

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

May 27, 2008 L-08-187

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

SUBJECT:

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

Enclosed is the April 2008 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).

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,

Kevin L. Ostrawshi

Kevin L. Ostrowski Director, Site Operations



Beaver Valley Power Station, Unit Nos. 1 and 2 L-08-187 Page 2

Attachment(s):

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1. Weekly Dissolved Oxygen Monitoring Results at Outfall 001

Enclosure(s)

A. Supplemental Laboratory Accreditation Form

B. Discharge Monitoring Report

cc: Document Control Desk US NRC (NOTE: No new US NRC commitments are contained is this letter.) US Environmental Protection Agency Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615 L-08-187 FirstEnergy Nuclear Operating Company (FENOC) Beaver Valley Power Station

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
4-9-08	0850	8.58	mg/L
4-14-08	1310	9.42	mg/L
4-22-08	0810	8.00	mg/L
4-30-08	1135	8.50	mg/L

Attachment 1 END

3800-FM-WSFR0189 6/2006



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name:	FirstEnergy	Nuclear Operating Company									
Address:	<u>P.O. Box 4</u>										
	Shppingport	, PA 15077							-		
	Beaver Valle	ey Power Station									
	PERMIT	NUMBER			MONITO Year	RING F /Month/					
	PA002	25615	2008	04	01	то	2008	04	30		
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PARAME	TER	ANALYSIS METHOD		LABNAN	ie .		LABI	DNUMBE	R ² ,		
Zinc		EPA 200.7 Rev 4.4	FirstEr	ergy Corp	-Beta Lab		6	8-01120			
Сорре	Copper EPA 200.7 Rev.4.4			FirstEnergy Corp-Beta Lab				68-01120			
Iron	anne - an ' Alex 2 an a fair an Alex an Alexandra an Alexandra an Alexandra an Alexandra an Alexandra an Alexan	EPA 200.7 Rev 4.4	FirstEnergy Corp-Beta Lab				68-01120				
Chromit	im	EPA 200 7 Rev 4:4	FirstEnergy Corp-Beta Lab				68-01120				
Ammon	ia	SM 4500-NH3 D [20 th]	FirstEnergy Corp-Beta Lab				68-01120				
CBOD-5 I	Day	SM5210.8	r∉ Preci	sion Analy	tical Inc.			8-00434			
Cyanid	e	SM 4500-CN E [20 th]	Preci	sion Analy	tical Inc.		68-00434				
Chloroben	zene	EPA 624	Preci	sion Analý	tical Inc.		6	8-00434			
<u>n in an an</u>			5					and a second			
		and a second			t. L						

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

Signature of Principal Executive Officer or Authorized Agent

Kevin L. Ostrowski Director, Site Operations

¹ 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.

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

Date:

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name:	FirstEne	ergy Nuclear Operating Company									
Address:	<u>P.O. Bo</u>	x 4									
	<u>Shippin</u>	gport, PA 15077									
	<u>Beaver</u>	Valley Power Station									
· · · · · ·	PER		MONITORING PERIOD Year/Month/Day								
	P	A0025615	2008	04	01	то	2008	04	30		
				•	•						
PARAMETE	R	ANALYSIS METHOD		LAB NAN	1E		LAB	D NUMBE	R ²		
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 C	hlorine	SM 4500-CL G [20 th]	Beaver	Valley Pov	ver Station		C)4-2742			
Free Available Cl	hlorine	EPA 330/5	Beaver	Valley Pov	ver Station)4-2742			
рН		SM 4500-H+ B [20 th]	Beaver	Valley Pov	ver Station		C)4-2742			
Temperatur	ē	SM 2550 [B] [20 th]	Beaver	Valley Pov	ver Station)4-27,42			
Flow		NA	Beaver	Valley Pov	ver Station		C)4-2742			
Total Suspended	Solids	SM 2540 D [20 th]	Beaver	Valley Pov	ver Station		() is at 1)4-2742			
Hydrazine		ASTM D1385-01	Beaver	Valley Pov	ver Station		()4-2742			
Fecal Colifor	m ³	Standard Method 9222D	Beaver	Valley Pov	ver Station		į:-, ()4-2742			
Oil and Grea	ise	EPA 1664 Rev A	FirstE	nergy Corp	-Beta Lab		6	8-01120			
Total Dissolved	Solids	SM 2540 C [20 ⁴]	- FirstEi	nérgy Corp	-Beta Lab			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

Phone: 724-682-7773

Kevin L. Ostrowski **Director Site Operations**

Signature of Principal Executive Officer or **Authorized Agent**

127/08

¹ 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.

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

Date:

MATIONAL CELOTANT DISCHARGE ELIMINATION STOTEM (NEDES) DISCHARGE MONITORING REPORT (DMP)

MONITORING PERIOD

Form Approved -----

	ONIB No. 2040-0004		,		DIGGUNATOL MO
1	Page				
'	raye	1 - 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

A . . .

PA0025615 PERMIT NUMBER

YEAR MO DAY

08 04 01 TO

FROM

001A DISCHARGE NUMBER

YEAR MO DAY

08 04 30

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

UNITS 1&2 COOLG, TOWER BLWDN External Outfall

No Data Indicator

ATTN: DONALD J	SALERA/MGR ENV	& CHEM
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PARAMETER		QUANTI	TY 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	7.44	N/A	8.02	рН	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		Req Mon	The second state when a subscription of the second state of the	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	Sec. Sec.	0 MØ AVG	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	24.9	40.8	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	****** ******			N/A		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02***	<0.02***	mg/L	0	6 / 30	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	<0.02***	<0.02***	mg/L	0	CONT	RCRD
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	errite Asia:		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	****** 1997 - States and State 1997 - States and States	0 MO AVG	0 DAILY MX	mg/L	100 - 100 - 100 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100	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	
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. Estrawahi	724	682-7773	08.	05	28
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	ments here) The BETS D1	I-1 daily maximum was 9.2 mg/L					

EXPLANATION OF ANY VIOLATIONS (Reference all attachmo

.

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. * Not in Wet layup this Period. ** Two Clamicides this period 4/1 and 4/8. **0.1 mg/L is minimum detectable level. ***0.2 mg/L is minimum detectable level. JPC 5-12-08

INATIONAL POLLOTANT DISCHARGE ELIMINATION STSTEM (INFDES) DISCHARGE MONITORING REPORT (DMR)

Page 2

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

NAME: ADDRESS:	FIRST ENÉRGY 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	

002A DISCHARGE NUMBER

	MONITORING PERIOD									
	YEAR		YEAR	MO	DAY					
FROM	08	04	01	то	80	04	30			

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) INTAKE SCREEN BACKWASH External Outfall

No Data Indicator

PARAMETER	. San General	TY OR LOADING	OR LOADING QI		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	0.006	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. DAILY MX	Mgal/d		**************************************		N/A	ar entre Transfer	Weekiy	ESTIMA

I certify under penalty of law that this document and all attachments were prepared under my NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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 Kevin L. Ostrowski, DIRECTOR OF SITE 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 OPERATIONS and complete. I am aware that there are significant penalties for submitting false information, ncluding the possibility of fine and imprisonment for knowing violations. TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

 TELEPHONE
 DATE

 724
 682-7773
 08
 05

 AREA Code
 NUMBER
 YEAR
 MO

28

DAY

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

LEGISTIC DIGGISTICE LEAVING TO COLLINE (IN DEC) **DISCHARGE MONITORING REPORT (DMR)**

FUTH ADDOUVED 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].	003A
PERMIT NUMBER		DISCHARGE NUMBE

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FROM

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YEAR MO DAY

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MAJOR (SUBR05) 003 External Outfall

TELEPHONE

682-7773

NUMBER

DMR MAILING ZIP CODE: 150770004

No Data Indicator

DATE

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DAY

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YEAR

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 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Reg. Mon. DAILY MX	Mgal/d	ATTACK	2. P. Star Louis 2.	8400773 (1999) 	N/A		Twice Per Month	ESTIMA

certify under penalty of law that this document and all attachments were prepared under my NAME/TITLE PRINCIPAL EXECUTIVE OFFICER direction or supervision in accordance with a system designed to assure that qualified personne properly gather and evaluate the information submitted. Based on my inquiry of the person or Kevin L. Ostrowski, DIRECTOR OF SITE 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 bellef, true, accurate, 724 **OPERATIONS** and complete. I am aware that there are significant penalties for submitting false information, SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR including the possibility of fine and imprisonment for knowing violations. AREA Code AUTHORIZED AGENT TYPED OR PRINTED

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) THÉ FLOWS FOR OUTFALLS 103, 203, 303, AND 403 ARE TO BE TOTALED AND REPORTED AS THE 003 FLOW.

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Page 3

INATIONAL FULLUTANT DISUTARUE ELIMINATION STOTEM (INFDES) **DISCHARGE MONITORING REPORT (DMR)**

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 BONNER		
ATTN: DONALD J	SALERA/MGR	ENV & CHEM

PERMIT NUMBER	DISCHARGE NUM
PA0025615	004A

YEAR MO DAY

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FROM

MONITORING PERIOD

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BER

04 30

YEAR MO DAY

08

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	

UNIT ONE COOLG TOWER OVERFLOW External Outfall



PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
FAMILIER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT			N/A							
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM	******	9 MAXIMUM	рН		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	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT			N/A							
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							-
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	****** ******		N/A	******	2 AVERAGE	.5 MAXIMUM	mg/L		Weekly	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my		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.	The man and the	724.	682-7773	08	05	28
TYPED OR PRINTED	Difference 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 these persons directly responsible for gathering 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, the possibility of fine and imprisonment for knowing violations. Signature TYPED OR PRINTED Signature Signature	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	мо	DAY
COMMENTS AND EXPLANATION OF ANY YOL ATIONS (Performance all attact	mente hera)	· · · · · · · · · · · · · · · · · · ·					

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Page

ATT DICCLARICE CEMINALITY TO TO LET (IT DEC) **DISCHARGE MONITORING REPORT (DMR)**

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMBER	006A DISCHARGE NUMBER	• • • •	DMR MAILING ZIP CODE: 1507700 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004	MONITO			AUX. INTAKE SCREEN BACKWASH External Outfall

ATTN: DONALD J SALERA/MGR ENV & CHEM

	MONITORING PERIOD										
	YEAR	MO	DAY		YEAR	MO	DAY				
FROM	08	04	01	то	08	04	30				

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

No Data Indicator

PARAMETER	QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
FANAMETER		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 Gro <u>ss</u>	PERMIT REQUIREMENT	Req Mon- MO AVG	Reg Mon. DAILY MX	Mgal/d				N/A		Weekly	ESTIMA

			1	
	•			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my TELEPHONE DATE irection or supervision in accordance with a system designed to assure that qualified personne properly gather and evaluate the information submitted. Based on my inquiry of the person or Kevin L. Ostrowski, DIRECTOR OF SITE persons who manage the system, or those persons directly responsible for gathering the 724 682-7773 08 05 never formation, the information submitted is, to the best of my knowledge and belief, true, accurate, OPERATIONS and complete. I am aware that there are significant penalties for submitting false information, SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR ncluding the possibility of fine and imprisonment for knowing violations AREA Code NUMBER YEAR MO TYPED OR PRINTED AUTHORIZED AGENT

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

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

Page

28

DAY

DISCHARGE MONITORING REPORT (DMR)

Form Approvea OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different) Page 6 NAME: FIRST ENERGY NUCLEAR OPERATING DMR MAILING ZIP CODE: 150770004 PA0025615 007A ADDRESS: PA ROUTE 168 MAJOR SHIPPINGPORT, PA 150770004 PERMIT NUMBER DISCHARGE NUMBER (SUBR05) FACILITY: BEAVER VALLEY POWER STATION AUX. INTAKE SYSTEM LOCATION: PA ROUTE 168 External Outfall SHIPPINGPORT, PA 150770004 MONITORING PERIOD YEAR MO DAY YEAR MO DAY No Data Indicator ATTN: DONALD J SALERA/MGR ENV & CHEM 08 04 01 08 04 30 FROM то

PARAMETER		QUANTITY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE									······	
00400 1 0	MEASUREMENT PERMIT	1000 and an			6		9			Weekly	CPAR
Effluent Gross	REQUIREMENT				MINIMUM	and the second second	MAXIMUM	рН		VYEEKIY	SILVE A
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT			-							
50050 1 0 Effluent Gross		Req. Mon. MO AVG		Mgal/d	tig - Nitters and separate		1999 (Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0	PERMIT	Martin ***** Li Alder	10.11 Mail *******		**************************************	5	1.25		Constant State	Weekly	CON D
Effluent Gross	REQUIREMENT	saartee See State			as the state	.5 MO AVG	1NST MAX	mg/L	1. A.	vveekiy	GRAD
Chlorine, free available	SAMPLE MEASUREMENT	· _									
50064 1 0	PERMIT					24. ×	100 M 10 5 - 10 M	·		Weekly	CPAR
Effluent Gross	REQUIREMENT					2 AVERAGE	MUMIXAMUM	mg/L		Weekly	SKAD

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	Karn L. Ostrawski	TEL	DATE			
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	operly gather and evaluate the information submitted. Based on my inquiry of the person or rsona who manage the system, or those persons directly responsible for gathering the formation, the information submitted is, to the best of my knowledge and belief, true, accurate, d complete. I am aware that there are significant penatics for submitting false information,		724	682-7773	08	05	28
	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 (Pederanes all other	herente hare)						

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

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

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DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

то

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

PERMIT NUMBER	DISC

04 01

YEAR MO DAY

08

FROM

PA0025615

008/	4
ISCHARGE	NUMBER

YEAR MO DAY

08

04 30

⊢orm Approvea OMB No. 2040-0004

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)

UNIT 1 COOLING TOWER PUMPHOUSE External Outfall

No Data Indicator

PARAMETER		QUANTITY OR LOADING			(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH .	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******			6 MINIMUM	14	9 MAXIMUM	рН		Twice Per Month	GRAB
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	i i i				15 MO AVG T	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	Reg (Mon) MO/AVG	Req Mon. DAILY MX	Mgal/d			****** ******	N/A		Weekly	ESTIMA .

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of isw that this document and all attachments were prepa direction or supervision in accordance with a system designed to assure that qu		TE	DATE			
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	erson or the accurate Kevent-Ostrawski	724	682-7773	08	05	28
including 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)

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

Page 7

OLEGIANT DISCHARGE LEMMINATION STOTEM (IN DES) **DISCHARGE MONITORING REPORT (DMR)**

MONITORING PERIOD

FUITI APPIOVED

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

PA0025615 PERMIT NUMBER

YEAR MO DAY

04

01 ΤŌ

08

FROM

010A DISCHARGE NUMBER

YEAR MO DAY

04 30

08

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

No Data Indicator

ATTN: DONALD J SALERA/MGR ENV & CHEM

PARAMETER		QUANTITY OR LOADING			C		ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
рН	SAMPLE MEASUREMENT	Ņ/A	N/A	N/A	7.04	N/A	7.64	pН	0	1 / 7	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/Á	6 MINIMÚM	 	9 MAXIMUM	рН		Weekly	GRAB	
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1*	<0.1*	mg/L	0	1 / 30	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	9.90	14.40	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon: MO AVG	Beq. Mon. DAILY MX +	Mgal/d				N/A		Weekly	MEASRD	
Chiorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02 **	<0.02 **	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		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	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 evare that there are significant penalties for submitting failse information,	Kevinh- Ostrawski	724	682-7773	08	05	28
	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)	The BETS DT-1 daily maximum was 10.5 n	ng/L				
REPORT THE DAILY MAXIMUM FOR BETZ DT-1 V	VHEN DISCHARGING (24 HR. COMP.); MG/L. (THE LIN	AIT IS 35 MG/L AS A DAILY MAX)					

* One clamicide this period, 4/1. *0.1 mg/L is minimum detectable level. **0.2 mg/L is minimum detectable level. JPC 5-12-08

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

OMB No. 2040-0004

Page 8

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

1B NU. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different) Page NAME: FIRST ENERGY NUCLEAR OPERATING DMR MAILING ZIP CODE: 150770004 PA0025615 011A ADDRESS: PA ROUTE 168 MAJOR SHIPPINGPORT, PA 150770004 PERMIT NUMBER DISCHARGE NUMBER (SUBR05) FACILITY: BEAVER VALLEY POWER STATION **DIESEL GEN & TURBINE DRAINS** LOCATION: PA ROUTE 168 External Outfall SHIPPINGPORT, PA 150770004 MONITORING PERIOD YEAR MO DAY YEAR MO DAY No Data Indicator ATTN: DONALD J SALERA/MGR ENV & CHEM FROM 08 04 01 TO 08 04 30

PARAMETER		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	0.004	0.004	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon! MO/AVG	Req: Mon DAILY MX	Mgal/d				N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I cartly 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.		TE	LEPHONE	D	ATE	
Kevin L. Ostrowski, DIRECTOR OF SITE		Kewin L. Otrawski	724	682-7773	08	05	28
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)

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

Form Approved

OMB No. 2040-0004

Page 10

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	08	04	01	то	08	04	30				

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	8.45	N/A	8.75	pН	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUMa			pН		Once Per	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.129	0.142	mg/L	0	2 / 30	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req: Mon: MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT		N/A	N/A	N/A	0.152	0.193	mg/L	0	2 / 30	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MO AVG	DAILY MX	mg/L	in se	Twice Per, Month	2. GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 30	EST
50050 1 0 Effluent Gross		Req. Mon. MO AVG	Req: Mon.	Mgal/d				N/A		Once Per Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	1174	1180	mg/L	0	2 / 30	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Reg. Mon. MO AVG	Req Mon	mg/L		Month	GRAB

	I certify under penalty of law that this document and ell 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 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 bailef, thue, accurate, and complete, I am aware that there are significant penalties for submittion,	-	TE	LEPHONE	[DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE		Kavinh. Etrawski	724	682-7773	08	05	28
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)

NATIONAL POLLUTANT DISCHARGE ELIMINATION STSTEIN (INFDES) DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

OMB No. 2040-0004 *

Page 11

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

04 01

08

FROM

013A DISCHARGE NUMBER

YEAR MO DAY

04 30

08

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) OUTFALL 013 External 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	7.37	N/A	7.80	N/A	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		****	N/Â	6 MINIMUM	********) 	9 MUMIXAMu	рН		Weekly	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01*	<0.01*	N/A	0	2 / 30	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req: Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.014	0.022	N/A	0	2 / 30	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	••••••	05 MO/AVG	1 DAILY MX	mg/L		Twice Per Month	COMP24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005**	<0.005**	N/A	0	2 / 30	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req! Mon. MO'AVG	DAILY MX	mg/L		Twice Per /	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.003	0.003	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon: 4 MO AVG	Req: Moni DAILY MX	Mgal/d	24 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -			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	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 fails information,	Kerrich. Esteawski	724	682-7773	08	05	28
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
CONVENTO AND EXPLANATION OF ANY MOLATIONS (Defension of effect							

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 5-12-08

NATIONAL POLLUTANT DISCHARGE ELIMINATION STSTEM (INFDES) DISCHARGE MONITORING REPORT (DMR)

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

	-					
NAME: FIRST ENERGY NUCLEAR OPE ADDRESS: PA ROUTE 168 SHIPPINGPORT, PA 150770004		PA0025615 PERMIT NUMBER	101A DISCHARGE NUMBER	. · . M	MR MAILING ZIP CODE: 150770004 IAJOR SUBR05)	•,
FACILITY: BEAVER VALLEY POWER STATE LOCATION: PA ROUTE 168	TION				01 CHEMICAL WASTE TREATMENT Internal Outfall	
SHIPPINGPORT, PA 150770004	l de la construcción de la constru	MONI	TORING PERIOD			
ATTN: DONALD J SALERA/MGR ENV & CHEM	FRC	YEAR MO DA OM 08 04 01			No Data Indicator	X

PARAMETER	4.5. 6.4.4	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	Ha		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT						internet Harves of the month of the second				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	C. C. Sterran				-30 MO AVG	100 DAILY MX	mg/L		Weekiy	- COMP-2-
Oil & grease	SAMPLE MEASUREMENT							<u> </u>			
00556 1 0 Effluent Gross	PERMIT REQUIREMENT					15 MO AVG	20 I DAILY MX	mg/L		Weekly	GRAB
Nitroģen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT		******			Reg Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	· · ·									
50050 1 0 Effluent Gross	PERMIT	Req Mon	Reg Mon DAILY/MX	Mgal/d			· ····································			DAILY	CONTIN
Hydrazine	SAMPLE MEASUREMENT										
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	·····	arrane The second s		****** ******	Reg Mon MO/AVG	Reg. 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	EPHONE		DATE	•
Kevin L. Ostrowski, DIRECTOR OF SITE	property gather and evaluate the information submitted. Based on my inquiry of the personner 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 bellef, rue, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Keviih. Btrawski	724	682-7773	08	05	28
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.

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

Page 12

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NATIONAL PULLUTAINT DISUNARGE ELIMINATION STOLEM (INFUES) **DISCHARGE MONITORING REPORT (DMR)**

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



DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) **102 INTAKE SCREEN HOUSE** Internal Outfall

	MONITORING PERIOD										
	YEAR	MO	DAY		YEAR	MO	DAY				
FROM	08	04	01	то	08	04	30				

PARAMETER	ALC: No.	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.32	N/A	7.55	pН	0	2 / 30	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	7.7	11.1	mg/L	0	2 / 30	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 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	20:1 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 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT		Req: Mon. DAILY MX	Mgal/d	1		******	N/A		Month	ESTIMA

certify under penalty of law that this document and all attachments were prepared under my TELEPHONE NAME/TITLE PRINCIPAL EXECUTIVE OFFICER DATE irrection 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 Kevin L. Ostrowski, DIRECTOR OF SITE persons who manage the system, or those persons directly responsible for gathering the 724 682-7773 08 05 28 information, the information submitted is, to the best of my knowledge and belief, true, accurate **OPERATIONS** and complete. I am aware that there are significant penalties for submitting false information, SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR including the possibility of fine and imprisonment for knowing violations. AREA Code NUMBER YEAR MO DAY AUTHORIZED AGENT TYPED OR PRINTED 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 5-12-08

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

No Data Indicator

NATIONAL POLLUTANT DISCHARGE ELIMINA HON STSTEM (INFUES)

MONITORING PERIOD

TO

OMB No. 2040-0004

Page 14

DATE 05

MO

28

DAY

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	DISC

04 01

YEAR MO DAY

08

FROM

103A ISCHARGE NUMBER

YEAR MO DAY

08

04 30

BA	
NUMBER	

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

No	Data	Indicat
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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	N/A	N/A	N/A	6.91	N/A	7.29	рН	0	3 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	12.3	17.1	mg/L	0	2 / 30	24 HR COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		30 MO/AVG	100 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 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon. MO AVG	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		TEI	EPHONE	
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 bellef, true, accurate, and complete. I am aware that there are significant penalties for submitting false information,	Kevin L. Ostrawski	724	682-7773	08
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 THE OVERFLOW FROM THE BASIN PRIOR TO MIXING WITH ANY OTHER WATER.

NATIONAL PULLUTANT DISCHARGE ELIMINATION STOLEN (NEDES) DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

04 01 **TO**

. 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

08

FROM

YEAR MO DAY

111A

YEAR MO DAY

04 30

08

DISCHARGE NUMBER

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

No Data Indicator

PARAMETER	an filmer a Aller	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	7.27	N/A	7.90	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	Anna anna anna anna anna anna anna anna	******	N/A	6 MINIMUM		9 MAXIMUMI	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	2.6	7.6	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****** 4 pt	(*******) (****************************	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 *	20 DAILY MX	mg/L	- Constraint	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	Reg Mon MO/AVG	Req. Mon: DAILY MX	Mgal/d				N/A		Weekly	ESTIMA

	f certify under penalty of faw 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	DATE	
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	berly gather and evaluate the information submitted. Based on my inquiry of the person or ions who manage the system, or those persons directly responsible for gathering the rmation, the information submitted is, to the best of my knowledge and belief, true, accurate, complete. I em aware that there are significant penalties for submitting false information,	Kan I DA Da	724	682-7773	08	05	28
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)						

* 5 mg/L is minimum detectable level. JPC 5-12-08

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

Page 15

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OMB No. 2040-0004

Page 16

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NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMBER	113A DISCHARGE NUMBER	DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168			UNIT 2 SEWAGE TMT PLANT Internal Outfall
	SHIPPINGPORT, PA 150770004	MONIT	ORING PERIOD	
ATTN: DONAL	LD J SALERA/MGR ENV & CHEM	YEARMODAYFROM080401	YEAR MO DAY TO 08 04 30	No Data Indicator

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	and an	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0	PERMIT				6	******* ******************************	9		A	Twice Per Month	GRAB
Effluent Gross	REQUIREMENT						MAXIMUM	<u>pH</u>	A* 5 3 4	Month	Constanting of the
Solids, total suspended 00530 1 0	SAMPLE									-	
	MEASUREMENT							L			
	PERMIT		****** ******			30	60			Twice Per Month	COMP-8
Effluent Gross	REQUIREMENT					MOIAVG	DAILY MX	mg/L	to de la serie	Month	能設備設置使
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT								1		
50050 1 0	PERMIT	.043	ReqiiMon		avera and a second a	******	1	N/A		Weekly	MEASRD
Effluent Gross	REQUIREMENT	MOAVG	DAILY MX	Mgal/d						and the second	
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0	PERMIT	******				184	3.3		Marshall H	Month	CPAP
Effluent Gross	REQUIREMENT					MOÁVG	3:3 INST MAX	mg/L	的影響。	Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1	PERMIT		Tel 1 States		REAL PROPERTY AND	200 MOIGEOMN				Twice Per-	GRAB
Effluent Gross	REQUIREMENT					MOIGEOMN	48	#/100mL		a Month	
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0	PERMIT	1	1		1	25 MO AVG	50			Twice Per	COMP
Effluent Gross	REQUIREMENT	**************************************				MOAVG	DAILY MX	mg/L	Barrie T	Month	1000 and other

	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	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 faise information,	Kevin L. Ostrawski	724	682-7773	08	05	28
TYPED OR PRINTED	s who manage the system, or those persons directly responsible for gathering the tion, the information submitted is, to the best of my knowledge and belief, true, accurate, polete, 1 am aware that there are significant penalities for submitting faise information.	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.

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NATIONAL POLLUTANT DISCHARGE ELIMINATION STOLEN (INFUES) DISCHARGE MONITORING REPORT (DMR)

. OMB No. 2040-0004

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING	PA0025615	203A
	SHIPPINGPORT, PA 150770004	PERMIT NUMBER	DISCHARGE NUMBER
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168		
	SHIPPINGPORT, PA 150770004		

ATTN: DONALD J SALERA/MGR ENV & CHEM

		MONITORING PERIOD											
	YEAR	MO	DAY		YEAR	MO	DAY						
FROM	08	04	01	то	08	04	30						

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	PERMIT	2******* C			64,0.4	faring a state of the	9		i ta galari A shirt ya sh	Twice Per Month	GRAB
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM	рН		Month*	
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0	PERMIT				······	30 MO:AVG				Month	COMP-8
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX SOL	mg/L		Month	A CANCER AND
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0	PERMIT	.023			**************************************	******	1.5			Weekly	MEASRD
Effluent Gross		MO AVG	DAILY MX	Mgal/d					法。新期道		
Chlorine, total residual	SAMPLE MEASUREMENT	-					<u> </u>				
50060 1 0	PERMIT	*****	*****				3.3		1000000	Twice Per.	GRAB
Effluent Gross	REQUIREMENT					MO AVG	INST MAX	mg/L_	S. S	Month	
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1	PERMIT	a transferrer			*****	200 MO GEOMN	******			Twice Per	GRAB
Effluent Gross	REQUIREMENT				1. Barris and a second	MO GEOMN	With the second second	#/100mL		Month	
BOD, carbonaceous, 05 day 20 C	SAMPLE				,						
80082 1 0	PERMIT				CONTRACTOR OF THE OWNER OF	25	50 200		1968787219755	Wice Per to	INCOMES AN ADDRESS OF
Effluent Gross	REQUIREMENT					MOAVG	DAILY MX	mg/L		Twice Per S Month	COMP-8

evin L. Ostrowski, DIRECTOR OF SITE persons who manage the system, or those persons directly responsible for gathering the information submitted is to the best of my knowledge and belief, true, as		TEI	DATE			
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	Kavin L. Estrauski	724	682-7773	08	05	28
	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 OVERFLOW FROM THE CHLORINE CONTACT TANK PRIOR TO MIXING WITH ANY OTHER WATER.

Page 17-

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DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
	-

MAIN SEWAGE TMT PLANT Internal Outfall

No Data Indic	ator X
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NATIONAL POLLUTANT DISCHARGE ELIMINATION STSTEM (INFUES) DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

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PERMITTEE N	AME/ADDRESS (include Fa	cility Name/Location if	Different)					•				Page	18
NAME: ADDRESS:	FIRST ENERGY NUCLEA PA ROUTE 168 SHIPPINGPORT, PA 1507			PA0025615		211A DISCHARGE NUM	BER	·	DMR MA MAJOR (SUBR05	ILING ZIP	CODE: 15077	0004	
FACILITY: LOCATION:	BEAVER VALLEY POWE PA ROUTE 168 SHIPPINGPORT, PA 1507	770004		YEAR MO D	YAY	G PERIOD		• • •	211 TURI Internal C	BINE BLD Outfall	G No Data Inc	licator	7
[D J SALERA/MGR ENV & C	HEM	FROM QUANTITY	OR LOADING		·····				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE	

		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.86	N/A	7.80	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	4.8	9.8	mg/L	.0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******* 19-0-20-20-20-20-20-20-20-20-20-20-20-20-2	**************************************	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	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	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 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 failse information.	Kevint. Otrawski	724	682-7773	08	05	28
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 attach	ments here)						

* 5 mg/L is minimum detectable level. JPC 5-12-08

INATIONAL PULLUTANT DISUNARUE ELIMINATION STOLEM (INF DES) DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different) Page NAME: FIRST ENERGY NUCLEAR OPERATING DMR MAILING ZIP CODE: 150770004 PA0025615 213A ADDRESS: PA ROUTE 168 MAJOR SHIPPINGPORT, PA 150770004 PERMIT NUMBER DISCHARGE NUMBER (SUBR05) FACILITY: BEAVER VALLEY POWER STATION UNIT 2 COOL TOWER PUMPHOUSE LOCATION: PA ROUTE 168 internal Outfall SHIPPINGPORT, PA 150770004 MONITORING PERIOD YEAR MO DAY YEAR MO DAY No Data Indicator ATTN: DONALD J SALERA/MGR ENV & CHEM FROM 08 04 01 то 08 04 30 FREQUENCY NO. SAMPLE QUANTITY OR LOADING QUALITY OR CONCENTRATION OF ANALYSIS EX TYPE PARAMETER VALUE VALUE UNITS VALUE VALUE VALUE UNITS SAMPLE pH MEASUREMENT 00400 1 0 Twice Per Month GRAB PERMIT 6 **19** MINIMUM MAXIMUM Effluent Gross REQUIREMENT рΗ SAMPLE Solids, total suspended MEASUREMENT 00530 1 0 ***** PERMIT Twice Per 30 100 GRAB Month Effluent Gross REQUIREMENT MO AVG DAILY MX ma/L SAMPLE Oil & grease MEASUREMENT 00556 1 0 15 PERMIT ****** . 20 Twice Per GRAB DAILY MX Month Effluent Gross MO AVG REQUIREMENT mg/L SAMPLE Flow, in conduit or thru treatment plant MEASUREMENT 50050 1 0 PERMIT Reg Mon. MO AVG DAILY MX Weekly ESTIMA Effluent Gross REQUIREMENT Mgal/d SAMPLE Chlorine, total residual MEASUREMENT 50060 1 0 MO AVG Month PERMIT GRAB Effluent Gross REQUIREMENT ma/L TAINST MAX

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	(r	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 fate information,	Kan I fat	724	682-7773	08	05	28
TYPED OR PRINTED	Including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	мо	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attac	hments 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.

A HOMME FOLLOTART DIOURANCE ELIMINATION OTOTEM (IN DEO) DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

то

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	D

YEAR MO DAY

04 01

FROM

08

301A	
ISCHARGE NUMBER	

YEAR MO DAY

04 30

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08

DMR MAILING ZIP CODE:	150770004	
MAJOR		
(SUBR05)		

UNIT 2 AUX BOILER BLOWDOWN Internal Outfall

No Data Indicator

PARAMETER	QU				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		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 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			[·] N/A		30 MO AVG	100. DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	0	2 / 30	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	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. Mo AVG	Req. Mon DAILY MX	Mgai/d		a and a second		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 OPERATIONS	property gether 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 every that here are significant pensities for submitting faile information.	Kanih. attaushi	724	682-7773	08	05	28
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)						

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 5-12-08 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	DIS

303A SCHARGE NUMBER

	MONITORING PERIOD									
	YEAR	MO	DAY		YEAR	MO	DAY			
FROM	08	04	+ 01	то	08	04	30			

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

No Data Indicator

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE										
	MEASUREMENT									<u> </u>	
00400 1 0	PERMIT	Y. STARSON AND STARSON	Calles States and States		6.		1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 - 1914 -			Weekly	GRABI
Effluent Gross	REQUIREMENT				MINIMUM		MAXIMUM	рН	a state of the second sec	VICCIU	O V D
Solids, total suspended	SAMPLE						·				
	MEASUREMENT		•				l			}	
00530 1 0	PERMIT	1	*****		*****	30	100			Weekh	GPAR
Effluent Gross	REQUIREMENT		en literation and	•		30 MO AVG	DAILYMX	mg/L		Weekly	GIGO
Oil & grease	SAMPLE										-
on a grease	MEASUREMENT									· · · · · · · · · · · · · · · · · · ·	
00556 1 0	PERMIT	A Contract of the second			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	15	20		北部 後部	E WARDEN S	COND
Effluent Gross	REQUIREMENT					15 MO/AVG	DAILY MX	mg/L		Weekly	
Flow, in conduit or thru treatment plant	SAMPLE										
in low, in conduct of this treatment plant	MEASUREMENT										· · · · · · · · · · · · · · · · · · ·
50050 1 0	PERMIT	Req. Mon.	Req. Mon.		100 miles ++++++		AND	N/A	的问题 。	Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MOAVG	DAILY MXI L	Mgal/d	在 这个时候		ARR Starts	IN/A		A A CONTRACT OF	COLINIA

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			
evin 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.	Kavinh. Ottawaki	724	682-7773	08	05	28
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)

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

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

Page 24

NATIONAL POLLUTANI DISCHARGE ELIMINATION STOLEN (IN DEC) DISCHARGE MONITORING REPORT (DMR)

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

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

ATTN: DONALD J SALERA/MGR ENV & CHEM

		MONITORING PERIOD										
	YEAR MO DAY				YEAR	MO	DAY					
FROM	08	04	01	то	08	_04	30					

BINE	BLDG	DRAIN		
utfal	ł			

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	7.43	N/A	8.37	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		a total and total	N/A	6 MINIMUM	an a	9 MAXIMUM	рH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	10.4	14.6	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 MOIAVG		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	MOAVG	Req. Mon. DAILY MX	Mgal/d				N/A		Weekly	ESTIMA

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

TYPED OR PRINTED

certify under penalty of law that this document and all attachments were prepared under my lirection or supervision in accordance with a system designed to assure that qualified personne 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, including the possibility of fine and imprisonment for knowing violations.

,		TEL	EPHONE	1		
	Kevin L. Strawski	724	682-7773	08	05	28
	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 DISCHARGE FROM OWS #21 PRIOR TO MIXING WITH ANY OTHER WATER.

* 5 mg/L is minimum detectable level. JPC 5-12-08

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

Page 22

INATIONAL POLLUTANT DISUNARGE ELIMINATION STOTEM (INFUES) **DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different) Page 23 NAME: FIRST ENERGY NUCLEAR OPERATING DMR MAILING ZIP CODE: 150770004 PA0025615 401A ADDRESS: PA ROUTE 168 MAJOR SHIPPINGPORT, PA 150770004 PERMIT NUMBER DISCHARGE NUMBER (SUBR05) FACILITY: BEAVER VALLEY POWER STATION CHEM.FEED AREA OF AUX BOILERS LOCATION: PA ROUTE 168 Internal Outfall MONITORING PERIOD SHIPPINGPORT, PA 150770004 YEAR MO DAY YEAR MO DAY No Data Indicator ATTN: DONALD J SALERA/MGR ENV & CHEM FROM 08 04 01 08 04 30 то

PARAMETER		QUANTITY OR LOADING			C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	Sector Sec.	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.17	N/A	8.26	pН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A	6 MINIMUM	Anna Carlos a construction de la construcción de la	Req Mon MAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	2.3	4.6	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 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. 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	e Req Mon MO AVG	Req Mon DAILY MX	Mgal/d				N/A	1.252	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	DATE		
OPERATIONS	ction or supervision in accordance with a system designed to assure that qualified personnel periy 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 immation, the information submitted is, to the best of my knowledge and belief, true, accurate, compiete. I am aware that there are significant penalties for submitting false information, and the set of my knowledge and belief.	Keinh. Etrawski	724	682-7773	08	05	28
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 EXPLANATION OF ANY VIOLATIONS (Reference all attach	ments here)						

C

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

* 5 mg/L is minimum detectable level. JPC 5-12-08

NATIONAL POLLUTANT DISCHARGE ELIMINATION STSTEM (INFDES) DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

Page

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

PA0025615 PERMIT NUMBER 403A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT Internal Outfall

No Data Indicator X

ATTN: DONALD J SALERA/MGR ENV & CHEM

		MONITORING PERIOD										
	YEAR	MO	DAY		YEAR	MO	DAY					
FROM	08	04	01	TO	08	04	30					

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT	****** 19	******		6 MINIMUM	•••••• •	9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NY TRANSPORTATION OF THE PARTY OF	And Control Contro			Province and an international strategy and a second s		<u>P10</u>	CITAL CONTRACTOR		NAME AND A DESCRIPTION
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										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	11 (1997) 11 (1997) 12 (1997)	S				DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT										
04251 1 0 Effluent Gross	PERMIT REQUIREMENT					0 "MOIAVG	0 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		444444 2010			5 MO AVG		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		TELEPHONE		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS	Enterthin of supervision in exclusion with a system designed to assue that any inquivalence person or property gather and evaluate the information submitted. Based on my inquival 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 every effat that there are significant penalities for submitting fails information,	Kevich. Estawski	724	682-7773	08	05	28
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. 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.

NATIONAL POLLUTANT DISCHARGE ELIMINATION STOLEN (INFUES) DISCHARGE MONITORING REPORT (DMR) .

OMB No. 2040-0004 .

GRAB

ili etteriste Mangelasie

mg/L

Weekly

PERMITTEE N	NAME/ADDRESS (inclu	ide Facility Name/Location if	Different)									Page 25	٠.
NAME: ADDRESS:	FIRST ENERGY NU PA ROUTE 168 SHIPPINGPORT, PA	CLEAR OPERATING		PA0025615 PERMIT NUMB	ER	403A DISCHARGE NUI	MBER	•	DMR MA MAJOR (SUBR05		CODE: 15077	70004	· L.
FACILITY: LOCATION:	BEAVER VALLEY P PA ROUTE 168 SHIPPINGPORT, PA	A 150770004		YEAR MO	DAY	NG PERIOD		· · ·	CONDEN Internal C		OWDOWN & RIV	1.57	7
	D J SALERA/MGR EN			OM 08 04		O 08 04	30 QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE]
			VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		· .		

0 MO AVG

0 DAILY MX

	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		
	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. Lam evere that there are significant penaties for submitting fatse information.	Karinh. Etrawski SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	08	05	28	
	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 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.

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

Hydrazine

81313 1 0

Effluent Gross

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION STOLEN (INFDES) DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

04 01 TO

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

ADDRESS	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168	PA0025615
	SHIPPINGPORT, PA 150770004	PERMIT NUMBER
FACILITY: LOCATION	BEAVER VALLEY POWER STATION : PA ROUTE 168	
	SHIPPINGPORT, PA 150770004	MONITO
		YEAR MO DAY

ATTN: DONALD J SALERA/MGR ENV & CHEM

....

PERMIT	NUMBER	

FROM 08

DISCHARGE NUMBER

YEAR MO DAY

08 04 30

413A

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)

BULK FUEL STORAGE DRAIN Internal Outfall

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	7.40	N/A	7.4	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	6 MINIM⊍M		9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	24.1	28.4	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	20 DAILY MX	mg/L		Weekly s	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				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	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.	Kavinh. Etrawski	724	682-7773	08	05	28
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	ments here)						

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

* 5 mg/L is minimum detectable level. JPC 5-12-08

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

Page

NATIONAL POLLUTANT DISCHARGE ELIMINATION STSTEM (INFDES)

MONITORING PERIOD

то

Page 3

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

04 01

08

FROM

501A DISCHARGE NUMBER

YEAR MO DAY

08

04 30

150770004
FILT BW



PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0	PERMIT	*****	****				a 100		Second Second	Weekly	GRAB
Effluent Gross	REQUIREMENT					30 MO AVG	DAILY MX	mg/L		Weekiy	U SIOD
Flow, in conduit or thru treatment plant	SAMPLE										
i low, in conductor and a catheric plant	MEASUREMENT										
50050 1 0	PERMIT	Reg Mon	Req. Mon.				1 *****		14. C. 18	Weekly	ESTIMA
Effluent Gross	REQUIREMENT	Reg Mon MO AVG	DAILY MX	Mgal/d	and the second second		の言葉である			VYCERIY	A STREET

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	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 fails information,	Karin Chaush SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	08	05	28
	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)						

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLES SHALL BE TAKEN AT INTERNAL MP 501 PRIOR TO MIXING WITH ANY OTHER WATER.

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

ΤO

Page

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

04

.01

08

FROM

001A DISCHARGE NUMBER

YEAR MO DAY

04

30

08

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

External 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	7.44	N/A	8.02	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	6 MINIMUM		9 Maximum	ρH		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		1	N/A		Reg Mon 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 REQUIREMENT			N/A		MO AVG	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	24.9	40.8	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				N/A		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	Ň/A	<0.02***	<0.02***	mg/L	0	6 / 30	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A			1.25 MAXIMUM	mg/L	A.S.	Weekiy	I IGRAB
Chiorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.02***	<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 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 gualified personnel	_	TEL	EPHONE		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 avere that there are significant penalties for submitting false information,	Kevinh. Ostrawski	724	682-7773	08	05	28
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	DA

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

The BETS DT-1 daily maximum was 9.2 mg/L

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.

* Not in Wet layup this Period. ** Two Clamicides this period 4/1 and 4/8. **0.1 mg/L is minimum detectable level. ***0.2 mg/L is minimum detectable level. JPC 5-12-08

·. ·			NITORING REPORT (DMR)	E0 <u>)</u>	
PERMITTEE	NAME/ADDRESS (include Facility Name/Location if Diffe	erent)		· · · · · · · · · · · · · · · · · · ·	Page 2
NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 PERMIT NUMBER	002A DISCHARGE NUMBER		DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004	MONITO			INTAKE SCREEN BACKWASH External Outfall
ATTN: DONAI	LD J SALERA/MGR ENV & CHEM	YEARMODAYFROM080401	YEAR MO DAY TO 08 04 30	•	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			
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	Reg. 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		TEL	EPHONE	1	DATE	
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 bellef, true, accurate, and complete. I am eware that there are significant penalties for submitting false information,	Karni L. Otrawski	724	682-7773	08	05	28
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
AND EXPLOYED AND A AND							

ENTS AND EXPLANATION

. •						ORING REPORT	(DMR)					B No. 2040-0004
PERMITTEE	NAME/ADDRESS (include F	acility Name/Location if I	Different)									Page 3
NAME: ADDRESS:	FIRST ENERGY NUCLEA PA ROUTE 168 SHIPPINGPORT, PA 150			PA0025615 PERMIT NUMB	ER	003A DISCHARGE NL	MBER	. [.]	DMR MA MAJOR (SUBR05	ILING ZIP	CODE: 15077	0004
FACILITY: LOCATION:	BEAVER VALLEY POWE PA ROUTE 168 SHIPPINGPORT, PA 150							• •	003 External (Dutfall		
ATTN: DONAL	LD J SALERA/MGR ENV & (CHEM	FR	YEAR MO 00 08 04	01 T		DAY 30				No Data ind	licator
	PARAMETER		QUANT	TY OR LOADING			QUALITY OR CON	CENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
			VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in condu	it or thru treatment plant	SAMPLE MEASUREMENT	0.022	0.034	MGD	N/A	N/A	N/A	N/A	•	2 / 30	EST

Mgal/d

1.721 . 175 W. C.

N/A

- Sector

Req. Mon.

DAILY MX

Req. Montes.

MOAVG

Twice Per

Month

ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and sli attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	C	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 ere significant penalties for submitting false information,	Karni L. Ostrawski	724	682-7773	08	05	28	
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	DA	
OMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)								

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

PERMIT

REQUIREMENT

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

50050 1 0

Effluent Gross

INATIONAL POLLUTANT DISCHARGE ELIMINATION STOTEM (NEDES) DISCHARGE MONITORING REPORT (DMR)

гони Аррилиа OMB No. 2040-0004

No Data Indicator

Page

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

DISCH

004/	A I	
ARGE	NUMBER	

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

	MONITORING PERIOD								
	YEAR	MO	DAY		YEAR	MO	DAY		
FROM	08	04	01	то	08	04	30		

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							
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM	A	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	******	*******		N/A		- Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT			N/A							
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A		.5 MÔ AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT			N/A							
50064 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		2 AVERAGE	.5 MAXIMUM	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 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 evere that there are significant penalties for submitting false information,	Karin L. Ostrawski	TEL	DATE			
Kevin L. Ostrowski, DIRECTOR OF SITE			724	682-7773	08	05	28
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)

	· · ·		DISCHARGE MONITORING REPORT (DMR)								rm дрргоvea ЛВ No. 2040-0004	
	NAME/ADDRESS (includ	de Facility Name/Location if Dif	ferent)				· .	•				Page 5
NAME: ADDRESS:	FIRST ENERGY NUC PA ROUTE 168 SHIPPINGPORT, PA			PA0025615	R	006A DISCHARGE NU	MBER		DMR MA MAJOR (SUBR05	ILING ZIP	CODE: 1507	70004
FACILITY: LOCATION:	BEAVER VALLEY PO PA ROUTE 168 SHIPPINGPORT, PA								AUX. INT External (EEN BACKWAS	SH
ATTN: DONAL	LD J SALERA/MGR ENV	/ & CHEM	FRO	DM 08 04	DAY 01 T	YEAR MO 0 08 04	DAY 30				No Data In	dicator
	PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
			VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			

MGD

Mgal/d

N/A

N/A

(******* *******

e fil de Ser isg N/A

N/A

N/A

-

EST

ESTIMA

1 / 7

Weekly

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	٦	DATE	
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 faise information,	Keven L. Otrawshi SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	08	05	28
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	мо	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attach	ments here)						

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

Flow, in conduit or thru treatment plant

50050 1 0

Effluent Gross

SAMPLE

MEASUREMENT

PERMIT Reg. Mon. REQUIREMENT MO AVG

0.002

0.016

Req. Mon. DAILY MX

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INATIONAL FULLUTANT DISUNARUE ELIMINATION STOLEM (INFUES) **DISCHARGE MONITORING REPORT (DMR)**

Page 6

PERMITTEE NAME/ADDRESS	(include Facilit	v Name/Location if Different	1
	inorado i donit		

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

007A DISCHARGE NUMBER

\$

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05) AUX. INTAKE SYSTEM External Outfall

MONITORING PERIOD YEAR MO DAY YEAR MO DAY FROM 08 04 01 то 08 04 30

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										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		******* 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -		6 MINIMUM		9 MUMIXAM	οН		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE										
50050 1 0 Effluent Gross		Reg. Mon. MO AVG	Req-Mon- DAILY MX	Mgal/d	******	******	****** *****			Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					.5 MOiAVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT		-								
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	1			**************************************	.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	2	TEL	DATE			
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.	Karnih. Ostrawski	724	682-7773	08	05	28
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)						

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.

INATIONAL FULLUTANT DISUNARGE ELIMINATION STOTEM (INFUE
DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

то

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	P
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

08

FROM

04 01

008A DISCHARGE NUMBER

YEAR MO DAY

04 30

08

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

External Outfall

.



PARAMETER	There is a second second	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	2010 - 2010 -	9 MAXIMUM +	рН		Twice Per Month	GRAB
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 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	Req Mon MO AVG	Req Mon. DAILY MX	Mgal/d	*****	******		N/A		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	DATE			
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 faise information,	KEVINA. Otrawshi SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	724	682-7773	08	05	28
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.		AREA Code	NUMBER	YEAR	MO	DAY
COMMENTS AND EXELANATION OF ANY MOLATIONS (Performed all effect	mante hera)						

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INTERVICE OF CONTRACTOR CONTRACTOR OF CONTRA **DISCHARGE MONITORING REPORT (DMR)**

Page 8

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

		M	ONITO	RING	PERIOD)	
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	04	01	то	08	04	30

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

No Data Indicator

ATTN: DONALD J SALERA/MGR ENV & CHEM	
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•2i

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	7.64	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	<0.1*	<0.1*	mg/L	0	1 / 30	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	******	0 MŐ AVG	0 /INST MAX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	9.90	14.40	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	<0.02 **	<0.02 **	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					5 MO AVG	1.25 INSTIMAX	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		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 belief, true, accurate, and complete. I am evane that there are significant penalties for submitting false information,	Kevinh. Ostrawski	724	682-7773	08	05	28
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)	The BETS DT-1 daily maximum was 10.5 m	ng/L				
REPORT THE DAILY MAXIMUM FOR BETZ DT-1 V	VHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIN	MIT IS 35 MG/L AS A DAILY MAX)					
* One clamicide this period, 4/1. *0.1 mg/L	is minimum detectable level. **0.2 mg/L is minimur	n detectable level. JPC 5-12-08					

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

010A

PA0025615 PERMIT NUMBER

DISCHARGE NUMBER

1>

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

Page 9

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	DI

011A ISCHARGE NUMBER

	MONITORING PERIOD							
	YEAR	MO	DAY		YEAR	MO	DAY	
FROM	08	04	01	то	08	04	30	

DMR MAILING ZIP CODE:	150770004					
MAJOR						
(SUBR05)						
DIESEL GEN & TURBINE DRAINS						
External 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			
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 AVG	Constraint and the second s	Mgal/d	5		•••••• ••••• ••••	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	[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 han aware the there are significant penalties for submitting faise information.	Kevin L. Othewski	724	682-7773	08	05	28
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)	······································		<u> </u>	•		

NATIONAL PULLUTANT DISCHARGE ELIMINATION STSTEM (INPUES) **DISCHARGE MONITORING REPORT (DMR)**

rorm 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

1

PA0025615	012A
PERMIT NUMBER	DISCHARGE NUMBER

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	04	01	то	08	04	30

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

No Data Indicator

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	8.45	N/A	8.75	pН	0	2 / 30	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	0.129	0.142	mg/L	0	2 / 30	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req Mon. MO/AVG	Req. Mon. DAILY MX	mg/L		Twice Per	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.152	0.193	mg/L	• 0	2 / 30	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MOAVG	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	-	1 / 30	EST
50050 1 0 Effluent Gross		Req. Mon. MO;AVG	Req Mon	Mgal/d	erentes ;			N/A		Once Per Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	1174	1180	mg/L	0	2 / 30	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Reg Mon MO AVG	Req Mon. DAILY MX	mg/L		Month	GRAB

direction or supervision in accordance with a system designed to assure that qualified personnel		DATE		
Kevin L. Ostrowski, DIRECTOR OF SITE OPERATIONS 724 682-7773 08	05	5 28	8	
TYPED OR PRINTED Including the possibility of fine and imprisonment for knowing violations. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AREA Code NUMBER YEAR	R MO	O DA	AY	

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

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NATIONAL POLLUTANT DISCHARGE ELIMINATION STOTEN (NEDES) **DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-0004

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	

013A **DISCHARGE NUMBER**

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

MONITORING PERIOD YEAR MO DAY YEAR MO DAY 08 04 30 FROM 08 04 01 ΤO

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.37	N/A	7.80	N/A	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****** 1997 - T. 1992 1997 - 1992	****** 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997	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*	N/A	0	2 / 30	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req. Mon. MO.AVG	Req. Mon. DAILY MX	mg/L		Twice Per Month	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.014	0.022	N/A	0	2 / 30	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		405 MO/AVG	1 DAILY/MX	mg/L		Twice Per Month	COMP24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005**	<0.005**	N/A	0	2 / 30	24 HR COMP
34301 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Req. Mon: MO/AVG	Req. Mon: DAILY MX	mg/L		Twice Per 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 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon. MO AVG	Reg Mont	Mgal/d				N/A		Month	TESTIMA

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	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 failse information,	Kerrich. Estrawski	724	682-7773	08	05	28
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 EVELANATION OF ANY MOLATIONS (Patersnee all effect	umanta kasal						

C ANATION OF ANY VIOLATIONS (Reference all attac nents 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 5-12-08

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Page 11

NATIONAL POLLUTANT DISCHARGE ELIMINATION STOLEN (INFDES) DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO 08

OMB No. 2040-0004

Page 12

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

É

PA0025615	
PERMIT NUMBER	i i

YEAR MO DAY

FROM 08 04 01

101/ DISCHARGE

YEAR MO DAY

04 30

	1
A	
NUMBER	

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



PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*******		6		9	рΗ		Weekly	GRAB
Solids, total suspended	SAMPLE		native and the arranged a						CALCUTE OF MARK		
00530 1 0 Effluent Gross	PERMIT				**************************************	30 MO AVC	100 DAILY MX			Weekly	COMP-2
Oil & grease	SAMPLE						Margan Dinici (Ministration		210002-07-09-0-07		
00556 1 0 Effluent Gross	PERMIT REQUIREMENT					15 MOTAVG	20 DAILY MX	ma/L		Weekly	GRÂB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT						, ,				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT		******		******	Req: Mon: MO AVG	Reg. Mon. DAILY MX	mg/L		Weekiy	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		· · · · · · · · · · · · · · · · · · ·								
50050 1 0 Effluent Gross	PERMIT	Req-Mon MOIAVG	Req: Mon DAILY MX	Mgal/d		******	and the second			DAILY	CONTIN
Hydrazine	SAMPLE		<u></u>			The second s		1			
81313 1 0 Effluent Gross	PERMIT		******		******	Req. Mon. MO AVG	Reg. Mon. DAILY MX			Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and ell 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	Kami L. Ostrawski	724	682-7773	08	05	28
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 MOLATIONS (Reference all attack	hmoste horn)						

NATION 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.

NATIONAL POLLUTANT DISCHARGE ELIMINATION STSTEM (NF DES) DISCHARGE MONITORING REPORT (DMR)

Page 13

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	

102A DISCHARGE NUMBER

....

DMR MAILING ZIP CODI MAJOR	E: 150770004
(SUBR05) 102 INTAKE SCREEN HO Internal Outfall	DUSE

	MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	04	01	то	08	04	30

No Data Indicator

PARAMETER		QUANTI	TY 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	7.32	N/A	7.55	ρН	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM	******* 22.45 / 24.45 / 24.57	9 MAXIMUM	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	7.7	11.1	mg/L	0	2 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	Software and the second	30 MO AVG	100 DAILY/MX *	mg/L		Twice Per 55 Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MO AVG	20 DAILY MX A	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 / 30	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	MO AVG	DAILY MX	Mgal/d				N/A		Twice Per	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. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information aubmitted is, to the best of my knowledge and ballet, true, accurate, and complete. I am evare that there are significant penalties for submitting failse information, including the possibility of fine and imprisonment for knowing violations.

	TEL	EPHONE	DATE			
Kevin L. Ostrawski	724	682-7773	08	05	28	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	1					
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 5-12-08

TYPED OR PRINTED

NATIONAL PULLUTANT DISCHARGE ELIMINATION STOTEM (INFUES) **DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-0004

No Data Indicator

Month

2 / 30

Month

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

PARAMETER

Flow, in conduit or thru treatment plant

Ы

00400 1 0

00530 1 0

50050 1 0

Effluent Gross

Effluent Gross

Effluent Gross

Solids, total suspended

5

PA0025615	
PERMIT NUMBER	

QUANTITY OR LOADING

VALUE

N/A

N/A

0.034

Req: Mon

DAILY MX

VALUE

N/A

N/A

0.022

Req: Mon.

MO AVG

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

REQUIREMENT

PERMIT

103A DISCHARGE NUMBER

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

		MONITORING PERIOD								
	YEAR	MO	DAY		YEAR	MO	DAY			
FROM	08	04	01	то	08	04	30			

UNITS

N/A

N/A

N/A

N/A

MGD

Mgal/d

N/A

N/A

MIN

QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
VALUE	VALUE	VALUE	UNITS				
6.91	N/A	7.29	pН	0	3 / 30	GRAB	
6 MINIMUM		9 MAXIMUM	pН		Month	GRAB	
N/A	12.3	17.1	mg/L	0	2 / 30	24 HR COMP	
	30	100			Twice Per	COMP24	

mg/L

N/A

N/A

(Ar

DAILY MX

N/A

certify under penalty of iaw that this document and all attachments were prepared under my TELEPHONE DATE NAME/TITLE PRINCIPAL EXECUTIVE OFFICER direction or supervision in accordance with a system designed to assure that qualified personne properly gather and evaluate the information submitted. Based on my inquiry of the person or Kevin L. Ostrowski, DIRECTOR OF SITE persons who manage the system, or those persons directly responsible for gathering the 724 682-7773 08 05 28 information, the information submitted is, to the best of my knowledge and belief, true, accurate 4 **OPERATIONS** and complete. I am aware that there are significant penalties for submitting false information, SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR including the possibility of fine and imprisonment for knowing violations. YEAR MO AREA Code NUMBER DAY AUTHORIZED AGENT TYPED OR PRINTED

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.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION STSTEW (INFOES) DISCHARGE MONITORING REPORT (DMR)

111A

DISCHARGE NUMBER

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

OMB No. 2040-0004

Page 15

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

		M	ONITO	RING	PERIOD	1	
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	04	01	то	08	04	30

PA0025615

PERMIT NUMBER

ATTN: DONALD J SALERA/MGR ENV & CHEM

MAJOR (SUBR05)

DMR MAILING ZIP CODE: 150770004

111 DIESEL GENERATOR BLDG Internal Outfall

No Data Indicator

PARAMETER	n de la companya de Norma de la companya d	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	7.27	N/A	7.90	рН	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	2.6	7.6	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******		N/A		30 Mo AVG	100 DAILYIMX	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	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	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		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 eware that there are significant penalties for submitting false information.	Keven L. Ostrawski	724	682-7773	08	05	28
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
DIMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)							

1.4

* 5 mg/L is minimum detectable level. JPC 5-12-08

NATIONAL POLLUTANT DISUNARUE ELIMINATION STOTEM (NEDLO) DISCHARGE MONITORING REPORT (DMR)

No Data Indicator

OMB No. 2040-0004

Page 16

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATIN PA ROUTE 168 SHIPPINGPORT, PA 150770004	1G
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168 SHIPPINGPORT, PA 150770004	6

ATTN: DONALD J SALERA/MGR ENV & CHEM

PA0025615	
PERMIT NUMBER]

113A DISCHARGE NUMBER

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

	MONITORING PERIOD							
	YEAR	MO	DAY		YEAR	MO	DAY	
FROM	08	04	01	ΤO	08	04	_ 30	

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 MINIMUM	antras Al Constanting	9 MAXIMUM	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT		******		******	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		043 MO AVG	Req. Mon DAILY MX	Mgal/d		Anthrea Anthrea Anthrea Anthrea Anthrea		N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					1/4 MO/AVG	3.3 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	And				200 MO GEOMN		#/100mL		Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT			i		25 MO AVG	50 DAILY MX	mg/L		Twice Per Month	GOMP-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		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 evane that there are significant penalties for submitting false information.	Keven L. Ostrawski	724	682-7773	08	05	28
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 SYDE ANATON OF ANY LOOP ATIONS (Defended all smooth							

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.

NATIONAL POLLUTANT DISCHARGE ELIMINATION STSTEM (INFUES) DISCHARGE MONITORING REPORT (DMR)

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					

203A DISCHARGE NUMBER

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	
MAIN SEWAGE TMT PLAN	r

Internal Outfall



1	MONITORING PERIOD									
	YEAR	MO	DAY		YEAR	MO	DAY			
FROM	08	04	01	то	08	04	30			

PARAMETER		QUANTITY OR LOADING			(QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT	******			6		9	рН		Twice Per Month	GRAB
	SAMPLE								ALC: NO.	NOTUTING A	STATES TO THE STATES
Solids, total suspended	MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT					30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT						Internet - the second second		PROVIDE A CARDINAL CONTRACTOR		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.023 MO/AVG		Mgai/d	*******		And			Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT				******	1.4 MOAVG	3:3 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT				a	200 MO GEOMN	ereneret and	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT									· ·	
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1				25 MO AVG	50 DAILY MX	mg/L		Month	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		TEI	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 penetities for submitting false information.		724	682-7773	08	05	28
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)

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)



NATIONAL POLLUTANT DISCHARGE ELIMINATION STSTEW (INFUES) DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

Page 18

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

110

PA0025615

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

	MONITORING PERIOD										
	YEAR	MO	DAY		YEAR	MO	DAY				
FROM	08	04	01	то	08	04	30				

No Data Indicator

PARAMETER		QUANTI	QUANTITY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.86	N/A	7.80	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******* *******	N/A	6 MINIMUM	*******	9 MAXIMUM	рН		Weekiy	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	4.8	9.8	mg/L	0 [°]	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	Constant and a second sec		N/A	444444 44444	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		1/5 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	Reg Mon. MO AVG	Reg. Mon. DAILY MX	Mgal/d				N/A		Weekly	ESTIMA

		· · · · · · · · · · · · · · · · · · ·					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Id complete. I am aware that there are significant penalties for submitting false information, cluding the possibility of fine and imprisonment for knowing violations.		TEL	DATE			
Kevin L. Ostrowski, DIRECTOR OF SITE		Kevent. Otrawski	724	682-7773	08	05	28
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
CHINENTS AND EVELANATION OF ANY MOLATIONS (Belevanes of street							

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

* 5 mg/L is minimum detectable level. JPC 5-12-08



50050 1 0

50060 1 0

Effluent Gross

Effluent Gross

Chlorine, total residual

INATIONAL PULLUTAINT DISUNARUE ELIMINATION STOTEM (INF DES) **DISCHARGE MONITORING REPORT (DMR)**

MONITORING PERIOD

Page 19

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

SAMPLE

MEASUREMENT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

PERMIT

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

Flow, in conduit or thru treatment plant

PA0025615 PERMIT NUMBER

Req Mon Req Mon MO AVG DAILY MX

体理学

1

YEAR MO DAY

213A DISCHARGE NUMBER

YEAR MO DAY

5 MO AVG

1.25

INST MAX

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

Internal Outfall

No Data Indicator

SAMPLE TYPE

GRAB!

GRAB

GRAB

ESTIMA

GRAB

Weekly

Twice Per

Month

ma/L

ATTN: DONALD J SALERA/MGR ENV & CHEM		FROM 08 04 01 TO 08 04 30							No Data Ind	a Indi		
PARAMETER		QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	Γ	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
рН	SAMPLE MEASUREMENT										Γ	
00400 1 0 Effluent Gross	PERMIT	1			6 MINIMUM		9 MAXIMUM	pН		Twice Per Month		
Solids, total suspended	SAMPLE MEASUREMENT										ſ	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT					30 MO AVG	100 DAILY MX	mg/L		Twice Per. Month		
Oil & grease	SAMPLE MEASUREMENT											
00556 1 0 Effluent Gross	PERMIT REQUIREMENT					15 MO AVG	20 DAILY MX	mg/L		Twice Per		

Mgal/d

•							
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 gualified personnel		TEL	DATE			
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.	Kari L. Eteaushi	724	682-7773	08	05	28
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)						

ENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all a

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.

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

то

гони дряотеч ОМВ 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

04

01

08

FROM

301A DISCHARGE NUMBER

YEAR MO DAY

04 30

08

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)

UNIT 2 AUX BOILER BLOWDOWN Internal Outfall

No Data Indicator

PARAMETER		QUANTI	QUANTITY OR LOADING QUALITY OR CONCENTRATION					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	and a second second	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 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	******	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 **	<5 **	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	******* *******	15 MOAVG	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	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. MO'AVG	Req. Mon. DAILY MX	Mgal/d				N/A		Weekly	ESTIMA

Kevin L. Ostrowski, DIRECTOR OF SITE	I certify under penatty 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, frue, accurate, accurate and the system.	Var 1 Que
OPERATIONS	and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTI
TYPED OR PRINTED		AUTHORIZED AGENT

	TE	DATE			
Kanih. Ottowski	724	682-7773	08	05	28
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 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 5-12-08

r ile

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	P	PA0025]	DI	3 SCHAR	03A GE NU	MBER		DMR MAILING ZIP CODE: MAJOR (SUBR05)	150770004
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168						- <u></u>				UNIT 1 OIL WATER SEPAR Internal Outfall	ATOR
	SHIPPINGPORT, PA 150770004			MO	NITO	RING	PERIOD)				
			YEAR	MOC)AY		YEAR	MO	DAY		No	Data Indicato
ATTN: DONAL	LD J SALERA/MGR ENV & CHEM	FROM	08	04	01	TO	08	04	30	1	NOI	Data mulcato

PARAMETER		QUANTITY OR LOADING			÷	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
анн арн	SAMPLE										
(P))	MEASUREMENT					l					
00400 1 0	PERMIT		the states of the second		6		9			Weekh	CPAR
Effluent Gross	REQUIREMENT	•••••••			MINIMUM		MAXIMUM	pН	1.10	Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0	PERMIT	1	******		*****	30 MO AVG	= 100		19 . J. 19 19 1	Mookh	GRAB
Effluent Gross	REQUIREMENT	2007 B				MO AVG	DAILY MX	mg/L		Weekly	, OIVE
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0	PERMIT				A CONTRACTOR OF THE OWNER	15 MOIAVG	20			Wookhy	CRAR
Effluent Gross	REQUIREMENT	A Barriston				MOAVG	DAILY MX	mg/L		Weekly	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0	PERMIT	Req. Mon.	Req. Mon.			Contraction of the second	10	N/A		Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d	Constant and a second			11/74		THEENY	

		•					
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	C	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 faise information,	Kavnih. Ottawski	724	682-7773	08	05	28
including the possibility of fine and imprisonment for knowing violations. TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	мо	DAY
OBSTENTS AND EVER ANATION OF ANY MOLATIONS (Deferring of all shock	and the based						

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.

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

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NATIONAL POLLUTAN (DISCHARGE ELIMINATION STOTEM (M) DES, DISCHARGE MONITORING REPORT (DMR)

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	

313A DISCHARGE NUMBER

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

	MONITORING PERIOD								
	YEAR	MO	DAY		YEAR	MO	DAY		
FROM	08	04	01	TO	08	04	30		

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	7.43	N/A	8.37	рH	0	1 / 7	GRAB
00400 1 0 Effluent Gross		****** ******	******	N/A	6 MINIMUM	******* 	9 MAXIMUM	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	10.4	14.6	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		, , , , , , , , , , , , , , , , , , , 	N/A		30 MO:AVG	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				N/A		15 MOAVG	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		Reg. Mon MO/AVG	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 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 aubmitted is, to the best of my knowledge and belief, true, accurate, and complete. I arm avare that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

		TEL	EPHONE		DATE	
•	Kevin L. Strawski-	724	682-7773	08	05	28
	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.

* 5 mg/L is minimum detectable level. JPC 5-12-08

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INATIONAL PULLUTAINT DISUMARUE ELIMINATION STOTEM (INFUES) DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

то

Page 23

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

04 01

08

FROM

401A DISCHARGE

YEAR MO DAY

04 30

08

NUMBER	

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

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	8.17	N/A	8.26	рН	0	2 / 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	anterne John de Art		N/A	6 MINIMUM		Req∃Mon. MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	2.3	4.6	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 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				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	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon: MO AVG	Req Mon DAILY MX	Mgal/d				N/A		Weekly	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		TEI	EPHONE	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,	Kauih. Etrawski	724	682-7773	08	05	28
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)

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

* 5 mg/L is minimum detectable level. JPC 5-12-08

NATIONAL POLLUTANE DISCHARGE ELIMINATION STSTEM (MPDES) DISCHARGE MONITORING REPORT (DMR)

Page 24

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

PA0025615 PERMIT NUMBER 403A DISCHARGE NUMBER

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



ATTN: DONALD J SALERA/MGR ENV & CHEM

	MONITORING PERIOD								
	YEAR	MO	DAY		YEAR	MO	DAY		
FROM	08	04	01	то	08	04	30		

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	Annes 1	******* ******		6 MINIMUM		9 MAXIMUM	рН		Weekly	GRAB
Solids, total suspended	SAMPLE		Antonia and the second second second second			STREET ON ALTO DESCRIPTION OF A			COLORADO DE LOS DE ANTRA		
00530 1 0 Effluent Gross	PERMIT	**************************************				-30 MOAVG	LOO DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE	Carlon	anter and the second		an a feir an ann an	Transactory (164 7 7 1 Mar 2 A a 1 7 7 1 Mar 2 A a 1 7 7 1 Mar 2 A a 1 7 7 7 1 Mar 2 A a 1 7 7 7 1 Mar 2 A a 1	Terrorente and a state of the second s		and anti-second a second	anar senir san g pysignan di 3 10	CTTA-CONTRACTOR CONTRACTOR CONTRACTOR
00556 1 0 Effluent Gross	PERMIT		***************************************			15 Molavg	20 DAILY MX	mg/L		Veekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT	****** ******			•••••	Req. Mon. MolAVG	Réq. Mon DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT										
04251 1 0 Effluent Gross	PERMIT REQUIREMENT		******		******		0 DAILY MX	ma/L		Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	i									
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg Mon MO AVG	BAILY MX	Mgal/d						Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					5 MOIAVG	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		TE	LEPHONE		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 gaver that there ere a ignificant penalities for submitting fails information.	Kevich. Strawski	724	682-7773	82-7773 08 05 28	28	
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. 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.

NATIONAL POLLUTANT DISCHARGE ELIMINATION STOLEM (INFUES) **DISCHARGE MONITORING REPORT (DMR)**

. 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

2 3

PA0025615	403A
PERMIT NUMBER	DISCHARGE NUMBER

	_					
	M	IONITO	RING	PERIOD)	
YEAR	MO	DAY		YEAR	MO	DAY
08	04	01	то	08	04	30

DMR MAILING ZIP CODE:	150770004
MAJOR	
(SUBR05)	

CONDENSATE BLOWDOWN & RIVR WAT Internal Outfall



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine	SAMPLE										
	MEASUREMENT								· · · · · ·		
81313 1 0	PERMIT	All and these and the state	115 Carl 10 ******* 10 #*****		1	•••• 0	0 0 0		12 June 14	Mookiver	CPAR
Effluent Gross	REQUIREMENT					MOAVG	DAILY MX	mg/L		VVECKIY	GIGE

	NAM	AE/TITLE	PRINC	IPAL	EXECU	TIVE	OFFI	CER	
Kevir	1 L.	Ostro	wski,	DIF	RECT	OR	OF	SIT	E

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 inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations,

FROM

	TE	LEPHONE		ATE
Karinh. Etrawski	724	682-7773	08	05
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR				
AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. 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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Page 25

28

DAY

NATIONAL POLLUTANT DISCHARGE ELIMINATION STSTEM (INFDES)

Page 26

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

NAME: ADDRESS:	FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 SHIPPINGPORT, PA 150770004	PA0025615 413A PERMIT NUMBER DISCHARGE NUM							MBER
FACILITY: LOCATION:	BEAVER VALLEY POWER STATION PA ROUTE 168		-						
	SHIPPINGPORT, PA 150770004			N	IONITO	RING	PERIOD)	
			YEAR	MO	DAY		YEAR	MO	DAY
ATTN: DONAL	D J SALERA/MGR ENV & CHEM	FROM	08	04	01	TO	08	04	30

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

5

No Data Indicator

PARAMETER		QUANTI	TY OR LOADING		(QUALITY OR CONC	ENTRATION		NO. EX	SAMPLE TYPE	
	and the second	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.40	N/A	7.4	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	enere Alexandria Alexandria		N/A	6 MINIMUM		9: MAXIMUM	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	24.1	28.4	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	R*****		N/A		30 MO ÁVG	100× DAILY MX	mg/L		Weekty	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 MOIAVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		<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. Mon DAILY MX	Mgal/d	**************************************			N/A	un conten Solt	Weekly	TESTIMA

. .

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 gualified personnel	Kan I Peterski	TEL	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. I am eware that there are significant penalties for submitting false information,		724	682-7773	08	05	28
	including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY
CONVENTS AND EVELANATION OF ANY MOLATIONS (Before an all attack							

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.

* 5 mg/L is minimum detectable level. JPC 5-12-08

NATIONAL POLLUTANT DISCHARGE ELIMINATION STSTEM (INFDES) DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

то

01

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

04

08

FROM

501A DISCHARGE NUMBER

YEAR MO DAY

04

30

08

DMR MAILING ZIP CODE:	150770004					
MAJOR						
(SUBR05)						
UNIT 1 GENRTR BLWDWN FILT BW						

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			
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0	PERMIT		Contra antes a la contra de la		Contraction of the second	30 30	200 100 × 25%		or survey and the	Weekly	CPAR
Effluent Gross	REQUIREMENT					MO AVG	100. DAILY MX	mg/L		VYCERUY	
Flow, in conduit or thru treatment plant	SAMPLE									-	
	MEASUREMENT										
50050 1 0	PERMIT	Reg Mon	Reg. Mon.		A STATE OF THE STATE OF THE STATE	Antistan an anna an	in the second second		oleste Art.	Weekly	ESTIMA
Effluent Gross	REQUIREMENT	MOAVG	DAILY MX	Mgal/d	and share the second second					Weekiy	

	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 OPERATIÓNS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persona 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,	Karih Ctrawski	724	682-7773	08	05	28
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 (Deferring all effects							

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SAMPLES SHALL BE TAKEN AT INTERNAL MP 501 PRIOR TO MIXING WITH ANY OTHER WATER.

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