab
PERON EXTRA-GRAV MATH	PERMIT REQUIREMENT	*****	*****	***	15	20	30			TWICE/GRAB	
00556 1 0 0				****	NO AVG	DAILY MX	INST MAX	KG/L		MONTH	
EFFLUENT GROSS VALUE				****							
FLOW, IN CONDUIT OR THRD TREATMENT PLANT	SAMPLE MEASUREMENT	0.001	0.001	(03)	*****	*****	*****		0	1/7	Est
00050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	***		WEEKLY/ESTIMA	
EFFLUENT GROSS VALUE		NO AVG	DAILY MX	MGD				****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Orndorf
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.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

David Orndorf

TELEPHONE

412 393-5113

AREA CODE NUMBER

DATE

96 10 15

YEAR MO DAY

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

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 municipalities with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum.")
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.
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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.

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID ORNDORF

SHIPPENSBORO

PA 15077

FACILITY BEAVER VALLEY POWER STATION

LOCATION

ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA0075615

PERMIT NUMBER

011 3

DISCHARGE NUMBER

DIESEL GEN & TURB

(3000 05)

F - FINAL

MAJOR

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

MONITORING PERIOD

FROM 95 09 01 TO 95 09 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE 1 - 1 ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				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 CROSS VALUE	SAMPLE MEASUREMENT	0.004	0.004	(03)	*****	*****	*****		0	1/7	EST
	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Orndorf
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.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 389-5113

AREA
CODE

NUMBER

DATE

96 10 18

YEAR MO DAY

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

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

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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.)
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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.)
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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.

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID ORNDORF

SHIPPENSBURG

PA 15077

FACILITY BEAVER VALLEY POWER STATION

LOCATION

ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER

01225615

DISCHARGE NUMBER

012 1

MONITORING PERIOD

YEAR MO DAY

FROM

96 07 01

TO

YEAR MO DAY

96 09 30

(20-21) (22-23) (24-25)

(26-27) (28-29) (30-31)

BLOWDOWN FROM THE
(SUBP 05)
F - FINAL
MAJOR

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

*** NO DISCHARGE 1-1 ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		8.23	*****	8.23	(12)	0	1/30	GmL
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	CU		ONCE/	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.001	0.001	(03)	*****	*****	*****		0	1/30	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		ONCE/	ESTIMA
		NO AVG	DAILY ME	NOV				****		MONTH	
	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

David Orndorf
Chemistry Manager

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-5113

AREA CODE

NUMBER

DATE

96

10

18

YEAR

MO

DAY

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

Paperwork Reduction Act Notice

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14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

Legal Notice

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID ORNDORF

SHIPPINGPORT

PA 15077

FACILITY BEAVER VALLEY POWER STATION

LOCATION

ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

00025615

PERMIT NUMBER

013 A

DISCHARGE NUMBER

OUTFALL 013

(SBBB 05)

F - FINAL

MAJOR

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

MONITORING PERIOD

FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
98	09	01	98	09	30
(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) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		6.52	*****	8.15	(12)	0	1/7	Grab
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0				
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM				
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	0.005	0.1091	(03)	*****	*****	*****		0	1/7	EST
THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****			
00050 1 0 0		NO AVG	DAILY MX	MGD				****			
EFFLUENT GROSS VALUE											
CHLORINE, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	0.45	1.03	(19)	0	2/30	Calc.
RESIDUAL	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT				
00060 1 0 0					NO AVG	INST MAX	MG/L				
EFFLUENT GROSS VALUE											
Antimony	SAMPLE MEASUREMENT				<0.5	<0.5	<0.5		0	2/4T	Grab
	PERMIT REQUIREMENT							MG/L			
Cyanide, Free	SAMPLE MEASUREMENT				<0.02	<0.02	<0.02		0	2/4T	Grab
	PERMIT REQUIREMENT							MG/L			
Cyanide, Total	SAMPLE MEASUREMENT				<0.02	<0.02	<0.02		0	2/4T	Grab
	PERMIT REQUIREMENT							MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Orndorf
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 6 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 383-5113

AREA CODE NUMBER

DATE

96 10 18

YEAR MO DAY

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

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

Paperwork Reduction Act Notice

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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. 1.527). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$5,000 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.

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID DRNDORF

SHIPPINGSPOINT

PA 15077

FACILITY BEAVER VALLEY POWER STATION

LOCATION

ATTN: DAVID DRNDORF

DISCHARGE MONITORING REPORT (DMR)

(12-16)

(17-19)

000025615

PERMIT NUMBER

101 A

DISCHARGE NUMBER

101 CHEMICAL WASTE

(SUBR 05)

F - FINAL

MAJOR

OMB No. 2040-0004

Approval expires 05-31-98

MONITORING PERIOD

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

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.04	*****	7.54	(12)	0	1/7	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SD		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	<4	<4	(19)	0	1/7	Comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	NO AVG	DAILY MX	MG/L		WEEKLY	CONT-2
OIL AND GREASE FRESH EXTRA-GRAV METH	SAMPLE MEASUREMENT	*****	*****		*****	<5	<5	(19)	0	1/7	Grab
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	NO AVG	DAILY MX	MG/L		WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	N/A		(19)			
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT NO AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.015	0.066	(01)	*****	*****	*****		0	Daily	Cont
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		DAILY	CONTIN
HYDRAZINE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
01413 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT NO AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Drndorf
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.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412 393-5113

AREA CODE NUMBER

96 10 18

YEAR MO DAY

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WRT LAYUP.

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

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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".
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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.)
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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.

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID ORNDORF

SHIPPINGSPOINT

PA 15077

FACILITY BEAVER VALLEY POWER STATION

LOCATION

ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER

102 A

DISCHARGE NUMBER

102 INTAKE SCREEN

(SUBB DS)

F - FINAL

MAJOR

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
(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) QUANTITY 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	SAMPLE MEASUREMENT	*****	*****		7.59	*****	7.77	(12)	0	2/30	Grab
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	5.0	*****	8.0				
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	SU			
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	14.3	24.5	(19)	0	2/30	Grab
SUSPENDED											
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	30	100				
EFFLUENT GROSS VALUE				****		NO AVG	DAILY ME	MG/L			
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	<5	<5	(19)	0	2/30	Grab
FROM EXTRA-GRAV NETS											
01556 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	15	20				
EFFLUENT GROSS VALUE				****		NO AVG	DAILY ME	MG/L			
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	0.001	0.001	(C3)	*****	*****	*****		0	2/30	FST
THRU TREATMENT PLANT											
00050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****			
EFFLUENT GROSS VALUE		NO AVG	DAILY ME	MGD				****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Orndorf
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 6 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-5113

AREA CODE

NUMBER

DATE

96 10 18

YEAR MO DAY

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

Paperwork Reduction Act Notice

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General Instructions

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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.)
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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.

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

NAME SEASIDE VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID ORNDORF

SHIPPINGPORT

PA 15077

FACILITY SEASIDE VALLEY POWER STATION

LOCATION

ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

00025618

PERMIT NUMBER

123 A

DISCHARGE NUMBER

SLUDGE SETTLING

(SUBH 05)

F - FINAL

MAJOR

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

MONITORING PERIOD

FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
96	09	01	96	09	30
(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) QUANTITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****		8.12	*****	8.17	(17)	0	2/30 6.00
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	5.0	*****	9.0			TWICE/MONTH
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM			
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	27.4	28.4	(19)	0	2/30 24HC
SUSPENDED	PERMIT REQUIREMENT	*****	*****	***	*****	30	100			TWICE/MONTH
00530 1 0 0				****		NO AVG	DAILY MAX	MG/L		
EFFLUENT GROSS VALUE				****						
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	0.0014	0.0022	(03)	*****	*****	*****		0	2/30 EST
THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	***		TWICE/MONTH
50P50 1 0 0		NO AVG	DAILY 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

David Orndorf

Chemistry Manager

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-5113

AREA CODE

NUMBER

DATE

96 10 18

YEAR MO DAY

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

Paperwork Reduction Act Notice

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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, "24/H" for 24-hour composite, "N/A" for continuous monitoring, etc.)
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Legal Notice

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID ORNDORF

SHIPPINGPORT

PA 15077

FACILITY BEAVER VALLEY POWER STATION

LOCATION

ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER

DISCHARGE NUMBER

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY

YEAR MO DAY

FROM

TO

(20-21) (22-23) (24-25)

(26-27) (28-29) (30-31)

UNIT 2 SERVICE WATER

(SDBR 05)

F - FINAL

MAJOR

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	<div></div>	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				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 SDOSO 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	No Flow		(03)	*****	*****	*****				
	PERMIT REQUIREMENT		REPORT		REPORT	*****	*****	*****	****	*****	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Orndorf
Chemistry Manager

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412 393-5113 n96 10 18

AREA
CODE

NUMBER

YEAR

MO

DAY

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

No Discharge

Paperwork Reduction Act Notice

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID GRNDORF

SHIPPINGPORT

PA 15077

FACILITY BEAVER VALLEY POWER STATION

LOCATION

ATTN: DAVID GRNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

000725615

PERMIT NUMBER

111 A

DISCHARGE NUMBER

111 DIESEL GENERATOR

(SUBR 05)

F - FINAL

MAJOR

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

MONITORING PERIOD

FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
95	09	01	95	09	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)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PR	SAMPLE MEASUREMENT	*****	*****		7.19	*****	8.87	(12)	0	1/7 Grab
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	9.0	*****	9.0			WEEKLY GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	30		
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	41	43	(19)	0	1/7 Grab
SUSPENDED						24 SP				
00430 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	30	100			WEEKLY GRAB
EFFLUENT GROSS VALUE				****		NO AVG	DAILY MAX	KG/L		
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		<5	<5	<5	(19)	0	1/7 Grab
PERSON EXTH-GRAV METH										
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	****	15	20	30			WEEKLY GRAB
EFFLUENT GROSS VALUE				****	NO AVG	DAILY MAX	INST MAX	KG/L		
FLOW, IN CONDUIT OF	SAMPLE MEASUREMENT	0.001	0.001	(03)	*****	*****	*****		0	1/7 EST
THRU TREATMENT PLANT										
00050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		WEEKLY ESTIMATE
EFFLUENT GROSS VALUE		NO AVG	DAILY MAX	SGD				****		
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Grndorf
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.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-5113
AREA CODE NUMBER

DATE

96 10 18
YEAR MO DAY

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

Paperwork Reduction Act Notice

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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 municipalities with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum.")
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".
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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.)
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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

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID DRUDORF

SHIPPENSBORO

PA 15077

FACILITY BEAVER VALLEY POWER STATION

LOCATION

ATTN: DAVID DRUDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER

PERMIT NUMBER

DISCHARGE NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY

YEAR MO DAY

FROM

TO

(20-21) (22-23) (24-25)

(26-27) (28-29) (30-31)

UNIT 2 SEWAGE TREATMENT PLANT (SURR OS) F - FINAL MAJOR

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		6.52	*****	7.25	(12)	0	2/30	Grub
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	5.0 MINIMUM	*****	8.0 MAXIMUM	50		TWICE/GRAB MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	20.8	35.0	(19)	0	2/30	8HC
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 NO AVG	60 DAILY RX	MG/L		TWICE/COMP-8 MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.009	0.013	(03)	*****	*****	*****		0	1/7	Mass
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.003 NO AVG	REPORT DAILY RX	MGD	*****	*****	*****	***		WEEKLY MEASRD	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.62	1.47	(19)	0	2/30	Grub
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT NO AVG	REPORT INST MAX	MG/L		TWICE/GRAB MONTH	
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	0	*****	(13)	0	2/30	Grub
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	200 NO GROMN	*****	1 100ML		TWICE/GRAB MONTH	
HDD, CARBONACEOUS 55 DAY, 200	SAMPLE MEASUREMENT	*****	*****		*****	15	25	(19)	0	2/30	8HC
60002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	25 NO AVG	50 DAILY RX	MG/L		TWICE/COMP-8 MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Drudorf
Chemistry Manager

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412 393-5113

96 10 18

AREA CODE

NUMBER

YEAR

MO

DAY

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

Paperwork Reduction Act Notice

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14. More detailed instructions for use of this *Discharge Monitoring Report (DMR)* form may be obtained from Office(s) specified in permit.

Legal Notice

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID GRUNDORF

SHIPPINGPORT

PA 15077

FACILITY BEAVER VALLEY POWER STATION

LOCATION

ATTN: DAVID GRUNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PAD025615

PERMIT NUMBER

201 A

DISCHARGE NUMBER

201 SOFTENED REG

(SURE 05)

F - FINAL

MAJOR

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
(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) QUANTITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****			*****		(12)		
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	0.0	*****	0.0		TWICE/MONTH	
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	SV		
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****			(19)		
SUSPENDED										
00510 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	30	100		TWICE/MONTH	
EFFLUENT GROSS VALUE				****		NO AVG	DAILY ME	MG/L		
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****			(19)		
FREDON EXTRA-GRAV WITH										
00555 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	15	20		TWICE/MONTH	
EFFLUENT GROSS VALUE				****		NO AVG	DAILY ME	MG/L		
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	No Flow			(03)	*****	*****	*****		
THRU TREATMENT PLANT										
00050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****	TWICE/MONTH	
EFFLUENT GROSS VALUE		NO AVG	DAILY ME	MGD						
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Grundorf
Chemistry Manager

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-5113

AREA CODE NUMBER

DATE

96 10 18

YEAR MO DAY

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

No Discharge

Paperwork Reduction Act Notice

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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, "24/H" for 24-hour composite, "N/A" for continuous monitoring, etc.)
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NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID ORNDORF

SHIPPINGPORT

PA 15077

FACILITY BEAVER VALLEY POWER STATION

LOCATION

ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

00025515
PERMIT NUMBER

203 A
DISCHARGE NUMBER

MAIN SEWAGE TST
(SUBP 15)
F - FINAL
MAJOR

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

MONITORING PERIOD

FROM 96 09 01 TO 96 09 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE 1-1 ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY 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	SAMPLE MEASUREMENT	*****	*****		6.12	*****	6.15	(12)	0	2/30	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	5.0 MINIMUM	*****	9.0 MAXIMUM	30		TWICE/	CRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	18.0	20.6	(19)	0	2/30	SHC
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 NO AVG	60 DAILY MX	MG/L		TWICE/	CONP-8
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.004	0.0075	(03)	*****	*****	*****		0	1/7	Mans
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.023	REPORT		*****	*****	*****	***		WEEKLY/	CRASH
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.19	0.49	(19)	0	2/30	Grab
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT			TWICE/	CRAB
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	0	*****	(13)	0	2/30	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	100 NO GEDONE	*****	1		TWICE/	CRAB
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	*****	*****		*****	5	5	(19)	0	2/30	SHC
80082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	25 NO AVG	50 DAILY MX	MG/L		TWICE/	CONP-8
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Orndorf
Chemistry Manager

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412 393-5113 96 10 18
AREA CODE NUMBER YEAR MO DAY

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

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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. 125.37). 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.

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID ORNDORF

SHIPPINGPORT

PA 15077

FACILITY BEAVER VALLEY POWER STATION

LOCATION

ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

DA0025815
PERMIT NUMBER

211 A
DISCHARGE NUMBER

211 TURNING BLDG

(SUBR 05)

F - FINAL

MAJOR

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
(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) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.76	*****	8.76	(12)	0	1/7	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	2.0	*****	2.0	50		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	<4	<4	(19)	0	1/7	Grab
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30	100	NO AVG DAILY EX		WEEKLY	GRAB
OIL AND GREASE FROM EXTRA-GRAV MTH	SAMPLE MEASUREMENT	*****	*****		<5	<5	<5	(19)	0	1/7	Grab
00558 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	15	20	30	NO AVG DAILY EX INST MAX		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.001	0.001	(03)	*****	*****	*****		0	1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	****	*****	*****	*****	****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Orndorf
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.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-5413

AREA CODE

NUMBER

DATE

96 10 18

YEAR MO DAY

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

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 municipalities with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum.")
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.

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

NAME DENVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID DRNDORF

SHIPPINGPORT

PA 15077

FACILITY DENVER VALLEY POWER STATION

LOCATION

ATTN: DAVID DRNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY

YEAR MO DAY

FROM 95 01 01

TO 95 01 31

(20-21) (22-23) (24-25)

(26-27) (28-29) (30-31)

UNIT 2 COOL TOWER
(SUBR 05)
F - FINAL
MAJOR

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)			NO. EX (52-53)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****			*****		(12)		
00000 1 0 0	PERMIT REQUIREMENT	*****	*****	***	5.0	*****	9.0		TWICE/GRAB	
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	50	MONTH	
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****			(19)		
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	30	100		TWICE/GRAB	
EFFLUENT GROSS VALUE				****		NO AVG	DAILY RX	MG/L	MONTH	
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****			(19)		
FREDN EXTH-GRAY METH	PERMIT REQUIREMENT	*****	*****	***	*****	15	20		TWICE/GRAB	
00558 1 0 0				****		NO AVG	DAILY RX	MG/L	MONTH	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	*****	*****	*****			
FLOW, IN CONDUIT OR		No Flow								
THRO TREATMENT PLANT	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	***	WEEKLY ESTIMA	
00050 1 0 0		NO AVG	DAILY RX	MGD				****		
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 U.S.C. § 1001 AND 33 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 6 years.)

David Drndorf
Chemistry Manager

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412 393-5113

96 10 18

AREA CODE

NUMBER

YEAR

MO

DAY

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

No Discharge

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 municipalities with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum.")
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. 125.97). 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.

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

NAME **BEAVER VALLEY POWER STATION**

ADDRESS **P.O. BOX 4**

ATTN: DAVID ORNDORF

SHIPPINGPORT

PA 15077

FACILITY **BEAVER VALLEY POWER STATION**

LOCATION

ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA0025415

PERMIT NUMBER

301 A

DISCHARGE NUMBER

UNIT 2 AMY BOILER

(SUBR 05)

F - FINAL

MAJOR

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

MONITORING PERIOD

FROM **96 02 01** TO **96 02 22**
(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) QUANTITY OR CONCENTRATION (38-45)			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	SAMPLE MEASUREMENT	*****	*****		*****			(19)		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30	100		THICE/GRAB	
OIL AND GREASE FROM EXTH-CRAV MUTH 00556 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****			(19)		
EFFLUENT GROSS VAL	PERMIT REQUIREMENT	*****	*****	****	*****	15	20		THICE/GRAB	
FLOW, IN CONDUIT THRU TREATMENT PLANT 00050 1 0 0	SAMPLE MEASUREMENT	No Flow			*****	*****	*****			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Orndorf
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 6 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412 393-5113

AREA
CODE

NUMBER

96 10 18

YEAR MO DAY

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

Paperwork Reduction Act Notice

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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

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OF

Paperwork Reduction Act Notice

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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.)
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Legal Notice

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

NAME HEAVEN VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID ORNDORF

SHIPPENSBURG PA 15077

FACILITY HEAVEN VALLEY POWER STATION

LOCATION

ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) (17-19)

PERMIT NUMBER

DISCHARGE NUMBER

313 TURNBINE BLDG
(SHBB 05)
F - FINAL
MAJOR

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

MONITORING PERIOD

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

*** NO DISCHARGE 1-1 ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.17	*****	8.15	(13)	0	1/7	Grab
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	50		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****							
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	4.4	5.7	(19)	0	1/7	Grab
SUSPENDED											
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	30	100			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		NO AVG	DAILY ME	MG/L			
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	<5	<5	(19)	0	1/7	Grab
FREON EXTS-GRAY METH											
03556 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	15	20			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		NO AVG	DAILY ME	MG/L			
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	0.002	0.002	(03)	*****	*****	*****		0	1/7	EST
THRU TREATMENT PLANT											
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	***		WEEKLY	ESTIMA
EFFLUENT GROSS VALUE		NO AVG	DAILY ME	MGD				****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Orndorf
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.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412 393-5113 89 10 18
AREA CODE NUMBER YEAR MO DAY

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

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 municipalities with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum.")
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.)
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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.

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID ORNDORF

SHIPPINGSPOKE

PA 15077

FACILITY BEAVER VALLEY POWER STATION

LOCATION

ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

240025615

101

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY

YEAR MO DAY

FROM

TO

(20-21) (22-23) (24-25)

(26-27) (28-29) (30-31)

CHEN. FEED AREA 0

(SUBR 05)

V - FINAL

MAJOR

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE T (69-71)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	0.0 MINIMUM	*****	REPORT MAXIMUM	20		TWICE/GRAB MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 NO ATG	100 DAILY MX	MG/L		TWICE/GRAB MONTH	
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
FREON EXTH-GRAY METH	SAMPLE MEASUREMENT	*****	*****		*****						
00550 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 NO AVG	20 DAILY MX	MG/L		TWICE/GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	No Flow		(03)	*****	*****	*****				
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY ESTIMA	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Orndorf
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 6 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412 393-5113

AREA CODE NUMBER

96 10 18

YEAR MO DAY

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

No Discharge

Paperwork Reduction Act Notice

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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 municipalities with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum.")
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.

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID ORNDORF

SHIPPINGPORT

PA 15077

FACILITY BEAVER VALLEY POWER STATION

LOCATION

ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PA0025615

PERMIT NUMBER

403 A

DISCHARGE NUMBER

CONDENSATE BLOWDOWN

(SUBR 05)

7 - FINAL

MAJOR

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	95	09	01		95	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NO DISCHARGE 1X1

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY 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	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	2.0	*****	2.0			WEEKLY	SHAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	30			
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
SUSPENDED	PERMIT REQUIREMENT	*****	*****	***	*****	10	100			WEEKLY	SHAB
00530 1 0 0				****		NO AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE											
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
FROM EXTRA-DRAW METHOD	PERMIT REQUIREMENT	*****	*****	***	*****	15	20			WEEKLY	SHAB
00556 1 0 0				****		NO AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE											
NITROGEN, AMMONIA	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
TOTAL (AS N)	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT			WEEKLY	SHAB
00610 1 0 0				****		NO AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE											
CHLORINE CT-1, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
WATER	PERMIT REQUIREMENT	*****	*****	***	*****	0	0			WEEKLY	SHAB
01291 1 0 0				****		NO AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE											
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	(03)			*****	*****	*****				
THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	***		WEEKLY	SHAB
00050 1 0 0		NO AVG	DAILY MX	MGD				****			
EFFLUENT GROSS VALUE											
CHLORINE, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
RESIDUAL	PERMIT REQUIREMENT	*****	*****	***	*****	0.5	1.25			WEEKLY	SHAB
00060 1 0 0				****		NO AVG	INST MAX	MG/L			
EFFLUENT GROSS VALUE											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Orndorf
Chemistry Manager

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412 393-5113

96 10 18

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 BETA 2 D T-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 75 MG/L AS A DAILY MAX.)

No Discharge

Paperwork Reduction Act Notice

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General Instructions

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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 municipalities with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum.")
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.
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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

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID ORNDORF

SHIPPINGPORT

PA 15077

FACILITY BEAVER VALLEY POWER STATION

LOCATION

ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

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

CONDENSATE BLOWDOWN
(SOSR 05)
F - FINAL
MAJOR

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
HYDRA-LINE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
01313 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0	0			WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	No Flow				NO AVG	DAILY	MG/L			
	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

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David Orndorf
Chemistry Manager

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

412 393-5113 96 10 18
AREA CODE NUMBER YEAR MO DAY

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

HYDRA-LINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF HET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ 0
T-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.)
No Discharge

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 4

ATTN: DAVID DRNDORF

SHIPPINGPORT

PA 15077

FACILITY BEAVER VALLEY POWER STATION

LOCATION

ATTN: DAVID DRNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER

PERMIT NUMBER

DISCHARGE NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY

YEAR MO DAY

FROM

TO

(20-21) (22-23) (24-25)

(26-27) (28-29) (30-31)

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY 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	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	8.0			WEEKLY	SRAS
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM	CU			
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****			(10)			
SUSPENDED	PERMIT REQUIREMENT	*****	*****	****	*****	30	100			WEEKLY	SRAS
00530 1 0 0						NO AVG	DAILY #2	MG/L			
EFFLUENT GROSS VALUE											
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
FREDA EXTG-GRAY METER	PERMIT REQUIREMENT	*****	*****	****	*****	15	20			WEEKLY	SRAS
00555 1 0 0						NO AVG	DAILY #2	MG/L			
EFFLUENT GROSS VALUE											
FLOW, IN CONDUIT OF	SAMPLE MEASUREMENT	(03)			*****	*****	*****				
THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		WEEKLY	SETMA
00050 1 0 0		NO AVG	DAILY #2	MG/L							
EFFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Drndorf
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.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

412 393-5113

AREA CODE

NUMBER

DATE

96

10

18

YEAR

MO

DAY

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

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 "Permitter 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 (i.e., "nit." "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period." "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period." (Note to municipalities with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum.")
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.

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P.O. BOX 8

ATTN: DAVID ORNDORF

SKIPPINGPORT

PA 15077

FACILITY BEAVER VALLEY POWER STATION

LOCATION

ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

00025615

PERMIT NUMBER

001 A

DISCHARGE NUMBER

UNIT 1 GENRTR BLW

(SBR DS)

F - FINAL

MAJOR

Form Approved.

GMB No. 2040-0004

Approval expires 05-31-98

MONITORING PERIOD

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

*** NO DISCHARGE 12/1 ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
SUSPENDED	PERMIT REQUIREMENT	*****	*****	****	*****	30	100			WEEKLY	CRAB
00530 1 0 0				****		NO AVG	DAILY MX	MG/L			
EFFLUENT CROSS VALU	SAMPLE MEASUREMENT	No Flow			*****	*****	*****				
FLOW, IN CONDUIT OR	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		WEEKLY	ESTIMA
THRU TREATMENT PLANT		NO AVG	DAILY MX	MGD				****			
50050 1 0 0											
EFFLUENT CROSS VALU	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Orndorf
Chemistry Manager

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