

**FENOC**

FirstEnergy Nuclear Operating Company

50-334/412

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

July 25, 2001  
NPD3VPO:1181

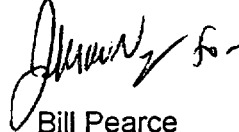
Attention: "DMR Clerk"  
Department of Environmental Protection  
Bureau of Water Quality Management  
400 Waterfront Drive  
Pittsburgh, PA 15222

NPDES Monthly Report, EPA Permit No. PA0025615

Gentlemen:

NPDES Monthly Report for First Energy Company, Beaver Valley Power Station for June 2001 is submitted for your consideration.

Sincerely,



Bill Pearce  
Plant General Manager

DJS/lar

C: J. W. Venzon  
Tiffany Shepard  
Central File

IE25



FirstEnergy Nuclear Operating Company

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

July 25, 2001  
NPD3VPO:1182

United States Environmental Protection Agency  
Region III, Pennsylvania (3WM53)  
Water Permits Branch  
Water Management Division  
1650 Arch Street  
Philadelphia, PA 19103-2029

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,

Bill Pearce  
Plant General Manager

DJS/lar

C: J. W. Venzon  
Tiffany Shepard  
Central File



FirstEnergy Nuclear Operating Company

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

---

July 25, 2001  
L-01-101

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,

Bill Pearce  
Plant General Manager

DJS/lar

C: J. W. Venzon  
Tiffany Shepard  
Central File

**DISCHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT**

Month: June  
 Year: 2001

**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.

Unit 1  
 Permittee: FENOC  
 Plant: Beaver Valley Power Station  
 NPDES: PA0025615  
 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
6,000		2	.0000417 = 0.5004				.01
TOTAL = 0.5004				TOTAL = _____			

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

	Site 1	Site 2	Site 3	Site 4
Name:	Borough of Monaca Sewage Treatment Plant	Hopewell Township		
Permit No.:	PA0020125	PA0026328		
Dry Tons Disposed:		0.5004		
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	Beaver	Beaver		

*[Signature]*  
 Signature

Chemistry Manager 7/27/01 (724) 682-5113  
 Title Date Telephone



**DISCHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT**

Month: June  
Year: 2001

**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.

Unit 2  
Permittee: FENOC  
Plant: Beaver Valley Power Station  
NPDES: PA0025615  
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
14,500		2	.0000417 = 1.209				.01
<b>TOTAL = 1.209</b>				<b>TOTAL = _____</b>			

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

	Site 1	Site 2	Site 3	Site 4
Name:	Borough of Monaca	Hopewell Township		
Permit No.:	PA0020125	PA0026328		
Dry Tons Disposed:		1.209		
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	Beaver	Beaver		

*Mundy*  
Signature

Chemistry Manager  
Title  
Date: 7/21/01  
Telephone: (724) 682-5113

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

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

MAJOR (SUBR 05)  
 F - FINAL  
 UNITS 1&2 COOLG. TOWER BLWON.

PA0025615  
 PERMIT NUMBER

001 A  
 DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	06	01	01	06	30

FROM

TO

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

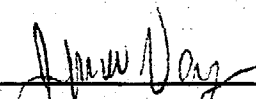
NOTE: Read instructions before completing this form.

FACILITY LOCATION  
 ATTN: KEVIN OSTROWSKI

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	8.06	*****	8.38	( 12 )	0	1/7	GRAB
VITROGEN, AMMONIA TOTAL (AS N)	PERMIT REQUIREMENT	*****	*****	*****	*****	N/A	N/A	( 19 )		N/A	N/A
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
CLANTRON CT-1, TOTAL WATER	PERMIT REQUIREMENT	*****	*****	*****	*****	*	*	( 19 )		*	*
04251 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	42.1	50.7	( 03 )	*****	*****	*****	*****		DAILY	CONT
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		DAILY	CONT
CHLORINE, TOTAL RESIDUAL	PERMIT REQUIREMENT	*****	*****	*****	0.06	0.06	0.08	( 19 )	0	1/7	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.5	0.5	MG/L		WEEKLY	GRAB
CHLORINE, FREE AVAILABLE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.05	0.27	( 19 )	0	CONT	REC
50064 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2	0.5	MG/L		CONT	INC. ORDER
HYDRAZINE	PERMIT REQUIREMENT	*****	*****	*****	*****	N/A	N/A	( 19 )		N/A	N/A
81313 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2	0.5	MG/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 JOSEPH W. VENZON  
 CHEMISTRY MANAGER  
 TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE DATE  
 724 682-5113 01 07 25  
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ D-1-1 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 municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum.")
6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
7. Under "No Ex" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0."
8. Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont," for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement," (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)
10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
11. If "no discharge" occurs during monitoring period, enter "No Discharge" across form in place of data entry.
12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent," "Telephone Number," and "Date" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

### Legal Notice

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

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

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

PERMIT NUMBER  
PA0025615

DISCHARGE NUMBER  
002 A

MAJOR (SUBR 05)  
F - FINAL  
INTAKE SCREEN BACKWASH

MONITORING PERIOD  
FROM YEAR 01 MO 05 DAY 01 TO YEAR 01 MO 06 DAY 30

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

PARAMETER	QUANTITY OR LOADING			Quality or Concentration			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
X SAMPLE MEASUREMENT FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 1 0 0 EFFLUENT GROSS VALUE	0.006	0.046	(03)	*****	*****	*****		1/7	EST
PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX MGD		*****	*****	***			ESTIMA
SAMPLE MEASUREMENT						****			
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

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

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

MAJOR (SUBR 05)  
 F - FINAL  
 003 UNCONTAMINATED STORM WATER

PA0025615  
 PERMIT NUMBER

003 A  
 DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	06	01	01	06	30

FROM TO

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

NOTE: Read instructions before completing this form.

FACILITY  
 LOCATION  
 ATTN: KEVIN OSTROWSKI

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.032	0.094	(03)	*****	*****	*****			2/30	EST
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	NO AVG	DAILY MX	MGD	*****	*****	*****	***		WICE/MONTH	EST
	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  
 Joseph W. Venzon  
 Chemistry Manager  
 TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 724 682-5113  
 DATE 01 07 25  
 AREA CODE NUMBER YEAR MO DAY

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

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

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

PA0025615 PERMIT NUMBER  
 004 A DISCHARGE NUMBER

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

FACILITY LOCATION  
 ATTN: KEVIN OSTROWSKI

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	05	01		01	05	30

\*\*\* NO DISCHARGE 1  \*\*\*  
 NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.40	*****	8.27	( 12)	0	2/30*	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0	*****	7.0			WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	2.8	7.7	( 03)	*****	*****	*****			1/7	EST
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MIX	MGD	*****	*****	*****	****		WEEKLY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.08	0.13	( 19)	0	2/30*	GRAB
00060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.2	0.2			WEEKLY	GRAB
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****	0.07	0.11	( 19)	0	2/30*	GRAB
00064 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.2	0.2			WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Joseph W. Venzon Chemistry Manager  TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  	TELEPHONE		DATE		
			724 682-5113	01	07	25	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 \* DISCHARGE OCCURRED IN ONLY 2 WEEKS IN JUNE 2001.



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

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

PA0029615  
 PERMIT NUMBER

006 A  
 DISCHARGE NUMBER

MAJOR (SUBR 05)  
 F - FINAL  
 AUX. INTAKE SCREEN BACKWASH

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	06	01	01	06	30

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


NOTE: Read instructions before completing this form.

FACILITY LOCATION  
 ATTN: KEVIN OSTROWSKI

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW IN CONDUIT OR THRU TREATMENT PLANT 00050 1 0 0 EFFLUENT GROSS VALUE				(.00)	*****	*****	*****				
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		ESTIMATE	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Joseph W. Venzon  
 Chemistry Manager  
 TYPED OR PRINTED

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

  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 724 682-5113  
 DATE 01 07 25  
 AREA CODE NUMBER YEAR MO DAY

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

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P. O. BOX 4

ATTN: DAVID GRNDORF  
SHIPPINGPORT PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

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

PA0025615  
PERMIT NUMBER

007 A  
DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

AUX. INTAKE SYSTEM

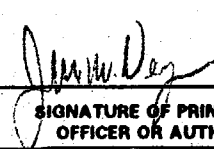
MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
01 05 01 TO 01 05 30

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

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****			*****		( 12)			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	MINIMUM	*****	*****	GU			WEEKLY GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT			****							
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			( 03)	*****	*****	*****				
THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***			WEEKLY ESTIMA
50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	( 19)			
CHLORINE, TOTAL RESIDUAL	PERMIT REQUIREMENT	*****	*****	****	*****	0.5 MO AVG	1.25 INST MAX	MG/L			WEEKLY GRAB
50064 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	0.2 AVERAGE	0.5 MAXIMUM	MG/L			WEEKLY GRAB
CHLORINE, FREE AVAILABLE	PERMIT REQUIREMENT	*****	*****	****	*****						
50064 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE				
			724 1682-5113	01	07	25	
Joseph W. Venzon Chemistry Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED							

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
MONITORING FOR FLOW, FREE AVAILABLE CHLORINE, AND TOTAL RESIDUAL CHLORINE ARE REQUIRED ONLY DURING THOSE PERIODS OF DISCHARGE FROM THE ALTERNATE FLOW PATH OF THE REACTOR PLANT RIVER WATER SYSTEM.



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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 MAJOR (SUBR 05)  
 F - FINAL  
 UNIT 1 COOLING TOWER PUMPHOUSE

PERMIT NUMBER  
 PA0025615

DISCHARGE NUMBER  
 008 A

MONITORING PERIOD  
 FROM YEAR MO DAY TO YEAR MO DAY  
 01 06 01 06 30

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

PARAMETER	QUANTITY OR LOADING		Quality or Concentration			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE			
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00520 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00556 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00580 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00590 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00600 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00610 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00620 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00630 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00640 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00650 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00660 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00670 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00680 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00690 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00700 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00710 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00720 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00730 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00740 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00750 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00760 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00770 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00780 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00790 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00800 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00810 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00820 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00830 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00840 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00850 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00860 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00870 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00880 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00890 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00900 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00910 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00920 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00930 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00940 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00950 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00960 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00970 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00980 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
00990 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	
01000 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Joseph W. Venzon  
 Chemistry Manager  
 TYPED OR PRINTED

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

Signature: *Joseph W. Venzon*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

724 1682-5113  
 AREA CODE NUMBER

TELEPHONE

DATE

01 07 25  
 YEAR MO DAY

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

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

MAJOR (SUBR 05)  
 F - FINAL  
 UNIT 2 COOLING WATER

PAG025615  
 PERMIT NUMBER

010 A  
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
01	05	01	TO	01	06	30

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

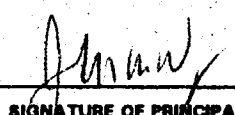
NOTE: Read instructions before completing this form.

FACILITY LOCATION  
 ATTN: KEVIN OSTROWSKI

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.60	*****	8.50	( 12 )	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU		WEEKLY	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	*****	*****		*****	N/A	N/A	( 19 )		N/A	N/A
04251 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	MO AVG	INST MAX	MG/L		WEEKLY	COMP 24 DISCH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	4.32	7.20	( 03 )	*****	*****	*****			1/7	MEAS
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		WEEKLY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.0	0.0	( 19 )	0	1/7	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	MO AVG	INST MAX	MG/L		WEEKLY	GRAB
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****	0.0	0.0	( 19 )	0	1/7	GRAB
50064 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	AVERAGE	MAXIMUM	MG/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Joseph W. Venzon  
 Chemistry Manager  
 TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE DATE  
 724 682-5113 01 07 25  
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (24 HR. COMP.) : \_\_\_\_\_ MG/L. (THE LIMIT IS 35 M G/L AS A DAILY MAX.)  
 N/A only required during discharge

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

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

MAJOR (SUBR 05)  
 F - FINAL  
 DIESEL GEN & TURBINE DRAINS

PA0025615  
 PERMIT NUMBER

011 A  
 DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	05	01	01	05	30

FROM

TO

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

NOTE: Read instructions before completing this form.

FACILITY LOCATION  
 ATTN: KEVIN OSTROWSKI

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.004	0.004	(03)	*****	*****	*****			1/7	EST
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		WEEKLY	EST
	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  
 Joseph W. Venzon  
 Chemistry Manager  
 TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 724 682-5113  
 DATE 01 07 25  
 AREA CODE NUMBER YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location if Different)  
 NAME BEAVER VALLEY POWER STATION  
 ADDRESS P. O. BOX 4  
 ATTN: DAVID BRNDORF  
 SHIPPINGPORT PA 15077  
 FACILITY  
 LOCATION  
 ATTN: KEVIN OSTROWSKI

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

PA0025615  
 PERMIT NUMBER

012 A  
 DISCHARGE NUMBER

MAJOR  
 (SUBR 05)  
 F - FINAL  
 BLOWDOWN FROM THE HVAC UNIT

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	05	01	01	05	30

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

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		8.86	*****	8.86	( 12 )	0	1/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	5.0	*****	7.0			ONCE / MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	40.001	40.001	( 03 )	*****	*****	*****			1/30	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	MGD	*****	*****	*****	***		ONCE / MONTH	ESTIMA
	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  
 Joseph W. Venzon  
 Chemistry Manager  
 TYPED OR PRINTED

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

*Joseph W. Venzon*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 724 682-5113  
 AREA CODE NUMBER  
 DATE  
 01 07 25  
 YEAR MO DAY

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

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

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

MAJOR  
 (SUBR 05)  
 F - FINAL  
 OUTFALL 013

PA0025615  
 PERMIT NUMBER

013 A  
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	06	01		01	06	30

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

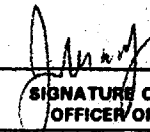
NOTE: Read instructions before completing this form.

FACILITY  
 LOCATION  
 ATTN: KEVIN OSTROWSKI

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00400 1 0 0 EFFLUENT GROSS VALUE FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****	( 12 )	6.63	*****	8.58	( 12 )	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	SU			
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.015	0.028	( 03 )	*****	*****	*****	*****		1/7	EST
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MAX	MGD	*****	*****	*****	*****			WEEKLY ESTIMA
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.21	0.33	( 19 )		2/30	CALC
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT NO AVG	REPORT INST MAX	MG/L			WICE/CALCCTD MONTH
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Joseph W. Venzon  
 Chemistry Manager  
 TYPED OR PRINTED

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

  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 724 682-5113  
 AREA CODE NUMBER  
 DATE  
 01 07 25  
 YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.



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

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

MAJOR (SUBR 05)  
 F - FINAL  
 OUTFALL 013

PA0025615  
 PERMIT NUMBER

013 B  
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	04	01		01	06	30

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

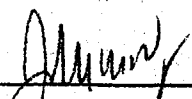
NOTE: Read instructions before completing this form.

FACILITY  
 LOCATION  
 ATTN: KEVIN OSTROWSKI

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CYANIDE, WEAK ACID, DISSOCIABLE 00718 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	20.10	20.10	( 19)		2/92	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT QTR AVG	REPORT DAILY MAX	MG/L		WICE QTRLY	GRAB
CYANIDE, TOTAL (AS CN) 00720 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	20.10	20.10	( 19)		2/92	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT QTR AVG	REPORT DAILY MAX	MG/L		WICE QTRLY	GRAB
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.007	0.008	( 19)		2/92	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT QTR AVG	REPORT DAILY MAX	MG/L		WICE QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Joseph W. Venzon  
 Chemistry Manager  
 TYPED OR PRINTED

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

  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 724 682-5113  
 DATE 01 07 25  
 AREA CODE NUMBER YEAR MO DAY

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

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

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

PA0025615  
 PERMIT NUMBER

101 A  
 DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	05	01	01	05	30

FROM

TO

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

NOTE: Read instructions before completing this form.

FACILITY LOCATION  
 ATTN: KEVIN OSTROWSKI

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		7.62	*****	8.66	( 12 )	0	1/7	GLAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	MINIMUM	*****	MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED		*****	*****		*****	<4	<4	( 19 )	0	1/7	24 HR COMP
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	30 MD AVG	100 DAILY MX	MG/L		WEEKLY	COMP-2
OIL & GREASE		*****	*****		*****	7.3	4.0	( 19 )	0	1/7	GLAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	15 MD AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N)		*****	*****		*****	N/A	N/A	( 19 )		N/A	N/A
00610 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.002	0.013	( 03 )	*****	*****	*****			DAILY	CONT
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT	REPORT	MGD	*****	*****	*****	***		DAILY	CONT
HYDRAZINE		*****	*****		*****	N/A	N/A	( 19 )		N/A	N/A
81313 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Joseph W. Venzon  
 Chemistry Manager  
 TYPED OR PRINTED

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

*Joseph W. Venzon*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
724	682-5113	01	07	25
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.

N/A - PLANT WAS NOT IN WET LAY-UP IN JUNE 2001.

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

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

MAJOR (SUBR 05)  
 F - FINAL  
 102 INTAKE SCREENHOUSE

PA0025615  
 PERMIT NUMBER

102 A  
 DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	06	01	01	06	30

FROM

TO

\*\*\* NO DISCHARGE ! ! !

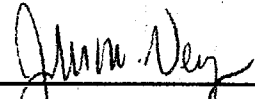
NOTE: Read instructions before completing this form.

FACILITY  
 LOCATION  
 ATTN: KEVIN OSTROWSKI

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00400 1 0 0 EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		7.59	*****	7.64	(12)	0	2/30	GRAB
	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	SU		WICE/GRAB MONTH	
00530 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	DSS 1.5-01 45.6	DSS 25-01 47.2	(19)	0	2/30	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	30 MO AVG	100 DAILY MX	MG/L		WICE/GRAB MONTH	
00556 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****	(03)	*****	LS	LS	(19)	0	2/30	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	5 MO AVG	20 DAILY MX	MG/L		WICE/GRAB MONTH	
00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	40.001	40.001		*****	*****	*****			2/30	EST
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		WICE/GRAB MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Joseph W. Venzon  
 Chemistry Manager  
 TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE 724 682-5113  
 DATE 01 07 25  
 AREA CODE NUMBER YEAR MO DAY

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



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

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

MAJOR (BUBR 05)  
 F - FINAL  
 SLUDGE SETTLING BASIN

PA0025615  
 PERMIT NUMBER

103 A  
 DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	06	01	01	06	30

FROM

TO

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

NOTE: Read instructions before completing this form.

FACILITY  
 LOCATION  
 ATTN: KEVIN OSTROWSKI

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.79	*****	8.57	(12)	0	2/30	GRAB
	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	SU		WICE/MONTH	
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	13.6	16.9	(19)	0	2/30	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	MO AVE	DAILY MX	MG/L		WICE/MONTH	
00550 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	9.4	25.7	(03)	*****	*****	*****			30/30	EST
	PERMIT REQUIREMENT	MO AVE	DAILY MX	MGD	*****	*****	*****	***		WICE/ESTIM MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Joseph W. Venzon  
 Chemistry Manager  
 TYPED OR PRINTED

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

*Kevin Ostrowski*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 724 682-5113  
 DATE 01 07 25  
 AREA CODE NUMBER YEAR MO DAY

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





PERMITTEE NAME/ADDRESS (Include Facility Name/ Location (if Different))  
 NAME BEAVER VALLEY POWER STATION  
 ADDRESS P. O. BOX 4  
 ATTN: DAVID ORNDORF  
 SHIPPINGPORT PA 15077  
 FACILITY  
 LOCATION  
 ATTN: KEVIN OSTROWSKI

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

PA0025615  
 PERMIT NUMBER  
 113 A  
 DISCHARGE NUMBER  
 MONITORING PERIOD  
 FROM YEAR 01 MO 05 DAY 01 TO YEAR 01 MO 05 DAY 30

MAJOR  
 (SUBR 05)  
 F - FINAL  
 UNIT 2 SEWAGE TMT PLANT

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

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		6.63	*****	7.31	( 12 )	0	2/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	MINIMUM	*****	MAXIMUM	50		MONTH	
SOLIDS, TOTAL SUSPENDED		*****	*****		*****	10.7	13.5	( 19 )	0	2/30	8HR COMP
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	30 MG AVE	50 DAILY MX	MG/L		MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.013	0.026	( 03 )	*****	*****	*****		0	1/7	MEAS
00050 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	*****	***		MONTH	MEASND
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	0.24	0.36	( 19 )	0	2/30	GRAB
00060 1 0 1 EFFLUENT GROSS VALUE		*****	*****	***	*****	MG AVE	INST MAX	MG/L		MONTH	
COLIFORM, FECAL GENERAL		*****	*****		*****	0.0	*****	( 13 )	0	2/30	GRAB
74055 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	MG	*****	100ML		MONTH	
BOD, CARBONACEOUS 5 DAY, 20C		*****	*****		*****	5.3	7.9	( 19 )	0	2/30	8HR COMP
60082 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	MG AVE	50 DAILY MX	MG/L		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Joseph W. Venzon  
 Chemistry Manager  
 TYPED OR PRINTED

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

*Joseph W. Venzon*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 724 682-5113  
 DATE 01 07 25  
 AREA CODE NUMBER YEAR MO DAY

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

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

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

MAJOR (SUBR 05)  
 F - FINAL  
 201 SOFTENER REGENERANTS

PA00025615  
 PERMIT NUMBER

201 A  
 DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	08	01	01	08	30

FROM

TO

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

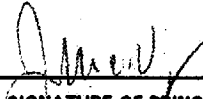
NOTE: Read instructions before completing this form.

FACILITY LOCATION  
 ATTN: KEVIN OSTROWSKI

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****			*****		( 12 )			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	5.0	*****	9.0			WICE/GRAB	
	PERMIT REQUIREMENT	*****	*****	****	MINIMUM		MAXIMUM	50		MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			( 19 )			
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	*****	30	100			WICE/GRAB	
	PERMIT REQUIREMENT	*****	*****	****		MD AVG	DAILY MX	MG/L		MONTH	
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****			( 19 )			
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	*****	10	10			WICE/GRAB	
	PERMIT REQUIREMENT	*****	*****	****		MD AVG	DAILY MX	MG/L		MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			( 03 )	*****	*****	*****				
00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	REPORT	REPORT		*****	*****	*****	***		WICE/GRAB	
	PERMIT REQUIREMENT	MD AVG	DAILY MX	MGD				****		MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Joseph W. Venzon  
 Chemistry Manager  
 TYPED OR PRINTED

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

  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 724 682-5113  
 DATE 01 07 25  
 AREA CODE NUMBER YEAR MO DAY

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



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

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

PA0025615  
 PERMIT NUMBER

203 A  
 DISCHARGE NUMBER

MAJOR (SUBR 05)  
 F - FINAL  
 MAIN SEWAGE TMT PLANT

**FACILITY LOCATION**  
 ATTN: KEVIN OSTROWSKI

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	06	01		01	06	30

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

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		6.79	*****	7.63	(12)	0	2/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	MINIMUM	*****	MAXIMUM	SU		WICE/GRAB	
SOLIDS, TOTAL SUSPENDED		*****	*****		*****	13.6	23.2	(19)	0	2/30	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	MO AVG	DAILY MX	MG/L		WICE/GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.004	0.012	(03)	*****	*****	*****		0	1/7	MEAS
00050 1 0 0 EFFLUENT GROSS VALUE		0.023	REPORT	MGD	*****	*****	*****	***		WICE/GRAB	
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	0.21	0.34	(19)	0	2/30	GRAB
00060 1 0 1 EFFLUENT GROSS VALUE		*****	*****	***	*****	MO AVG	DAILY MX	MG/L		WICE/GRAB	
COLIFORM, FECAL GENERAL		*****	*****		*****	0.0	*****	(13)	0	2/30	GRAB
74055 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	MO GROM	*****	100ML		WICE/GRAB	
BOD, CARBONACEOUS 5 DAY, 20C		*****	*****		*****	3.3	4.7	(19)	0	2/30	GRAB
00082 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	MO AVG	DAILY MX	MG/L		WICE/GRAB	
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Joseph W. Venzon  
 Chemistry Manager  
 TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 724 682-5113  
 AREA CODE NUMBER  
 DATE  
 01 07 25  
 YEAR MO DAY

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

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

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

MAJOR  
 (SUBR 05)  
 F - FINAL  
 211 TURBINE BLDG

PA0025615  
 PERMIT NUMBER

211 A  
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	05	01		01	05	30

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

NOTE: Read instructions before completing this form.

FACILITY  
 LOCATION  
 ATTN: KEVIN OSTROWSKI

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.49	*****	7.34	( 12 )	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	SU			
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	29.6	127	( 19 )	1	7/30	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	MO AVE	DAILY MX	MG/L			
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		8.0	17.0	17.0	( 19 )	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	***	NO AVE	DAILY MX	INST MAX	MG/L			
00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.002	0.002	( 03 )	*****	*****	*****			1/7	EST
	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	***			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Joseph W. Venzon  
 Chemistry Manager  
 TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 774 682-5113  
 AREA CODE NUMBER  
 DATE  
 01 07 25  
 YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 \* SEE ATTACHMENT FOR DETAILED EXPLANATION OF EXCURSION FOR TSS.

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

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

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

PA0025615  
 PERMIT NUMBER

213 A  
 DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	06	01	01	06	30

FROM

TO

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

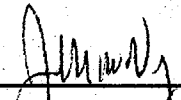
NOTE: Read instructions before completing this form.

FACILITY LOCATION  
 ATTN: KEVIN OSTROWSKI

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****			*****		( 12 )			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	50		WICE/GRAB	MONTH
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	*****	30 MD AVG	100 DAILY MX	MG/L		WICE/GRAB	MONTH
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	*****	15 MD AVG	20 DAILY MX	MG/L		WICE/GRAB	MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			( 03 )	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		WEEKLY ESTIMA	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Joseph W. Venzon  
 Chemistry Manager  
 TYPED OR PRINTED

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

  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 724 682-5113  
 DATE 01 07 25  
 AREA CODE NUMBER YEAR MO DAY

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



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

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

MAJOR (SUBR 05)  
 F - FINAL  
 UNIT 2 AUX BOILER BLOWDOWN

PA0025615  
 PERMIT NUMBER

301 A  
 DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	06	01	01	06	30

FROM

TO

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

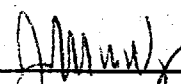
NOTE: Read instructions before completing this form.

FACILITY LOCATION  
 ATTN: KEVIN OSTROWSKI

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			( 19 )			
	PERMIT REQUIREMENT	*****	*****	***	*****	10 MO AVG	100 DAILY MX	MG/L		WICE/GRAB MONTH	
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			( 19 )			
	PERMIT REQUIREMENT	*****	*****	***	*****	15 MO AVG	20 DAILY MX	MG/L		WICE/GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			( 03 )	*****	*****	*****				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		WEEKLY ESTIMA	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Joseph W. Venzon  
 Chemistry Manager  
 TYPED OR PRINTED

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

  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE  
 724 682-5113 01 07 25  
 AREA CODE NUMBER YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location if Different)  
 NAME BEAVER VALLEY POWER STATION  
 ADDRESS P. O. BOX 4  
 ATTN: DAVID BRNDORF  
 SHIPPINGPORT PA 15077  
 FACILITY  
 LOCATION  
 ATTN: KEVIN OSTROWSKI

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

PA0025615  
 PERMIT NUMBER

303 A  
 DISCHARGE NUMBER

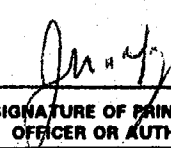
MAJOR (SUBR 05)  
 F - FINAL  
 UNIT 1 OIL WATER SEPARATOR

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	06	01	01	06	30

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

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		7.16	*****	8.78	( 12 )	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	5.0	*****	7.0	MINIMUM MAXIMUM		WEEKLY	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30	100	MG/L		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	4.2	4.6	( 19 )	0	1/7	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	MO AVG	DAILY MX	MG/L		WEEKLY	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	25	25	( 19 )	0	1/7	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	15	20	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.019	0.056	( 03 )	*****	*****	*****			1/7	EST
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	***		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Joseph W. Venzon Chemistry Manager  TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  	TELEPHONE	DATE		
			724 682-5113 AREA CODE NUMBER	01	07	25

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

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

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

MAJOR (SUBR 05)  
 F - FINAL  
 313 TURBINE BLDG DRAIN

PA0025615  
 PERMIT NUMBER

313 A  
 DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	06	01	01	06	30

FROM

TO

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

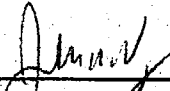
NOTE: Read instructions before completing this form.

FACILITY  
 LOCATION  
 ATTN: KEVIN OSTROWSKI

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		7.01	*****	8.58	( 12 )	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	44	44	( 19 )	0	1/7	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	*****	30 MD AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	45	45	( 17 )	0	1/7	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	*****	15 MD AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.002	0.002	( 03 )	*****	*****	*****			1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	REPORT	REPORT		*****	*****	*****	***		WEEKLY	ESTIMA
	PERMIT REQUIREMENT	MD AVG	DAILY MX	MGD				****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Joseph W. Venzon  
 Chemistry Manager  
 TYPED OR PRINTED

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

  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
774	682-5113	01	07	25
AREA CODE	NUMBER	YEAR	MO	DAY

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

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

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

MAJOR (SUBR 05)  
 F - FINAL  
 CHEM. FEED AREA OF AUX BOILERS

PA0025615  
 PERMIT NUMBER

401 A  
 DISCHARGE NUMBER

FACILITY LOCATION  
 ATTN: KEVIN OSTROWSKI

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	05	01		01	05	30

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

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****			*****		( 12 )			
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	MINIMUM	*****	PERMIT MAXIMUM	5U		ONCE PER MONTH	
SOLIDS TOTAL SUSPENDED		*****	*****		*****			( 19 )			
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	MO AVG	DAILY MX	MG/L		ONCE PER MONTH	
OIL & GREASE		*****	*****		*****			( 19 )			
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	MO AVG	DAILY MX	MG/L		ONCE PER MONTH	
FLOW IN CONDUIT OR THRU TREATMENT PLANT				( 03 )	*****	*****	*****				
00050 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	*****	***		ONCE PER MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Joseph W. Venzon  
 Chemistry Manager  
 TYPED OR PRINTED

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

*Joseph W. Venzon*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
724	682-5113	01	07	25
AREA CODE	NUMBER	YEAR	MO	DAY

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

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

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

MAJOR (SUBR 05)  
 F - FINAL  
 CONDENSATE BLOWDOWN & RIVR WAT

PA0025615  
 PERMIT NUMBER

403 A  
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
01	06	01	TO	01	06	30

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

NOTE: Read instructions before completing this form.

FACILITY LOCATION  
 ATTN: KEVIN OSTROWSKI

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		7.37	*****	8.52	( 12)	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	MINIMUM	*****	MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED		*****	*****		*****	4.4	4.8	( 19)	0	1/7	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	MO AVG	DAILY MX	MG/L		WEEKLY	GRAB
OIL & GREASE		*****	*****		*****	L5	L5	( 19)	0	1/7	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	MO AVG	DAILY MX	MG/L		WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N)		*****	*****		*****	N/A	N/A	( 19)		N/A	N/A
00610 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
CLAMTROL CT-1, TOTAL WATER		*****	*****		*****	*	*	( 19)		*	*
04251 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	MO AVG	DAILY MX	MG/L		WEEKLY	DISCH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.006	0.010	( 03)	*****	*****	*****			1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		WEEKLY	ESTIM
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	0.08	0.17	( 19)	0	1/7	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	MO AVG	INST MAX	MG/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Joseph W. Venzon  
 Chemistry Manager  
 TYPED OR PRINTED

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

*Joseph W. Venzon*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 724 682-5113  
 DATE 01 07 25  
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ D T-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.)



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

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

PA0025615  
 PERMIT NUMBER

403 A  
 DISCHARGE NUMBER

MAJOR (SUBR 05)  
 F - FINAL  
 CONDENSATE BLOWDOWN & RIVER WATER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	06	01		01	06	30

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

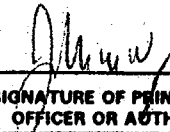
NOTE: Read instructions before completing this form.

FACILITY  
 LOCATION  
 ATTN: KEVIN OSTROWSKI

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
HYDRAZINE		*****	*****		*****	N/A	N/A	(19)		N/A	N/A
BETZ D-1 EFFLUENT GROSS VALUE		*****	*****	***	*****	MO. AVG	DAILY MAX	MG/L		WEEKLY	GRAB
	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  
 Joseph W. Venzon  
 Chemistry Manager  
 TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE 724 682-5113  
 DATE 01 07 25  
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ D-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.)

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

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

PA0025615  
 PERMIT NUMBER

413 A  
 DISCHARGE NUMBER

MAJOR  
 (BUBR 05)  
 F - FINAL  
 BULK FUEL STORAGE DRAIN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	05	01		01	06	30

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

NOTE: Read instructions before completing this form.

FACILITY  
 LOCATION  
 ATTN: KEVIN OSTROWSKI

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****			*****		( 12 )			
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	MINIMUM	*****	MAXIMUM	50		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED		*****	*****		*****			( 19 )			
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	30 MD AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL & GREASE		*****	*****		*****			( 17 )			
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	25 MD AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT				( 03 )	*****	*****	*****				
00050 1 0 0 EFFLUENT GROSS VALUE		REPORT	REPORT	MGD	*****	*****	*****	***		WEEKLY	SET POINT
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Joseph W. Venzon  
 Chemistry Manager  
 TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 724 682-5113  
 DATE  
 01 07 25  
 AREA CODE NUMBER YEAR MO DAY

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

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

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

PA0025615  
 PERMIT NUMBER

501 A  
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	05	01		01	05	30

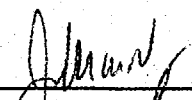
\*\*\* NO DISCHARGE  \*\*\*  
 NOTE: Read instructions before completing this form.

FACILITY LOCATION  
 ATTN: KEVIN OSTROWSKI

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			( 19 )			
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	30	100			WEEKLY	ANAL
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			***		MD AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			( 03 )	*****	*****	*****				
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	***		WEEKLY	ESTIMA
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MD AVG	DAILY MX	MGD				***			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Joseph W. Venzon  
 Chemistry Manager  
 TYPED OR PRINTED

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

  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 724 682-5113  
 DATE 01 07 25  
 AREA CODE NUMBER YEAR MO DAY

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



NAME BEAVER VALLEY POWER STATION  
 ADDRESS P. O. BOX 4  
 ATTN: DAVID ORNDORF  
 SHIPPINGPORT PA 15077

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

PA0025615  
 PERMIT NUMBER

001 A  
 DISCHARGE NUMBER

MAJOR (SUBR 05)  
 F - FINAL  
 UNITS 1&2 COOLG. TOWER BLWDN.

FACILITY LOCATION  
 ATTN: KEVIN OSTROWSKI

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	06	01		01	06	30

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

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		8.06	*****	8.38	( 12)	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0	*****	9.0			WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	N/A	N/A	( 19)		N/A	N/A
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	*****	*****		*****	*	*	( 19)		*	*
04251 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0 MO AVG	0 DAILY MX	MG/L		WHEN COMP DISCHR	24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	42.1	50.7	( 03)	*****	*****	*****			DAILY	CONT
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		DAILY	CONTIN
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.06	0.08	( 19)	0	1/7	GRAB
00060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.5 MO AVG	1.25 INST MAX	MG/L		WEEKLY	GRAB
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****	0.05	0.27	( 19)	0	CONT	REC
00064 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.2 AVERAGE	0.5 MAXIMUM	MG/L		CONT INRCORDR	UDUS
HYDRAZINE	SAMPLE MEASUREMENT	*****	*****		*****	N/A	N/A	( 19)		N/A	N/A
01313 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0 MO AVG	0 DAILY MX	MG/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 JOSEPH W. VENZON  
 CHEMISTRY MANAGER  
 TYPED OR PRINTED

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

*Joseph Wenzon*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 724 682-5113  
 DATE 01 07 25  
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ D-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.)

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

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

PA0025615  
 PERMIT NUMBER

002 A  
 DISCHARGE NUMBER

MAJOR (SUBR 05)  
 F - FINAL  
 INTAKE SCREEN BACKWASH

FACILITY LOCATION  
 ATTN: KEVIN OSTROWSKI

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	06	01		01	06	30

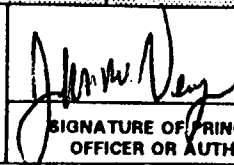
\*\*\* NO DISCHARGE [ ] \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE		0.006	0.046	(03)	*****	*****	*****			1/7	Est
		REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 JOSEPH W. JENSON  
 CHEMISTRY MANAGER  
 TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE DATE  
 724 682-5113 01 07 25  
 AREA CODE NUMBER YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location) (If Different)  
 NAME BEAVER VALLEY POWER STATION  
 ADDRESS P. O. BOX 4  
 ATTN: DAVID ORNDORF  
 SHIPPINGPORT PA 15077

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

PA0025615  
 PERMIT NUMBER

003 A  
 DISCHARGE NUMBER

MAJOR (SUBR 05)  
 F - FINAL  
 003 UNCONTAMINATED STORM WATER

FACILITY LOCATION  
 ATTN: KEVIN OSTROWSKI

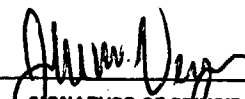
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	06	01		01	06	30

\*\*\* NO DISCHARGE 1  \*\*\*  
 NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.032 9.1	0.094 25.0	(03)	*****	*****	*****			2/30	EST
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		TWICE/MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Joseph W. Venzon  
 Chemistry Manager  
 TYPED OR PRINTED

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

  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 724 682-5113  
 DATE 01 07 25  
 AREA CODE NUMBER YEAR MO DAY

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

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P. O. BOX 4

ATTN: DAVID ORNDORF

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

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

PA0025615  
PERMIT NUMBER

004 A  
DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT ONE COOLG TOWER OVERFLOW

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	01	06	01		01	06	30

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

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.40	*****	8.27	( 12)	0	2/30*	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.8	7.7	( 03)	*****	*****	*****			1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.08	0.13	( 19)	0	2/30*	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.5 MO AVG	1.25 INST MAX	MG/L		WEEKLY	GRAB
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****	0.07	0.11	( 19)	0	2/30*	GRAB
50064 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.2 AVERAGE	0.5 MAXIMUM	MG/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Joseph W. Venzon  
Chemistry Manager

TYPED OR PRINTED

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

*Joseph W. Venzon*  
SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

724 682-5113  
AREA CODE NUMBER

01 07 25  
YEAR MO DAY

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

\* DISCHARGE OCCURRED IN ONLY 2 WEEKS IN JUNE 2001.

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

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

PA0025615  
 PERMIT NUMBER

006 A  
 DISCHARGE NUMBER

MAJOR (SUBR 05)  
 F - FINAL  
 AUX. INTAKE SCREEN BACKWASH

FACILITY LOCATION  
 ATTN: KEVIN OSTROWSKI

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	06	01		01	06	30

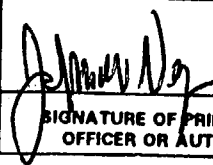
\*\*\* NO DISCHARGE  \*\*\*

NOTE: Read instructions before completing this form.

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Joseph W. Venzon  
 Chemistry Manager  
 TYPED OR PRINTED

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

  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE  
 724 682-5113 01 07 25  
 AREA CODE NUMBER YEAR MO DAY

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

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

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

PA0025615  
 PERMIT NUMBER

007 A  
 DISCHARGE NUMBER

MAJOR (SUBR 05)  
 F - FINAL  
 AUX. INTAKE SYSTEM

FACILITY LOCATION  
 ATTN: KEVIN OSTROWSKI

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	06	01		01	06	30

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

NOTE: Read instructions before completing this form.


PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****			*****		( 12)			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	5.0	*****	9.0	EU		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM				
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			( 03)	*****	*****	*****				
THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		WEEKLY	ESTIMA
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	MO AVG	DAILY MX	MGD	*****	*****	*****	****			
CHLORINE, TOTAL RESIDUAL	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	( 19)			
50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	*****	0.5	1.25	MG/L		WEEKLY	GRAB
CHLORINE, FREE AVAILABLE	PERMIT REQUIREMENT	*****	*****	****	*****	MO AVG	INST MAX				
50064 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	*****			( 19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	0.2	0.5	MG/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT					AVERAGE	MAXIMUM				
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Joseph W. Venzon  
 Chemistry Manager

TYPED OR PRINTED

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



SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

724 682-5113

AREA CODE

NUMBER

DATE

01 07 25

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.



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

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

PA0025615  
 PERMIT NUMBER

008 A  
 DISCHARGE NUMBER

MAJOR (SUBR 05)  
 F - FINAL  
 UNIT 1 COOLING TOWER PUMPHOUSE

FACILITY LOCATION  
 ATTN: KEVIN OSTROWSKI

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	06	01		01	06	30

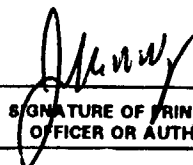
\*\*\* NO DISCHARGE  \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****			*****		( 12 )			
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	5.0	*****	9.0			TWICE/GRAB	
SOLIDS, TOTAL SUSPENDED		*****	*****		*****			( 19 )			
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	30	100			TWICE/GRAB	
OIL & GREASE		*****	*****					( 19 )			
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	15	20	30			TWICE/GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT				( 03 )	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT	REPORT		*****	*****	*****	***		WEEKLY ESTIMA	
		MO AVG	DAILY MX	MGD				****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Joseph W. Venzon  
 Chemistry Manager  
 TYPED OR PRINTED

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

  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE  
 724 682-5113 01 07 25  
 AREA CODE NUMBER YEAR MO DAY

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P. O. BOX 4  
ATTN: DAVID ORNDORF  
SHIPPINGPORT PA 15077

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

PA0025615  
PERMIT NUMBER

010 A  
DISCHARGE NUMBER

MAJOR  
(SUBR 05)  
F - FINAL  
UNIT 2 COOLING WATER

FACILITY  
LOCATION  
ATTN: KEVIN OSTROWSKI

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	06	01		01	06	30

\*\*\* NO DISCHARGE 1 1 \*\*\*  
NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		7.60	*****	8.50	( 12)		0 1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	5.0	*****	9.0	SU		WEEKLY	GRAB
CLAMTROL CT-1, TOTAL WATER	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM				
04251 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	N/A	N/A	( 19)		N/A	N/A
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	****	*****	0	0	MG/L		WHEN COMP 24 DISCHR	
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	4.32	7.20	( 03)	*****	*****	*****			1/7	MEAS
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.0	0.0	( 19)		0 1/7	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.5	1.25	MG/L		WEEKLY	GRAB
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****	0.0	0.0	( 19)		0 1/7	GRAB
50064 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.2	0.5	MG/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT					AVERAGE	MAXIMUM				
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Joseph W. Venzon  
Chemistry Manager  
TYPED OR PRINTED

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

*Joseph W. Venzon*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
724 682-5113  
DATE  
01 07 25

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (24 HR. COMP.) :  
MG/L AS A DAILY MAX.) N/A only required during chloride MG/L. (THE LIMIT IS 35 M

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

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

PA0025615  
 PERMIT NUMBER

011 A  
 DISCHARGE NUMBER

MAJOR (SUBR 05)  
 F - FINAL  
 DIESEL GEN & TURBINE DRAINS

FACILITY  
 LOCATION  
 ATTN: KEVIN OSTROWSKI

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	06	01		01	06	30

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

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.004	0.004	( 03 )	*****	*****	*****			1/7	EST
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Joseph W. Venzon  
 Chemistry Manager

TYPED OR PRINTED

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



SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

724 682-5113

DATE

01 07 25

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P. O. BOX 4

ATTN: DAVID ORNDORF

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

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

PA0025615

PERMIT NUMBER

012 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

BLOWDOWN FROM THE HVAC UNIT

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	01	06	01		01	06	30

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

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	*****	*****	*****		8.86	*****	8.86	( 12 )	0	1/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0	*****	9.0			ONCE /	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	40.001	40.001	( 03 )	*****	*****	*****	SU		MONTH	
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		1/30	EST
	SAMPLE MEASUREMENT									ONCE /	ESTIMA
	PERMIT REQUIREMENT									MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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

Joseph W. Venzon  
Chemistry Manager

TYPED OR PRINTED

*Joseph W. Venzon*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

724 682-5113  
AREA CODE NUMBER

01 07 25  
YEAR MO DAY

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

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

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

PA0025615  
 PERMIT NUMBER

013 A  
 DISCHARGE NUMBER

MAJOR (SUBR 05)  
 F - FINAL  
 OUTFALL 013

FACILITY LOCATION  
 ATTN: KEVIN OSTROWSKI

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
01	06	01	TO	01	06	30

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

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		6.63	*****	8.58	( 12)	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0	*****	9.0			WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.015	0.028	( 03)	*****	*****	*****			1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	****	*****	*****	*****	****		WEEKLY	ESTIMA
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.21	0.33	( 19)		2/30	CALC
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			WICE/CALCTD	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Joseph W. Venzon  
 Chemistry Manager  
 TYPED OR PRINTED

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

*Joseph W. Venzon*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE  
 724 682-5113 01 07 25  
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.

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

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

PA0025615  
 PERMIT NUMBER

013 B  
 DISCHARGE NUMBER

MAJOR (SUBR 05)  
 F - FINAL  
 OUTFALL 013

FACILITY  
 LOCATION  
 ATTN: KEVIN OSTROWSKI

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	04	01		01	06	30

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

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CYANIDE, WEAK ACID, DISSOCIABLE 00718 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	20.10	20.10	(19)		2/92	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT QTR AVG	REPORT DAILY MX	MG/L		WICE QTRLY	GRAB
CYANIDE, TOTAL (AS CN) 00720 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	20.10	20.10	(19)		2/92	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT QTR AVG	REPORT DAILY MX	MG/L		WICE QTRLY	GRAB
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.007	0.008	(19)		2/92	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT QTR AVG	REPORT DAILY MX	MG/L		WICE QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					TELEPHONE		DATE			
Joseph W. Venzon Chemistry Manager						724 682-5113		01	07	25	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											



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

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

PA0025615  
 PERMIT NUMBER

101 A  
 DISCHARGE NUMBER

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

FACILITY LOCATION  
 ATTN: KEVIN OSTROWSKI

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	06	01		01	06	30

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

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		7.62	*****	8.66	( 12)	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	5.0	*****	9.0			WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED		*****	*****		*****	4	4	( 19)	0	1/7	24 HR COMP
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	30 MO AVG	100 DAILY MX	MG/L		WEEKLY	COMP-2
OIL & GREASE		*****	*****		*****	7.3	4.0	( 19)	0	1/7	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	15 MO AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N)		*****	*****		*****	N/A	N/A	( 19)		N/A	N/A
00610 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	*****	( 03)	*****	*****	*****			DAILY	CONT
50050 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	*****	***		DAILY	CONTIN
HYDRAZINE		*****	*****		*****	N/A	N/A	( 19)		N/A	N/A
B1313 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
		*****	*****								
		*****	*****								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Joseph W. Venzon  
 Chemistry Manager  
 TYPED OR PRINTED

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

*Janey*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE  
 724 682-5113 01 07 25  
 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.

N/A - PLANT WAS NOT IN WET LAY-UP IN JUNE 2001.

July 25, 2001

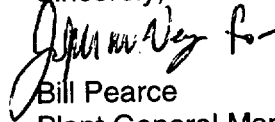
Attention: "DMR Clerk"  
Department of Environmental Protection  
Bureau of Water Quality Management  
400 Waterfront Drive  
Pittsburgh, PA 15222

NPDES EPA Permit No. PA0025615

Gentlemen:

Please accept this revised copy of the DMR for Outfall 101 for May 2001. Flow values were inadvertently left out of the original submittal.

Sincerely,



Bill Pearce  
Plant General Manager

DJS/lar

C: J. W. Venzon  
Tiffany Shepard  
Central File

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

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

PA0025615  
 PERMIT NUMBER

101 A  
 DISCHARGE NUMBER

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

FACILITY LOCATION  
 ATTN: KEVIN OSTROWSKI

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

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

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLING
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.58	*****	8.71	(12)	0	1/7	Gr
	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRA
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	4.6	6.2	(19)	0	1/7	24 Co
	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		WEEKLY	COM
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	25	25	(19)	0	1/7	Gr
	PERMIT REQUIREMENT	*****	*****	****	*****	15 MO AVG	20 DAILY MX	MG/L		WEEKLY	GRA
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	N/A	N/A	(19)		N/A	N
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	GRA
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.00238	0.0182	(03)	*****	*****	*****			31/31	C
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		DAILY	CON
HYDRAZINE 81313 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	N/A	N/A	(19)		N/A	N
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	PR7
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 JOSEPH W. VENZON  
 CHEMISTRY MANAGER  
 TYPED OR PRINTED

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

*[Signature]*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE  
 724-682-513 01 06  
 AREA CODE NUMBER YEAR MO

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP.

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 LOCATION  
 ATTN: KEVIN OSTROWSKI

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

PA0025615  
 PERMIT NUMBER

102 A  
 DISCHARGE NUMBER

MAJOR (SUBR 05)  
 F - FINAL  
 102 INTAKE SCREENHOUSE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	06	01		01	06	30

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

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.59	*****	7.64	( 12)	0	2/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX	( 19)	0	2/30	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		TWICE/MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	15 MO AVG	20 DAILY MX	( 19)	0	2/30	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MO AVG	20 DAILY MX	MG/L		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	40.001	40.001	( 03)	*****	*****	*****			2/30	EST
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		TWICE/MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Joseph W. Venzon  
 Chemistry Manager  
 TYPED OR PRINTED

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

*Joseph W. Venzon*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE  
 724 682-5113 01 07 25  
 AREA CODE NUMBER YEAR MO DAY

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

NAME BEAVER VALLEY POWER STATION

ADDRESS P. O. BOX 4

ATTN: DAVID ORNDORF

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

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

PA0025615  
PERMIT NUMBER

103 A  
DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

SLUDGE SETTLING BASIN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	06	01		01	06	30

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

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		7.79	*****	8.57	( 12)	0	2/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	5.0	*****	9.0				
	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU		WICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	13.6	16.9	( 19)	0	2/30	24HR COMP GRAB 0.5-1.25
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30	100			WICE/MONTH	COMP 24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.009	0.026	( 03)	*****	*****	*****	MG/L		MONTH	
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		3/30	EST
	SAMPLE MEASUREMENT	MG AVG	DAILY MX		*****	*****	*****	****		WICE/MONTH	ESTIMA
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Joseph W. Venzon  
Chemistry Manager

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

*Kevin Ostrowski*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 724 682-5113  
DATE 01 07 25  
AREA CODE NUMBER YEAR MO DAY

TYPED OR PRINTED

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

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

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

PA0025615  
 PERMIT NUMBER

110 A  
 DISCHARGE NUMBER

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

FACILITY LOCATION  
 ATTN: KEVIN OSTROWSKI

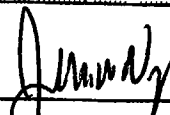
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	06	01		01	06	30

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

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Joseph W. Venzon  
 Chemistry Manager  
 TYPED OR PRINTED

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

  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 724 682-5113  
 DATE 01 07 25  
 AREA CODE NUMBER YEAR MO DAY

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



ADDRESS P. O. BOX 4  
 ATTN: DAVID DRNDORF  
 SHIPPINGPORT PA 15077

FACILITY LOCATION  
 ATTN: KEVIN OSTROWSKI

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

PA0025615  
 PERMIT NUMBER

111 A  
 DISCHARGE NUMBER

MAJOR (SUBR 05)  
 F - FINAL  
 111 DIESEL GENERATOR BLDG

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	06	01		01	06	30

\*\*\* NO DISCHARGE 1-1 \*\*\*  
 NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****								
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	7.06	*****	7.06	( 12 )	0	1/30*	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	( 19 )	0	1/30*	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	15 MO AVG	20 DAILY MX	30 INST MAX	( 19 )	0	1/30*	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.002	0.002	( 03 )	*****	*****	*****	MG/L		WEEKLY	GRAB
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		1/7	EST
	SAMPLE MEASUREMENT							****		WEEKLY	ESTIMA
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Joseph W. Venzon  
 Chemistry Manager  
 TYPED OR PRINTED

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

*Joseph W. Venzon*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 724 682-5113  
 DATE 01 07 25  
 AREA CODE NUMBER YEAR MO DAY

REMARKS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 - THERE WAS ONLY ONE (1) DISCHARGE IN JUNE 2001.

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

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

PA0025615  
 PERMIT NUMBER

113 A  
 DISCHARGE NUMBER

MAJOR (SUBR 05)  
 F - FINAL  
 UNIT 2 SEWAGE TMT PLANT

FACILITY LOCATION  
 ATTN: KEVIN OSTROWSKI

MONITORING PERIOD							
FROM	YEAR	MO	DAY	To	YEAR	MO	DAY
	01	06	01		01	06	30

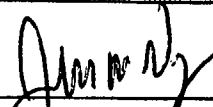
\*\*\* NO DISCHARGE 1-1 \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		6.63	*****	7.31	( 12)	0	2/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		WICE/	GRAB MONTH
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	10.7	13.5	( 19)	0	2/30	8HR COMP
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 MO AVG	60 DAILY MX	MG/L		WICE/	COMP-8 MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.013	0.026	( 03)	*****	*****	*****		0	1/7	MEAS
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.043 MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		WEEKLY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.24	0.36	( 19)	0	2/30	GRAB
50060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	1.4 MO AVG	3.3 INST MAX	MG/L		WICE/	GRAB MONTH
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	0.0	*****	( 13)	0	2/30	GRAB
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	200 MO GEOMN	*****	/		WICE/	GRAB MONTH
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*****	*****		*****	5.3	7.9	( 19)	0	2/30	8HR COMP
80082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	25 MO AVG	50 DAILY MX	MG/L		WICE/	COMP-8 MONTH
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Joseph W. Venzon  
 Chemistry Manager  
 TYPED OR PRINTED

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

  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE  
 724 682-5113 01 07 25  
 AREA CODE NUMBER YEAR MO DAY

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

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

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

PA0025615 PERMIT NUMBER  
 201 A DISCHARGE NUMBER

MAJOR (SUBR 05)  
 F - FINAL  
 201 SOFTENER REGENERANTS

FACILITY LOCATION  
 ATTN: KEVIN OSTROWSKI

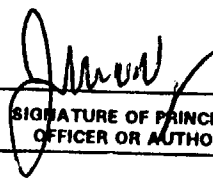
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	05	01		01	06	30

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

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****			*****		( 12 )			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE/GRAB MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			( 19 )			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MD AVG	100 DAILY MX	MG/L		TWICE/GRAB MONTH	
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****			( 19 )			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MD AVG	20 DAILY MX	MG/L		TWICE/GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			( 03 )	*****	*****	*****				
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		TWICE/ESTIMA MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Joseph W. Venzon  
 Chemistry Manager  
 TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE 724 682-5113  
 DATE 01 07 25  
 AREA CODE NUMBER YEAR MO DAY

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

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

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

PA0025615  
 PERMIT NUMBER

203 A  
 DISCHARGE NUMBER

MAJOR (SUBR 05)  
 F - FINAL  
 MAIN SEWAGE TMT PLANT

FACILITY LOCATION  
 ATTN: KEVIN OSTROWSKI

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	06	01		01	06	30

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

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		6.79	*****	7.63	( 12)	0	2/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	5.0	*****	9.0	SU		TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	13.6	23.2	( 19)	0	2/30	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30	60	MG/L		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.004	0.012	( 03)	*****	*****	*****		0	1/7	MEAS
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.023	REPORT	MGD	*****	*****	*****	***		WEEKLY	MEAS
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.21	0.34	( 19)	0	2/30	GRAB
00060 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	1.4	3.3	MG/L		TWICE/MONTH	GRAB
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	0.0	*****	( 13)	0	2/30	GRAB
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	200	*****	/		TWICE/MONTH	GRAB
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	*****	*****		*****	3.3	4.7	( 19)	0	2/30	GRAB
00082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	25	50	MG/L		TWICE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Joseph W. Venzon  
 Chemistry Manager  
 TYPED OR PRINTED

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

*Joseph W. Venzon*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 724 682-5113  
 DATE 01 07 25  
 AREA CODE NUMBER YEAR MO DAY

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

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

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

PA0025615 PERMIT NUMBER  
 211 A DISCHARGE NUMBER

MAJOR (SUBR 05)  
 F - FINAL  
 211 TURBINE BLDG

FACILITY LOCATION  
 ATTN: KEVIN OSTROWSKI

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	06	01		01	06	30

\*\*\* NO DISCHARGE 1 [ ] \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	*****	*****			6.49	*****	7.34	( 12 )	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	*****	*****			*****	29.6	127	( 19 )	1	7/30	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	****	*****	30 MD AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL & GREASE	*****	*****			8.0	17.0	17.0	( 19 )	0	1/7	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	****	15 MD AVG	20 DAILY MX	30 INST MAX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	0.002	0.002	( 03 )	*****	*****	*****				
00050 1 0 0 EFFLUENT GROSS VALUE	*****	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		1/7	EST
	*****									WEEKLY	EST

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Joseph W. Venzon  
 Chemistry Manager  
 TYPED OR PRINTED

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

*Joseph W. Venzon*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 724 682-5113  
 DATE 01 07 25  
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 \* SEE ATTACHMENT FOR DETAILED EXPLANATION OF EXCURSION FOR TSS.

July 27, 2001  
NPD3VPO:1183Attention: "DMR Clerk"  
Department of Environmental Protection  
Bureau of Water Quality Management  
400 Waterfront Drive  
Pittsburgh, PA 15222NPDES Reportable Occurrence, EPA Permit No. PA0025615

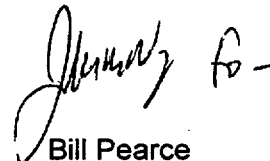
Gentlemen:

As required by the EPA Permit No. PA0025615, the following information is provided in regard to a reportable occurrence at Beaver Valley Power Station:

Discharge 211, Unit Two oil water separator, exceeded the daily maximum permit limitation of 100 mg/L Total Suspended Solids (TSS) in June 2001. On June 14, 2001, the sample result for TSS was 127 mg/L. The monthly average limit of 30.0 mg/L was not exceeded in June 2001. The elevated TSS was due to station operation personnel draining the riverside of plant heat exchanger, which contained higher than expected silt deposit. The outfall was re-sampled on the same day and sample results were below the daily maximum of 100 mg/L. Subsequent samples for the month were below permit limitations.

Chemistry has informed operation personnel not to perform any work without chemistry review prior to commencing work that may impact regulated outfalls at the plant. This corrective action is being proceduralized in various plant procedures. If you have any questions, please contact Joseph W. Venzon at 724 682-5113.

Sincerely,

Bill Pearce  
Plant General Manager

DJS/lar

C: J. W. Venzon  
Tiffany Shepard  
Central File



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

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

PA0025615  
 PERMIT NUMBER

213 A  
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	06	01		01	06	30

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

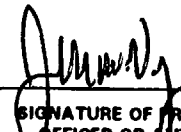
NOTE: Read instructions before completing this form.

FACILITY LOCATION  
 ATTN: KEVIN OSTROWSKI

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****			*****		( 12 )			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE/GRAB MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			( 19 )			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		TWICE/GRAB MONTH	
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****			( 19 )			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MO AVG	20 DAILY MX	MG/L		TWICE/GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			( 03 )	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY ESTIMA	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Joseph W. Venzon  
 Chemistry Manager  
 TYPED OR PRINTED

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

  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE  
 724 682-5113 01 07 25  
 AREA CODE NUMBER YEAR MO DAY

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

NAME BEAVER VALLEY POWER STATION  
 ADDRESS P. O. BOX 4  
 ATTN: DAVID ORNDORF  
 SHIPPINGPORT PA 15077

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

PA0025615  
 PERMIT NUMBER

301 A  
 DISCHARGE NUMBER

MAJOR (SUBR 05)  
 F - FINAL  
 UNIT 2 AUX BOILER BLOWDOWN

FACILITY LOCATION  
 ATTN: KEVIN OSTROWSKI

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	05	01		01	05	30

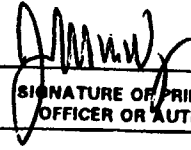
\*\*\* NO DISCHARGE  \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			( 19 )			
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	30 MD AVG	100 DAILY MX	MG/L		TWICE/GRAB MONTH	
EFFLUENT GROSS VALUE OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****			( 19 )			
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	15 MD AVG	20 DAILY MX	MG/L		TWICE/GRAB MONTH	
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			( 03 )	*****	*****	*****				
00050 1 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY ESTIMA	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Joseph W. Venzon  
 Chemistry Manager  
 TYPED OR PRINTED

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

  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 724 682-5113  
 DATE: 01 07 25  
 AREA CODE: 724 NUMBER: 682-5113 YEAR: 01 MO: 07 DAY: 25

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

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

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

PA0025615  
 PERMIT NUMBER

303 A  
 DISCHARGE NUMBER

MAJOR (SUBR 05)  
 F - FINAL  
 UNIT 1 OIL WATER SEPARATOR

FACILITY LOCATION  
 ATTN: KEVIN OSTROWSKI

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	06	01		01	06	30

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

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.16	*****	8.78	( 12)	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	4.2	4.6	( 19)	0	1/7	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MD AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	45	45	( 19)	0	1/7	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MD AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.019	0.056	( 03)	*****	*****	*****			1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Joseph W. Venzon  
 Chemistry Manager  
 TYPED OR PRINTED

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

*Joseph W. Venzon*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 724 682-5113  
 AREA CODE NUMBER  
 DATE  
 01 07 25  
 YEAR MO DAY

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

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

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

PA0025615 PERMIT NUMBER  
 313 A DISCHARGE NUMBER

MAJOR (SUBR 05)  
 F - FINAL  
 313 TURBINE BLDG DRAIN

FACILITY LOCATION  
 ATTN: KEVIN OSTROWSKI

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	06	01		01	06	30

\*\*\* NO DISCHARGE 1 1 \*\*\*  
 NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	*****	*****			7.01	*****	8.58	( 12)		0 1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	****	5.0	*****	9.0				WEEKLY GRAB
SOLIDS, TOTAL SUSPENDED	*****	*****			*****	44	44	( 19)		0 1/7	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	****	*****	30	100				WEEKLY GRAB
DIL & GREASE	*****	*****			*****	15	20	( 19)		0 1/7	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	****	*****	15	20				WEEKLY GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	0.002	0.002	( 03)	*****	*****	*****			1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE	*****	REPORT	REPORT	MGD	*****	*****	*****	****			WEEKLY ESTIMA
	*****										
	*****										
	*****										
	*****										
	*****										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Joseph W. Venzon  
 Chemistry Manager  
 TYPED OR PRINTED

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

*Signature*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 724 682-5113  
 DATE 01 07 25  
 AREA CODE NUMBER YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (if Different))  
 NAME BEAVER VALLEY POWER STATION

ADDRESS P. O. BOX 4  
 ATTN: DAVID ORNDORF  
 SHIPPINGPORT PA 15077

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

PA0025615  
 PERMIT NUMBER

401 A  
 DISCHARGE NUMBER

MAJOR (SUBR 05)  
 F - FINAL  
 CHEM. FEED AREA OF AUX BOILERS

FACILITY LOCATION  
 ATTN: KEVIN OSTROWSKI

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	06	01		01	06	30

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

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****			*****		( 12)			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	5.0 MINIMUM	*****	REPORT MAXIMUM	SU		TWICE/GRAB MDNTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			( 19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MD AVG	100 DAILY MX	MG/L		TWICE/GRAB MONTH	
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****			( 19)			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MD AVG	20 DAILY MX	MG/L		TWICE/GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			( 03)	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY ESTIMA	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Joseph W. Venzon  
 Chemistry Manager  
 TYPED OR PRINTED

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

*Signature*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
724	682-5113	01	07	25
AREA CODE	NUMBER	YEAR	MO	DAY

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

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

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

PA0025615  
 PERMIT NUMBER

403 A  
 DISCHARGE NUMBER

MAJOR (SU BR 05)  
 F - FINAL  
 CONDENSATE BLOWDOWN & RIVR WAT

FACILITY LOCATION  
 ATTN: KEVIN OSTROWSKI

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	06	01		01	06	30

\*\*\* NO DISCHARGE 1 1 \*\*\*  
 NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		7.37	*****	8.52	( 12)	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	5.0	*****	9.0			WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED		*****	*****		*****	4.4	4.8	( 19)	0	1/7	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	30 MD AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL & GREASE		*****	*****		*****	L5	L5	( 19)	0	1/7	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	15 MD AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N)		*****	*****		*****	N/A	N/A	( 19)		N/A	N/A
00610 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
CLAMTROL CT-1, TOTAL WATER		*****	*****		*****	*	*	( 19)		*	*
04251 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	0 MD AVG	0 DAILY MX	MG/L		WEEKLY	COMP 24 DISCHR
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.006	0.010	( 03)	*****	*****	*****			1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		WEEKLY	ESTIMA
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	0.08	0.17	( 19)	0	1/7	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	0.5 MD AVG	1.25 INST MAX	MG/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Joseph W. Venzon  
 Chemistry Manager  
 TYPED OR PRINTED

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

*Joseph W. Venzon*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE  
 724 682-5113 01 07 25  
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ D T-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.)



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

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

PA0025615  
 PERMIT NUMBER

403 A  
 DISCHARGE NUMBER

MAJOR (SUBR 05)  
 F - FINAL  
 CONDENSATE BLOWDOWN & RIVR WAT

FACILITY LOCATION  
 ATTN: KEVIN OSTROWSKI

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	06	01		01	06	30

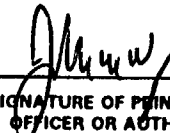
\*\*\* NO DISCHARGE 1-1 \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
HYDRAZINE		*****	*****		*****	N/A	N/A	( 19)		N/A	N/A
B1313 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	0	0			WEEKLY	GRAB
	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  
 Joseph W. Venzon  
 Chemistry Manager  
 TYPED OR PRINTED

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

  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 724 682-5113  
 DATE 01 07 25  
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ D T-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.)

BEAVER VALLEY POWER STATION

ADDRESS P. O. BOX 4

ATTN: DAVID DRNDORF

SHIPPINGPORT

PA 15077

FACILITY

LOCATION

ATTN: KEVIN OSTROWSKI

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

PA0025615  
PERMIT NUMBER

413 A  
DISCHARGE NUMBER

MAJOR  
(SUBR 05)

F - FINAL

BULK FUEL STORAGE DRAIN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	05	01		01	05	30

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

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****			*****					
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	5.0	*****	9.0				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	****	MINIMUM		MAXIMUM	SU			WEEKLY GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30	100				
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	MD AVG	DAILY MX	MG/L			WEEKLY GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	15	20				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			****		MD AVG	DAILY MX	MG/L			WEEKLY GRAB
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****			WEEKLY ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Joseph W. Venzon  
Chemistry Manager  
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 724 682-5113  
DATE: 01 07 25  
AREA CODE NUMBER YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (if different))  
 NAME BEAVER VALLEY POWER STATION

ADDRESS P. O. BOX 4  
 ATTN: DAVID ORNDORF  
 SHIPPINGPORT PA 15077

FACILITY LOCATION  
 ATTN: KEVIN OSTROWSKI

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

PA0025615  
 PERMIT NUMBER

501 A  
 DISCHARGE NUMBER

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

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	01	06	01		01	06	30

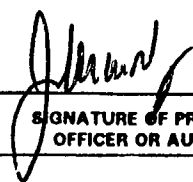
\*\*\* NO DISCHARGE  \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			( 19)			
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	30	100			WEEKLY	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			****		MD AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			( 03)	*****	*****	*****				
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		WEEKLY	ESTIMA
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MD AVG	DAILY MX	MGD				****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Joseph W. Venzon  
 Chemistry Manager  
 TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE  
 724 682-5113  
 AREA CODE NUMBER  
 DATE  
 01 07 25  
 YEAR MO DAY

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