



BEAVER VALLEY POWER STATION

February 24, 2000
L-00-023

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,

Kevin L. Ostrowski
Division Vice President
Nuclear Operations and
Plant Manager

DNH/trs

cc: D. A. Orndorf
M. S. Ackerman
Scott F. Brown
Licensing File
Central File

IE25



BEAVER VALLEY POWER STATION

February 24, 2000
NPD3VPO: 1091

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 January 2000 is submitted for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Kevin L. Ostrowski". The signature is written in a cursive, flowing style.

Kevin L. Ostrowski
Division Vice President
Nuclear Operations and
Plant Manager

DNH/trs

cc: D. A. Orndorf
M. S. Ackerman
Scott F. Brown
Licensing File
Central File



BEAVER VALLEY POWER STATION

February 24, 2000
NPD3VPO: 1092

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

EPA Permit No. PA0025615 Reportable Occurrence

Dear Sir:

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

On January 4, 2000 the effluent pH of Waste Oil Separator 23 (EPA 211) was found to be 9.87. The effluent pH was restored and effluent pH was 7.69 on January 5, 2000. An Oil and Grease sample taken on January 4, 2000 was analyzed and had a result of 60 ppm. On January 12, 2000 the Oil and Grease analysis result was < 5 ppm and remained so the rest of January.

Investigation showed that 4 one liter bottles of spent monoethylamine solution had been inadvertently put down a Turbine Building drain leading to the Oil and Water Separator 23 (EPA 211) at about the time of the separator sample. This most likely caused the temporary high pH and shocked the separator enough to result in the high Oil and Grease value.

Additional guidance was provided to the technician on the proper disposal technique for this chemical solution.

February 24, 2000
NPD3VPO: 1092
Page 2

If you have any questions concerning this report, please do not hesitate to contact David A. Orndorf at 412-393-7459.

Sincerely,



Kevin L. Ostrowski
Division Vice President
Nuclear Operations and
Plant Manager

SLV/trs

cc: D. A. Orndorf
M. S. Ackerman
Scott F. Brown
Licensing File
Central File - Keywords: NPDES Reportable Occurrence

FirstEnergy

BEAVER VALLEY POWER STATION

February 24, 2000
NPD3VPO: 1090

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,



Kevin L. Ostrowski
Division Vice President
Nuclear Operations and
Plant Manager

DNH/trs

Attachment

cc: D. A. Orndorf
M. S. Ackerman
Scott F. Brown
Licensing File
Central File

Month: January
Year: 2000

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: DURQUESNE LIGHT COMPANY
Plant: BEAVER VALLEY TOWER STATION
NPDES: PA 0025615
Municipality: SHIPPINGPORT BOROUG
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) X	Dry Tons	(Tons of Dewatered Sludge)	X	(% Solids) X (.01) =	Dry Tons
8000		2	.0000417	0.67			.01	
TOTAL				0.67	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			
Permit No.:	SEWAGE TREATMENT PLANT			
Dry Tons Disposed:	PA 0020125			
Type: (check one)	0.67			
Landfill				
Agr. Utilization				
Other (specify)				
County:	BEAVER			

[Signature]
Signature

CHEMISTRY MANAGER
Title Date 2/26/00

412-393-5113
Telephone

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: DURUESNE LIGHT COMPANY
Plant: BEAVER VALLEY POWER STATION
NPDES: PA 0025615
Municipality: SHIPPINGPORT BURLINGHAM
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)	X (Conversion Factor)	= Dry Tons	(Tons of Dewatered Sludge)	X (% Solids)	X (.01)	= Dry Tons
16000	2	.0000417	1.33			.01	
TOTAL			= <u>1.33</u>	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			
Permit No.:	PA 0020125			
Dry Tons Disposed:	1.33			
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	BEAVER			

[Signature] CHEMISTRY MANAGER 2/26/00 412-393-5113
Signature Title Date Telephone

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, including suggestion for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, S.W. 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 instruction 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*" as 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 measurement 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 to be 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 both.

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

NAME BEAVER VALLEY POWER STATION

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

FACILITY

LOCATION

ATTN: DAVID ORNDORF

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

PA0025815 (2-10) 001 (17-19)
PERMIT NUMBER DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNITS 1&2 COOLG. TOWER BLWDN.

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

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

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (64-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE *****	MAXIMUM *****	UNITS	MINIMUM *****	AVERAGE *****	MAXIMUM *****			
PH										
00400 1 0 0 EFFLUENT GROSS VALUE NITROGEN, AMMONIA	SAMPLE MEASUREMENT	*****	*****	*****	7.86	*****	8.12	0	17	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM *****	*****	MAXIMUM *****			WEEKLY GRAB
TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE CLANTRON CT-1, TOTAL	SAMPLE MEASUREMENT	*****	*****	*****	*****	NA REPORT	NA REPORT	NA		WEEKLY GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	DAILY MX			
WATER 04251 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****	*****	*****	Not applicable*	Not applicable*			Not applicable* WHEN COMP 24
	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	DAILY MX			DISCHR
50050 1 0 0 EFFLUENT GROSS VALUE CHLORINE, TOTAL	SAMPLE MEASUREMENT	33.08 REPORT	37.44 REPORT	MOD	*****	*****	*****	0	31/31	CONT. DAILY CONTIN
	PERMIT REQUIREMENT	MO AVG *****	DAILY MX *****	MOD	*****	*****	*****			
RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE CHLORINE, FREE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	17	GRAB WEEKLY GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	INST MAX			
AVAILABLE 50064 1 0 0 EFFLUENT GROSS VALUE HYDRAZINE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.2	0		CONT. RECORD 31/31 CONTINRCORDE
	PERMIT REQUIREMENT	*****	*****	*****	*****	AVERAGE	MAXIMUM			USUS
81313 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	NA	NA			NA WEEKLY GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	DAILY MX			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
David Orndorf
Chemistry Manager
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
David Orndorf

TELEPHONE 412393-7459
DATE 00 02 24
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.):
* No dromicide during January.

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: DAVID ORNDORF

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

110025015 (2-18) 002 A (17-19)

PERMIT NUMBER	DISCHARGE NUMBER
---------------	------------------

MAJOR (SUBR 05)
 F - FINAL
 INTAKE SCREEN BACKWASH

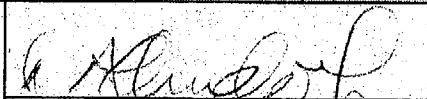
Form Approved.
 OMB No. 2040-0004
 Approval expires 05-31-98

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

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.006 REPORT	0.046 REPORT	(03)	*****	*****	*****	****	0	17 WEEKLY	EST. ESTIMA
	PERMIT REQUIREMENT	MO 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 David Orndorf Chemistry Manager TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE		DATE		
			412 393-7459	00 02 24	AREA CODE	NUMBER	YEAR

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
 003 UNCONTAMINATED STORM WATER

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

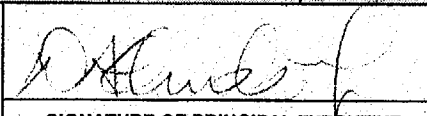
PAGE 2 OF 15
 003 A
 PERMIT NUMBER
 DISCHARGE NUMBER

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

*** NO DISCHARGE 1-1 ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.025	0.065	(MGD)	*****	*****	*****	****	0	2/31	EST.
	PERMIT REQUIREMENT	MO AVG	DAILY MX	MGD				****		MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE		DATE		
			412 393-7459	00	02	24	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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

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

FACILITY
 LOCATION
 ATTN: DAVID ORNDORF

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

PAGE 2 OF 5
 PERMIT NUMBER 004
 DISCHARGE NUMBER 004

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

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

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

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE *****	MAXIMUM *****	UNITS	MINIMUM	AVERAGE *****	MAXIMUM	UNITS			
PH											
00400 1 0 0 EFFLUENT GROSS VALUE FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****	****	4.0	*****	9.0			WEEKLY GRAB	
	PERMIT REQUIREMENT			**** (0.3)	MINIMUM *****		MAXIMUM *****	SU			
50050 1 0 0 EFFLUENT GROSS VALUE CHLORINE, TOTAL	SAMPLE MEASUREMENT	REPORT	REPORT		*****	*****	*****	****		WEEKLY MEASRD	
	PERMIT REQUIREMENT	MD AVG *****	DAILY MX *****	MGD	*****			**** (19)			
50060 1 0 0 EFFLUENT GROSS VALUE CHLORINE, FREE	SAMPLE MEASUREMENT	*****	*****	****	*****	0.5	1.25			WEEKLY GRAB	
	PERMIT REQUIREMENT	*****	*****	****	*****	MD AVG	INST MAX	MG/L (19)			
50064 1 0 0 EFFLUENT GROSS VALUE AVAILABLE	SAMPLE MEASUREMENT	*****	*****	****	*****	0.2	0.5			WEEKLY GRAB	
	PERMIT REQUIREMENT	*****	*****	****	*****	AVERAGE	MAXIMUM	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE		DATE		
			412 393-7459 AREA CODE NUMBER	00 02 24 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: DAVID ORNDORF

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

PAGE 2 OF 15
 PERMIT NUMBER 00025215
 DISCHARGE NUMBER 0001719

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


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

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

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	0.002 REPORT	0.016 REPORT			*****	*****	*****	*****	0	17 WEEKLY	EST. ESTIMATE
	PERMIT REQUIREMENT	MO 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 David Orndorf Chemistry Manager TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE			
			412 393- 729	00	02	24	
			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)
 PA0025315
 PERMIT NUMBER
 007 A
 DISCHARGE NUMBER

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

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


FACILITY LOCATION
 ATTN: DAVID ORNDORF

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

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00400 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	*****	****	6.0	*****	9.0	SU		WEEKLY	GRAB
50050 1 0 0 EFFLUENT GROSS VALUE CHLORINE, TOTAL		REPORT	REPORT	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE CHLORINE, FREE		MD AVG	DAILY MX		*****	0.5	1.25	MG/L		WEEKLY	GRAB
AVAILABLE 50064 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	0.2	0.5	MG/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
David Orndorf Chemistry Manager			412 393-7459	00	02	24	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

740025015 (2-19)
 006 A (47-19)
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR (SUBR 05)
 F - FINAL
 UNIT 1 COOLING TOWER PUMPHOUSE
 Form Approved.
 OMB No. 2040-0004
 Approval expires 05-31-98

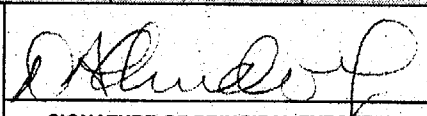
FACILITY LOCATION
 ATTN: DAVID ORNDORF

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

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE *****	MAXIMUM *****	UNITS	MINIMUM	AVERAGE *****	MAXIMUM	UNITS (15)			
00400 1 0 0 EFFLUENT GROSS VALUE SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****	****	7.85	*****	8.09	0	2/31	GRAB	
	PERMIT REQUIREMENT	*****	*****	****	MINIMUM *****		MAXIMUM	SU (19)		MONTH	
00530 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE	SAMPLE MEASUREMENT	*****	*****	****	*****	10.4	13.7	0	2/31	GRAB	
	PERMIT REQUIREMENT	*****	*****	****		MO AVG	DAILY MX	MG/L (19)		MONTH	
00556 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	*****	*****	****	12	18.3	18	0	2/31	GRAB	
	PERMIT REQUIREMENT	*****	*****	****	MO AVG	DAILY MX	INST MAX	MG/L		MONTH	
50050 1 0 0 EFFLUENT GROSS VALUE THRU TREATMENT PLANT	SAMPLE MEASUREMENT	<.001 REPORT	<.001 REPORT	(03)	*****	*****	*****	0	2/7	EST. WEEKLY ESTIMA	
	PERMIT REQUIREMENT	MO AVG	DAILY MX	MGD	*****	*****	*****	****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
TYPED OR PRINTED			412 393-7459	00	02	24
	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: DAVID ORNDORF

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

PA0025815
PERMIT NUMBER

010 A
DISCHARGE NUMBER

MAJOR (SUBR 05)

F - FINAL
UNIT 2 COOLING WATER

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

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

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE *****	MAXIMUM *****	UNITS	MINIMUM *****	AVERAGE *****	MAXIMUM *****			
PH					7.53		7.76		0 1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE CLAMTROL CT-1, TOTAL WATER					6.0		9.0			WEEKLY GRAB
04251 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT						NA	NA		NA	WHEN COMP 24 DISCHR
50050 1 0 0 EFFLUENT GROSS VALUE CHLORINE, TOTAL		1.00 REPORT	3.60 REPORT	MGD					0 1/7	MEASRD WEEKLY MEASRD
50060 1 0 0 EFFLUENT GROSS VALUE CHLORINE, FREE						0.00	0.00		0 1/7	GRAB WEEKLY GRAB
50064 1 0 0 EFFLUENT GROSS VALUE						0.00	0.00		0 1/7	GRAB WEEKLY GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
David Orndorf
Chemistry Manager
TYPED OR PRINTED

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

David Orndorf
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-7459
DATE 00 02 24
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
REPORT THE DAILY MAXIMUM FOR BEZT DT-1 WHEN DISCHARGING (24 HR. COMP.) : MG/L. (THE LIMIT IS 35 M G/L AS A DAILY MAX.) NA = No clamtrol added in January.

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: DAVID ORNDORF

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

PA0025615 (2-16) 011 A (17-19)
 PERMIT NUMBER DISCHARGE NUMBER

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

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

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

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	0.002 REPORT MD AVG	0.002 REPORT DAILY MX	MGD	UNITS (93)	*****	*****	*****	*****	0	17 WEEKLY ESTIMA	EST.
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 David Orndorf
 Chemistry Manager
 TYPED OR PRINTED

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

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-7459
 AREA CODE NUMBER
 DATE 00 02 24
 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
 BLOWDOWN FROM THE HVAC UNIT
 Form Approved.
 OMB No. 2040-0004
 Approval expires 05-31-98

PERMIT NUMBER: 00000015
 DISCHARGE NUMBER: 0127

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

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (54-61)			
PH											
00400 1 0 0 EFFLUENT GROSS VALUE FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****	***	8.89	*****	8.89		0	1/31	GRAB
	PERMIT REQUIREMENT			*** (03)	MINIMUM	*****	MAXIMUM	GU		MONTH	
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	<.001 REPORT	<.001 REPORT		*****	*****	*****	****	0	1/31	EST.
	PERMIT REQUIREMENT	MO AVG	DAILY MX	MGD				****		MONTH	ESTIM.
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>David Orndorf</i>	TELEPHONE		DATE		
			412 393-7459	00 02 24	AREA CODE	NUMBER	YEAR

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
 OUTFALL 013

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

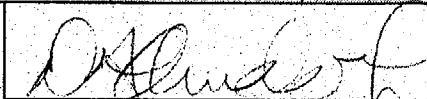
PAGE 015
 PERMIT NUMBER 013 A
 DISCHARGE NUMBER

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

*** NO DISCHARGE 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE *****	MAXIMUM *****	UNITS	MINIMUM	AVERAGE *****	MAXIMUM	UNITS			
00400 1 0 0 EFFLUENT GROSS VALUE FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****	****	6.84	*****	7.63	(12)	0	1/7	GRAB
	PERMIT REQUIREMENT			**** (03)	MINIMUM *****	*****	MAXIMUM *****	SU			
50050 1 0 0 EFFLUENT GROSS VALUE CHLORINE TOTAL	SAMPLE MEASUREMENT	0.027 REPORT	.074 REPORT	MGD	*****	*****	*****	****	0	1/7	EST.
	PERMIT REQUIREMENT	MO AVG *****	DAILY MX *****		*****	*****	*****	(19)			WEEKLY ESTIMA
RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	0.50 REPORT	0.52 REPORT		0	2/31	CALCTD
	PERMIT REQUIREMENT			****		MO AVG	INST MAX	MG/L			TWICE/CALCTD MONTH
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)		TELEPHONE	DATE		
TYPED OR PRINTED			412 393-7459	00	02	24
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 ORNDORF
 SHIPPINGPORT PA 15077

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

PA0025815 101 A
 PERMIT NUMBER DISCHARGE NUMBER

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

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

FACILITY LOCATION
 ATTN: DAVID ORNDORF

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

*** NO DISCHARGE | | ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00400 1 0 0 EFFLUENT GROSS VALUE SOLIDS, TOTAL		*****	*****	****	7.82	*****	8.95	(12)	0	1/7*	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE		*****	*****	****	30	6.9	9.2	(15)	0	1/7*	2HR* COMP
00556 1 0 0 EFFLUENT GROSS VALUE NITROGEN, AMMONIA		*****	*****	****	15	<5	<5	(19)	0	1/7*	GRAB
00610 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	*****	****	NA	REPORT	REPORT	(19)	NA	---	WEEKLY GRAB
50050 1 0 0 EFFLUENT GROSS VALUE HYDRAZINE		*****	*****	****	0.001	0.012	REPORT	REPORT	0	3/31	CONT.
B1313 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	NA	REPORT	REPORT	(19)	NA	---	WEEKLY GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 David Orndorf
 Chemistry Manager

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-7459

DATE 00 02 24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. * Sample is composited but discharge occurs in much less than 2 hours.
 NA = Not applicable. Not in wet layup during January. * No discharge during first week of January.

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 (SUDB 05)
 F - FINAL
 102 INTAKE SCREENHOUSE

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

PAGE 2 OF 5

PERMIT NUMBER	DISCHARGE NUMBER
---------------	------------------

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

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH										
00400 1 0 0 EFFLUENT GROSS VALUE SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****	****	7.36	*****	7.77	0	2/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM		MONTH	
00530 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE	SAMPLE MEASUREMENT	*****	*****	****	*****	<4	<4	0	2/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	MO AVG	DAILY MX		MONTH	
00556 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	*****	*****	****	*****	<5	<5	0	2/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	MO AVG	DAILY MX		MONTH	
THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	<.001 REPORT	<.001 REPORT	(03)	*****	*****	*****	0	2/31	EST.
	PERMIT REQUIREMENT	MO AVG	DAILY MX	MGD	*****	*****	*****		MONTH	
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE	DATE			
David Orndorf Chemistry Manager			412 393-7459	00	02	24
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)

MAJOR (SUBR 05)
 F - FINAL
 SLUDGE SETTLING BASIN

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

PA0025815
 PERMIT NUMBER
 103 A
 DISCHARGE NUMBER


MONITORING PERIOD

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

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE *****	MAXIMUM *****	UNITS	MINIMUM	AVERAGE *****	MAXIMUM	UNITS (12)			
PH											
00400 1 0 0 EFFLUENT GROSS VALUE SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****	***	7.69	*****	7.82		0	2/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU (19)			TWICE/MONTH
00530 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****	***	*****	20.1	20.6		0	2/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	30	100	MG/L			TWICE/MONTH
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.002	0.003	(03)	*****	*****	*****	****	0	31/31*	MEASURED
	PERMIT REQUIREMENT	MO AVG	DAILY MX	MGD	*****	*****	*****	****			TWICE/MONTH
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
David Orndorf Chemistry Manager			412 393-7459	00	02	24
TYPED OR PRINTED			AREA CODE NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 * Flow is measured using a flow integrator.

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: DAVID ORNDORF

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

PAGE 0515 (2-16)
 110 A (17-19)
 PERMIT NUMBER DISCHARGE NUMBER

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


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

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

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS (03)	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	REPORT	REPORT			*****	*****	*****	****		WEEKLY ESTIMATE	
	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	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
David Orndorf Chemistry Manager			412 393-7459	00	02	24
TYPED OR PRINTED			AREA CODE NUMBER	YEAR	MO	DAY

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 PA0025515
 PERMIT NUMBER
 111 A
 DISCHARGE NUMBER

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

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

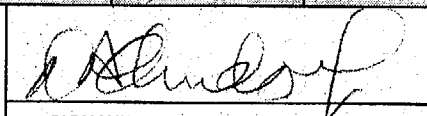
FACILITY LOCATION
 ATTN: DAVID ORNDORF

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

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE *****	MAXIMUM *****	UNITS	MINIMUM *****	AVERAGE *****	MAXIMUM *****	UNITS *****			
00400 1 0 0 EFFLUENT GROSS VALUE SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****	****	4 0	*****	9 0			WEEKLY	DRAB
	PERMIT REQUIREMENT	*****	*****	****	MINIMUM *****		MAXIMUM *****	50 (19)			
00530 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE	SAMPLE MEASUREMENT	*****	*****	****	*****	30	100			WEEKLY	DRAB
	PERMIT REQUIREMENT	*****	*****	****		MO AVG	DAILY MX	MG/L (19)			
00556 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****	****	15	20	30			WEEKLY	DRAB
	PERMIT REQUIREMENT			**** (03)	MO AVG *****	DAILY MX *****	INST MAX *****	MG/L			
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	REPORT	REPORT		*****	*****	*****	****		WEEKLY	ESTIMA
	PERMIT REQUIREMENT	MO AVG	DAILY MX	MGD				****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
David Orndorf Chemistry Manager			412 393-7459	00	02	24
TYPED OR PRINTED			AREA CODE NUMBER	YEAR	MO	DAY

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 FACILITY ID: PA0026015
 PERMIT NUMBER: []
 DISCHARGE NUMBER: 1157A

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

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

FACILITY
 LOCATION
 ATTN: DAVID ORNDORF

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

*** NO DISCHARGE 1 [] ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE *****	MAXIMUM *****	UNITS	MINIMUM *****	AVERAGE *****	MAXIMUM *****	UNITS			
00400 1 0 0 EFFLUENT GROSS VALUE SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****	*****	6.83	*****	7.63	*****	0	2/31	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM *****		MAXIMUM *****	*****			
00530 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****	*****	*****	14.8	16.6	*****	0	2/31	8HR COMP
	PERMIT REQUIREMENT	*****	*****	*****	*****	MD AVG	DAILY MX	*****			
50050 1 0 0 EFFLUENT GROSS VALUE CHLORINE, TOTAL	SAMPLE MEASUREMENT	0.026	0.073	*****	*****	*****	*****	*****	0	2/31	MEASD
	PERMIT REQUIREMENT	MD AVG *****	DAILY MX *****	MGD	*****	*****	*****	*****			WEEKLY MEASD
50060 1 0 1 EFFLUENT GROSS VALUE COLIFORM, FECAL	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.52	0.53	*****	0	2/31	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	MD AVG	INST MAX	*****			
74055 1 1 0 EFFLUENT GROSS VALUE BOD, CARBONACEOUS	SAMPLE MEASUREMENT	*****	*****	*****	*****	2000	*****	*****	0	2/31	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	MD GEDMN	*****	*****			
80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.7	5.7	*****	0	2/31	8HR COMP
	PERMIT REQUIREMENT	*****	*****	*****	*****	MD AVG	DAILY MX	*****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE	DATE			
David Orndorf Chemistry Manager		<i>David Orndorf</i>	412 393-7459	00	02	24
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)
 * Flow measured at least once per week.

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: DAVID ORNDORF

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

PAGE 25815
 2017
 PERMIT NUMBER
 DISCHARGE NUMBER

MAJOR (SUBR 05)
 F - FINAL
 201 SOFTENER REGENERANTS

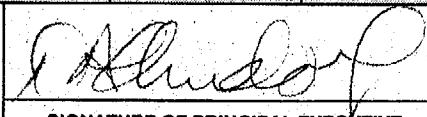
Form Approved.
 OMB No. 2040-0004
 Approval expires 05-31-98

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

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH											
00400 1 0 0 EFFLUENT GROSS VALUE SOLIDS, TOTAL		*****	*****	****	6.0	*****	9.0				TWICE/GRAB MONTH
00530 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE		*****	*****	****	*****	30	100				TWICE/GRAB MONTH
00556 1 0 0 EFFLUENT GROSS VALUE FLOW IN CONDUIT OR THRU TREATMENT PLANT		*****	*****	****	*****	15	20				TWICE/GRAB MONTH
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT	REPORT	**** (03)	*****	*****	*****	****			TWICE/ESTIMA MONTH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE			
			412 393-7459	00	02	24	
			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)

PA0025815 203 A
 PERMIT NUMBER DISCHARGE NUMBER

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

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

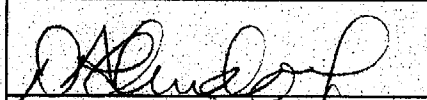
FACILITY LOCATION
 ATTN: DAVID ORNDORF

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

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00400 1 0 0 EFFLUENT GROSS VALUE SOLIDS, TOTAL		*****	*****	****	7.58	*****	7.88	(12)	0	2/31	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	*****	****	30	27.6	28.3	60	0	2/31	8HR COMP
50050 1 0 0 EFFLUENT GROSS VALUE CHLORINE, TOTAL		0.004	0.006	REPORT	*****	*****	*****	*****	0	1/7	MEASRD
50060 1 0 1 EFFLUENT GROSS VALUE COLIFORM, FECAL		0.023	REPORT	MGD	*****	*****	0.50	0.56	0	2/31	GRAB
74055 1 1 0 EFFLUENT GROSS VALUE BOD, CARBONACEOUS		*****	*****	*****	*****	*****	1	*****	0	2/31	GRAB
80082 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	*****	7.5	8.6	0	2/31	8HR COMP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
David Orndorf Chemistry Manager			412 393-7459	00	02	24	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 PA0025515
 PERMIT NUMBER
 211 A
 DISCHARGE NUMBER

MAJOR (SUBR 05)
 F - FINAL
 211 TURBINE BLDG

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

FACILITY LOCATION
 ATTN: DAVID ORNDORF

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

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE *****	MAXIMUM *****	UNITS	MINIMUM	AVERAGE *****	MAXIMUM	UNITS			
PH					7.02		9.87		1*	5/31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****	****	6.0	*****	9.0				WEEKLY GRAB
	PERMIT REQUIREMENT	*****	*****	****	MINIMUM		MAXIMUM	EU (12)			
SUSPENDED	SAMPLE MEASUREMENT	*****	*****	****	*****	<4	<4		0	1/7	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE	PERMIT REQUIREMENT	*****	*****	****	*****	MD AVG	DAILY MX	MG/L (19)			WEEKLY GRAB
00556 1 0 0 EFFLUENT GROSS VALUE FLOW IN CONDUIT OR	SAMPLE MEASUREMENT	*****	*****	****	18.8	48.860	60		3	1/7	GRAB
THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	****	15	20	30	MG/L (19)			WEEKLY GRAB
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.002	0.002		*****	*****	*****		0	1/7	EST.
	PERMIT REQUIREMENT	MD AVG	DAILY MX	MOD	*****	*****	*****	****			WEEKLY ESTIM
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
David Orndorf Chemistry Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	412393-7459	00	02	24
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 * Analysis performed at least once per week. See attached exceedance letter.

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

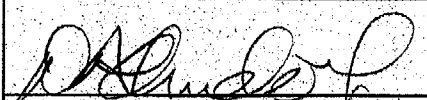
PA0025815
 213 A
 PERMIT NUMBER DISCHARGE NUMBER

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

*** NO DISCHARGE ~~X~~ ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE *****	MAXIMUM *****	UNITS ****	MINIMUM *****	AVERAGE *****	MAXIMUM *****			
PH					4.0					
00400 1 0 0 EFFLUENT GROSS VALUE SOLIDS, TOTAL					MINIMUM		MAXIMUM	SU (19)		TWICE/GRAB MONTH
00530 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE						30	100	MG/L (19)		TWICE/GRAB MONTH
00556 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT						15	20	MG/L		TWICE/GRAB MONTH
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT	REPORT	MOD				****		WEEKLY ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
David Orndorf Chemistry Manager			412 393-7459	00	02	24	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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

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

FACILITY
 LOCATION
 ATTN: DAVID ORNDORF

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

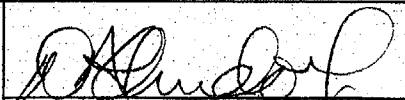
PA0025615 (2-76) 301 A (17-19)
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR (SUBR 05)
 F - FINAL
 UNIT 2 AUX BOILER BLOWDOWN
 Form Approved. OMB No. 2040-0004
 Approval expires 05-31-98

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

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)		
		AVERAGE *****	MAXIMUM *****	UNITS	MINIMUM *****	AVERAGE	MAXIMUM				UNITS (19)	
SOLIDS TOTAL												
00530 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE						30	100			TWICE/GRAB MONTH		
00556 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT						15	20			TWICE/GRAB MONTH		
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT MO AVG	REPORT DAILY MX	MGD						WEEKLY ESTIMA		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)				 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		DATE		
David Orndorf Chemistry Manager								412 393-7459	00 02 24			
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO	DAY

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 PERMIT NUMBER 00025815
 DISCHARGE NUMBER 3087

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

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

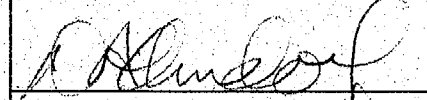
FACILITY LOCATION
 ATTN: DAVID ORNDORF

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

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE *****	MAXIMUM *****	UNITS	MINIMUM *****	AVERAGE *****	MAXIMUM *****	UNITS (15)			
PH					7.42		8.85		0	17	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****	*****	6.0	*****	9.0		0	17	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM *****		MAXIMUM *****	SU (19)			
SUSPENDED						4.2	4.9		0	17	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE	SAMPLE MEASUREMENT	*****	*****	*****	*****	30	100		0	17	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	DAILY MX	MG/L (19)			
00556 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	*****	*****	*****	*****	15	20		0	17	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	DAILY MX	MG/L			
THRU TREATMENT PLANT									0	17	EST.
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.019 REPORT	0.056 REPORT	MGD	*****	*****	*****	*****	0	17	EST.
	PERMIT REQUIREMENT	MO AVG	DAILY MX	MGD	*****	*****	*****	*****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
TYPED OR PRINTED			412 393-7459	00	02	24

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
 313 TURBINE BLDG DRAIN

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

PA0025215 313 A
 PERMIT NUMBER DISCHARGE NUMBER

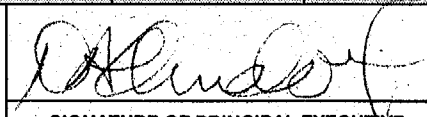
FACILITY LOCATION
 ATTN: DAVID ORNDORF

MONITORING PERIOD
 FROM YEAR MO1 DAY TO YEAR MO1 DAY
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE *****	MAXIMUM *****	UNITS	MINIMUM *****	AVERAGE *****	MAXIMUM *****	UNITS (15)			
00400 1 0 0 EFFLUENT GROSS VALUE SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****	*****	7.22	*****	7.67	*****	0	17	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM *****		MAXIMUM	SU (19)			
00530 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE	SAMPLE MEASUREMENT	*****	*****	*****	*****	<4	<4	30	0	17	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	DAILY MX	MG/L (19)			
00556 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT DR.	SAMPLE MEASUREMENT	*****	*****	*****	*****	<5	<5	15	0	17	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	DAILY MX	MG/L (19)			
50050 1 0 0 EFFLUENT GROSS VALUE THRU TREATMENT PLANT	SAMPLE MEASUREMENT	<.001 REPORT	<.001 REPORT	*****	*****	*****	*****	*****	0	17	EST.
	PERMIT REQUIREMENT	MO AVG	DAILY MX	MGD	*****	*****	*****	*****			WEEKLY ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
TYPED OR PRINTED			412 393-7459	00	02	24	
			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)
 FACILITY ID: 40179A
 PERMIT NUMBER: []
 DISCHARGE NUMBER: []

MAJOR (SUBR 05)
 F - FINAL
 CHEM. FEED AREA OF AUX BOILERS
 Form Approved.
 OMB No. 2040-0004
 Approval expires 05-31-98

FACILITY
 LOCATION
 ATTN: DAVID ORNDORF

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

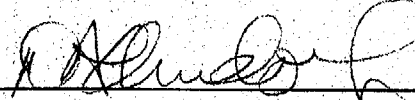
*** NO DISCHARGE [] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH					8.84		8.84		0	1/31*	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****	***	6.0	*****	REPORT			TWICE/GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM		MAXIMUM	SU (19)		MONTH	
00530 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE	SAMPLE MEASUREMENT	*****	*****	***		<4	<4		0	1/31*	GRAB
	PERMIT REQUIREMENT	*****	*****	*****		MO AVG	DAILY MX	MG/L (19)		MONTH	
00556 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	*****	*****	***		<5	<5		0	1/31*	GRAB
	PERMIT REQUIREMENT	*****	*****	*****		MO AVG	DAILY MX	MG/L		MONTH	
THRU TREATMENT PLANT	SAMPLE MEASUREMENT	<.001	<.001						0	1/7*	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MO AVG	DAILY MX	MGD						WEEKLY ESTIMA	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 David Orndorf
 Chemistry Manager
 TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE: 412 393-7459
 DATE: 00 02 24
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 → Flow monitored weekly; the only discharge occurred during the first week of January. (one discharge).

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)
 FAC025015
 PERMIT NUMBER
 403 A
 DISCHARGE NUMBER

MAJOR (SUBR 05)
 F - FINAL
 CONDENSATE BLOWDOWN & RIVR WAT
 Form Approved
 OMB No. 2040-0004
 Approval expires 05-31-98

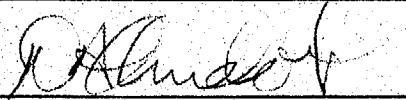
FACILITY LOCATION
 ATTN: DAVID ORNDORF

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

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00400 1 0 0 EFFLUENT GROSS VALUE SOLIDS, TOTAL		*****	*****	*****	4 0	*****	7 0	SU (19)		WEEKLY GRAB	
00530 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE		*****	*****	*****	*****	30	100	MG/L (19)		WEEKLY GRAB	
00556 1 0 0 EFFLUENT GROSS VALUE NITROGEN, AMMONIA		*****	*****	*****	*****	15	20	MG/L (19)		WEEKLY GRAB	
00610 1 0 0 EFFLUENT GROSS VALUE CHLORIDE, TOTAL		*****	*****	*****	*****	REPORT	REPORT	MG/L (19)		WEEKLY GRAB	
04251 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	*****	*****	*****	0	0	MG/L (19)		WHEN COMP 24 DISCHR	
50050 1 0 0 EFFLUENT GROSS VALUE CHLORINE, TOTAL		*****	*****	*****	*****	*****	*****	*****		WEEKLY ESTIMATE	
50060 1 0 0 EFFLUENT GROSS VALUE RESIDUAL		*****	*****	*****	*****	0.5	1.25	MG/L (19)		WEEKLY GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
TYPED OR PRINTED			412 393-7439	00	02	24

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 10 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

FACILITY LOCATION
ATTN: DAVID ORNDORF

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

PAGE 2 OF 5
PERMIT NUMBER 403 A
DISCHARGE NUMBER

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

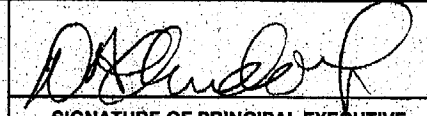
Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

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

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE *****	MAXIMUM *****	UNITS	MINIMUM *****	AVERAGE	MAXIMUM			
HYDRAZINE										
81313 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	0	0		WEEKLY	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT			****		MO AVG	DAILY MX	MG/L		
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE	DATE		
David Orndorf Chemistry Manager			412 393-7459	00	02
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. 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)
 PA0025315
 PERMIT NUMBER
 415
 DISCHARGE NUMBER

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

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

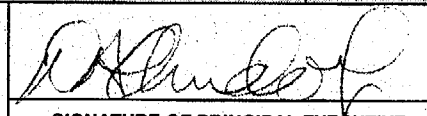
FACILITY LOCATION
 ATTN: DAVID ORNDORF

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

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (62)			
00400 1 0 0 EFFLUENT GROSS VALUE SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****	*****	6.0	*****	9.0			WEEKLY GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM *****		MAXIMUM	EU (19)			
00530 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE	SAMPLE MEASUREMENT	*****	*****	*****	*****	30	100			WEEKLY GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	DAILY MX	MG/L (19)			
00556 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****	*****	*****	15	20			WEEKLY GRAB	
	PERMIT REQUIREMENT			***** (03)	*****	MO AVG	DAILY MX	MG/L			
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	REPORT	REPORT		*****	*****	*****	*****		WEEKLY ESTIMA	
	PERMIT REQUIREMENT	MO AVG	DAILY MX	MGD				*****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
David Orndorf Chemistry Manager			412 393-7459	00	02	24	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 PA0025015 (2-18) 501 (17-19)
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR (SUBR 05)
 F - FINAL
 UNIT 1 GENRTR BLWDWN FILT BW
 Form Approved.
 OMB No. 2040-0004
 Approval expires 05-31-98

FACILITY LOCATION
 ATTN: DAVID ORNDORF

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

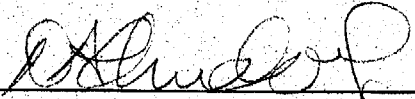
*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE *****	MAXIMUM *****	UNITS	MINIMUM *****	AVERAGE	MAXIMUM	UNITS (19)			
SOLIDS, TOTAL 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	30	100			WEEKLY GRAB	
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	PERMIT REQUIREMENT			**** (0.3)	*****	MD AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		WEEKLY ESTIMATE	
	PERMIT REQUIREMENT	MD AVG	DAILY MX	MGD				****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 David Orndorf
 Chemistry Manager
 TYPED OR PRINTED

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


 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-7459
 DATE 00 02 24
 AREA CODE NUMBER YEAR MO DAY

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