

Duquesne Light Company

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

RONALD L. LeGRAND
Division Vice President -
Nuclear Operations and Plant Manager

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

June 25, 1997
NPD3VPO: 0710

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,



Ronald L. LeGrand
Division Vice President
Nuclear Operations

IE25%

SLV/trs

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

9707090131 970531
PDR ADOCK 05000334
R PDR



000047

Duquesne Light Company

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

RONALD L. LeGRAND
Division Vice President -
Nuclear Operations and Plant Manager

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

June 25, 1997
NPD3VPO: 0708

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

NPDES Monthly Report, EPA Permit No. PA 0025615

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,



Ronald L. LeGrand
Division Vice President
Nuclear Operations

SLV/trs

Attachment

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

**DELIVERING
QUALITY
ENERGY**

Duquesne Light Company

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

RONALD L. LeGRAND
Division Vice President -
Nuclear Operations and Plant Manager

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

June 25, 1997
NPD3VPC: 0709

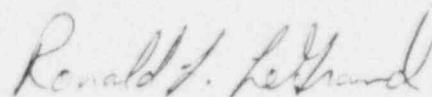
Attention: "DMR Clerk"
Department of Environmental Protection
Bureau of Water Quality Management
400 Waterfront Drive
Pittsburgh, PA 15222

NPDES Monthly Report, EPA Permit No. PA0025615

Gentlemen:

NPDES Monthly Report for Duquesne Light Company, Beaver Valley Power Station for May 1997 is submitted for your consideration.

Sincerely,



Ronald L. LeGrand
Division Vice President
Nuclear Operations

SLV/trs

Enclosure

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

DELIVERING
QUALITY
ENERGY

Instructions:

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

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

For sludge that is incinerated:
Pre-incineration weight = _____ dry tons
Post-incineration weight = _____ dry tons

SLUDGE PRODUCTION INFORMATION (prior to incineration)

HAULED AS LIQUID SLUDGE				HAULED AS DEWATERED SLUDGE			
(Gallons)	X (%) Solids	X (Conversion Factor)	= Dry Tons	(Tons of Dewatered Sludge)	X (%) Solids	X (.01)	= Dry Tons
12748	2%	.0000417	1.06			.01	
TOTAL			= 1.06	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)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	BEAVER			

DISCHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

Month: May
Year: 1997

Instructions:

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

Permittee: DUQUESNE LIGHT COMPANY
Plant: BEAVER VALLEY POWER STATION
NPDES: PA 0025615
Municipality: SHIPPINGPORT BUREAU
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
13742	2%	.0000417	1.15			.01	
TOTAL			<u>1.15</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.:	SEWAGE TREATMENT PLANT			
Dry Tons Disposed:	PA 0020125			
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	BEAVER			

Signature _____ Title CHEMISTRY MANAGER Date _____ Telephone 412-393-5113

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (12-18) (17-19)

0025615
 PERMIT NUMBER

001
 DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
97	05	01	97	01	31

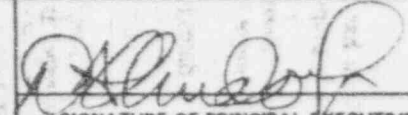
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

Form Approved. OMB No. 2040-0004
 Approval expires 05-31-98
 12345

UNITS 182 COOLG.
 (SUBR 05)
 F - FINAL
 MAJOR

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 00400 1 0 0 EFFLUENT GROSS VALU		*****	*****		7.90	*****	8.22	(12)	0	1/7	grab
		*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	50		WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALU		*****	*****		*****	NA	*****	(19)			
		*****	*****	*****	*****	REPORT NO AVG	REPORT DAILY MAX	MG/L		WEEKLY	GRAB
PLANTHOL CT-1, TOTAL WATER 04251 1 0 0 EFFLUENT GROSS VALU		*****	*****		*****	NA	*****	(19)			
		*****	*****	*****	*****	0	0	MG/L		WHEN COMP 2	DISC 8
FLOW, IN CONDUIT OR THRU TREATMENT PLAN 50050 1 0 0 EFFLUENT GROSS VALU		29.7	39.4	(03)	*****	*****	*****	*****	0	DAILY	CONT.
		REPORT NO AVG	REPORT DAILY MAX	MG/D	*****	*****	*****	*****		DAILY	CONTI
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALU		*****	*****		*****	0.00	0.10	(19)	0	1/7	grab
		*****	*****	*****	*****	0.5	1.25	MG/L		WEEKLY	GRAB
		*****	*****	*****	*****	NO AVG	INST MAX	MG/L			
CHLORINE, FREE AVAILABLE 50064 1 0 0 EFFLUENT GROSS VALU		*****	*****		*****	0.00	0.04	(19)	0	2/day	Grab
		*****	*****	*****	*****	0.2	0.5	MG/L		CONTI	RECORD
		*****	*****	*****	*****	AVERAGE	MAXIMUM	MG/L		UOUS	
HYDRAZINE 51313 1 0 0 EFFLUENT GROSS VALU		*****	*****		*****	NA	*****	(19)			
		*****	*****	*****	*****	0	0	MG/L		WEEKLY	GRAB
		*****	*****	*****	*****	NO AVG	DAILY MAX	MG/L			

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 TYPED OR PRINTED			712 393-5113	97	06
	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 T-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.)
 No Chlorine Added during May Plant not in wet layup during May. Chlorine analyzer sample pump out of service.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (7-19)

240025615
 PERMIT NUMBER

0023
 DISCHARGE NUMBER

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	97	05	21		97	05	31

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

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

INTAKE SCREEN (A) (SUBR 05)
 P - FINAL
 MAJOR

*** 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 (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE		0.006	0.046	(03)	*****	*****	*****	0	1/7	EST.
		PERMIT REQUIREMENT NO AVG	PERMIT REQUIREMENT DAILY MX	MGD	*****	*****	*****		WEEKLY	ESTIM
		SAMPLE MEASUREMENT								
		PERMIT REQUIREMENT								
		SAMPLE MEASUREMENT								
		PERMIT REQUIREMENT								
		SAMPLE MEASUREMENT								
		PERMIT REQUIREMENT								
		SAMPLE MEASUREMENT								
		PERMIT REQUIREMENT								
		SAMPLE MEASUREMENT								
		PERMIT REQUIREMENT								
		SAMPLE MEASUREMENT								
		PERMIT REQUIREMENT								

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

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE

+12 393-5113 97 06 25

AREA CODE NUMBER YEAR MO DAY

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR) (17-19)
 00025615 PERMIT NUMBER
 003 8 DISCHARGE NUMBER

003 UNCONTAMINATED (SUBR 05)
 F - FINAL
 MAJOR
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form?
 Form Approved: OMB No. 2040-0044
 Approval expires 05-31-92
 12345

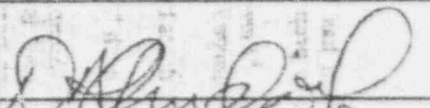
MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
97	01	01	TO	97	01	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT CROSS VALU		008	026	(03)	*****	*****	*****	0	2/31	EST.
		REPORT	REPORT	MGD	*****	*****	*****		TWICE	ESTIM
		NO AVG	DAILY MX		*****	*****	*****		MON	

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

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)


 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 303-5113
 DATE 07-06-25
 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 BEAVER VALLEY POWER STATION
 LOCATION
 ATTN: DAVID ORNDORF

NATIONAL POLLUTANT ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

PA0025815
 PERMIT NUMBER

004 A
 DISCHARGE NUMBER

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	97	05	01		97	05	31

(120-21) (122-23) (124-25) (126-27) (128-29) (130-31)

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

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-58)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	MGD	NA	*****	*****	(12)	*****	WEEKLY GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	*****	MGD	6.0 MINIMUM	*****	9.0 MAXIMUM	50	*****	WEEKLY GRAB
50050 1 0 0 EFFLUENT GROSS VALUE		*****	*****	MGD	*****	*****	*****	*****	*****	WEEKLY GRAB
CHLORINE, TOTAL RESIDUAL		*****	*****	MG/L	*****	*****	*****	(19)	*****	WEEKLY GRAB
50060 1 0 0 EFFLUENT GROSS VALUE		*****	*****	MG/L	*****	0.5 MO AVG	1.25 INST MAX	*****	*****	WEEKLY GRAB
CHLORINE, FREE AVAILABLE		*****	*****	MG/L	*****	*****	*****	(19)	*****	WEEKLY GRAB
50064 1 0 0 EFFLUENT GROSS VALUE		*****	*****	MG/L	*****	0.2 AVERAGE	0.5 MAXIMUM	*****	*****	WEEKLY GRAB
		*****	*****	MG/L	*****	*****	*****	*****	*****	WEEKLY GRAB
		*****	*****	MG/L	*****	*****	*****	*****	*****	WEEKLY GRAB
		*****	*****	MG/L	*****	*****	*****	*****	*****	WEEKLY GRAB
		*****	*****	MG/L	*****	*****	*****	*****	*****	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. § 1318. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 6 years.)

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412-393-5113
 DATE 07 20 97
 AREA CODE NUMBER YEAR MO DAY

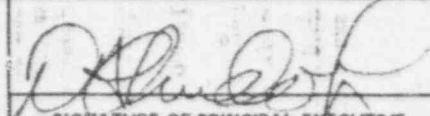
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 No discharge.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR) (17-19)
 P 0025615 PERMIT NUMBER
 006 A DISCHARGE NUMBER
 MONITORING PERIOD
 FROM 9 0 01 TO 9 0 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

Form Approved. OMB No. 2040-0004
 Approval expires 05-31-98
 12345
 AUX. INTAKE SCREEN (SUBR 05)
 F - FINAL
 MAJOR
 *** 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 (46-53)				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 PLAN 50050 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	0.002	0.016	(03)	*****	*****	*****	*****	0	1/7	EST.
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		WEEKLY	ESTIM
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE 412 393-5113 AREA CODE NUMBER	DATE		
			97	06	25
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 					

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 BEAVER VALLEY POWER STATION
 LOCATION
 ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-18) (17-19)
 740025615
 PERMIT NUMBER
 007 A
 DISCHARGE NUMBER

Form Approved. OMB No. 2040-0004
 Approval expires 05-31-98
 AUX. INTAKE SYSTEM (SUPT 05)
 F - FINAL
 MAJOR

MONITORING PERIOD							
FROM	YEAR	MO.	DAY	TO	YEAR	MO.	DAY
	120-21	122-23	124-25		126-27	128-29	130-31

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

PARAMETER (132-371)	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			
EFFLUENT GROSS VALU FLOW, IN CONDUIT OR THRU TREATMENT PLANT					No flow			(12)		WEEKLY GRAB	
50050 1 0 0					No flow			(03)		WEEKLY ESTIM	
EFFLUENT GROSS VALU		REPORT NO AVG	REPORT DAILY *X	MGD							
CHLORINE, TOTAL RESIDUAL					No flow			(19)		WEEKLY GRAB	
50060 1 0 0					0.5 NO AVG			1.25 INST MAX	MG/L	WEEKLY GRAB	
EFFLUENT GROSS VALU					No flow			(19)		WEEKLY GRAB	
CHLORINE, FREE AVAILABLE					0.2 AVERAGE			0.5 MAXIMUM	MG/L	WEEKLY GRAB	
50054 1 0 0											
EFFLUENT GROSS VALU											

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 412 393-5113
 DATE 97 06 25
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 MONITORING FOR FLOW, FREE AVAILABLE CHLORINE, AND TOTAL RESIDUAL CHLORINE ARE REQUIRED ONLY DURING THOSE PERIODS OF DISCHARGE FROM THE ALTERNATE FLOW PATH OF THE REACTOR PLANT RIVER WATER SYSTEM.
 No discharge.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16)

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

PA0025615
PERMIT NUMBER

0034
DISCHARGE NUMBER

UNIT 1 COOLING TOWER
(SUBR 05)
FINAL
MAJOR

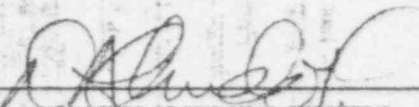
MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	
97	03	31	TO	97	03	31	
(20-21)		(22-23)		(24-25)		(26-27)	
				(28-29)		(30-31)	

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

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				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 VALU		*****	*****		7.89	*****	7.98	(12)	0	2/31	GRAB
		*****	*****	*****	6.0	*****	9.0			TWICE	GRAB
		*****	*****	*****	MINIMUM	*****	MAXIMUM			MONTH	
00530 1 0 0 EFFLUENT GROSS VALU		*****	*****		*****	15.8	21.9	(19)	0	2/31	GRAB
		*****	*****	*****	*****	30	100			TWICE	GRAB
		*****	*****	*****	*****	MO AVG	DAILY MAX	MG/L		MONTH	
00556 1 0 0 EFFLUENT GROSS VALU		*****	*****		<5	<5	<5	(19)	0	2/31	GRAB
		*****	*****	*****	15	20	30			TWICE	GRAB
		*****	*****	*****	MO AVG	DAILY MAX	INST MAX	MG/L		MONTH	
00050 1 0 0 EFFLUENT GROSS VALU		<.001	<.001	(03)	*****	*****	*****		0	1/7	EST.
		REPORT	REPORT		*****	*****	*****	*****		WEEKLY	ESTIMA
		NO AVG	DAILY MAX	MGD	*****	*****	*****	*****			

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 12 393-5113
DATE 97 06 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 BEAVER VALLEY POWER STATION
 LOCATION
 ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

PA0025615
 PERMIT NUMBER
 010 A
 DISCHARGE NUMBER

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

MONITORING PERIOD
 FROM YEAR 97 MO 05 DAY 01 TO YEAR 97 MO 05 DAY 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
EFFLUENT GROSS VALUE					7.48		7.86	(12)	0	1/7	GRAB	
PERMIT REQUIREMENT					MINIMUM		MAXIMUM	50		WEEKLY	GRAB	
CLATHROL CT-1, TOTAL WATER						NA		(19)			→	
EFFLUENT GROSS VALUE						NO AVG	INST MAX	MG/L			WEEKLY	COMPTL DISCH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		5.0	5.2	(13)					0	1/7	MEAS.	
PERMIT REQUIREMENT		REPORT	REPORT							WEEKLY	MEAS	
EFFLUENT GROSS VALUE												
CHLORINE, RESIDUAL						0.00	0.00	(19)	0	1/7	GRAB	
PERMIT REQUIREMENT						0.5	1.25	MG/L		WEEKLY	GRAB	
EFFLUENT GROSS VALUE						NO AVG	INST MAX	MG/L				
CHLORINE, AVAILABLE						0.00	0.00	(19)	0	1/7	GRAB	
PERMIT REQUIREMENT						0.2	0.5	MG/L		WEEKLY	GRAB	
EFFLUENT GROSS VALUE						AVERAGE	MAXIMUM	MG/L				

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, 393-5113
 DATE 97 06 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 MG/L AS A DAILY MAX) *NO control added during May.*

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

PA0025615
 PERMIT NUMBER

011 A
 DISCHARGE NUMBER

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	97	05	01		97	05	31

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

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

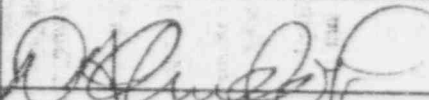
DIESEL GEN E TUR (SUBR 05)
 F - FINAL
 MAJOR

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 (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW, IN CONDUIT OR TREATMENT PLANT	0.004	0.004	MGD	0.004	0.004	MGD	0	1/7	EST.	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	NO AVG	DAILY MAX	MGD	0.004	0.004	MGD		WEEKLY 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
 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 393-5113
 DATE 97 06 25
 AREA CODE NUMBER YEAR MO DAY

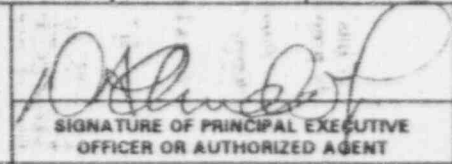
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR) (17-19)
 P80025615
 PERMIT NUMBER
 013 A
 DISCHARGE NUMBER
 MONITORING PERIOD
 FROM 9/01/91 TO 9/01/91
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

OUTFALL 013
 (SUBR 05)
 F - FINAL
 MAJOR
 Form Approved. OMB No. 2040-0004
 Approval expires 05-31-98
 12345
 *** 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 (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-60)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
00400 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	*****	(12)	6.25	*****	8.20	0	1/7	GRAB
PERMIT REQUIREMENT		*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB
50050 1 0 0 EFFLUENT GROSS VALUE		*****	*****	(03)	*****	*****	*****	0	1/7	EST.
PERMIT REQUIREMENT		REPORT MO AVG	REPORT DAILY MX	MCD	*****	*****	*****		WEEKLY	ESTIMATE
50060 1 0 0 EFFLUENT GROSS VALUE		*****	*****	(19)	*****	0.63	0.93	0	2/31	CALC.
PERMIT REQUIREMENT		*****	*****	*****	*****	REPORT MO AVG	REPORT INST MAX		TWICE MONTHLY	CALCULATE
		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 TYPED OR PRINTED			412 893-5113	97 06 25

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 Applicable)
 BEAVER VALLEY POWER STATION
 ADDRESS P.O. BOX 4
 ATTN: DAVID ORNDORF
 SHIPPINGPORT PA 15077
 FACILITY BEAVER VALLEY POWER STATION
 LOCATION
 ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR) (17-19)
 101 A
 DISCHARGE NUMBER
 10025615
 PERMIT NUMBER
 MONITORING PERIOD
 FROM 97 0 01 TO 97 0 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

101 CHEMICAL WAS (SUHR 05)
 F - FINAL
 MAJOR
 OMB No. 2040 0004
 Approval expires 05-31-98
 12345
 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			
EFFLUENT GROSS VALUE		*****	*****		6.80	*****	8.4	(12)	0	1/7	Grab
PERMIT REQUIREMENT		*****	*****	*****	6.0	*****	9.0			WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED		*****	*****		*****	5.6	8.7	(19)	0	1/7	2hr Comp
PERMIT REQUIREMENT		*****	*****	*****	30	100				WEEKLY	COMP-
EFFLUENT GROSS VALUE		*****	*****		*****	5.0	5.1	(19)	0	1/7	Grab
PERMIT REQUIREMENT		*****	*****	*****	15	20				WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N)		*****	*****		*****	NA		(19)			
PERMIT REQUIREMENT		*****	*****	*****	*****	REPORT	REPORT			WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	*****	(03)	*****	*****	*****		0	DAILY	CONT.
PERMIT REQUIREMENT		*****	*****	*****	*****	*****	*****			DAILY	CONT.
HYDRAZINE		*****	*****		*****	NA		(19)			
PERMIT REQUIREMENT		*****	*****	*****	*****	REPORT	REPORT			WEEKLY	GRAB
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											

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

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

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 893-5113
 DATE 97 06 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. #3 weekly samples taken during month. system maintenance being performed during the other week.
 NA = Not applicable. Plant not in wet layup during May.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (12-16) (17-19)
 PA0025615 102 A
 PERMIT NUMBER DISCHARGE NUMBER
 MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

Form Approved. OMB No. 2040-0004
 Approval expires 05-31-98
 102 INTAKE SCREEN (SUBR 05)
 F - FINAL
 MAJOR

*** 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 (54-61)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (54-61)			
00400 1 0 0 EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		7.96	*****	7.94	(12)	0	2/30	GRAB
	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE/MONTH	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		< 4	*****	< 4	(19)	0	2/30	GRAB
	PERMIT REQUIREMENT	*****	*****	***	NO AVG	*****	100 DAILY MX	MG/L		TWICE/MONTH	GRAB
00555 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		< 5	*****	< 5	(19)	0	2/30	GRAB
	PERMIT REQUIREMENT	*****	*****	***	NO AVG	*****	20 DAILY MX	MG/L		TWICE/MONTH	GRAB
00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.001	0.001	(03)	*****	*****	*****	*****	0	2/30	EST.
	PERMIT REQUIREMENT	NO AVG	DAILY MX	MGD	*****	*****	*****	*****	***	TWICE/MONTH	ESTIM
	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]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-5113
 DATE 97 06 25
 AREA CODE NUMBER YEAR MO DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)

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

PA0025615 103 A
PERMIT NUMBER DISCHARGE NUMBER

SLUDGE SETTLING (SUBR 05)
P - FINAL
MAJOR

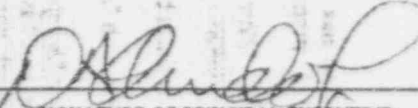
MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
FROM 97 0 01 TO 97 0 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53) (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			
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****		7.83	*****	8.11	(12)	0	2/30 grab
		*****	*****		6.0	*****	9.0			TWICE GRAB
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****		<4	*****	<4	(19)	0	2/30 2HR COMP
		*****	*****		NO AVG	*****	100			TWICE MONT
50050 1 0 0 EFFLUENT GROSS VALUE		.003	.018	(03)	*****	*****	*****		0	2/31 EST.
		REPORT	REPORT	MCD	*****	*****	*****			TWICE ESTIMA
		NO AVG	DAILY MX		*****	*****	*****			MONT

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

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


SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
412 393-5113 97 06 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 BEAVER VALLEY POWER STATION
 LOCATION
 ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-18) (17-19)
 PA0025615 110 A
 PERMIT NUMBER DISCHARGE NUMBER
 MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 FROM 97 05 01 TO 97 05 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

Form Approved. OMB No. 2040-0004 H
 UNIT 2 SERVICE (SUBR 05)
 P - FINAL MAJOR
 Approval expires 05-31-98
 *** 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	SAMPLE MEASUREMENT			(03)							
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MCD						WEEKLY	ESTIM
	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 412-393-5113
 DATE 97 06 25
 ARCA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 No discharge.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
 PA0025615
 PERMIT NUMBER
 111 4
 DISCHARGE NUMBER

Form Approved. OMB No. 2040-0004
 Approval expires 05-31-98
 111 DIESEL GENER (SUBR 05)
 F - FINAL
 MAJOR

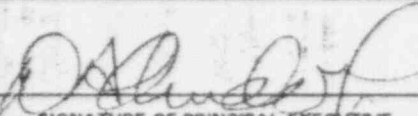
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
97	05	01	97	05	31
(20-21)		(22-23)		(24-25)	
		(26-27)		(28-29)	
		(30-31)			

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

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
00400 1 0.0 EFFLUENT GROSS VALU		*****	*****	*****	6.66	*****	7.44	(12)	0	1/7 GRAB
		*****	*****	*****	6.0	*****	9.0			WEEKLY GRAB
00530 1 0.0 EFFLUENT GROSS VALU		*****	*****	*****	*****	5.8	10.9	(19)	0	1/7 GRAB
		*****	*****	*****	*****	30	100			WEEKLY GRAB
00556 1 0.0 EFFLUENT GROSS VALU		*****	*****	*****	<5	<5	<5	(19)	0	1/7 GRAB
		*****	*****	*****	15	20	30			WEEKLY GRAB
50050 1 0.0 EFFLUENT GROSS VALU		*****	*****	(03)	*****	*****	*****		0	1/7 EST.
		*****	*****	*****	*****	*****	*****			WEEKLY ESTIMA
		*****	*****	*****	*****	*****	*****			
		*****	*****	*****	*****	*****	*****			
		*****	*****	*****	*****	*****	*****			

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

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


 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 412 393-5113
 AREA CODE NUMBER
 DATE
 97 06 25
 YEAR MO DAY

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

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

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

PA0025615
 PERMIT NUMBER
 1117
 DISCHARGE NUMBER

UNIT 2 SEWAGE TREATMENT PLANT (SUBR 05)
 F - FINAL
 MAJOR
 Form Approved.
 OMB No. 2040-0004
 Approval expires 05-31-98

MONITORING PERIOD					
FROM			TO		
YEAR	MO.	DAY	YEAR	MO.	DAY
(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			
EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED	00400 1 0 0				6.25		7.61	(12)	0	16/31	GRAB
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	00530 1 0 0				MINIMUM		MAXIMUM	SU		TWICE/MONTH	GRAB
EFFLUENT GROSS VALUE CHLORINE, TOTAL RESIDUAL	00550 1 0 0					11.6	11.7	(19)	0	2/31	COMP-8
EFFLUENT GROSS VALUE POLYPHOSPHATE, GENERAL	00550 1 0 0	0.010	0.043	(13)		NO AVG	DAILY MX	MG/L		TWICE/MONTH	COMP-8
EFFLUENT GROSS VALUE NITROGEN, AMMONIA	00060 1 0 0					0.78	1.47	(19)	0	16/31	GRAB
EFFLUENT GROSS VALUE NITROGEN, NITRATE	00060 1 0 0					REPORT	REPORT	MG/L		TWICE/MONTH	GRAB
EFFLUENT GROSS VALUE PHOSPHORUS, TOTAL	00060 1 0 0					0	0	(13)	0	2/31	GRAB
EFFLUENT GROSS VALUE PHOSPHORUS, ORTHOPHOSPHATE	00060 1 0 0					NO GEOM		100ML		TWICE/MONTH	GRAB
EFFLUENT GROSS VALUE PHOSPHORUS, TOTAL	00060 1 0 0					3.1	3.2	(19)	0	2/31	COMP-8
EFFLUENT GROSS VALUE PHOSPHORUS, TOTAL	00060 1 0 0					NO AVG	DAILY MX	MG/L		TWICE/MONTH	COMP-8

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

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 412 393-5113
 DATE 97 06 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 BEAVER VALLEY POWER STATION
 LOCATION
 ATTN: DAVID ORNDORF

NATIONAL POLLUTANT ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
 140025615
 PERMIT NUMBER
 2014
 DISCHARGE NUMBER
 MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

Form Approved. OMB No. 2040-0004
 Approval expires 05-31-98
 12345
 201 SOFTENER REG (SUBR 05)
 F - FINAL
 MAJOR
 *** 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			
EFFLUENT GROSS VALU 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****		No flow	*****	No flow	(12)	No flow	
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU	TWICE GRAB MONTH	
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALU 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	No flow		(19)	No flow	
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 NO AVG	100 DAILY MX	MG/L	TWICE GRAB MONTH	
OIL AND GREASE PERSON EXTRA-GRAV MET EFFLUENT GROSS VALU 00556 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	No flow		(19)	No flow	
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 NO AVG	20 DAILY MX	MG/L	TWICE GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLAN EFFLUENT GROSS VALU 50050 1 0 0	SAMPLE MEASUREMENT	No	flow	(03)	*****	*****	*****	*****	No flow	
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****	TWICE ESTIM MONTH	
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE 412 393-5113	DATE			
			97	06	25	
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

No discharge

NAME: HEAVER VALLEY POWER STATION
 ADDRESS: P.O. BOX 4
 ATTN: DAVID ORNDORF
 SHIPPENGPOR PA 15077
 FACILITY: HEAVER VALLEY POWER STATION
 LOCATION:
 ATTN: DAVID ORNDORF

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

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

MONITORING PERIOD
 FROM 09/01/97 TO 09/31/97
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NO DISCHARGE
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALU		*****	*****	MGD	*****	No	flow	(19)		No flow	
		*****	*****	MGD	*****	10	100			TWICE/GRAB	
		*****	*****	MGD	*****	NO AVG	DAILY MAX	MG/L		MONTH	
OIL AND GREASE FREON EXTRA CTAV NET EFFLUENT GROSS VALU		*****	*****	MGD	*****	No	flow	(19)		No flow	
		*****	*****	MGD	*****	15	20			TWICE/GRAB	
		*****	*****	MGD	*****	NO AVG	DAILY MAX	MG/L		MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLAN EFFLUENT GROSS VALU		No flow		(19)	*****	*****	*****	*****		No flow	
		REPORT	REPORT	MGD	*****	*****	*****	*****		WEEKLY ESTIMATE	
		NO AVG	DAILY MAX	MGD	*****	*****	*****	*****			

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 WITH 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 those 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: 412 393-5113
 DATE: 97 06 25
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 No discharge.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR) (17-19)
 00075615 PERMIT NUMBER
 0773 DISCHARGE NUMBER
 MONITORING PERIOD
 FROM 07 01 01 TO 07 03 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

Form Approved. OMB No. 2040-0004
 BULK FUEL STORAGE (SUBR 05) Approval expires 05-31-98
 12345
 F - FINAL
 MAJOR
 *** 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) (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 VALU	SAMPLE MEASUREMENT	*****	*****		6.0	*****	9.0	(12)		WEEKLY GRAB	
	PERMIT REQUIREMENT	*****	*****	****	MINIMUM		MAXIMUM	SD			
00530 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	30	100	(19)		WEEKLY GRAB	
	PERMIT REQUIREMENT	*****	*****	****	MO AVG	DAILY MAX	MG/L				
00556 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	15	20	(19)		WEEKLY GRAB	
	PERMIT REQUIREMENT	*****	*****	****	MO AVG	DAILY MAX	MG/L				
50050 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT			(03)	*****	*****	*****			WEEKLY ESTIMATE	
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MAX	MGD	*****	*****	*****	****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$70,000 and/or maximum imprisonment of between 6 months and 6 years.)

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 12 893-5113
 DATE 97 06 25
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 No discharge.

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

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

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

DISCHARGE MONITORING REPORT (DMR) (17-19)
 (2-16) P00025615 211 A
 PERMIT NUMBER DISCHARGE NUMBER

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

*** 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 (36-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (54-55)	MAXIMUM (56-57)	UNITS (58-59)	MINIMUM (46-47)	AVERAGE (48-49)	MAXIMUM (50-51)			
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	0.0 MINIMUM	*****	9.0 MAXIMUM	(12) SU	TWICE/MONTH	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	10 MO AVG	100 DAILY MX	(19) MG/L	TWICE/MONTH	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	15 MO AVG	20 DAILY MX	(19) MG/L	TWICE/MONTH	GRAB
50050 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	*****	(03) MGD	WEEKLY	STREAM
		*****	*****	****	*****	*****	*****	*****		
		*****	*****	****	*****	*****	*****	*****		
		*****	*****	****	*****	*****	*****	*****		

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 412 393-5113
 DATE 97 06 25
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 No discharge

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

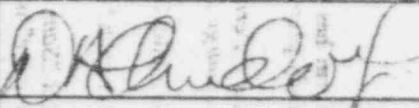
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
 PA0025615
 012 A
 PERMIT NUMBER DISCHARGE NUMBER
 MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 (120-21) (22-23) (24-25) (26-27) (28-29) (30-31)

Form Approved. OMB No. 2040-0004
 Approval expires 05-31-98
 SLOWDOWN FROM THE (SUBR 05)
 P - FINAL
 MAJOR
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (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 FLOW, IN CONDUIT OR THRU TREATMENT PLANT					7.43		7.43	(12)	0	1/31	GRAB
50050 1 0 0 EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM	SU		ONCE/MONTH	GRAB
		<.001	<.001	(03)					0	1/31	EST.
		REPORT MO AVG	REPORT DAILY MAX	MGD						ONCE/MONTH	ESTIM

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: 412-393-5113
 DATE: 97 06 25
 AREA CODE NUMBER YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (include Facility Name) Location of Facility
BEAVER VALLEY POWER STATION
 ADDRESS P.O. BOX 4
 ATTN: DAVID ORNDORF
 SHIPPINGPORT PA 15077
 FACILITY BEAVER VALLEY POWER STATION
 LOCATION
 ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
 PA0025615
 PERMIT NUMBER
 211 4
 DISCHARGE NUMBER
 MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

Form Approved. OMB No. 2040-0004
 Approval expires 05-31-98
 211 TURBINE BLDG (SUFR 05)
 F - FINAL
 MAJOR
 *** 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			
00400 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		7.14	*****	8.95	(12)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SI		WEEKLY	GRAB
00530 1 0 0 SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	11.4	21.2	(19)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	30 NO AVG	100 DAILY MAX	MG/L		WEEKLY	GRAB
00556 1 0 0 OIL AND GREASE FROM EXTR-GRAV NET EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		5.3	6.6	6.6	(19)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	15 NO AVG	20 DAILY MAX	30 INST MAX	MG/L		WEEKLY	GRAB
00050 1 0 0 FLOW, IN CONDUIT OR THROUGH TREATMENT PLANT EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	.002	.002	(03)	*****	*****	*****		0	1/7	EST.
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MAX	MGD	*****	*****	*****	****		WEEKLY	ESTIMATE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE	DATE
		412 393-5113 AREA CODE NUMBER	97 06 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 TOWER STATION
 ADDRESS P.O. BOX 4
 ATTN: DAVID ORNDORF
 SHIPPINGPORT PA 15077
 FACILITY BEAVER VALLEY POWER STATION
 LOCATION
 ATTN: DAVID ORNDORF

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

PROJ 5615 501 A
 PERMIT NUMBER DISCHARGE NUMBER

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

Form Approved.
 UNIT 1 GENRTR BL OMB No. 2040-0004
 (SUBR 05) Approval expires 05-31-98
 F - FINAL
 MAJOR
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	No	flow	(19)	No flow		
	PERMIT REQUIREMENT	*****	*****	***	*****	10	100		WEEKLY	GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLAN 50050 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	No discharge			(03)	*****	*****	*****	No flow		
	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	*****	WEEKLY	ESTIM	
	SAMPLE MEASUREMENT	NO AVG	DAILY MX	MGD							
	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 DATE
 412 393-5113 97 06 25
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 No discharge.

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

NATIONAL POLLUTANT ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
 PA0025615
 PERMIT NUMBER
 4071
 DISCHARGE NUMBER
 MONITORING PERIOD
 FROM 07 05 01 TO 09 01 01
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

Form Approved. OMB No. 2040-0004
 Approval expires 05-31-98
 CONDENSATE BLOW (SUBR 05)
 7 - FINAL
 MAJOR
 *** 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 (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (54-61)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (54-61)	AVERAGE (54-61)	MAXIMUM (54-61)	UNITS (54-61)			
HYDRAZINE 1113 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	NA		(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	0	0	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 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. § 1318. (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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR

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.)
 NA = Plant in wet layup during May.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (17-18)
 PA0025615
 PERMIT NUMBER
 403 A
 DISCHARGE NUMBER

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

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

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

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUANTITY OR CONCENTRATION (4 Card Only) (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (59-70)
		AVERAGE (54-61)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (38-45)	AVERAGE (38-45)	MAXIMUM (38-45)			
EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED (00530 1 0 0)	PERMIT REQUIREMENT	*****	*****	***	7.22	*****	7.45	(12)	0	3/31* GRAB
EFFLUENT GROSS VALUE OIL AND GREASE (00556 1 0 0)	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	3.0 MAXIMUM	50		WEEKLY GRAB
EFFLUENT GROSS VALUE NITROGEN, AMMONIA TOTAL (AS N) (00610 1 0 0)	PERMIT REQUIREMENT	*****	*****	***	*****	NO AVG	100 DAILY MX	MG/L	(19)	0 3/31* GRAB
EFFLUENT GROSS VALUE CHLORIDE TOTAL (00251 1 0 0)	PERMIT REQUIREMENT	*****	*****	***	*****	NO AVG	15 DAILY MX	MG/L	(19)	0 3/31* GRAB
EFFLUENT GROSS VALUE PHOSPHORUS, INCOMBUSTIBLE (00050 1 0 0)	PERMIT REQUIREMENT	*****	*****	***	*****	NO AVG	20 DAILY MX	MG/L	(19)	0 3/31* GRAB
EFFLUENT GROSS VALUE RESIDUAL (00060 1 0 0)	PERMIT REQUIREMENT	*****	*****	***	*****	0.00	0.00	(19)	0	3/31* 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 412 393-5113
 DATE 97 06 25
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) NO Chloride added during May. Plant not in wet layup during May. MAZINE 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.)
 * Both circulation pots empty / no discharge for over a week in May.

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

NATIONAL POLLUTANT ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
 PA0025015
 401 A
 PERMIT NUMBER DISCHARGE NUMBER

Form Approved.
 OMB No. 2040-0048
 Approval expires 05-31-98
 CHEM. FEED AREA (SUBR 05)
 P - FINAL
 MAJOR

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

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

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53) (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			
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	No flow	*****	No flow	(12)	No flow	
SOLIDS, TOTAL SUSPENDED		*****	*****	***	6.0 MINIMUM	*****	REPORT MAXIMUM	50	TRICE/GRAB MONTH	
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	10	No flow	(19)	No flow	
OIL AND GREASE FROM EXTR-GRAV MET		*****	*****	***	*****	15	No flow	(17)	No flow	
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	15	No flow	(17)	No flow	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		No flow	No flow	(03)	*****	*****	*****	*****	No flow	
00050 1 0 0 EFFLUENT GROSS VALUE		REPORT NO AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****	TRICE/GRAB MONTH	
		SAMPLE MEASUREMENT								
		PERMIT REQUIREMENT								
		SAMPLE MEASUREMENT								
		PERMIT REQUIREMENT								
		SAMPLE MEASUREMENT								
		PERMIT REQUIREMENT								

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

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 6 years.)

David Orndorf
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
 412 393-5113 97 06 25
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 No discharge

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

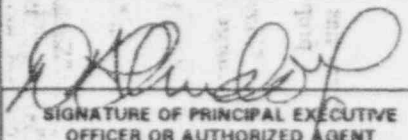
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

00025615 PERMIT NUMBER
 317 E DISCHARGE NUMBER

MONITORING PERIOD
 FROM 09 01 TO 09 03
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

313 TURBINE BLDG (SUBR 05)
 F - FINAL MAJOR
 Form Approved. OMB No. 2040-0004
 Approval expires 05-31-98
 12345
 *** 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			
EFFLUENT GROSS VALU	00400 1 0 00	*****	*****	*****	7.02	*****	8.20	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	00530 1 0 00	*****	*****	*****	*****	27.6	97.9	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MAX		WEEKLY	GRAB
OIL AND GREASE	00556 1 0 00	*****	*****	*****	*****	<5	<5	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	20 DAILY MAX		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	00050 1 0 00	*****	*****	(03)	*****	*****	*****	0	1/7	EST.
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MAX	MGD	*****	*****	*****		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.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
David Orndorf Chemistry Manager TYPED OR PRINTED			412 393-5113	97	06	25
			AREA CODE NUMBER	YEAR	MO	DAY

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

* 4 weekly samples taken during month. System maintenance being performed during the other 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 BEAVER VALLEY POWER STATION
 LOCATION
 ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
 280025015 311 A
 PERMIT NUMBER DISCHARGE NUMBER
 MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

UNIT 1 OIL WATER (SUBR 05)
 Form Approved. OMB No. 2040-0004
 Approval expires 05-31-98
 FINAL MAJOR
 *** 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 (59-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	6.98	*****	7.52	(12)	0	1/7 GRAB
	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0			WEEKLY GRAB
				****	MINIMUM		MAXIMUM	50		
EFFLUENT GROSS VALUE OIL AND GREASE FROM SYNTH-GRAB MET	SAMPLE MEASUREMENT	*****	*****	*****	*****	30	100	(19)	0	1/7 GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	MO AVG	DAILY MX	MG/L		WEEKLY GRAB

EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.019	0.056	(03)	*****	*****	*****		0	1/7 EST.
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		WEEKLY ESTIM
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER David Orndorf Chemistry Manager TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
		412 393-5113		97	06	25
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		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 15073
 FACILITY BEAVER VALLEY POWER STATION
 LOCATION
 ATTN: DAVID ORNDORF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
 PERMIT NUMBER 00000015
 DISCHARGE NUMBER 203 A
 MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

Form Approved.
 OMB No. 2040-0004
 Approval expires 05-31-98
 MAIN SEWAGE TMT (SUBR 05)
 F - FINAL
 MAJOR

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

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUANTITY OR CONCENTRATION (4 Card Only) (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
EFFLUENT GROSS VALU SOLIDS, TOTAL SUSPENDED	00400 1 0 0				6.4		7.83	(12)	0	17/31	GRAB
	PERMIT REQUIREMENT				6.0		9.0			TRICE/MONTH	GRAB
EFFLUENT GROSS VALU FLOW, IN CONDUIT OR THRU TREATMENT PLAN	00530 1 0 0					25.8	32.1	(19)	0	2/31	8HR COMP.
	PERMIT REQUIREMENT					NO AVG	NO DAILY MX			TRICE/MONTH	COMP.
EFFLUENT GROSS VALU CHLORINE, TOTAL RESIDUAL	00050 1 0 0					0.71	1.00	(19)	0	17/31	GRAB
	PERMIT REQUIREMENT					REPORT	REPORT			TRICE/MONTH	GRAB
EFFLUENT GROSS VALU COLIFORM, FECAL GENERAL	00055 1 0 0				0			(13)	0	2/31	GRAB
	PERMIT REQUIREMENT				200					TRICE/MONTH	GRAB
EFFLUENT GROSS VALU 5 DAY, 20C	00082 1 0 0				20.6		34.1	(19)	0	2/31	8HR COMP.
	PERMIT REQUIREMENT				NO AVG		DAILY MX			TRICE/MONTH	COMP.
	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 412 393-5113
 DATE 97 06 25
 AREA CODE NUMBER YEAR MO DAY

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