



December 23, 2011 L-11-399

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 November 2011 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).

A review of the data indicates no permit parameters were exceeded during the month.

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

Sincerely,

Raymond A. Lieb

Director, Site Operations

IE25 NRR Beaver Valley Power Station, Unit Nos. 1 and 2 L-11-399 Page 2

Attachment(s):

1. Weekly Dissolved Oxygen Monitoring Results at Outfall 001

Enclosure(s)

A. Discharge Monitoring Report

cc: Document Control Desk US NRC (NOTE: No new US NRC commitments are contained in this letter.)
US Environmental Protection Agency
Ms. Amanda Schmidt, PA DEP/Bureau of Water Quality Management

FOR INTERNAL DISTRIBUTION USE ONLY

Internal Distribution of Letter L-11-399

- D. J. Salera w\out attachments
- S. F. Brown (A-GO-13)
- D. K. Sullivan w\out attachments
- D. J. Weber (A-GO-18)
- D. C. Bluedorn (BCCZ)

Environmental File

Central File: Keyword- DMR

Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615 L-11-399 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 |
|-------------|-------------|-------|-------|
| 08-Nov-11 | 0955 | 9.08 | mg/L |
| 14-Nov-11 | 0940 | 8.03 | mg/L |
| 21-Nov-11 | 0900 | 8.43 | mg/L |
| 29-Nov-11 | 1035 | 7.31 | mg/L |

- Attachment 1 END -

MONITORING PERIOD

. Form Approved OMB No. 2040-0004

Page 1

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: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

11/ 01/ 2011 **TO**

001A

MM/DD/YYYY

11/ 30/ 2011

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNITS 1&2 COOLG. TOWER BLWDN

External Outfall

No Discharge

| PARAMETER | | QUANTI | TY OR LOADING | | (| QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|---------------------|-----------------------|--------|--------------|---------------------|----------------------|-------|-----------|--------------------------|----------------|
| INMETER | 152 | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.2 | N/A | 8.0 | pН | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ****** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | pН | | Weekly | GRAB |
| Nitrogen, ammonia total (as N) | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | GG | GG | mg/L | GG | GG | GG |
| 00610 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | Req. Mon. MØ AVG | Req. Mon DAILY MX | mg/L | | Weekly | GRAB |
| CLAMTROL CT-1, TOTAL WATER | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | GG | GG | | GG | GG | GG |
| 04251 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ***** | N/A | ***** | 0 MO AVG | 0 DAILY MX | mg/L | | When Discharging | COMP24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 26.0 | 28.3 | 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 | Mgai/d | ***** | ****** | ****** | N/A | | Daily | CONTIN |
| Chlorine, total residual | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 0.0 | 0.03 | mg/L | 0 | 1 / 7 | 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 | ND | ND | 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 | GG | GG | mg/L | GG | GG | GG |
| 81313 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | 0 MO AVG | 0 DAILY MX | mg/L | | Weekly | GRAB |

| | | 11 | | | |
|--|---|------------------|-----------|----------|--------------|
| 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 | 110/11 | TEI | LEPHONE | DATE |
| Raymond A. Lieb, 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, | | 724 | 682-7773 | 12/ 23/ 2011 |
| TYPED OR PRINTED | including the possibility of fine and Imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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. THE LIMIT IS 35 MG/L AS A DAILY MAX.

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Page 2

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615

002A

PERMIT NUMBER

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

INTAKE SCREEN BACKWASH

External Outfall

No Discharge

| - [| MONITORING PERIOD | | | | | | | | | |
|-------|-------------------|----|--------------|--|--|--|--|--|--|--|
| [| MM/DD/YYYY | | MM/DD/YYYY | | | | | | | |
| FROM[| 11/ 01/ 2011 | TO | 11/ 30/ 2011 | | | | | | | |

| PARAMETER | QUANTITY OR LOADING | | | | QUALITY OR CONCENTRATION | | | | | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|-----------|------------|--------|--------------------------|-------|-------|-------|---|--------------------------|----------------|
| TAIGHETER | | 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 | PERMIT | Req. Mon. | Req. Mon. | | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |
| Effluent Gross | REQUIREMENT | MO: AVG | - DAILY MX | Mgal/d | | | | IN/A | | vveekiy | LOTIMA |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | |
|--|---|
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | |
| TYPED OR PRINTED | _ |

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

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

TELEPHONE DATE 724 682-7773 12/ 23/ 2011 NUMBER MM/DD/YYYY **AREA Code**

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

Form Approved OMS No. 2040-0004

Page 3

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION

FACILITY: LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

003A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

003

External Outfall

No Discharge

| | | A | ONITO | RING | RING PERIOD | | | | | | |
|-------|------|------|-------|------|-------------|-----|------|---|--|--|--|
| | MM/C | D/YY | ΥΥ | | MM/C | DOM | ΎΥ |] | | | |
| FROM[| 11/ | 01/ | 2011 | то | 11/ | 30/ | 2011 |] | | | |

| PARAMETER | | QUANTI | TY OR LOADING | OR LOADING | | QUALITY OR CONCENTRATION | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|-----------|---------------|------------|-------|--------------------------|-------|-------|-----------|--------------------------|----------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.022 | 0.034 | MGD | N/A | N/A | N/A · | N/A | - | 2 / 30 | EST |
| 50050 1 0 | PERMIT | Req. Mon. | Req. Mon. | | ***** | ***** | ***** | N/A | | Twice Per | ESTIMA |
| Effluent Gross | REQUIREMENT | MO AVG | DAILY MX | Mgal/d | | | | 14/7 | | Month | LUTINA |

| 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 | 71 | m // | | TEI | EPHONE | DATE | |
|--|---|-----------------|--------------|--------------|-----------|----------|------------|-----|
| Raymond A. Lieb, 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. | SIGNATE OF PRIN | Ohis | E OFFICER OR | 724 | 682-7773 | 12/ 23/ 20 |)11 |
| TYPED OR PRINTED | including the possibility of fine and imprisonment for knowing violations. | | ORIZED AGENT | E OFFICER OR | AREA Code | NUMBER | MM/DD/YYYY | |

COMMENTS 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.

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER 004A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfall

No Discharge

DATE

MM/DD/YYYY

12/ 23/ 2011

Page 1

| | MONITORING PERIOD | | | | | | | | | | | |
|-----|-------------------|----|--------------|--|--|--|--|--|--|--|--|--|
| | MM/DD/YYYY | | MM/DD/YYYY | | | | | | | | | |
| ROM | 11/ 01/ 2011 | TO | 11/ 30/ 2011 | | | | | | | | | |

| PARAMETER | | QUANTITY OR LOADING | | | (| QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-------------|--|-----------|---------|--------------|-----------------|-----------|----------|-----------|--------------------------|----------------|
| · · | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | 1 |
| рН | SAMPLE | | · | N/A | | | | | | | |
| | MEASUREMENT | | | | | | | <u> </u> | | | |
| 00400 1 0 | PERMIT | ***** | ***** | N/A | 6 MINIMUM | ***** | . 9 | | | Weekly | GRAB |
| Effluent Gross | REQUIREMENT | | | 1 177 (| MINIMUM | | MAXIMUM | pН | | | |
| Flow, in conduit or thru treatment plant | SAMPLE | | | | | | | | | | |
| ' | MEASUREMENT | | | | | | | | ļ | | |
| 50050 1 0 | PERMIT | Req. Mon. | Req. Mon. | · | ***** | ***** | 4 | N/A | | Weekly | MEASRD |
| Effluent Gross | REQUIREMENT | MO AVG | DAILY MX | Mgal/d | | | | 1477 | | recomy | |
| Chlorine, total residual | SAMPLE | | | N/A | | | | } | | | |
| omormo, total rooladar | MEASUREMENT | | | 1477 | | | | 1 | | l | |
| 50060 1 0 | PERMIT | ***** | ***** | N/A | ***** | .5 | 1.25 | | | Weekly | GRAB |
| Effluent Gross | REQUIREMENT | | | IVA | | MO AVG | INST MAX | mg/L | | VVCCKIY | CIGO |
| Chlorine, free available | SAMPLE | | | N/A | | | | | | | |
| Officiale, nee available | MEASUREMENT | | | 13// | | | | 1 | | ļ | |
| 50064 1 0 | PERMIT | ******* | ***** | | ***** | 2 | .5 | | | Weekly | CDAD |
| Effluent Gross | REQUIREMENT | /************************************* | ***** | N/A | | 2 AVERAGE | MAXIMUM | mg/L | | vveekiy | 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 | /) a // / | TEL |
|-----------------------------------|--|---|-----------|
| Raymond A. Lieb, DIRECTOR OF SITE | properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, | FULI | 724 |
| TYPED OR PRINTED | including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR | AREA Code |

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

TELEPHONE

682-7773

NUMBER

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Page 5

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER 006A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SCREEN BACKWASH

External Outfall

No Discharge

| | MONITO | RING | PERIOD |
|-----|--------------|------|--------------|
| | MM/DD/YYYY | | MM/DD/YYYY |
| ROM | 11/ 01/ 2011 | TO | 11/ 30/ 2011 |

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS TYPED OR PRINTED

certify under penalty of law that this document and all attachments were prepared under my frection 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 persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

TELEPHONE DATE 724 682-7773 12/ 23/ 2011 **AREA Code** NUMBER MM/DD/YYYY

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

Form Approved OMB No. 2040-0004

Page 6

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

007A

DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/ 01/ 2011 11/ 30/ 2011 TO

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SYSTEM External Outfall

No Discharg

| PARAMETER | | QUANTI | TY OR LOADING | | (| QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|---------------------|-----------------------|--------|--------------|-----------------|------------------|-------|-----------|--------------------------|----------------|
| · AVAIRE LEIV | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | | | · | | | | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | •••• | | 6 MINIMUM | ****** | 9 MAXIMUM | pН | | 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 | ****** | ****** | ****** | | | Weekly | GRAB |
| Chlorine, total residual | SAMPLE MEASUREMENT | | | | | | | | | - | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ***** | , | ***** | .5 MO AVG | 1.25 INST MAX | mg/L | | Weekly | GRAB |
| Chlorine, free available | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50064 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ***** | | ****** | 2 AVERAGE | .5 MAXIMUM | mg/L | | Weekly | GRAB* |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel | 1)1/1// | TEI | LEPHONE | DATE |
|--|---|------------------|-----------|----------|--------------|
| Raymond A. Lieb, 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 besief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, | | 724 | 682-7773 | 12/ 23/ 2011 |
| TYPED OR PRINTED | including the possibility of fine and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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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OMB No. 2040-0004

Page 7

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

DRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: BEA

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615

A800

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 COOLING TOWER PUMPHOUSE

External Outfall

No Discharge

| | MONITORING PERIOD | | | | | | | | | | | |
|-----|-------------------|----|--------------|--|--|--|--|--|--|--|--|--|
| | MM/DD/YYYY | , | MM/DD/YYYY | | | | | | | | | |
| ROM | 11/ 01/ 2011 | TO | 11/ 30/ 2011 | | | | | | | | | |

| PARAMETER | | QUANTI | TY OR LOADING | | (| QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-------------|-----------|---------------|--------|--------------|-----------------|-----------|----------|-----------|--------------------------|----------------|
| 1 Alsometers | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE | | | | | | | | | | |
| [| MEASUREMENT | | | | | | | <u> </u> | | | |
| 00400 1 0 | PERMIT | ***** | ***** | | 6 MINIMUM | ****** | 9. 5 | | | ":Twice Per | GRAB |
| Effluent Gross | REQUIREMENT | | | | MINIMUM | | MAXIMUM | pН | | Month | 0,70 |
| Solids, total suspended | SAMPLE | | | | | | | | | | |
| Solids, total suspended | MEASUREMENT | | | | | | | | | | |
| 00530 1 0 | PERMIT | ***** | ***** | | ***** | 30 | 100 | | | Twice Per | CDAR |
| Effluent Gross | REQUIREMENT | | | | | 30 MO AVG | DAILY MX | mg/L | | Month | GRAB |
| Oil & grease | SAMPLE | | | | | | | | | | |
| Oil & grease | MEASUREMENT | · · | | | , , | | · | 1 | İ | | |
| 00556 1 0 | PERMIT | ***** | ***** | | ***** | 15 MO AVG | 20 | | | Twice Per | GRAB |
| Effluent Gross | REQUIREMENT | | ****** | | | MO AVG | DAILY MX | mg/L | | Month | GIVAD |
| Flow in conduit or thru treatment plant | SAMPLE | | | | | | | | | | |
| Flow, in conduit or thru treatment plant | MEASUREMENT | | | | | | | | | | |
| 50050 1 0 | PERMIT | Req. Mon. | Req. Mon. | | ***** | ***** | ***** | N/A | | Weekly | ESTIMA |
| Effluent Gross | REQUIREMENT | MO AVG | DAILY MX | Mgal/d | | | | IN/A | | vveekiy | ESTIMA |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | direction or supervision in a |
|--|---|
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | properly gather and evaluat persons who manage the s information, the information and complete. I am aware |
| TYPED OR PRINTED | including the possibility of fi |

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, frue, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

 TELEPHONE
 DATE

 724
 682-7773
 12/ 23/ 2011

 AREA Code
 NUMBER
 MM/DD/YYYY

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

Form Approved OMB No. 2040-0004

Page 8

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER 010A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 COOLING WATER

External Outfall

No Discharge

| - 1 | MONITORING PERIOD | | | | | | | | | | |
|-----|-------------------|----|--------------|--|--|--|--|--|--|--|--|
| [| MM/DD/YYYY | | MM/DD/YYYY | | | | | | | | |
| ROM | 11/ 01/ 2011 | TO | 11/ 30/ 2011 | | | | | | | | |

| PARAMETER | | QUANTI | TY OR LOADING | , | C | QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|---------------------|-----------------------|--------|--------------|-----------------|------------------|-------|-----------|--------------------------|----------------|
| I With the Line | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | , | | |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.3 | N/A | 7.7 | 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 | GG . | GG | mg/L | .GG | GG | GG |
| 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 | 4.1 | 4.3 | 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 | 0.0 | 0.09 | 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 | 0.0 | 0.1 | mg/L | 0 | 1 / 7 | GRAB |
| 50064 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | Arrest. | N/A | ***** | .2 AVERAGE | .5 MAXIMUM | mg/L | 3.1 | Weekly | GRĀB. |

| 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 |
|--|--|--|-----------|----------|--------------|
| Raymond A. Lieb, 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, | | 724 | 682-7773 | 12/ 23/ 2011 |
| TYPED OR PRINTED | including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXEC AUTHORIZED AG | AREA Code | NUMBER | MM/DD/YYYY |

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

REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (24 HR. COMP.):

MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX)

Form Approved OMB No. 2040-0004

Page 9

Page 1

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

REQUIREMENT

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

Effluent Gross

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

11/ 01/ 2011

011A

DISCHARGE NUMBER

MM/DD/YYYY

11/ 30/ 2011

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

DIESEL GEN & TURBINE DRAINS

External Outfall

No Discharge

| PARAMETER | QUANTITY OR LOADING QUA | | | | QUALITY OR CONCENTRATION | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE | |
|--|-------------------------|-----------|-----------|-------|--------------------------|-------|-------|-----------|--------------------------|----------------|--------|
| FARAMETER | | 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 | PERMIT | Req. Mon. | Req. Mon. | | ***** | ***** | ***** | N/Δ | | Weekly | ECTIMA |

MONITORING PERIOD

| | 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 | 00/// | TEI | LEPHONE | DATE |
|-----------------------------------|--|---|-----------|----------|--------------|
| Raymond A. Lieb, DIRECTOR OF SITE | properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information. | Elfuel | 724 | 682-7773 | 12/ 23/ 2011 |
| TYPED OR PRINTED | including the possibility of fine and imprisonment for knowing viciations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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

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

Form Approved OMB No. 2040-0004

Page 10

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER 012A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BLOWDOWN FROM THE HVAC UNIT

External Outfall

No Discharge

| . [| MONITO | RING | PERIOD |
|-------|--------------|------|--------------|
| [| MM/DD/YYYY | | MM/DD/YYYY |
| FROM[| 11/ 01/ 2011 | TO | 11/ 30/ 2011 |

| PARAMETER | | QUANTITY OR LOADING | | QUALITY OR CONCENTRATION | | | | | FREQUENCY OF ANALYSIS | SAMPLE TYPE | |
|--|-----------------------|---------------------|-----------------------|--------------------------|--------------|---------------------|-----------------------|-------|--------------------------|--------------------|--------|
| TAISMETER | 44. 44. | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.4 | N/A | 7.8 | рН | 0 | 2 / 30 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | N/A | 6 MINIMUM | ****** | 9 MAXIMUM | pН | | Once:Per Month | GRAB |
| Copper, total (as Cu) | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A . | 0.1226 | 0.1800 | 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 | N/A | 0.1 | 0.1 | mg/L | 0 | 2 / 30 | GRAB |
| 01092 1 0 Effluent Gross | PERMIT REQUIREMENT | • | *** | N/A | ****** | 1.5 MO AVG | 1.5 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 | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ****** | ***** | ***** | N/A | | Once Per Month | ESTIMA |
| Solids, total dissolved | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 970 | 992 | mg/L | 0 | 2 / 30 | GRAB |
| 70295 1 0 Effluent Gross | PERMIT REQUIREMENT | | ****** | N/A | ****** | Req. Mon. MO AVG | Reg. Mon. DAILY MX | mg/L | | Twice Per Month | GRAB |

| | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel | Daill | | TEL | EPHONE | DATE |
|--|---|------------------|------------|-----------|----------|--------------|
| Raymond A. Lieb, 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 penaties for submitting false information, | March | OFFICER OF | 724 | 682-7773 | 12/ 23/ 2011 |
| TYPED OR PRINTED | including the possibility of fine and imprisonment for knowing violations. | AUTHORIZED AGENT | | AREA Code | NUMBER | MM/DD/YYYY |

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

Page 11

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: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

013A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

OUTFALL 013 External Outfall

No Discharge

| [| MONITO | RING | PERIOD |
|------|--------------|------|--------------|
| [| MM/DD/YYYY | | MM/DD/YYYY |
| FROM | 11/ 01/ 2011 | TO | 11/ 30/ 2011 |

| PARAMETER | | QUANTI | TY OR LOADING | | (| QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|--------------------|-----------------------|--------|--------------|---------------------|-----------------------|-------|-----------|--------------------------|----------------|
| FARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.0 | N/A | 7.2 | N/A | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | рН | | Weekly | GRAB |
| Cyanide, total (as CN) | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | ND | ND | 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 | 0.0087 | 0.0123 | N/A | 0 | 2 / 30 | 24 HR COMP |
| 01042 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ***** | N/A | ****** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Twice Per Month | COMP24 |
| Chlorobenzene | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | ND | · ND | 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 | 0.002 | 0.002 | MGD | N/A | N/A | N/A | N/A | - | 2 / 30 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req: Mon MO AVG | Req. Mon. DAILY MX | Mgal/d | ****** | | ***** | N/A | | Twice Per/ Month | ESTIMA |

| | t 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 | 1// | 1/ | | TEL | EPHONE | DATE |
|-----------------------------------|--|--------------------|--|---|-----------|----------|--------------|
| Raymond A. Lieb, DIRECTOR OF SITE | properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and beief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, | TO | The state of the s | / | 724 | 682-7773 | 12/ 23/ 2011 |
| TYPED OR PRINTED | including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINC | DRIZED AGEN | | AREA Code | NUMBER | MM/DD/YYYY |

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

There was discharge only in the last week in October. WMC 11-19-11.

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

Form Approved 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:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

101A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

101 CHEMICAL WASTE TREATMENT

Internal Outfall

No Discharge

| . [| | ٨ | MONITO | RING F | PERIOD | |
|-----|------|------|--------|--------|-----------|------|
| | MM/C | DD/Y | ΥΥ | | MM/DD/YY | ΥY |
| ROM | 11/ | 01/ | 2011 |] то [| 11/ - 30/ | 2011 |

| PARAMETER | | QUANTI | TY OR LOADING | | * | QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|---------------------|-----------------------|--------|--------------|---------------------|-----------------------|-------|-----------|--------------------------|----------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00400 1 0 | PERMIT | ****** | ****** | | 6 MINIMÚM | ***** | 9 | | | Weekly | GRAB |
| Effluent Gross Solids, total suspended | SAMPLE MEASUREMENT | | | | MINIMUM | | MAXIMUM: | pН | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ***** | | ••••• | 30 MO AVG | 100 DAILY MX | mg/L | | Weekly | COMP-2 |
| 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 | ****** | ****** | | ***** | Req. 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 REQUIREMENT | Req: Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ****** | ****** | | | DAILY | CONTIN |
| Hydrazine | SAMPLE MEASUREMENT | | | | | | | | | | |
| 81313 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | | ***** | Req. Mon. MO AVG | Req. Mon. DAILY MX | mg/L | | Weekly | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personne! | 00/// | TEI | EPHONE | DATE |
|--|---|------------------|-----------|----------|--------------|
| IOPERATIONS | 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, | f Oto | 724 | 682-7773 | 12/ 23/ 2011 |
| TYPED OR PRINTED | including the possibility of fine and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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.

Page 13

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

102A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

102 INTAKE SCREEN HOUSE

Internal Outfall

No Discharge

| | | N | ONITO | RING | PERIOD | | |
|------|------|------|-------|------|--------|-------|------|
| | MM/E | D/YY | ΥΥ | | MM/E | DD/YY | ŶΥ |
| FROM | 11/ | 01/ | 2011 | то [| 11/ | 30/ | 2011 |
| • | | | | | | | |

| PARAMETER | | QUANTITY OR LOADING | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE | |
|--|-----------------------|---------------------|-----------------------|--------------------------|--------------|--------------|------------------|-----------|--------------------------|--------------------|--------|
| TAVAMETER | 1.0 | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE. | UNITS | | | |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.4 | N/A | 7.7 | рН | 0 | 2 / 30 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ****** | 9 MAXIMUM | pН | | Twice Per Month | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 5 | 9 | 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 | ND | ND | 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 | _ | 2 / 30 | EST |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ****** | | ****** | N/A | | Twice Per Month | ESTIMA |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel | // A // A | TEI | LEPHONE | DATE |
|--|---|---|-----------|----------|--------------|
| Raymond A. Lieb, 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, | CO Lil | 724 | 682-7773 | 12/ 23/ 2011 |
| TYPED OR PRINTED | including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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.

Form Approved OMB No. 2040-0004

Page 14

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: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER 103A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

SLUDGE SETTLING BASIN

Internal Outfall

No Discharge

| | MONITORING PERIOD | | | | | | | | | |
|-----|-------------------|------|------|----|------|------|------|--|--|--|
| Γ | MM/E | DD/Y | /YY | | MM/C | D/YY | ΥΥ | | | |
| ROM | 11/ | 01/ | 2011 | то | 11/ | 30/ | 2011 | | | |

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | . FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|----------------------|-----------------------|--------|--------------------------|--------------|-----------------|-------|-----------|----------------------------|----------------|
| ANAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | . N/A | N/A | N/A | 7.2 | N/À | 7.8 | рН | 0 | 3 / 30 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ***** | 9 MUMIXAM | pН | | Twice Per Month | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 3 | 5 | 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 | Req. Mon. 'MO AVG | Req. Mon. DAILY MX | Mgal/d | ****** | ****** | ****** | N/A | | Twice Per Month | ESTIMA |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel | 1) 11/1 | TEI | LEPHONE | DATE |
|--|---|---|-----------|----------|--------------|
| Raymond A. Lieb, 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, | Cotif | 724 | 682-7773 | 12/ 23/ 2011 |
| TYPED OR PRINTED | Including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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.

Form Approved OMB No. 2040-0004

Page 15

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: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER 111A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

111 DIESEL GENERATOR BLDG

Internal Outfall

No Discharge

| [| MONITO | RING | PERIOD |
|-------|--------------|------|--------------|
| [| MM/DD/YYYY | | MM/DD/YYYY |
| FROM[| 11/ 01/ 2011 | то | 11/ 30/ 2011 |

| PARAMETER | | QUANTITY OR LOADING | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE | |
|--|-----------------------|---------------------|-----------------------|--------------------------|--------------|--------------|-----------------|-----------|--------------------------|----------------|--------|
| Alconeter | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | ! | |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.3 | N/A | 7.7 | 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 | ND | ND | 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 | ND | ND | 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 | Req: Mon. DAILY MX | Mgal/d | • | ***** | ****** | N/A | | Weekly | ESTIMA |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | 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 | 70/1/ | TEI | EPHONE | DATE |
|--|--|------------------|-----------|----------|--------------|
| OPERATIONS | properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, | Cart Cart | 724 | 682-7773 | 12/ 23/ 2011 |
| TYPED OR PRINTED | including the possibility of fine and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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

Form Approved OMB No. 2040-0004

Page 16

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT PA 150770004

FACILITY: LOCATION:

BEAVER VALLEY POWER STATION PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

113A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 SEWAGE TMT PLANT

Internal Outfall

| . [| | ٨ | IONITO | RING | PERIOD | | |
|------|------|-----|--------|--------|--------|------|------|
| Ε | MM/C | D/Y | ΛΥΥ | | MM/C | D/YY | ΎΥ |
| FROM | 11/ | 01/ | 2011 |] то [| 11/ | 30/ | 2011 |

| PARAMETER | | QUANTI | TY OR LOADING | | | QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|-----------------|----------------------|--------|----------------|------------------|-----------------|---------|-----------|--|---|
| PARAMETER | 4. | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН . | SAMPLE MEASUREMENT | • | | | - : | | | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | -6 MINIMUM | ****** | 9 MAXIMUM | Ha | | Twice Per Month | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | | | | | | | | | · | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ***** | | ***** | 30 MO AVG | 60 DAILY MX | mg/L | | Twice Per Month | COMP-8 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | | | DAIE! MA | ingr. | | , and the same same same same same same same sam | 200000000000000000000000000000000000000 |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | .043* MO AVG | Req. Mon DAILY MX | Mgal/d | ***** | ****** | ****** | N/A | | Weekly | MEASRD |
| Chlorine, total residual | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 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 | ****** | ****** | | ***** | 200° MO GEOMN | ***** | #/100mL | | Twice Per | GRAB: |
| BOD, carbonaceous, 05 day 20 C | SAMPLE MEASUREMENT | | | | | | | | | | |
| 80082 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ****** | 25 MO AVG | 50 DAILY MX | mg/L | | Twice Per Month | COMP-8 |

| 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 | 110111 | TE | LEPHONE | DATE |
|--|--|---|-----------|----------|--------------|
| Raymond A. Lieb, DIRECTOR OF SITE | properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, | Kl Tis | 724 | 682-7773 | 12/ 23/ 2011 |
| TYPED OR PRINTED | including the possibility of fine and imprisonment for knowing violations, | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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.

Form Approved OMB No. 2040-0004

Page 17

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: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

203A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

MAIN SEWAGE TMT PLANT

Internal Outfall

No Discharge

| | MONITO | RING | PERIOD |
|-----|--------------|------|--------------|
| | MM/DD/YYYY | | MM/DD/YYYY |
| ROM | 11/ 01/ 2011 | TO | 11/ 30/ 2011 |

| PARAMETER | | QUANTI | TY OR LOADING | | C | QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|----------------|-----------------------|--------|--------------|-----------------|-----------------|---------|-----------|--------------------------|----------------|
| FARAINETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | r | | | | | | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | 6 MINIMUM | ****** | 9 MAXIMUM | рН | | Twice,Per Month | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ****** | | ***** | 30 MO AVG | 60 DAILY MX | mg/L | 1 | Twice Per Month | COMP-8 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | | | | - · · | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | .023 MO AVG | Req. Mon. DAILY MX | Mgal/d | ****** | ***** | ***** | | | 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 | ****** | ***** | | ***** | 200 MO GEOMN | ***** | #/100mL | | Twice Per Month | GRAB |
| BOD, carbonaceous, 05 day 20 C | SAMPLE MEASUREMENT | | | | | | | | | | |
| 80082 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 25 MO AVG | 50 DAILY/MX | mg/L | | Twice Per 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 | 00/ | | TEL | EPHONE | DATE |
|--|--|------------------|---------------|-----------|----------|--------------|
| Raymond A. Lieb, 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, | | VE OFFICER OR | 724 | 682-7773 | 12/ 23/ 2011 |
| TYPED OR PRINTED | including the possibility of fine and imprisonment for knowing violations. | AUTHORIZED AGENT | | AREA Code | NUMBER | MM/DD/YYYY |

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.

Form Approved OMB No. 2040-0004

Page 18

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

211A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR

(SUBR05)

211 TURBINE BLDG Internal Outfall

No Discharge

| | MONITO | DRING PERIOD | | | | | |
|-----|--------------|--------------|--------------|--|--|--|--|
| | MM/DD/YYYY | | MM/DD/YYYY | | | | |
| ROM | 11/ 01/ 2011 | TO | 11/ 30/ 2011 | | | | |

| PARAMETER | | QUANTI | QUANTITY OR LOADING | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|---------------------|---------------------|--------|--------------------------|--------------|-----------------|-------|-----------|--------------------------|----------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | . 7.1 ··· | N/A | 7.9 | рН | 0 | 1 / 7 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ****** | ***** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | рН | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | ND | ND | 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 | ND | ND | 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 | | - | 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 |
|------|--|
| Raym | ond A. Lieb, DIRECTOR OF SITE RATIONS |
| | TYPED OR PRINTED |

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

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

TELEPHONE DATE 724 12/ 23/ 2011 682-7773 AREA Code NUMBER MM/DD/YYYY

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

Form Approved OMB No. 2040-0004

Page 19

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER 213A

DISCHARGE NUMBER

MAJOR (SUBR05)

UNIT 2 COOL TOWER PUMPHOUSE

DMR MAILING ZIP CODE: 150770004

Internal Outfall

No Discharge

| | MM/E | ראסכ | YY | | MM/DD/YYYY | | | | |
|-----|------|------|------|----|------------|-----|------|--|--|
| ROM | 11/ | 01/ | 2011 | то | 11/ | 30/ | 2011 | | |

| 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 | | | | , | | | | | | |
| 00400 1 0 | PERMIT | ***** | ****** | | 6 MINIMUM | ****** | 9 MAXIMUM | | | Twice Per | GRAB |
| Effluent Gross | REQUIREMENT | | | | MINIMUM | | MAXIMUM | pН | | Month | 2003000 |
| Solids, total suspended | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00530 1 0 | PERMIT | ***** | ***** | | **** | 30 | 100 | | | Twice Per | GRAB |
| Effluent Gross | REQUIREMENT | | | | | MO AVG | DAILY MX | mg/L | | Month | OIGD |
| Oil & grease | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ****** | | ***** | 15 MO AVG | 20 DAILY MX | mg/L | 70 | 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 | ***** | ****** | ****** | , | | Weekly | ESTIMA |
| Chlorine, total residual | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50060 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | .5 MO.AVG | 1.25 INST MAX | mg/L | | Twice Per Month | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel | ///// | TEL | EPHONE | 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 aware that there are significant penalties for submitting false information, | | 724 | 682-7773 | 12/ 23/ 2011 |
| TYPED OR PRINTED | including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXE AUTHORIZED AC | AREA Code | NUMBER | MM/DD/YYYY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments 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.

· Form Approved OMB No. 2040-0004

Page 20

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER 301A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 2 AUX BOILER BLOWDOWN

Internal Outfall

No Discharge

| | MONITORING PERIOD | | | | | | | | | |
|------|-------------------|------|------|------|------|-------|------|--|--|--|
| Г | MM/C | DD/Y | YY | | MM/E | DD/YY | ÝΥ | | | |
| FROM | 11/ | 01/ | 2011 | то [| 11/ | 30/ | 2011 | | | |

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|---------------------|-----------------------|--------|--------------------------|--------------|-----------------|-------|-----------|--------------------------|----------------|
| LOWINGIEN | | VALUE . | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | ND | ND | 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 | ND | ND | 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 | 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 | 13/1/1 | TEI | LEPHONE | DATE |
|--|---|------------------|-----------|----------|--------------|
| Raymond A. Lieb, 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, | | 724 | 682-7773 | 12/ 23/ 2011 |
| TYPED OR PRINTED | including the possibility of fine and imprisonment for knowing violations. | AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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.

MONITORING PERIOD

TO

Page 21

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

Effluent Gross

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

11/ 01/ 2011

303A DISCHARGE NUMBER

MM/DD/YYYY

11/ 30/ 2011

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 OIL WATER SEPARATOR

Internal Outfall

No Discharge

| PARAMETER | QUANTITY OR LOADING | | | | QUALITY OR CONCENTRATION | | | | | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------|-----------|-----------|--------|--------------------------|--------|--------------|---|------|--------------------------|----------------|
| FARAINETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS |] | | |
| pH | SAMPLE | | | | | | | | | | |
| k., | MEASUREMENT | | | | | | | | | | |
| 00400 1 0 | PERMIT | ****** | ***** | | 6 | ***** | 9 | | 3.00 | Weekly | GRAB |
| Effluent Gross | REQUIREMENT | | ****** | | 6 MINIMUM | | 9 MAXIMUM | ρН | | vveekiy | , GRAD |
| Colide total supposed of | SAMPLE | | | | | | | | | | |
| Solids, total suspended | MEASUREMENT | | | | | | | | | | İ |
| 00530 1 0 | PERMIT | ***** | ***** | | ***** | 30 | 100 | | | Weekly | GRAB |
| Effluent Gross | REQUIREMENT | | ***** | | | MO AVG | DAILY MX | mg/L | | vveekiy | GRAB |
| Oil 9 areass | SAMPLE | | |] | | | | , | | | |
| Oil & grease | MEASUREMENT | | | | | | | | | | l |
| 00556 1 0 | PERMIT | ***** | **** | | ***** | 15 | 20 | | | | on.n |
| Effluent Gross | REQUIREMENT | | | l E | ***** | MO AVG | DAILY MX | mg/L | | Weekly | GRAB |
| | SAMPLE | | | | | | | 1 | | | |
| Flow, in conduit or thru treatment plant | MEASUREMENT | | | | | | | | - | | j |
| 50050 1 0 | PERMIT | Rea. Mon. | Req: Mon. | | ***** | ***** | ***** | NI/A | | Madilia | 31:174-64XXX |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS | | | | | | | | |
| TYPED OR PRINTED | | | | | | | | |

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

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

TELEPHONE DATE 724 682-7773 12/ 23/ 2011 AREA Code NUMBER MM/DD/YYYY

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.

MO AVG

REQUIREMENT

Form Approved OMB No. 2040-0004

Page 22

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER 313A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

313 TURBINE BLDG DRAIN

Internal Outfall

No Discharge

| [| MONITORING PERIOD | | | | | | | | |
|------|-------------------|----|--------------|--|--|--|--|--|--|
| Ī | MM/DD/YYYY | | MM/DD/YYYY | | | | | | |
| FROM | 11/ 01/ 2011 | TO | 11/ 30/ 2011 | | | | | | |

| PARAMETER | | QUANTI | TY OR LOADING | | (| QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|---------------------|-----------------------|--------|--------------|-----------------|-----------------|-------|-----------|--------------------------|----------------|
| I AIVAINE IEIV | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.0 | N/A | 7.2 | рН | 0 | 1/7. | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ****** | 9 MAXIMUM | рH | | Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | 8 | 10 | mg/L | 0 | 1 / 7 | GRAB |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | ***** | | 100 DAILY MX | mg/L | | Weekly | GRAB |
| Oil & grease | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | ND | . ND | mg/L | 1 | 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 | 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 | | | TEL | LEPHONE | DATE |
|--|--|--|--------------|-----------|----------|--------------|
| Raymond A. Lieb, 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, | Pofil | 5 0551055 00 | 724 | 682-7773 | 12/ 23/ 2011 |
| TYPED OR PRINTED | including the possibility of fine and imprisonment for knowing violations. | SIGNATURE OF PRINCIPAL EXECUTIVI AUTHORIZED AGENT | E OFFICER OR | AREA Code | NUMBER | MM/DD/YYYY |

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.

Page 23

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

ATTN: RAYMOND A LIEB/DIR SITE OPER

SHIPPINGPORT, PA 150770004

PA0025615 PERMIT NUMBER

401A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CHEM.FEED AREA OF AUX BOILERS

Internal Outfall

No Discharge

| | MONITORING PERIOD | | | | | | | | | | | |
|------|-------------------|------|------|----|------|------|------|--|--|--|--|--|
| | MM/C | DD/Y | YY | | MM/E | D/YY | ΥΥ | | | | | |
| FROM | 11/ | 01/ | 2011 | то | 11/ | 30/ | 2011 | | | | | |

| PARAMETER | | QUANTI | TY OR LOADING | | (| QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|---------------------|-----------------------|--------|--------------|-----------------|----------------------|-------|-----------|--------------------------|----------------|
| TAISMETER. | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | 7.1 | N/A | 7.9 | рН | 0 | 2 / 30 | GRAB |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | N/A | 6 MINIMUM | ****** | Req. Mon: MAXIMUM | pН | | Twice Per Month | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | N/A | ND | ND | 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 | ND | ND | 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 | Mgal/d | ****** | TTTOM | ****** | 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 | | 10/ | フル | | TEL | EPHONE | DATE |
|--|---|------------------|-------------|----|-----------|-----------|----------|-------------|
| Raymond A. Lieb, 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, | Ke | M. | | | 724 | 682-7773 | 12/ 23/ 201 |
| TYPED OR PRINTED | including the possibility of fine and imprisonment for knowing violations. | SIGNATÖRE OF PRI | HORIZED AGE | | -FICER OR | AREA Code | NUMBER | MM/DD/YYYY |

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.

Page 24

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: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

403A

DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY **FROM** 11/ 01/ 2011 TO 11/ 30/ 2011 DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Discharge

| PARAMETER | | QUANTI | TY OR LOADING | | (| QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|-----------|---------------|--------|--------------------------|-----------------|-----------|-------|-----------|--------------------------|----------------|
| · | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00400 1 0 | PERMIT | ***** | ***** | | 6 | ****** | 9 | | | Weekly | GRAB |
| Effluent Gross | REQUIREMENT | | | | ⁻⁶ MINIMUM | | MAXIMUM | pН | | vveekiy | GRAD |
| Solids, total suspended | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00530 1 0 | PERMIT | ***** | ***** | | ***** | 30 | 100 | | | Weekly | GRAB |
| Effluent Gross | REQUIREMENT | | | | | MO AVG | DAILY MX | mg/L | | vveekty | GNAD |
| Oil & grease | SAMPLE MEASUREMENT | | , | | | | | | | | |
| 00556 1 0 | PERMIT | **** | ***** | | ***** | 15 | 20 | | 37/2/2003 | Weekly | GRAB |
| Effluent Gross | REQUIREMENT | | | | | . MO AVG | DAILY MX | mg/L | | vveekiy | GRAD |
| Nitrogen, ammonia total (as N) | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00610 1 0 | PERMIT | ****** | ***** | | ****** | Req. Mon. | Req. Mon. | | | Mookly | GRAB |
| Effluent Gross | REQUIREMENT | 7 | | | | MO AVG | DAILY MX | mg/L | | Weekly | GIVAD |
| CLAMTROL CT-1, TOTAL WATER | SAMPLE MEASUREMENT | | | | | | | | | | |
| 04251 1 0 | PERMIT | ***** | ***** | | ***** | 0 | 0 | | | When | COMP24 |
| Effluent Gross | REQUIREMENT | | | | | MO AVG | DAILY MX | mg/L | | Discharging | OOW 24 |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50050 1 0 | PERMIT | Req. Mon. | Req. Mon. | | ***** | ***** | ***** | | | Weekly | ESTIMA |
| Effluent Gross | REQUIREMENT | MO AVG | DAILY MX | Mgal/d | | | | | | vveekiy | ESTIMA |
| Chlorine, total residual | SAMPLE MEASUREMENT | | | | | | | | | | |
| 50060 1 0 | PERMIT | ***** | ***** | | ***** | .5 | 1.25 | | 1 | Weekly | GRAB |
| Effluent Gross | REQUIREMENT | | | | | MO AVG | INST MAX | mg/L | | Weekly | Sign |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER |
|--|
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS |

certify under penalty of law that this document and all attachments were prepared under my firection 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 ersons who manage the system, or those persons directly responsible for gathering the nformation, 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, ncluding the possibility of fine and imprisonment for knowing violations

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

TELEPHONE DATE 724 682-7773 12/ 23/ 2011 AREA Code NUMBER MM/DD/YYYY

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 AS A DAILY MAX.) SAMPLES SHALL BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER.

MG/L. (THE LIMIT IS 35

TYPED OR PRINTED

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

11/ 01/ 2011

403A DISCHARGE NUMBER

MM/DD/YYYY

11/ 30/ 2011

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Discharge

| PARAMETER | | QUANTI | TY OR LOADING | - | (| QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|----------------|-------------|--------|---------------|-------|-------|-----------------|-----------|-------|-----------|--------------------------|----------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Hydrazine | SAMPLE | | | | | | | | | | |
| Tyurazine | MEASUREMENT | | | | | | | | | | i |
| 81313 1 0 | PERMIT | ***** | ***** | | ***** | 0 | 0 | | | Maakh | GRAB |
| Effluent Gross | REQUIREMENT | | | | | MO AVG | DAILY MX | mg/L | | Weekly | GRAD |

MONITORING PERIOD

TO

| NAME/TITLE | PRINCIPAL EXECUTIVE OFFICER |
|-------------------|-----------------------------|
| | |
| Raymond A. Lie | eb, DIRECTOR OF SITE |
| OPERATIONS | |
| OPERATIONS | |

TYPED OR PRINTED

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

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

TELEPHONE DATE 724 682-7773 12/ 23/ 2011 AREA Code NUMBER MM/DD/YYYY

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 AS A DAILY MAX.) SAMPLES SHALL BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER.

MG/L. (THE LIMIT IS 35

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 26

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: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

11/ 01/ 2011

413A

MM/DD/YYYY

11/ 30/ 2011

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BULK FUEL STORAGE DRAIN

Internal Outfall

No Dischard

| PARAMETER | | QUANTITY OR LOADING | | | | QUALITY OR CONC | ENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|---------------------|-----------------------|--------|--------------|-----------------|-----------------|-------|-----------|--------------------------|----------------|
| PARAMETER | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| рН | SAMPLE MEASUREMENT | N/A | N/A | N/A | | N/A | • | рН | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ****** | N/A | 6 MINIMUM | ***** | 9 MAXIMUM | рН | | -Weekly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | N/A | N/A | N/A | | | | mg/L | | | |
| 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/Ą | N/A | N/A | | | mg/L | | | |
| 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 | | | MGD | | | | N/A | | | |
| 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 |
|--|
| Raymond A. Lieb, DIRECTOR OF SITE OPERATIONS |
| TYPED OR PRINTED |

certify under penalty of law that this document and all attachments were prepared under my firection 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 nformation, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

724 682-7773 12/ 23/ 2011 MM/DD/YYYY AREA Code NUMBER

TELEPHONE

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.

DATE

Form Approved OMB No. 2040-0004

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

NAME:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY:

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: RAYMOND A LIEB/DIR SITE OPER

PA0025615 PERMIT NUMBER 501A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT 1 GENRTR BLWDWN FILT BW

Internal Outfall

No Discharge

| | | V | MONITO | RING F | ERIOD | | | | | |
|-----|------|------|--------|--------|------------|-----|------|--|--|--|
| | MM/C | D/YY | /YY | | MM/DD/YYYY | | | | | |
| ROM | 11/ | 01/ | 2011 | то [| 11/ | 30/ | 2011 | | | |
| | | | , | | | | | | | |

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|-----------------------|---------------------|-----------|--------|--------------------------|--------------|-----------------|-------|-----------|--------------------------|----------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Solids, total suspended | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30 MO AVG | 100 DAILY MX | mg/L | | Weekly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | | | · | · | | | | | | |
| 50050 1 0 | PERMIT | Reg. Mon. | Req. Mon. | | ***** | ***** | ****** | | | Weekly | ESTIMA |
| Effluent Gross · | REQUIREMENT | MO AVG | DAILY MX | Mgal/d | | | | | | , , conty | |

| | 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 | 00// | TELEPHONE | DATE |
|-----------------------------------|---|---|------------------|--------------|
| Raymond A. Lieb, DIRECTOR OF SITE | orrection or supervision in accorpance with a system designed to assure that quality personner 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. | KUTI | 724 682-7773 | 12/ 23/ 2011 |
| TYPED OR PRINTED | · | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code NUMBER | MM/DD/YYYY |

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.