

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

August 27, 2007 L-07-119

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

## Beaver Valley Power Station Discharge Monitoring Report (NPDES) Permit No. PA0025615

To Whom It May Concern:

Enclosed is the July 2007 NPDES Discharge Monitoring Report (DMR) for FirstEnergy Nuclear Operating Company (FENOC), Beaver Valley Power Station, in accordance with the requirements of the Permit. Attachment 1 to this letter is supplemental monitoring data for Outfall 001 (dissolved oxygen). Attachment 2 to this letter is a yearly analysis for Chromium and Zinc required on outfalls 001, 004 and 012 as required by NPDES Permit Part C.19.

Review of the data indicates no Permit parameters were exceeded during the month.

Included with the report this month are two Supplemental Laboratory Accreditation Forms for analyses performed to support permit requirements as required by 25 Pa. Code § 252.

Should you have any questions regarding the attached and enclosed documents, please direct them to Mr. Michael Banko, at 724-682-4117.

Sincerely,

quin L. Ostrowski

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Kevin L. Ostrowski Director, Site Operations

Attachments (2) Enclosures (2)

cc: Document Control Desk US NRC (NOTE: No new US NRC commitments are contained is this letter.) US Environmental Protection Agency Central File: Keyword-DMR

1500

e.

## ATTACHMENT 1

# Weekly Dissolved Oxygen Monitoring Results at Outfall 001

The following supplemental dissolved oxygen monitoring data for Outfall 001 is provided as agreed.

SAMPLE DATE	SAMPLE TIME	VALUE	UNITS
7-2-07	11:55	8.16	mg/L
7-10-07	09:00	7.62	mg/L
7-20-07	10:50	7.37	mg/L
7-25-07	10:00	7.89	mg/L
7-30-07	08:25	7.34	mg/L

- Attachment 1 END -

# ATTACHMENT 2

## Permit Part C.19 Chromium & Zinc Monitoring Outfalls 001, 004, and 012

Permit Part C.19 requires monitoring for chromium and zinc at Outfalls 001, 004, and 012 twice per year in the same month.

Outfall 001	SAMPLE DATE	SAMPLE TIME	VALUE	MEASURE UNITS
Chromium	7/25/07	0800	< 0.002	mg/L
Zinc	7/25/07	0800	0.026	mg/L
Chromium	7/26/07	0800	< 0.002	mg/L
Zinc	7/26/07	0800	0.037	mg/L

Outfall 004	SAMPLE DATE	SAMPLE TIME	VALUE	MEASURE UNITS
Chromium	07/06/07	1000	< 0.002	mg/L
Zinc	07/06/07	1000	0.090	mg/L
Chromium	07/25/07	0910	< 0.002	mg/L
Zinc	07/25/07	0910	0.041	mg/L

Outfall 012	SAMPLE DATE	SAMPLE TIME	VALUE	MEASURE UNITS
Chromium	07/02/07	1020	0.008	mg/L
Zinc	07/02/07	1020	0.331	mg/L
Chromium	07/23/07	0930	0.009	mg/L
Zinc	07/23/07	0930	0.209	mg/L

- Attachment 2 END -

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615	
PERMIT NUMBER	

001A

	MONITORING PERIOD									
	YEAR	MO	DAY		YEAR	MO	DAY			
FROM	07	07	01	то	07	07	31			

DMR MAILING ZIP CODE: MAJOR (SUBR05)	150770004
UNITS 1&2 COOLG. TOWE	R BLWDN

No Data Indicator

PARAMETER		QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.98	N/A	8.39	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			. N/A	6 MINIMUM		9 MAXIMUM	рН	af filles and	Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	mg/L	*	*	*
00610 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Reg Mon. MO.AVG	Req. Mon.	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1**	<0.1**	mg/L	0	2 / 31	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		0 MO AVG	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	39.6	56.5	MGD	N/A	N/A	N/A	N/A	-	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Req Mon DAILY MX	Mgal/d	i i i i i i i i i i i i i i i i i i i			N/A		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.01	0.06	mg/L	0	10 / 31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		5 AVERAGE	MAXIMUM	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0005	0.02	mg/L	0	CONT	RCRD
50064 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		2 AVERAGE	MAXIMUM	mg/L		Continuous	RCORDR
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	mg/L	*	*	*
81313 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		0 MO AVG	0 DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my		TEL	DATE			
Kevin L. Ostrowski, DIRECTOR OF SITE	direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information submitted is to the based of my knowledge and ballef, true, accurate, and complete I am avera that there are significant penalties for submitting false information. SignATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT AREA Code NUME			682-7773	07	08	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.		AREA Code	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attach	ments here) * Not in wet layup this period. Da	•		, ,			

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP, REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING. THE LIMIT IS 35 MG/L AS A DAILY MAX. \*\*0.1 mg/L is minimum detectable level. JPC 8-22-07

Computer Generated Version of EPA Form 3320-1 (rev. 01/06)

#### PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 002A PERMIT NUMBER DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168	· · ·	INTAKE SCREEN BACKWASH External Outfall
	SHIPPINGPORT, PA 150770004	MONITORING PERIOD	No Data Indicator
ATTN: DONAL	D J SALERA/MGR ENV & CHEM	FROM 07 07 01 TO 07 07 31	

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.006	0.046	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO:AVG		Mgal/d				N/A		Weekly	ESTIMA

Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS       property galaxi and evaluate the information submitted. Based on my inquiry of the person of persons who manage the system, or those persons directly responsible for galaxiening the information, the information submitted is, to the base of the my knowledge and belief, true, accurate, and complete - an avece that there are significant penalties for submitting fase information.       Kevin L. Ostrawski       724       682-7773       07       08       21         SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR		i certify under penalty of law that this document and all attachments were prepared under my direction of supervision in accordance with a system designed to assure that qualified personnel.		TEI	EPHONE	C	DATE	
including the possibility of fine and imprisonment for knowing violations	Kevin L. Ostrowski, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and beief, true, accurate, the	Kevin L. Ostrawski	724	682-7773	07	08	27
TYPED OR PRINTED AGENT AREA CODE NUMBER YEAR MO DA				AREA Code	NUMBER	YEAR	MO	DAY

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

OMB No 2040-0004 -

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMBER	003A DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 * MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168			003 External Outfall
	SHIPPINGPORT, PA 150770004	YEAR MO DAY	NG PERIOD YEAR MO DAY	
ATTN: DONAL	D J SALERA/MGR ENV & CHEM	FROM 07 07 01	ro 07 07 31	No Data Indicator
[				NO. FREQUENCY SAMPLE

PARAMETER		QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.034	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon. MO AVG	Req Mon DAILY MX	Mgal/d				N/A		Twice Per	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE		DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete I am aware that there are synificent penatities for submitting false information.	Komi / Otraushi	724	682-7773	07	08	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attach	ments here)						

THE FLOWS FOR OUTFALLS 103, 203, 303, AND 403 ARE TO BE TOTALED AND REPORTED AS THE 003 FLOW.

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

NAME: ADDRESS:	FIRST ENERGY NU PA ROUTE 168 SHIPPINGPORT, PA	CLEAR OPERATING		PA0025615		004A DISCHARGE NU	IMBER		<b>DMR MA</b> MAJOR (SUBR05		CODE: 15077	'0004 ·
FACILITY: LOCATION:	BEAVER VALLEY P PA ROUTE 168 SHIPPINGPORT, PA			r · · · · · · · · · · · · · · · · · · ·					UNIT ON External (		TOWER OVER	LOW
ATTN: DONAL	.D J SALERA/MGR EN		FR	YEAR         MO           OM         07         07	DAY 01 T	YEAR         MO           0         07         07	DAY 31				No Data Ind	licator
	PARAMETER		QUANT				QUALITY OR CON	CENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН		SAMPLE MEASUREMENT	N/A	N/A	N/A	7.89	N/A	8.31	pН	0	1 / 7	GRAB

рн	MEASUREMENT	N/A	N/A	N/A	7.89	N/A	8.31	pН	0	1/7	GRAB
00400 1 0	PERMIT			N/A	6-1.2		97			Weekly	GRAB
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM	pH	1. S. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	计注意数据 法财政 网络南	all the species
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.85	7.71	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross		Req. Mon. MO AVG	Req. Mon.	Mgal/d	******		······	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.125	0.39	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		5 MO AVG	1.25 INST-MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.035	0.14	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		2 AVERAGE	5 MAXIMUM	mg/L		Weeklý	GRAB

ERATIONS Information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete 1 am aware that there are significant penalties for submitting fails information, including the possibility of fine and imprisonment for knowing violations.		TEL	EPHONE	0	ATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete I am aware that there are significant penalties for submitting false information.	Kevin L. Ostrawski	724	682-7773	07	Ó8	27
	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATION OF ANY MOLATIONS (Deference all attach	mente hore)						

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

### PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004		025615 T NUMBER			D6A <b>Ge number</b>	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004	[	MON			]	AUX. INTAKE SCREEN BACKWASH External Outfall
ATTN: DONAL	D J SALERA/MGR ENV & CHEM	FROM 07	R MO D. 07 (	AY 11 T	0 07	MO DAY 07 31	No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.016	MGD	. N/A	N/A	N/A	N/A		1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon: MO AVG	Req: Mon*	Mgal/d	A Barrer I			N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penality of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TE	LEPHONE		DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penatities for submitting false information.	Kernih. Ostrawski	724	682-7773	07	08	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	мо	DAY

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

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### PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 007A PERMIT NUMBER DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168		AUX. INTAKE SYSTEM External Outfall
	SHIPPINGPORT, PA 150770004	MONITORING PERIOD	· ·
ATTN: DONAL	D J SALERA/MGR ENV & CHEM	YEAR         MO         DAY         YEAR         MO         DAY           FROM         07         07         01         TO         07         07         31	No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE										·
	MEASUREMENT								<u> </u>		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****			6 MINIMUM:		9 MAXIMUM	pН		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT					<u></u>					
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d						Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT				<u></u>					<u> </u>	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		P			MO AVG	1:25 INST MAX	mg/L		. Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT		······								
50064 1 0 Effluent Gross	PERMIT REQUIREMENT					2 AVERAGE	.5 MAXIMUM	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	DATE			
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and beief, true, accurate, and complete. I am aware that there are significant penalties for submitting faise information,	Keuni L. Ottowski SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	724	682-7773	07	08	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations		AREA Code	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attac	hments here)					*	
MONITORING FOR FLOW FREE AVAILABLE CHI	OPINE AND TOTAL RESIDUAL OULODING ARE RECUIR	ED ANI V DUDING THASE DEDIADS OF DISCUM	DOE EDOM TI		ON DATE		10

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.

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PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different) FIRST ENERGY NUCLEAR OPERATING

SHIPPINGPORT, PA 150770004

SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION

PA ROUTE 168

PA ROUTE 168

ATTN: DONALD J SALERA/MGR ENV & CHEM

PARAMETER

Flow, in conduit or thru treatment plant

NAME:

ADDRESS:

FACILITY:

DН

00400 1 0

00530 1 0

Effluent Gross

Effluent Gross

Oil & grease

Effluent Gross

0055610

Solids, total suspended

LOCATION:

50050 1 0	PERMIT	Reg. Mon. Reg. Mon.		N/A
Effluent Gross	REQUIREMENT	MOAVG DAILYMX	Mgal/d	N/A

QUANTITY OR LOADING

VALUE

VALUE

100

	I certify under penality of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	-	TE			ATE	
Kevin L. Ostrowski, DIRECTOR OF SITE	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant peratus for submitting false information,	Kevinh. Otrawski	724	682-7773	07	08	27
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

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Sec. 1

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PA0025615	
PERMIT NUMBER	

008A DISCHARGE NUMBER

VALUE

MINIMUM

QUALITY OR CONCENTRATION

15 MO AVG

VALUE

9 MAXIMUM

100 DAILY MX

VALUE

30 MO AVG

Ì	MONITORING PERIOD								
	YEAR	MO	DAY		YEAR	MO	DAY		
FROM	07	07	01	то	07	07	31		

UNITS

DMR MAILING ZIP CODE:	150770004					
MAJOR						
(SUBR05)						
UNIT 1 COOLING TOWER PUMPHOUSE						
External Outfall						

NO.

EX

UNITS

pН

mg/L

mg/L

FREQUENCY

OF ANALYSIS

Twice Per Month

Twice Per

Twice Per.

Weekly



SAMPLE

TYPE

GRAB

GRAB

"GRAB

\* ESTIMA

#### Form Approved OMB No. 2040-0004

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615	
PERMIT NUMBER	

010A DISCHARGE NUMBER

	MONITORING PERIOD								
	YEAR	MO	DAY		YEAR	MO	DAY		
FROM	07	07	01	то	07	07	31		

<b>DMR MAILING ZIP CODE:</b> MAJOR (SUBR05)	150770004
UNIT 2 COOLING WATER External Outfall	

No Data Indicator

PARAMETER		QUANTITY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рн	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.67	N/A	8.15	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	рН			GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.05*	<0.05*	mg/L	0	1 / 31	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		0 MO AVG	0 INST MAX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.43	4.32	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon. MO AVG	Req. Mon DAILY.MX	Mgal/d				N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.032	0.16	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					5. MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02 **	<0.02 **	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		AVERAGE	5 MAXIMUM	mg/L		Weekiy,	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	_	TEL	DATE			
	property gather and evaluate the information submitted. Based on my indury of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and beild, true, accurate, and compile i am aware that there are significant penalties for submitting faise information.	Kevin L. Ostrawski	724	682-7773	07	08	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attact	ng/L						
REPORT THE DAILY MAXIMUM FOR BETZ DT-1 W		MIT IS 35 MG/L AS A DAILY MAX)					
*One Clamicide this period, 7/24. *0.1 mg/L	is minimum detectable level. **0.02 mg/L is minin	num detectable level. JPC 8-22-07					

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Page	8
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PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 011A PERMIT NUMBER DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004		DIESEL GEN & TURBINE DRAINS External Outfall
ATTN: DONAL	LD J SALERA/MGR ENV & CHEM	YEAR         MO         DAY         YEAR         MO         DAY           FROM         07         07         01         TO         07         07         31	No Data Indicator

PARAMETER		QUANTITY OR LOADING QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE				
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.004	0.004	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon MO ÁVG	Req. Mon DAILY MX	Mgal/d				N/A		Weekly	- ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	·	TE	LEPHONE	נ	ATE	
Kevin L. Ostrowski, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting faise information,	Kerri L. Ostrussi	724	682-7773	07	08	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.		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: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615	
PERMIT NUMBER	

012A DISCHARGE NUMBER

	MONITORING PERIOD									
	YEAR	MO	DAY		YEAR	MO	DAY			
FROM	07	07	01	TO	07	07	31			

<b>DMR MAILING ZIP CODE:</b> MAJOR (SUBR05)	150770004
BLOWDOWN FROM THE H' External Outfall	VAC UNIT

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION	·	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.18	N/A	8.24	рН	0	2 / 31	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6. MINIMUM		9 MAXIMUM	рН		Once Per Month	GRAB	
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.250	0.330	mg/L	0	2 / 31	GRAB	
01042 1 0 Effluent Gross	PERMIT REQUIREMENT					MO AVG	DAILY MX	mg/L		Twice Per Month	GRAB	
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.270	0.331	mg/L	0	2 / 31	GRAB	
01092 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	1.5 DAILYIMX	mg/L		Twice Per	GRAB	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 31	EST	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon	Req. Mon DAILY MX	Mgal/d				N/A		Once Per Month	ESTIMA	
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	1376	1484	mg/L	0	2 / 31	GRAB	
70295 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MO AVG		mg/L	調加	Twice Per Month	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	DATE			
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete 1 am aware that there are significant penalties for submitting false information.	Keven L. Ostrawski	724	682-7773	07	08	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	мо	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attact	hments here)		• • • • • • • •		•		

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Form Approved

OMB No. 2040-0004

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

50050 1 0

Effluent Gross

NAME:FIRST ENERGY NUCLEAR OPERATINGADDRESS:PA ROUTE 168SHIPPINGPORT, PA 150770004FACILITY:BEAVER VALLEY POWER STATIONLOCATION:PA ROUTE 168			PA0025615 013A PERMIT NUMBER DISCHARGE NUMBER					DMR MAI MAJOR (SUBR05 OUTFALL External (	. 013	CODE: 15077	70004	
ATTN: DONAL	SHIPPINGPORT, PA		FR		DAY	NG PERIOD YEAR MO 0 07 07	<b>DAY</b> 31				No Data Inc	licator
			QUANT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
	PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pН		SAMPLE	N/A	N/A	N/A	6.71	N/A	7.71	pН	0	1/7	GRAB

MEASUREMENT 00400 1 0 PERMIT \*\*\*\*\*\* \*\*\*\*\* 9 - AN PAR N/A Weekly GRAB Effluent Gross REQUIREMENT MINIMUM MAXIMUM рH 24 HR SAMPLE < 0.01\* < 0.01\* 0 2 / 31 N/A mg/L Cyanide, total (as CN) N/A N/A N/A COMP MEASUREMENT 00720 1 0 \*\*\*\*\* Reg. Mon. Req. Mon. Twice Per PERMIT Tric ين مركز ال COMP24 N/A Month Effluent Gross REQUIREMENT  $\mathbf{r}$ MO AVG DAILY MX mg/L 24 HR SAMPLE Copper, total (as Cu) N/A N/A N/A N/A 0.019 0.022 mg/L 0 2 / 31 COMP MEASUREMENT Twice Per tertat file 01042 1 0 PERMIT \*\*\*\*\* 擎 多 · 1 · 2 🦛 COMP24 N/A DAILY MX MO AVG Month Effluent Gross REQUIREMENT 100 mg/L -07-----والمرتجعة بالمدر 24 HR SAMPLE Chlorobenzene N/A N/A N/A N/A <0.005\*\* < 0.005\*\* mg/L 0 2 / 31 COMP MEASUREMENT Twice Per Req Mon or 34301 1 0 PERMIT 法律 1.124 \*\*\*\*\*\* 17.84 Req. Mon STATES TO COMP24 N/A MO AVG Month Effluent Gross REQUIREMENT mg/L 7. NY 11. 2 SAMPLE MGD EST Flow, in conduit or thru treatment plant 0.003 0.003 N/A N/A N/A N/A 2 / 31 MEASUREMENT 

Mgal/d

Me ils Status

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	l [	DATE	
	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete 1 am aware that there are significant penalties for submitting faise information.	Kan' / Pot A-	724	682-7773	07	08	27
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY
OMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attact	aments here)						

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

Req: Mon.

MOAVG

Req. Mon.

DAILY MX

\* 0.01 mg/L is minimum detectable level. \*\* 0.005 mg/L is minimum detectable level. JPC 8-22-07

PERMIT

REQUIREMENT

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Twice Per

Month

ESTIMA

الوج ترم المرجع والم

N/A



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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

	PA0025615
1	PERMIT NUMBER

101A DISCHARGE NUMBER

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
101 CHEMICAL WASTE TR	EATMENT

	MONITORING PERIOD							
	YEAR	MO	DAY		YEAR	MO	DAY	
FROM	07	07	01	το	07	07	31	

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	. N/A	N/A	N/A	6.70	N/A	7.02	рН	0	4 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****** 7. 19		N/A	MINIMUM	S	9. MAXIMUM÷	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	3.9	10.6	mg/L	0	6 / 31	2 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30, MO AVG	100 DAILY MX	mg/L		Weekly	COMP-2
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	6 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		-15 MO AVG	20 DAILY MX	mg/L		weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	**	**	mg/L	**	**	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req. Mon. MO AVG	Reg Mon	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.011	0.012	MGD	N/A	N/A	N/A	N/A	0	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon MO AVG	Req. Mon. DAILY MX	Mgal/d			1994 <b>- 1</b> 997 - 16	N/A		DAILÝ	CONTIN
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	**	**	mg/L	**	**	GRAB
81313 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req: Mon: MO:AVG	Req. Mon.	mg/L		Weekly.	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE		ATE	
Kevin L. Ostrowski, DIRECTOR OF SITE	unection or supervision in accuration with a system designed to assure that qualitied personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belef, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.	Kevin L. Ostrawski	724	682-7773	07	08	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATION OF ANY MOLATIONS (Pateronce all attack	imante hora)						

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

.

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. SAMPLES SHALL BE TAKEN AT THE DISCHARGE FROM THE CHEMICAL WASTE SUMP PRIOR TO MIXING WITH ANY OTHER WATER. \*5 mg/L is minimum detectable level. \*\* Not in wet layup this period. JPC 8-22-07

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No Data Indicator

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615	102A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY YEAR MO DAY FROM 07 07 01 то 07 07 31

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
102 INTAKE SCREEN HOUS	SE

Internal Outfall

No Data Indicator

PARAMETER		QUANTI	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAINETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.55	N/A	7.62	рН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	pН	Harris Constants	Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	13.6	21.6	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	fit ani	30 MO'AVG	100 DAILY MX	mg/L		-STwice Person Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	20 DAILY MX	mg/L		Twice Per.	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg: Mon: MO:AVG	Req Mon.	Mgal/d				N/A		Twice Per a	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Kevin L. Ostrowski, DIRECTOR OF SITE
OPERATIONS

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

ny onnel	· · · · · · · · · · · · · · · · · · ·	TEL	EPHONE		DATE	
or rate,	Kevin L. Ostrawski	724	682-7773	07	08	27
<u> </u>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR				+	
	AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

SAMPLES SHALL BE TAKEN AT THE DISCHARGE OF COLLECTED PUMP BEARING LEAKAGE PRIOR TO MIXING WITH ANY OTHER WATER.

.

\*5 mg/L is minimum detectable level. JPC 8-22-07

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TYPED OR PRINTED

Form Approved OMB No. 2040-0004 -

### PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615	
PERMIT NUMBER	

103A DISCHARGE NUMBER

	MONITORING PERIOD								
	YEAR	MO	DAY		YEAR	MO	DAY		
FROM	07	07	01	TÔ	07	07	31		

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
SLUDGE SETTLING BASIN Internal Outfall	

No Data Indicator

PARAMETER		QUANTI	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.8	N/A	7.61	рН	0	5 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	рН		Twice Per	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	11.0	15.3	mg/L	0	2 / 31	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	DAILY MX	mg/L		Twice Per. Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.034	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Reg Mon DAILY MX	Mgal/d				N/A		Twice Per	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	DATE			
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete I am aware that there are significant penalties for submiting false information.	Kernih. Ostrawski	724	682-7773	07	08	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attac	hments here)				······	-	

SAMPLES SHALL BE TAKEN AT THE OVERFLOW FROM THE BASIN PRIOR TO MIXING WITH ANY OTHER WATER.

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Computer Generated Version of EPA Form 3320-1 (Rev. 01/06)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different) FIRST ENERGY NUCLEAR OPERATING

SHIPPINGPORT, PA 150770004

SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE		DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penanties for submitting false information.	Kevin L. Estrawski	724	682-7773	07	08	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attac	hments here)						

\* 5 mg/L is minimum detectable level. JPC 8-22-07

Computer Generated Version of EPA Form 3320-1 (Rev. 01/06)

PARAMETER	QUANTITY OR LOADING					QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.04	N/A	8.09	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	ρН		Weekly.	GRAB.
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.8	4.0	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		1.771 A. (1997)	N/A		15 MO AVG	20 DAILY MX	mg/L	ingener Lingener	Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon	Mgal/d				N/A		Weekly	ESTIMA

ATTN: DONALD .	) SALERA/MGR	ENV & CHEM

PA ROUTE 168

PA ROUTE 168

NAME:

ADDRESS:

FACILITY:

LOCATION:

PA0025615	
PERMIT NUMBER	र

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) 111 DIESEL GENERATOR BLDG Internal Outfall

Form Approved OMB No. 2040-0004

No Data Indicator



in the second	IV
ISCHARGE NUMBER	(\$
	1

1	MONITORING PERIOD									
1	YEAR	MO	DAY		YEAR	MO	DAY			
FROM	07	07	01	то	07	07	31			

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004		PA0025615	113A DISCHARGE NUMBER	<b>DMR MAILING ZIP CODE</b> : 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004	Г	MONITOF		UNIT 2 SEWAGE TMT PLANT Internal Outfall
ATTN: DONAL	D J SALERA/MGR ENV & CHEM	FROM	YEAR         MO         DAY           07         07         01	YEAR         MO         DAY           TO         07         07         31	No Data Indicator X

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT				6 MINIMUM		9 MAXIMUM	рН		Month	GRAB
Solids, total suspended	SAMPLE					and a construction of the second s			NUMBER CONSERVE	S. Sarahoinin 40.54	andra, da tra antan e socie
00530 1 0 Effluent Gross	PERMIT		****** 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.043 MO AVG	Req. Mon DAILY MX	Mgal/d				N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					14 MO AVG 1	3 3 VINST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT					200 MO GEOMN		#/100mL		Twice Per	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT REQUIREMENT					25 MO AVG	50 DAILY MX	mg/L		Twice Per Month	COMP-8

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

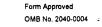
-						
		TE	LEPHONE	լ ւ	DATE	
5.	Kavin h. Ostrawski	724	682-7773	07	08	27
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	AREA Code	NUMBER	YEAR	мо	DAY
	AUTHORIZED AGENT	AKEA COUR	NUMBER	TEAR	MO	

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

SAMPLES SHALL BE TAKEN AT OVERFLOW FROM THE CHLORINE CONTACT TANK PRIOR TO MIXING WITH ANY OTHER WATER.

,

Computer Generated Version of EPA Form 3320-1 (Rev 01/06)



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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615	
PERMIT NUMBER	

203A DISCHARGE NUMBER

	MONITORING PERIOD											
	YEAR	MO	DAY		YEAR	MO	DAY					
FROM	07	07	01	то	07	07	31					

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
MAIN SEWAGE TMT PLANT Internal Outfall	-



PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM		99 MAXIMUM	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross		023 MO AVG	ADAILY MX	Mgal/d						Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					MO AVG	3:3 MINST MAX	mg/L		C Twice Per	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT		25 27 C			200 MO GEOMN		#/100mL	1000	Twice Per : Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT REQUIREMENT					MO AVG	DAILY MX	mg/L		A Twice Per and Month	COMP-85

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnal		TEL	EPHONE	C	ATE	
	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, rice, accurate, and complete 1 am aware that there are significant penatures for submitting false information.	Kevin L. Estrawski	724	682-7773	07	08	27
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attack	aments here)			<u></u>			

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

SAMPLES SHALL BE TAKEN AT OVERFLOW FROM THE CHLORINE CONTACT TANK PRIOR TO MIXING WITH ANY OTHER WATER.

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# NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

MONITORING PERIOD

TO

#### PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

					L	1
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A	6 MINIMUM	
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	CALK INC.	30 MO AVG
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **
00556 1 0 Effluent Gross	PERMIT			N/A		MO <sup>S</sup> AVG

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE		DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalities for submitting false information,	Kevin L. Ostrawski	724	682-7773	07	08	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	мо	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attac	hments here)		•	•	•		L

\*4 mg/L is minimum detectable level. \*\* 5 mg/L is minimum detectable level. JPC 8-22-07

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Computer Generated Version of EPA Form 3320-1 (Rev. 01/06)

NAME:	FIRST ENERGY NUCLEAR OPERATING	PA0025615

1. SAMPLE

MEASUREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

ADDRESS:	PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PARAMETER

Flow, in conduit or thru treatment plant

pН

Effluent Gross

50050 1 0

PA0025615	
PERMIT NUMBER	]

YEAR MO DAY

07

01

UNITS

N/A

MGD

Mgal/d

07

VALUE

N/A

0.002

Reg. Mon.

DAILYMX

QUANTITY OR LOADING

FROM

VALUE

N/A

0.002

MO AVG

Req. Mon

211A DISCHARGE NUMBER

YEAR MO DAY

07

31

QUALITY OR CONCENTRATION

VALUE

6.99

MAXIMUM

<4 \*

DAILY MX

<5 \*\*

20 street

DAILY MX

N/A

· · · 9

VALUE

N/A

MOAVG

15 ····

N/A

MOAVG

07

VALUE

6.61

N/A

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
211 TURBINE BLDG Internal Outfall	

No Data Indicato	ator	Indica	Data	No
------------------	------	--------	------	----

FREQUENCY

OF ANALYSIS

1/7

Weekly

1/7

Weekly

1 / 7

1 / 7

Weekly

Weekly

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
211 TURBINE BLDG	
	MAJOR

NO.

ΕX

0

0

0

271

Cr.

UNITS

bН

DН

mg/L

mg/L

mg/L

mg/L

N/A

N/A

DISCHARGE MONITORING REPORT (DMR)	

Form Approved OMB No. 2040-0004

Page 18

SAMPLE

TYPE

GRAB

GRAB

GRAB

GRAB

GRAB

GRAB

EST

ESTIMA

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615	
PERMIT NUMBER	

213A DISCHARGE NUMBER

	MONITORING PERIOD									
	YEAR	MO	DAY		YEAR	MO	DAY			
FROM	07	07	01	то	07	07	31			

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) UNIT 2 COOL TOWER PUMPHOUSE Internal Outfall

No Data Indicator	Χ
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM		9 MAXIMUM	рН		Twice Per	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					30 MOAVG	100 DAILY MX	mg/L		Twice Per	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT					15 MO AVG	20 DAILY MX	mg/L		Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon: MO AVG	Req. Mon. DAILY MX	Mgal/d						Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					.5 MO AVG	1.25 INST MAX	mg/L		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	DATE			
Kevin L. Ostrowski, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and compilet. I am aware that there are significant penalties for submitting faise information,	Kerni L. Ostrawski	724	682-7773	07	08	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attach	aments here)						

SAMPLES SHALL BE TAKEN AT DISCHARGE FROM THE PUMP HOUSE PRIOR TO MIXING WITH ANY OTHER WATER. NOTE: THE MONITORING OF THIS DISCHARGE IS NOT REQUIRED WHEN EFFLUENT FROM UNIT NO. 2 COOLING TOWER PUMP HOUSE FLOOR & EQUIPMENT DRAINS IS BEING RECYCLED TO THE UNIT NO. 2 WATER RECIRCULATION SYSTEM.

Computer Generated Version of EPA Form 3320-1 (Rev. 01/06)

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Form Approved OMB No 2040-0004

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

~ 1時 

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

SHIPPINGPORT, PA 150770004

SHIPPINGPORT, PA 150770004

PA ROUTE 168

PA ROUTE 168

ATTN: DONALD J SALERA/MGR ENV & CHEM

PARAMETER

Flow, in conduit or thru treatment plant

Solids, total suspended

00530 1 0

Effluent Gross

Effluent Gross

Effluent Gross

Oil & grease

00556 1 0

50050 1 0

COM

NAME:

ADDRESS:

FACILITY: LOCATION:

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel				DATE		
vin L. Ostrowski, DIRECTOR OF SITE PERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, rule, accurate, and complete. I am avere that there are significant penatives for submitting false information,	Kerni L. Otrawski	724	682-7773	07	08	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	мо	DAY

(SUBR05) UNIT 2 AUX BOILER BLOWDOWN Internal Outfall

NO.

EX

0

320

-

0

UNITS

mg/L

mg/L

ma/L

ma/L

N/A

N/A

No Data Indicator

FREQUENCY

OF ANALYSIS

2 / 31

Twice Per

Month

2 / 31

Twice Per

Month

1 / 7

Weekly

DMR MAILING ZIP CODE: 150770004 MAJOR

PERMIT NUMBER		DISCHARG	ENU	MBER
MON				
NUN		NG PERIOD		
VEAD NO D	4 3 2		140	DAV

	MONITORING PERIOD								
	YEAR	MO	DAY		YEAR	MO	DAY		
FROM	07	07	01	то	07	07	31		

UNITS

N/A

N/A

N/A

N/A

MGD

Moal/d

NAME TILE FRINCIPAL EXECUTIVE OFFICER	direction or supervision in
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evalu- persons who manage the information, the informate and complete. I am awai
	including the possibility of

SAMPLES SHALL BE TAKEN AT THE DISCHARGE OF BOILER BLOWN DOWN PRIOR TO MIXING WITH ANY OTHER WATER.

\*4 mg/L is minimum detectable level. \*\* 5 mg/L is minimum detectable level. JPC 8-22-07

Computer Generated Version of EPA Form 3320-1 (Rev. 01/06)

### FIRST ENERGY NUCLEAR OPERATING PA0025615 PERMIT NUMBER BEAVER VALLEY POWER STATION

VALUE

N/A

N/A

< 0.001

Reg. Mon:

MO AVG

\*\*\*\*\*

QUANTITY OR LOADING

VALUE

N/A

N/A

\*\*\*\*\*\*

< 0.001

Reg. Mon.

DAILY MX

2 \*\*\*\*\*\*

301A

VALUE

N/A

niç i

N/A

N/A

\*\*\*\*\*

1.5

\*\*\*\*\*\*

QUALITY OR CONCENTRATION

VALUE

<4 \*

100

DAILY MX

<5 \*\*

20

DAILY MX

N/A

\*\*\*\*\*\*

. A 1

VALUE

<4 \*

30

<5 \*\*

15

N/A

MO AVG

MO AVG



Page 20

SAMPLE

TYPE

GRAB

GRAB

GRAB

GRAB

EST

ESTIMA

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMBER	303A DISCHARGE NUMBER	DMR MAILING ZIP CODE MAJOR (SUBR05)
FACILITY:	BEAVER VALLEY POWER STATION			UNIT 1 OIL WATER SEPA
LOCATION:	PA ROUTE 168 SHIPPINGPORT, PA 150770004	MONITO	RING PERIOD	Internal Outfall

	MONITORING PERIOD								
	YEAR	MO	DAY		YEAR	MO	DAY		
FROM	07	07	01	то	07	07	31		

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
UNIT 1 OIL WATER SEPARA Internal Outfall	ATOR



PARAMETER		QUANTI			(	QUALITY OR CONC	ENTRATION		NO. EX	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT		******		6 MINIMUM		9 MAXIMUM	рH		Weakly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					30 MO AVG	DAILY MX	mg/L		Weekly .	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT					15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon. MO AVG	Req⊠Mon DAILY MX	Mgal/d				N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am evare that there are significant penalties for submitting false information.	TEL	EPHONE	נ	DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE			724	682-7773	07	08	27
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY
OMMENTS AND EVELANATION OF ANY MOLATIONS (Performance) all attach							

LANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLES SHALL BE TAKEN AT THE OVERFLOW FROM THE OIL WATER SEPARATOR PRIOR TO MIXING WITH ANY OTHER WATER.

Δ.

Computer Generated Version of EPA Form 3320-1 (Rev. 01/06)

#### Form Approved OMB No. 2040-0004

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMBER	313A DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY:	BEAVER VALLEY POWER STATION PA ROUTE 168			313 TURBINE BLDG DRAIN
	SHIPPINGPORT, PA 150770004	MONITOR	ING PERIOD	

ATTN: DONALD J SALERA/MGR ENV & CHEM

	MONITORING PERIOD							
	YEAR	MO	DAY		YEAR	MO	DAY	
FROM	07	07	01	то	07	07	31	

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.70	N/A	6.91	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM 2		9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	5.0	10.8	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MO'AVG	20 THE	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	NO AVG	Req Mon DAILY MX	Mgal/d				N/A	<b>美洲</b> 的	Weekiy	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that supplied personnel.		TEL	EPHONE		ATE	
	nd complete. I am aware that there are significant penalties for submitting talse information.	Keven L. Ostrawshi SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	07	08	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.		AREA Code	NUMBER	YEAR	мо	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attac	ments here)						

SAMPLES SHALL BE TAKEN AT DISCHARGE FROM OWS #21 PRIOR TO MIXING WITH ANY OTHER WATER.

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\* 5 mg/L is minimum detectable level. JPC 7-22-07

Computer Generated Version of EPA Form 3320-1 (Rev. 01/06)

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No Data Indicator

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615	
PERMIT NUMBER	

401A DISCHARGE NUMBER

	MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	07	01	то	07	07	31

DMR MAILING ZIP CODE:	150770004
MAJOR (SUBR05)	
· · ·	
CHEM.FEED AREA OF AUX Internal Outfall	BUILERS

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.40	N/A	8.66	pН	0	2 / 31	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		Req: Mon MAXIMUM	pН		Twice Per Month	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	6.05	12.1	mg/L	0	2 / 31	GRAB	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	100 DAILY MX	mg/L		Twice Per	GRAB	
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	2 / 31	GRAB	
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO'AVG	20 DAILY MX	mg/L		Twice Per	GRAB	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG		Mgal/d				N/A		Weekly	ESTIMA	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my		TEL	EPHONE	1	DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE	ion of supervision in accordance with a system designed to assure that qualified personnel r/ly gather and evaluate the information submitted. Based on my inquiry of the person or ns who manage the system, or those persons directly responsible for gathering the nation, the information submitted is, to the best of my knowledge and belief, true, accurate, omplete I am aware that there are significant penalties for submitting failer information.	Kein L. Etrauski	724	682-7773	07	08	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attack	nments here)						

SAMPLES SHALL BE TAKEN AT CHEMICAL FEED AREA DRAINS PRIOR TO MIXING WITH ANY OTHER WATER.

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\* 5 mg/L is minimum detectable level. JPC 8-22-07 Computer Generated Version of EPA Form 3320-1 (Rev. 01/06)

Form Approved OMB No. 2040-0004

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

.

NAME:	FIRST ENERGY NUCLEAR OPERATING
ADDRESS:	PA ROUTE 168
	SHIPPINGPORT, PA 150770004
FACILITY:	BEAVER VALLEY POWER STATION
LOCATION:	PA ROUTE 168
	SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615	
PERMIT NUMBER	

403A DISCHARGE NUMBER

	MONITORING PERIOD											
	YEAR	MO	DAY		YEAR	MO	DAY					
FROM	07	07	01	то	07	07	31					

DMR MAILING ZIP CODE: MAJOR (SUBR05)	150770004
CONDENSATE BLOWDOW	N & RIVR WAT



PARAMETER		QUANTI	TY OR LOADING		(				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT				6 MINIMUM		9 MAXIMUM	рH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT					· ·					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					MO AVG	DAILY MX	mg/L		🖂 Weekly 🙀	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT		******			15 MOIAVG	20 DAILY MX	mg/L	No.	Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT					Reg Mon: MO AVG	DAILY MX	mg/L	Frank Store	Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT										
04251 1 0 Effluent Gross	PERMIT REQUIREMENT					0 MO'AVG	DAILY MX	mg/L			COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d						Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					5 MO AVG	INST MAX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	· · · · · · · · · · · · · · · · · · ·	TEL	EPHONE	[	ATE	
	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting faise information.	Kaun L. Otrawski	724	682-7773	07	08	27
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATION OF ANY MOLATIONS (Reference all attack	amanta haral						

IATION OF ANY VIOLATIONS (Reference all at nts here)

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HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. 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.) SAMPLES SHALL BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER.

Computer Generated Version of EPA Form 3320-1 (Rev. 01/06)

Form Approved OMB No. 2040-0004

#### PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	P	PA002		2	DI	40 SCHARG	ISA	IBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168									CONDENSATE BLOWDOWN & RIVR WAT Internal Outfall
			M	DNITO	RING	PERIOD				
			YEAR	MO	DAY		YEAR	MO	DAY	No Data Indicator X
ATTN: DONAL	D J SALERA/MGR ENV & CHEM	FROM	07	07	01	TO	07	07	31	

PARAMETER		QUANTITY OR LOADING			0	QUALITY OR CONCENTRATION					SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine	SAMPLE MEASUREMENT										
81313 1 0 Effluent Gross	PERMIT REQUIREMENT					MO AVG	0 DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE		DATE	
OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and beird, true, accurate, and complete. I am aware that there are significant penalties for submitting faise information,	KEUNE L. Struski SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OF	724	682-7773	07	08	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations	AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attack	oments here)						

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. 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.) SAMPLES SHALL BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER.

Computer Generated Version of EPA Form 3320-1 (Rev. 01/06)

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#### PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

#### ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615	
PERMIT NUMBER	

413A DISCHARGE NUMBER

1		M	IONITO	RING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	07	01	то	07	07	31

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
BULK FUEL STORAGE DRA	IN
Internal Outfall	

No Data Indicator

DATE 08

MO

27

DAY

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.13	N/A	7.46	pН	0	1/7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	MINIMUM		9: MAXIMUM	рН		Weekiy	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	23.4	40.0	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MOAVG	DAILY MX	mg/L		Weekiy	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	1. A. S.	15 MOIAVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Req. Mon DAILY MX	Mgal/d	· Marsa f			N/A		Weekly	S ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	/	TEI	LEPHONE	
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting faise information.	Karnh. Ostrawski	724	682-7773	07
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR

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

SAMPLES SHALL BE TAKEN AT DISCHARGE FROM OWS #24 PRIOR TO MIXING WITH ANY OTHER WATER.

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\* 5 mg/L is minimum detectable level. JPC 7-22-07

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Form Approved OMB No. 2040-0004

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

ADDRESS: FACILITY: LOCATION:	PA ROUTE 168 SHIPPINGPORT, PA 150770004 BEAVER VALLEY POWER STATION PA ROUTE 168	PA0025615 PERMIT NUMBER	501A DISCHARGE NUMBER	(SI UN	AJOR UBR05) NIT 1 GENRTR BI ternal Outfall		N	
	SHIPPINGPORT, PA 150770004 LD J SALERA/MGR ENV & CHEM	MONITORINYEARMODAYFROM070701T	YEAR MO DAY			No Data Ind	icator X	ļ
	PARAMETER	QUANTITY OR LOADING	QUALITY OR CO		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	

UNITS

Mgal/d

VALUE

VALUE

VALUE

100 4.44

UNITS

mg/L

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE		DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting faise information,	Kevin L. Estrawsbe	724	682-7773	07	08	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

SAMPLES SHALL BE TAKEN AT INTERNAL MP 501 PRIOR TO MIXING WITH ANY OTHER WATER.

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

VALUE

Req Mon. MO AVG

VALUE

\*\*\*\*\*\* State

Req. Mon.

DAILY MX

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Solids, total suspended

Flow, in conduit or thru treatment plant

00530 1 0

50050 1 0

Effluent Gross

Effluent Gross

Form Approved OMB No. 2040-0004

Weekly

Weekly

ESTIMA

3800-FM-WSFR0189 6/2006



#### COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF WATER STANDARDS AND FACILITY REGULATION

# SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name:	Permittee Name: FirstEnergy Nucear Operating Company								
Address:	<u>P.O. Bo</u>	x 4							
	Shippingport, PA 15077								
Beaver Valley Power Station									
	PERM	AIT NUMBER	MONITORING PERIOD Year/Month/Day						
	P	40025615	2007	07	01	то	2007	07	31
PARAMETE	R	ANALYSIS METHOD		LAB NAN	NE 👷		LABI	DNUMBE	R <sup>2</sup>
Powerline 3627 (C	lamtrol)	Photometric Determination	Beaver	Valley Pov	ver Station		C	4-2742	
Bentonite Detox (Betz DT-1		Estimated using feed rate and discharge flow rate per NPDES Permit PA0025645	Beaver	Valley Po	wer Station		C	)4-2742	
Total Residual Cl	hlorine	SM 4500-CL G [20 <sup>th</sup> ]	Beaver	Valley Pov	ver Station		04-2742		
Free Available Cl	nlorine	EPA 330:5	Beaver	Valley Po	ver Station		, c	04-2742	
рН		SM 4500-H+ B [20 <sup>th</sup> ]	Beaver	Valley Pov	ver Station		(	)4-2742	
Temperatur	e	SM 2550 B [20 <sup>th</sup> ]	Beaver	Valley Pov	wer Station	<b>**</b>	() (	)4-2742	
Flow	• • •	NA	Beaver	Valley Pov	ver Station		(	)4-2742	
Total Suspended	Solids	SM 2540 D [20 <sup>th</sup> ]	Beaver	Valley Pov	ver Station			)4-2742	
Hydrazine		ASTM D1385-01	Beaver	Valley Pov	wer Station		(	)4-2742	
Fecal Colifor	m <sup>3</sup>	Standard Method 9222D	Beaver	Valley Po	ver Station		<b>.</b> (	)4-2742	
Oil and Grea	se	EPA 1664 Rev A	FirstEr	nergy Corp	-Beta Lab		6	8-01120	
Total Dissolved	Solids	SM 2540 C [20"]	FirstEi	nerĝy Corp	-Beta Lab		6	8-01120	

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

Name/Title Principal Executive Officer

Kevin L. Ostrowski Director Site Operations

Phone: 724-682-7773 Date:

Signature of Principal Executive Officer or Authorized Agent

<sup>1</sup> Submit this form with each Discharge Monitoring Report (DMR), Annual Report or Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes.

<sup>2</sup> For parameter(s) covered under accreditation-by-rule, submit the lab's registration number in lieu of an accreditation number.
<sup>3</sup> Analysis no longer performed.



#### COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF WATER STANDARDS AND FACILITY REGULATION

# SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name:	FirstEnergy	Nucear Operating Company								
Address:	P.O. Box 4									
	Shppingport	, PA 15077								
	Beaver Valle	ey Power Station	<del></del>							
	PERMIT	NUMBER			MONITO Year	RING I				
	PA002	25615	2007	07	01	то	2007	07	31	
			- Fritter websche die en Aber ein	Marco Software Security Francisco	and the state of the state of the				CANTERIA - CAMPANETZ	
PARAMET	TER	ANALYSIS METHOD			IE.		LAB	D NUMBÈ	R <sup>2</sup>	
Zinc EPA 200.7 Rev 4.4		FirstEnergy Corp-Beta Lab				68-01120				
Coppe	r.	EPA 200.7 Rev 4.4	FirstEnergy Corp-Beta Lab				68-01120			
Iron		EPA 200.7 Rev 4.4	FirstEnergy Corp-Beta Lab				68-01120			
Chromiu	m	2EPA 200.7 Rev 4.4	EirstEnergy Corp-Beta Lab				68-01120			
Ammon	ia	SM 4500-NH3 D [20 <sup>th</sup> ]	FirstEr	FirstEnergy Corp-Beta Lab			68-01120			
CBOD-5 [	Day	SM5210 B	Fir	stechnolog	y, Inc		6	8-00434		
Cyanide	e	SM 4500-CN E [20 <sup>th</sup> ]	Fir	stechnolog	y, Inc.		6	8-00434		
Chloroben	zene	EPA 624	Fir	stechnolog	y, Inc.		6	8-00434		
								· · · ·		

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

Name/Title Principal Executive Officer

Phone: 724-682-7773

Signature of Principal Executive Officer or

Kevin L. Ostrowski **Director, Site Operations** 

01 Date:

Authorized Agent Kevin L. Ostraws

<sup>1</sup> Submit this form with each Discharge Monitoring Report (DMR), Annual Report or Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes.

<sup>2</sup> For parameter(s) covered under accreditation-by-rule, submit the lab's registration number in lieu of an accreditation number.

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615	
PERMIT NUMBER	

DISCHARGE NUMBER

001A

	MONITORING PERIOD							
	YEAR	MO	DAY		YEAR	MO	DAY	
FROM	07	07	01	TO	07	07	31	

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DMR MAILING ZIP CODE: MAJOR (SUBR05)	150770004
UNITS 1&2 COOLG. TOWER External Outfall	R BLWDN

.

No Data Indicator

PARAMETER		QUANTI		-	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.98	N/A	8.39	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	рН		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	mg/L	*	*	*
00610 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MO AVG	Reg. Mon DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1**	<0.1**	mg/L	0	2 / 31	24 HR COMP
04251 1 0 Effluent Gross	PERMIT			N/A		0 MO'AVG	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	39.6	56.5	MGD	N/A	N/A	N/A	N/A	-	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	MO AVG	DAILY MX	Mgal/d				N/A		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.01	0.06	mg/L	0	10 / 31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		5 AVERAGE	1.25 MAXIMUM	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0005	0.02	mg/L	0	CONT	RCRD
50064 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A		2 AVERAGE	5 MAXIMUM	mg/L		Continuous	RCORDR
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	mg/L	*	*	*
81313 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		0 MO AVG	0 DAILY MX	mg/L		Weekly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	C	ATE	
Kevin L. Ostrowski, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am awate that there are significant penatities for submitting false information,	Kerin L. Estrauski SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	07	08	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.		AREA Code	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attach	ments here) * Not in wet layup this period. Da	aily Maximum for DT-1 was 5.0 mg/L. ** Tw	o clamicides	s this period, 7/1	7 and 7/2	24.	

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING. THE LIMIT IS 35 MG/L AS A DAILY MAX. \*\*0.1 mg/L is minimum detectable level. JPC 8-22-07

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Form Approved OMB No. 2040-0004

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 002A PERMIT NUMBER DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004	MONITORING PERIOD	INTAKE SCREEN BACKWASH External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

41

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]	MONITORING PERIOD									
	YEAR	MO	DAY		YEAR	MO	DAY			
FROM	07	07	01	то	07	07	31			

No Data Indicator

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PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAINETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.006	0.046	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILYMX	Mgal/d				N/A		Weekly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my		TËL	DATE			
Kevin L. Ostrowski, DIRECTOR OF SITE	omplete I am aware that there are significant penalties for submitting faise information	Kevin L. Ostrawski	724	682-7773	07	08	27
rocluding the possibility of fine and imprisonment for knowing violations. 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)

.

Form Approved OMB No. 2040-0004

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### PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

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NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 003A PERMIT NUMBER DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004	MONITORING PERIOD	003 External Outfall
ATTN: DONAL	D J SALERA/MGR ENV & CHEM	YEAR         MO         DAY         YEAR         MO         DAY           FROM         07         07         01         TO         07         07         31	No Data Indicator

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.034	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	MO AVG	Req Mon DAILY MX	Mgal/d				N/A		Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my		TEL	DATE			
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	complete I am aware that there are significant penalties for submitting false information.	Kevinh. Othowski	724	682-7773	07	08	27
Including the possibility of fine and imprisonment for knowing violations.		AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attac	nments here)						

THE FLOWS FOR OUTFALLS 103, 203, 303, AND 403 ARE TO BE TOTALED AND REPORTED AS THE 003 FLOW.

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

r.

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PA0025615	
PERMIT NUMBER	

004A DISCHARGE NUMBER

	MONITORING PERIOD									
	YEAR	MO	DAY		YEAR	MO	DAY			
FROM	07	07	01	то	07	07	31			

DMR MAILING ZIP CODE: MAJOR (SUBR05)	150770004
UNIT ONE COOLG TOWER External Outfall	OVERFLOW

.

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING				ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.89	N/A	8.31	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	MINIMUM		9 MAXIMUM	рН		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.85	7.71	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon MO AVG	Req. Mon.	Mgal/d			*****	N/A		Weekiy	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.125	0.39	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.035	0.14	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		2 AVERAGE	5 MAXIMUM	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	Kevin L. Otsawski	TEL	DATE			
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	sity gather and evaluate the information submitted. Based on my inquiry of the person or ins who manage the system, or those persons directly responsible for gathering the mation, the information submitted is, to the best of my knowledge and belief, true, accurate, complete. I am aware that there are significant penalties for submitting false information.		724	682-7773	07	08	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attac	hments here)						

Computer Generated Version of EPA Form 3320-1 (rev. 01/06)

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OMB No. 2040-0004

#### PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

.

ATTN: DONALD J SALERA/MGR ENV & CHEM

.

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 006A PERMIT NUMBER DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168		AUX. INTAKE SCREEN BACKWASH External Outfall
	SHIPPINGPORT, PA 150770004	MONITORING PERIOD	

		MONITORING PERIOD								
	YEAR	MO	DAY		YEAR	MO	DAY			
FROM	07	07	01	то	07	07	31			

DMR MAILING ZIP CODE:	150770004	
MAJOR		
(SUBR05)		
AUX. INTAKE SCREEN BAC	KWASH	
External Outfall		

.

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUË	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.016	MGD	. N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon MO AVG	Req. Mon. DAILY/MX	Mgal/d				N/A	部。	Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	,	TEL	DATE			
Kevin L. Ostrowski, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kevinh. Ostrawski	724	682-7773	07	08	27
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	мо	DAY
	g	AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DA

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

.

Computer Generated Version of EPA Form 3320-1 (rev. 01/06)

Form Approved OMB No. 2040-0004

Form Approved OMB No. 2040-0004

#### PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

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NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMBER	007A SCHARGE NUMBER	<b>DMR MAILING ZIP C</b> MAJOR (SUBR05)	DDE: 150770004	
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168			AUX. INTAKE SYSTE External Outfall	М	
ATTN: DONAI	SHIPPINGPORT, PA 150770004 LD J SALERA/MGR ENV & CHEM	MONITORINGYEARMODAYFROM070701TO	YEAR MO DAY 07 07 31		No Data Indicator	
		QUANTITY OR LOADING	QUALITY OR CONCENTRATION		FREQUENCY SAMPLE	E

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		EX	OF ANALYSIS	TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM		9 MAXIMUM	рН		Weekly, 2	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG	Reg Mon DAILY MX	Mgal/d						Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					MO AVG	1.25 INST MAX	mg/L		weekly 🗤	GRAB
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	******* ******				2 AVERAGE	5 MAXIMUM	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	1	DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, use, accurate, and complete. I am aware that there are significant penatuse for submitting failse information,	Kevin L. Ostrawski	724	682-7773	07	08	27
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	мо	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all atta	chments 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.

Computer Generated Version of EPA Form 3320-1 (rev. 01/06)

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

.

PA0025615	
PERMIT NUMBER	

008A DISCHARGE NUMBER

		N	IONITO	RING	PERIOD	1	
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	07	01	то	07	07	31

DMR MAILING ZIP CODE: MAJOR (SUBR05)	150770004
UNIT 1 COOLING TOWER I External Outfall	PUMPHOUSE



PARAMETER		QUANTI	TY OR LOADING		. (	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		******		6. MINIMUM6#	*****	9 MAXIMUM	рН		Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					30 MO AVG	100 DAILY MX	mg/L		Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT					15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Hut Reg. Mon. MO AVG	Req. Mon DAILY MX	Mgai/d				N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	0	ATE	
Kevin L. Ostrowski, DIRECTOR OF SITE	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kariah. Otrawski	724	682-7773	07	08	27
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	мо	DAY
COMMENTS AND EVELANATION OF ANY MOLATIONS (Beforence all other							

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

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Computer Generated Version of EPA Form 3320-1 (rev. 01/06)

#### PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

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PA0025615	
PERMIT NUMBER	

010A DISCHARGE NUMBER

		N	IONITO	RING	PERIOD	)	
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	07	01	то	07	07	31

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
UNIT 2 COOLING WATER External Outfall	

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.67	N/A	8.15	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	рН		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.05*	<0.05*	mg/L	0	1 / 31	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		0. MO AVG	0 INST MAX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.43	4.32	MGD	N/A	N/A	N/A	N/A	_	1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon.	Mgal/d	******			N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.032	0.16	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					.5 MO AVG	1.25 INST MAX	mg/L	k, kita Karlistina Maria	Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02 **	<0.02 **	mg/L	0	1 / 7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		2 AVERAGE	5 MAXIMUM	mg/L		Weekly	GRAB

Kevin L. Ostrowski, DIRECTOR OF SITE direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted Based on my multi of the person or property gather and evaluate the information submitted is to the best of my knowledge and belief, true, accurate.	27
OPERATIONS and complete 1 am aware that there are significant penatties for submitting fatse information,	£1
TYPED OR PRINTED Including the possibility of fine and imprisonment for knowing violations. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Code NUMBER YEAR MO	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) The BETS DT-1 daily maximum was 15.7 mg/L	
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)	

\*One Clamicide this period, 7/24. \*0.1 mg/L is minimum detectable level. \*\*0.02 mg/L is minimum detectable level. JPC 8-22-07

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Computer Generated Version of EPA Form 3320-1 (rev. 01/06)

Form Approved OMB No. 2040-0004

Form Approved OMB No. 2040-0004

# PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

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NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 011A PERMIT NUMBER DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004		DIESEL GEN & TURBINE DRAINS External Outfall
ATTN: DONAL	LD J SALERA/MGR ENV & CHEM	YEAR         MO         DAY         YEAR         MO         DAY           FROM         07         07         01         TO         07         07         31	No Data Indicator

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.004	0.004	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	MO AVG	Reg Mon	Mgal/d				N/A		Weekly	ESTIMA

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	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that gualified personnel	· · · · · · · · · · · · · · · · · · ·	TE	LEPHONE	C	ATE	·
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Keinih. Ostruski SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	07	08	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

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Computer Generated Version of EPA Form 3320-1 (Rev. 01/06)

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

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PA0025615	
PERMIT NUMBER	

012A DISCHARGE NUMBER

	MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	07	01	то	07	07	31

DMR MAILING ZIP CODE:	150770004				
MAJOR					
(SUBR05)					
BLOWDOWN FROM THE HVAC UNIT					
External Outfall					

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING	_	C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.18	N/A	8.24	pН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	6 MINIMUM		9 MAXIMUM	рН		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.250	0.330	mg/L	0	2 / 31	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT					Req Mon MO AVG	Req Mon:	mg/L		Twice Person Month	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.270	0.331	mg/L	0	2 / 31	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		1.5 MO AVG	1:5 DAILY MX	mg/L		Twice Per	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG	Réq. Mon DAILY MX	Mgal/d				N/A		Once Per	<b>ESTIMA</b>
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	1376	1484	mg/L	0	2 / 31	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MO AVG	DAILY MX	mg/L		Twice Per Month	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	· · · · · · · · · · · · · · · · · · ·	TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete I am aware that there are significant penalities for submitting faise information.	Kavin L. Ostrawski	724	682-7773	07	08	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATION OF ANY MOLATIONS (Performance) all attack	monte hora)						

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

Computer Generated Version of EPA Form 3320-1 (Rev. 01/06)

Form Approved OMB No. 2040-0004

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

NAME:	FIRST ENERGY NUCLEAR OPERATING
ADDRESS:	PA ROUTE 168
	SHIPPINGPORT, PA 150770004
FACILITY:	BEAVER VALLEY POWER STATION
LOCATION:	PA ROUTE 168
	SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615	
PERMIT NUMBER	ŀ

013A DISCHARGE NUMBER

	MONITORING PERIOD							
	YEAR	MO	DAY		YEAR	MO	DAY	
FROM	07	07	01	то	07	07	31	

ļ	DMR MAILING ZIP CODE:	150770004
	MAJOR	
1	(SUBR05)	
	OUTFALL 013	
	External Outfall	

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No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.71	N/A	7.71	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	₩6 MINIMUM		9 MAXIMUM	pН		Weekly	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01*	<0.01*	mg/L	0	2 / 31	24 HR COMP
00720 1 0 Effluent Gross				N/A		Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Month	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.019	0.022	mg/L	0	2 / 31	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		05 MO AVĜ		mg/L		Twice Per Month	COMP24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005**	<0.005**	mg/L	0	2 / 31	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req. Mon. MO AVG	Req. Mon DAILY MX	mg/L		Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.003	0.003	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon MO AVG	Req Mon: DAILY MX	Mgal/d				N/A		Month	ESTIMA -

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	C	ATE		
Kevin L. Ostrowski, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete I am aware that there are significant penalties for submitting false information.	Kan'l Pot l-	724	682-7773	07	08	27	
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.		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.

\* 0.01 mg/L is minimum detectable level. \*\* 0.005 mg/L is minimum detectable level. JPC 8-22-07

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Page	11

MONITORING PERIOD

то

Form Approved OMB No. 2040-0004

#### PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615	
PERMIT NUMBER	

YEAR MO DAY

FROM 07 07 01

101A DISCHARGE NUMBER

YEAR MO DAY

07 07 31

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
101 CHEMICAL WASTE TRI	EATMENT

Internal Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.70	N/A	7.02	pН	0	4 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	16 MINIMUM		9 SEMAXIMUM	рH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	3.9	10.6	mg/L	0	6 / 31	2 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 a MO AVG	DAILY MX	mg/L		Weekiy	COMP-2
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	6 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	20 DAILY MX	mg/L		Weekiy	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	. **	**	mg/L	**	**	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req: Mon.s. MO AVG	Req. Moni- DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.011	0.012	MGD	N/A	N/A	N/A	N/A	0	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Réq: Mon ****	Req. Mon.	Mgal/d		<b>X</b> (1) (1)		N/A		DAILY	CONTIN
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	**	**	mg/L	**	**	GRAB
81313 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req Mon MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	·	TEL	DATE			
Kevin L. Ostrowski, DIRECTOR OF SITE	allection or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the besi of my knowledge and belief, true, accurate, and complete i dam aware that there are significant penaties for submitting faise information,	Kevin h. Ostrawski	724	682-7773	07	08	27
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	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. SAMPLES SHALL BE TAKEN AT THE DISCHARGE FROM THE CHEMICAL WASTE SUMP PRIOR TO MIXING WITH ANY OTHER WATER. \*5 mg/L is minimum detectable level. \*\* Not in wet layup this period. JPC 8-22-07

Computer Generated Version of EPA Form 3320-1 (Rev. 01/06)

Page 12

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MONITORING PERIOD

TO

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615	
PERMIT NUMBER	

YEAR MO DAY

07 01

07

FROM

102A DISCHARGE NUMBER

YEAR MO DAY

07

07

31

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
102 INTAKE SCREEN HOUS Internal Outfall	SE

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.55	N/A	7.62	pН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	рН		Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	13.6	21.6	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		305 MOAVG	DAILY MX	mg/L		Twice!Per	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon MO AVG	DAILY MX	Mgai/d				N/A		Twice Per	ESTIMA

	i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personn				
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accu, and complete a maware that there are significant penalities for submitting fails information.				
	including the possibility of fine and imprisonment for knowing violations				

•

TELEPHONE DATE 724 682-7773 07 08 27 reven L. Straws SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Code NUMBER YEAR MO DAY AUTHORIZED AGENT

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

SAMPLES SHALL BE TAKEN AT THE DISCHARGE OF COLLECTED PUMP BEARING LEAKAGE PRIOR TO MIXING WITH ANY OTHER WATER.

\*5 mg/L is minimum detectable level. JPC 8-22-07

Computer Generated Version of EPA Form 3320-1 (Rev. 01/06)

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Page 13

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MONITORING PERIOD

07 01 TO 07 07 31

#### PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME:	FIRST ENERGY NUCLEAR OPERATING
ADDRESS:	PA ROUTE 168
	SHIPPINGPORT, PA 150770004
FACILITY:	BEAVER VALLEY POWER STATION
LOCATION:	PA ROUTE 168
	SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615	
PERMIT NUMBER	

YEAR MO DAY

07

FROM

103A DISCHARGE NUMBER

YEAR MO DAY

DMR MAILING ZIP CODE: MAJOR
(SUBR05) SLUDGE SETTLING BASIN Internal Outfall

No Data Indicator

-

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONCENTRATION		NO. EX			
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.8	N/A	7.61	pН	0	5 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	11.0	15.3	mg/L	0	2 / 31	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	4	30 MO'AVG	100 DAILY MX	mg/L		Twice Per	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.034	MGD	N/A	N/A	N/A	N/A	-	2 / 31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon. MO AVG	Reg! Mon DAILY MX	Mgal/d				N/A		Twice/Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	DATE			
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete 1 am aware that there ere significant penalties for submitting faise information,	Kernih. Ostrawski	724	682-7773	07	08	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	мо	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attac	hments here)		·			••••••	<b></b>

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLES SHALL BE TAKEN AT THE OVERFLOW FROM THE BASIN PRIOR TO MIXING WITH ANY OTHER WATER.

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Computer Generated Version of EPA Form 3320-1 (Rev 01/06)

Form Approved OMB No. 2040-0004

150770004

#### PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

.

•

PA0025615	
PERMIT NUMBER	

111A DISCHARGE NUMBER

[	MONITORING PERIOD									
	YEAR	MO	DAY		YEAR	MO	DAY			
FROM	07	07	01	то	07	07	31			

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
111 DIESEL GENERATOR E Internal Outfall	BLDG

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.04	N/A	8.09	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.8	4.0	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO'AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon: MO AVG	Req Mon DAILY MX	Mgal/d				N/A		Weekly	ESTIMA

	ind complete. I am aware that there are significant penalties for submitting false information.		TEL	EPHONE		DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE		Kerri L. Btrewski SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	724	682-7773	07	08	27
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.		AREA Code	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attach	ments here)						

\* 5 mg/L is minimum detectable level. JPC 8-22-07

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Computer Generated Version of EPA Form 3320-1 (Rev. 01/06)

Form Approved OMB No. 2040-0004

Form Approved OMB No. 2040-0004

Page 16

#### PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615	
PERMIT NUMBER	

113A DISCHARGE NUMBER

		MONITORING PERIOD								
	YEAR	MO	DAY		YEAR	MO	DAY			
FROM	07	07	01	то	07	07	31			

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
UNIT 2 SEWAGE TMT PLAN	IT
Internal Outfall	



PARAMETER	PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******			6 MINIMUM		9 MAXIMUM	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					30 MO AVG	60 DAILY:MX	mg/L		Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.043 MO AVG	Req. Mon DAILY MX	Mgal/d				N/A		e 🖗 Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT				e Carix	14 MO AVG 15	3.3 SINST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT					200 MO GEOMN		#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT REQUIREMENT					25 MO AVG	50. DAILY MX	mg/L		CTwice Per	COMP-8

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel	A	TEL	DATE			
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	operty gather and evaluate the information submitted. Based on my inquiry of the person or isons who manage the system, or those persons directly responsible for gathering the ormation, the information submitted is, to the best of my knowledge and belief, true, accurate, d complete. I am aware that there are significant penalties for submitting false information.	Kavin h- Ostrawski	724	682-7773	07	08	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	мо	DAY

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

SAMPLES SHALL BE TAKEN AT OVERFLOW FROM THE CHLORINE CONTACT TANK PRIOR TO MIXING WITH ANY OTHER WATER.

Computer Generated Version of EPA Form 3320-1 (Rev. 01/06)

#### PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

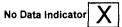
ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615	
PERMIT NUMBER	

203A DISCHARGE NUMBER

		MONITORING PERIOD					
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	07	01	то	07	07	31

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) MAIN SEWAGE TMT PLANT Internal Outfall



PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0	PERMIT		C******				9		and the second	Twice Per Month	CPAD
Effluent Gross	REQUIREMENT		Sector States		MINIMUM	A	MAXIMUM	pH	理的通信	Month	SOLD :
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					30 MO AVG	60 DAILY MX	mg/L		Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	023 MO AVG	Req. Mon.	Mgal/d						Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					1.4 MOAVG	3.3 INST MAX	mg/L		Twice Per	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1	PERMIT					200 MO GEOMN			and the second	Twice Per	GRAB
Effluent Gross	REQUIREMENT		A State of the second			MO GEOMN		#/100mL		Month A	Strine States
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0	PERMIT	1	*****			25	DAILY MX			Twice Per 🔅	COMP-8
Effluent Gross	REQUIREMENT	<b>这种空影的</b> 特				25 MOAVG	DAILY MX	mg/L	1999年1997年1	Month	SCOWIF-0

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that gualified personnel		TEL	DATE			
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete I am aware that there are significant penalties for submitting fatse information.	Kevin L. Ostrawski SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	07	08	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attact	iments here)						

SAMPLES SHALL BE TAKEN AT OVERFLOW FROM THE CHLORINE CONTACT TANK PRIOR TO MIXING WITH ANY OTHER WATER.

Computer Generated Version of EPA Form 3320-1 (Rev. 01/06)

Form Approved OMB No. 2040-0004

Form Approved OMB No. 2040-0004

#### PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMBER	211A ISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168			211 TURBINE BLDG Internal Outfall
	SHIPPINGPORT, PA 150770004	MONITORING	PERIOD	
ATTN: DONAL	LD J SALERA/MGR ENV & CHEM	YEAR         MO         DAY           FROM         07         07         01         TO	YEAR         MO         DAY           07         07         31	No Data Indicator

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.61	N/A	6.99	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A			9 MAXIMUM	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG T	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon MO AVG	Reg Mon DAILY/MX	Mgal/d				N/A		Weekly	EST,IMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	1	DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant senaities for submitting failse information.	Kevin L. Otrawski	724 682-7773		07 08		27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	мо	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attac	hments here)						

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) \*4 mg/L is minimum detectable level. \*\* 5 mg/L is minimum detectable level. JPC 8-22-07

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Computer Generated Version of EPA Form 3320-1 (Rev. 01/06)

Form Approved OMB No. 2040-0004

# PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

٠.

PA0025615	
PERMIT NUMBER	

FROM

213A DISCHARGE NUMBER

	M	IONITO	RING	PERIOD	1	
YEAR	MO	DAY		YEAR	MO	DAY
07	07	01	TO	07	07	31

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
UNIT 2 COOL TOWER PUM	PHOUSE
Internal Outfall	



PARAMETER		QUANTI	QUANTITY OR LOADING QUALITY OR CONCENTRATION						NO. EX		SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	_									
00400 1 0 Effluent Gross	PERMIT REQUIREMENT						9 MAXIMUM	рН		Month	
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****				30 MO:AVG	100. DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT					15 MO ÁVG	20 DAILY, MX	mg/L		Twice Per	- GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon MO AVG	Req. Mon. DAILY MX	Mgai/d						Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT				*****	5 MO,AVG	II25 INST MAX	mg/L		Twice Per Month	GRAB

		<b>,</b>	TEL	EPHONE	[	DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE	information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant penalities for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Kein L. Betrawski	724	682-7773	07	08	27
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attack	ments here)						

SAMPLES SHALL BE TAKEN AT DISCHARGE FROM THE PUMP HOUSE PRIOR TO MIXING WITH ANY OTHER WATER. NOTE: THE MONITORING OF THIS DISCHARGE IS NOT REQUIRED WHEN EFFLUENT FROM UNIT NO. 2 COOLING TOWER PUMP HOUSE FLOOR & EQUIPMENT DRAINS IS BEING RECYCLED TO THE UNIT NO. 2 WATER RECIRCULATION SYSTEM.

Computer Generated Version of EPA Form 3320-1 (Rev. 01/06)

MONITORING PERIOD

то Г

Form Approved OMB No. 2040-0004

#### PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

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PA0025615 PERMIT NUMBER

YEAR MO DAY

07 01

FROM 07

301A DISCHARGE NUMBER

YEAR MO DAY

07 07 31

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) UNIT 2 AUX BOILER BLOWDOWN Internal Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4 *	<4 *	mg/L	0	2 / 31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 States MO AVG	100 DAILY/MX	mg/L		Twice Pero	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	0	2 / 31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	N THE	15 MO AVG	20 DAILY MX	mg/L		Twice Per-	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Keq Mon MO AVG	DAILY MX	Mgai/d				N/A	12.50	Weekiy 🖓	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete I am everse that there are significant penalties for submitting false information.	Kamil Attraught	724	682-7773	07	7 08	27
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attact	iments here)						

SAMPLES SHALL BE TAKEN AT THE DISCHARGE OF BOILER BLOWN DOWN PRIOR TO MIXING WITH ANY OTHER WATER.

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\*4 mg/L is minimum detectable level. \*\* 5 mg/L is minimum detectable level. JPC 8-22-07

Computer Generated Version of EPA Form 3320-1 (Rev 01/06)

MONITORING PERIOD

TO

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

.

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PA0025615	
PERMIT NUMBER	

YEAR MO DAY

FROM 07 07 01

303A DISCHARGE NUMBER

YEAR MO DAY

07 07 31

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
UNIT 1 OIL WATER SEPAR	ATOR
Internal Outfall	
Internal Outlail	



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
рН	SAMPLE MEASUREMENT											
00400 1 0 Effluent Gross	PERMIT	*****	******		6- MINIMUM		9 MAXIMUM	рН		Weekiy	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT											
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB	
Oil & grease	SAMPLE MEASUREMENT											
00556 1 0 Effluent Gross	PERMIT REQUIREMENT					15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT											
50050 1 0 Effluent Gross		MO AVG	Reg Mon DAILY MX	Mgal/d				N/A		Weekly.	SESTIMA	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	DATE			
	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and compilet. I am evare that there are significant penatules for submitting false information.	Kami L. Ostrawski	724	682-7773	07	08	27
	including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	8 27

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

SAMPLES SHALL BE TAKEN AT THE OVERFLOW FROM THE OIL WATER SEPARATOR PRIOR TO MIXING WITH ANY OTHER WATER.

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Computer Generated Version of EPA Form 3320-1 (Rev. 01/06)

Form Approved OMB No. 2040-0004

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

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PA0025615	
PERMIT NUMBER	

313A DISCHARGE NUMBER

	MONITORING PERIOD									
	YEAR	MO	DAY		YEAR	MO	DAY			
FROM	07	07	01	то	07	07	31			

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
313 TURBINE BLDG DRAIN	
Internal Outfall	

No Data Indicator

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.70	N/A	6.91	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	5.0	10.8	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT			N/A		30 MO AVG	100 DAILY MX	mg/L		Weekfy	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT	*****	*****	N/A		15 MO AVG	20 DAILY MX	mg/L		weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon	Reg. Mon. DAILY MX	Mgal/d	******* ***			N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER									
Kevin L. Ostrowski, DIRECTOR OF SITE									
OPERATIONS									

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

	TEI	DATE			
Kevin L. Ostrawski	724	682-7773	07	08	27
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	мо	DAY

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

SAMPLES SHALL BE TAKEN AT DISCHARGE FROM OWS #21 PRIOR TO MIXING WITH ANY OTHER WATER.

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\* 5 mg/L is minimum detectable level. JPC 7-22-07

Computer Generated Version of EPA Form 3320-1 (Rev. 01/06)

TYPED OR PRINTED

Form Approved OMB No. 2040-0004

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

.

PA0025615 PERMIT NUMBER 401A DISCHARGE NUMBER

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
CHEM.FEED AREA OF AUX Internal Outfall	BOILERS

	MONITORING PERIOD									
	YEAR	MO	DAY		YEAR	MO	DAY			
FROM	07	07	01	то	07	07	31			

PARAMETER	QUANTITY OR LOA		TY OR LOADING	≀LOADING QU		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.40	N/A	8.66	pН	0	2 / 31	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		Req. Mon.	рН		Twice Per*** Month	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	6.05	12.1	mg/L	0	2 / 31	GRAB	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	100 DAILY MX	mg/L		Month	GRAB	
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	2 / 31	GRAB	
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MÓ AVG	20 DAILY MX	mg/L		Month	GRAB	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG		Mgal/d				N/A		Weekly	ESTIMA	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE		DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and compilet I am aware that there are significant penalities for submitting fails information.	Keini L. Etrauski	724	682-7773	07	08	27
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attack	hments here)						

SAMPLES SHALL BE TAKEN AT CHEMICAL FEED AREA DRAINS PRIOR TO MIXING WITH ANY OTHER WATER.

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\* 5 mg/L is minimum detectable level. JPC 8-22-07

Computer Generated Version of EPA Form 3320-1 (Rev. 01/06)

No Data Indicator

#### PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

...

PA0025615	
PERMIT NUMBER	

403A DISCHARGE NUMBER

	[	M	ONITO	RING	PERIOD	)	
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	07	01	то	07	07	31

DMR MAILING ZIP CODE: MAJOR (SUBR05)	150770004
CONDENSATE BLOWDOW	N & RIVR WAT

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6. MINIMUM	*****	9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	<u></u>								· · · · · · · · · · · · · · · · · · ·	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT					15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT							1			
00610 1 0 Effluent Gross	PERMIT REQUIREMENT					Req: Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT										
04251 1 0 Effluent Gross	PERMIT REQUIREMENT					0 MO AVG	DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req. Mon DAILY MX	Mgal/d						🖉 Weekly 🤤	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT						1.25 INST MAX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	0	ATE	
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	roperly gather and evaluate the information submitted. Based on my inquiry of the person or eraons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and compilet, a mawner that there are significant penalties for submitting failse information.	Kaun L. Otrawski	724	682-7773	07	08	. 27
	Including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY
OMMENTS 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 DT-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.) SAMPLES SHALL BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER.

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 403A PERMIT NUMBER DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004	MONITORING PERIOD	CONDENSATE BLOWDOWN & RIVR WAT Internal Outfail

ATTN: DONALD J SALERA/MGR ENV & CHEM

		N	IONITO	RING	PERIOD	r.	
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	07	01	то	07	07	31

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DADAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
	SAMPLE										
Hydrazine	MEASUREMENT										
81313 1 0	PERMIT	No.				4月11日 0 1 (4) 2	0			Weekly	GRAB
Effluent Gross	REQUIREMENT	1.2.1111月1月1日	のなどの	•		MO AVG	DAILY MX	mg/L	的建立的	Selection (1)	322.9.1.5 A

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my	· · · · · · · · · · · · · · · · · · ·	TEL	DATE			
Kevin L. Ostrowski, DIRECTOR OF SITE	direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my notury of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete 1 am awate that there are significant penalties for submitting faise information.	Keini L. Ostrawski	724	682-7773	07	08	27
	Including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY
OMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attach	ments here)						

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. 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.) SAMPLES SHALL BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER.

Computer Generated Version of EPA Form 3320-1 (Rev. 01/06)

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MONITORING PERIOD

TO

Form Approved OMB No 2040-0004

#### PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615	
PERMIT NUMBER	

YEAR MO DAY

07

01

07

FROM

413A DISCHARGE NUMBER

YEAR MO DAY

07 31

07

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
BULK FUEL STORAGE DRA	AIN
Internal Outfall	

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMEIER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.13	N/A	7.46	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	23.4	40.0	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO AVG	DAILY MX	mg/L		Weekiy	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/Ľ	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO'AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon ( MO'AVG	Reg Monset DAILYMX	Mgal/d				N/A		Weekly	ESTIMA

TYPED OR PRINTED						
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	properly gather persons who mi Information, the and complete including the po					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	direction or sup					

endy under penalty of law that this document and all attachments were prepared under my action or supervision in accordance with a system designed to assure that qualified personnel spery gather and evaluate the information submitted. Based on my inquiry of the person or sons who manage the system, or those persons directly responsible for gathering the ormation, the information submitted is, to the best of my knowledge and belief, true, accurate, d complete ( am evare that there are significant penalties for submitting false information, using the possibility of line and imprisonment for knowing violations.

	TEL	TELEPHONE			DATE			
Kemih. Etimoshi	724	682-7773	07	08	27			
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR					DA			
AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO				

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

SAMPLES SHALL BE TAKEN AT DISCHARGE FROM OWS #24 PRIOR TO MIXING WITH ANY OTHER WATER.

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<u>\* 5 mg/L is minimum detectable level. JPC 7-22-07</u>

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Form Approved OMB No. 2040-0004

# PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615				
PERMIT NUMBER				

501A DISCHARGE NUMBER

[	MONITORING PERIOD									
	YEAR	MO	DAY		YEAR	MO	DAY			
FROM	07	07	01	то	07	07	31			

DMR MAILING ZIP CODE: MAJOR	150770004
(SUBR05) UNIT 1 GENRTR BLWDWN	
Internal Outfall	

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT							<b>B</b>			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d						Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate,		TEL	EPHONE		DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who menage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penatus for submitting false information.	Kevin L. Strawsbi	724	682-7773	07	08	27
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attact	hments here)						

SAMPLES SHALL BE TAKEN AT INTERNAL MP 501 PRIOR TO MIXING WITH ANY OTHER WATER.

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