

October 24, 2014 L-14-345

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 September 2014 NPDES Discharge Monitoring Report (DMR) for FirstEnergy Nuclear Operating Company (FENOC), Beaver Valley Power Station, in accordance with the requirements of the Permit. Attachment 1 to this letter is supplemental monitoring data for Outfall 001 (dissolved oxygen). Attachment 2 is the explanation of NODI codes.

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. Andrew Cangey, at 724-682-4293.

Sincerely,

Charles V McFeaters Director, Site Operations

IE25

Beaver Valley Power Station, Unit Nos. 1 and 2 L-14-345 Page 2

### Attachment(s):

- 1. Weekly Dissolved Oxygen Monitoring Results at Outfall 001
- 2. Explanation of NODI Codes

### 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

Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615 L-14-345 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
09/03/2014	0920	7	mg/L
09/08/2014	0945	6	mg/L
09/15/2014	0915	7	mg/L
09/23/2014	0900	6	mg/L

- Attachment 1 END -

Discharge Monitoring Report Attachment for NPDES Permit No. PA0025615 L-14-345 FirstEnergy Nuclear Operating Company (FENOC) Beaver Valley Power Station

### **ATTACHMENT 2**

### **Explanation of NODI Codes**

SAMPLE	SAMPLE PARAMETER	DOMI CODE	COMMENT
001A	Nitrogen	GG	Wet lay-up not done during month
001A	Hydrazine	GG	Wet lay-up not done during month
001A	CT-1	GG	No clamicide done during month
010A	CT-1	GG	No clamicide done during month

<sup>-</sup> Attachment 3 END -

### REGULATORY CORRESPONDENCE CHECKLIST

NOP-LP-4007-02 Rev. 01

Page 1 of 2

Letter Number: L-14-345

The reviewers of this correspondence signify the review of the items on the checklist by placing initials in the boxes below. As necessary, explain deviations, exceptions and non-applicable items in the Comments sections provided.

#### A. Peer Review: No. **Item Checked** Initials Correct organizations are listed on the review and routing forms, including organizations providing 1. CJa statements of fact. References to Codes and Standards are accurate and in sufficient detail. N/A 2. N/A Subject line of an NRC cover letter references the NRC TAC number, if applicable. 3. Cow The letter number has been entered on the letter and subsequent pages. 4. 5. Format and presentation are consistent with NORM-LP-4003 and any deviations justified. Cow N/A Pages containing information pursuant to 10 CFR 2.390 are appropriately marked. 6. N/A 7. Oath or affirmation (if required) - unsworn declaration is present. CIN Dates are correct and consistent throughout the submittal. 8. Grammar, spelling and editorial presentation have been verified to be correct. COW 9. Cion 10. All applicable parts of the submittal are present (e.g. letter, enclosures, attachments, affidavits). If Regulatory Commitments are included in NRC correspondence, the regulatory commitments are re-N/A 11. stated on an attachment (Regulatory Commitment List) to the submittal and identified for ownership on the Regulatory Correspondence Review Form (NOP-LP-4007-01). If no regulatory commitments are included in the correspondence, a statement to that effect is provided in the correspondence. C SW The letter content is factually complete, is presented logically and supports conclusions reached. 12. Enclosures and attachments are appropriately identified and contain all the necessary information to 13. CIW support conclusion of the submittal without the need to obtain other reference material. If action is requested of the NRC, the requested action date has been included with appropriate N/A 14. iustification. If the letter is in response to NRC requests, there is a clear tie between each question/request and the N/A 15. associated response, and each question/request is completely and clearly answered in the response. References listed have been reviewed, are available, and support the information contained in the 16. Con correspondence. Cow Statements of fact have been verified to be accurate. 17. CIW Actions stated as being complete have been verified to be complete. 18. Submittal does not contain information that has a material effect on information previously submitted to N/A 19. the NRC in response to a Notice of Violation or other enforcement action (e.g., Davis-Besse head event) or may significantly affect the NRC's understanding of plant activities. If it does, expedited communication paths with the NRC have been determined. (HALLES Date: 10-24-14 WEAVER Review Performed By (Print Name):

Comments:

This letter is the Monthly Submittal of the Discharge Monitoring Reports to the PA Department of Environmental Protection.

### REGULATORY CORRESPONDENCE CHECKLIST

NOP-LP-4007-02 Rev. 01

Page 2 of 2

B. C	ognizant Manager Review (Final Submittal Review Prior to Signature Authority):	
No.	Item Checked	Initials
1.	Comments obtained during the review cycle have been resolved and incorporated within the applicable sections of the submittal. The submittal remains factual and complete.	DIS
2.	Review signatures, or equivalent, have been obtained on Correspondence Review Forms (NOP-LP-4007-01).	DIS
3.	The correspondence has been reviewed for regulatory commitments, licensing positions, prudency, appropriate wording, and potential regulatory impact.	DIS
4.	If the letter is in response to NRC questions or requests, there is a clear and complete response to each question or request and all questions have been satisfactorily addressed.	N/A
	w Performed By (Print Name): DONALD J SAUGLA Date: 10-21-14	
	nents: This letter is the Monthly Submittal of the Discharge Monitoring Reports to the PA Department of onmental Protection.	
C. R	esponsible Organization Review (Administrative Support Follow-up):	
No.	Item Checked	Initials
1.	Date is on the letter and the letter has been put on the appropriate company letterhead.	#RP
2.	Submittal cover letter is signed correctly.	LLP
3.	Oath or Affirmation (if required) – unsworn declaration is present. If a notarized statement is requested by the signature authority, the statement page is signed and notarized.	N/A
4.	When appropriate, initial notification and copy of submittal has been provided to the NRC via electronic mail.	N/A
5.	Submittal has been mailed, or provided electronically (in accordance with NRC guidance on electronic submittals) to all appropriate recipients, with appropriate enclosures, attachments, etc.	L4P
6.	Internal FENOC distribution is complete.	SKP
7.	Regulatory Commitments have been documented in accordance with FENOC commitment management procedures.	N/A
8.	Additional FENOC actions have been documented, as necessary, in appropriate activity tracking systems.	N/A
9.	Correspondence documentation package is complete, and ready for future referral.	2KP
Revie	1. 11 Pakana	
	w Performed By (Print Name): Lyon K. Perron Date: 10-29-19	
	w Performed By (Print Name): Lynn K. Petrun Date: 10-24-14  nents: This letter is the Monthly Submittal of the Discharge Monitoring Reports to the PA Department of	
	w Performed By (Print Name): Lyon K. Perron Date: 10-29-19 nents: This letter is the Monthly Submittal of the Discharge Monitoring Reports to the PA Department of commental Protection.	

REGULATORY C	ORRESPO	NDENCE REVIEW FO	ORM						
NOP-LP-4007-01 Rev. 01 Page <u>1</u> o f <u>2</u>									
(1) LETTER NUMBER: L-14-345	(2) LETTER SU Monitoring F	BJECT: Beaver Valley Power Sta	ation NPDES Permit N	o. PA002561	5 Discharge				
(3) SUBMITTAL DUE:	(4) PREPARER / PHONE NO.: (5) LICENSING BASIS DOCUMENT								
10/28/2014	A.D. Cangey 72	REVIEW COMPLETED: ☐ YES ☒ N/A  D Cangey 724-682-4293 CHANGE REQUIRED: ☐ YES ☒ NO							
(6) POSTING REQUIRED BY 10CFR19.11		ORY COMMITMENTS D IN SUBMITTAL?	(8) OATH OR AFFIR	RMATION RE	QUIRED				
YES NO	CONTAINE	☐ YES ☑ NO		]YES 🔯	NO				
(DEP) per NPDES Permit No regulations and the Permit) a 2. The report receipt at PA I	g Report (DMR) is b. PA0025615. A and the US NRC ( DEP due date is the	required to be sent to the Pennsy copy of the letter and the reports current expectation of the NRC).	are forwarded to the U	JS EPA (also ⊦					
knowledge, the submittal is from the submittal such th level of review provided by	e review is comp s accurate and c at the reader cou their respective ceptance of resp	MANAGEMENT REVIEW blete in accordance with NOP-LI omplete, and no significant info uld be misled. Management revelorganization is acceptable. Who	ormation has been pr iewers' signatures al nere commitment ow	esented in o	r excluded hat the				
Print Or Type Name & Organization	Commitment Number for Ownership	Signature Date No Co							
Preparer A.D. Cangey	N/A	0	N/A	N/A					
Peer Reviewer C.J. Weaver	N/A	Mohm	10-24-14	Ø					
B.H. Furdak	N/A	Blundah	10-24-14						
7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,									
(11) RECOMMENDATION FOR Print or Type Name	Commitment Number for Ownership	Signature	Date	No Comments	Comments Provided				
Donald J. Salera	N/A	tenald talers	- 10-27-14	Ø.					
(12) REVIEWER COMMENTS -	NO RESPONSE R	EQUIRED (Provide comments requiring	ng response on Form NO	P-LP-4007-03):					

REGULA.	TORY CORRESPONDENCE REVIEW FORM - INSTRUCTIONS
NOP-LP-4007-01	Rev. 01
TITLE BLOCK	Page 2 of 2 Prior to forwarding for review, Preparer enters page information as indicated.
BLOCK 1	LETTER NUMBER – Preparer enters sequential number.
BLOCK 2	LETTER SUBJECT – Preparer enters the subject of the correspondence.
BLOCK 3	SUBMITTAL DUE – Preparer enters the date the correspondence is due.
BLOCK 4	PREPARER / PHONE NO. – Enter the name of the preparer of the correspondence.
BLOCK 5	LICENSING BASIS DOCUMENT REVIEW COMPLETED — Preparer indicates whether the licensing basis review was completed (YES or N/A) and whether a licensing basis change is required (YES or NO). (See NOP-LP-4007 Section 4.1.9)
BLOCK 6	POSTING REQUIRED BY 10 CFR 19.11 — Preparer indicates whether correspondence to the NRC is required to be posted per the requirements of 10 CFR 19.11.
BLOCK 7	REGULATORY COMMITMENTS CONTAINED IN SUBMITTAL – Preparer indicates whether Regulatory Commitments are contained in the correspondence.
BLOCK 8	OATH OR AFFIRMATION REQUIRED – Preparer indicates the need for an oath or affirmation statement.
BLOCK 9	PREPARER COMMENTS, SPECIAL INSTRUCTIONS – Preparer enters any desired additional remarks or instructions regarding the subject correspondence.
BLOCK 10	LICENSING, TECHNICAL STAFF AND MANAGEMENT REVIEW — Preparer identifies the desired reviewers and their organization. Reviewers should include organizations that provided input to the correspondence, organizations potentially affected by regulatory decisions, and other knowledgeable technical organizations. If correspondence includes Regulatory Commitments, preparer identifies manager-level commitment owners and lists the commitment numbers.
	Reviewers sign and date the appropriate fields, and indicate whether or not comments are provided. Signature indicates that, to the best of the reviewer's knowledge, the submittal is accurate and complete, and that no significant information has been presented in or excluded from the submittal such that the reader could be misled. Management reviewers' signatures also indicate that the level of review provided by their respective organization is acceptable. For reviewers with identified commitments, signature indicates acceptance of responsibility for commitment completion, and will result in assignment of the commitment to that organization.
BLOCK 11	RECOMMENDATION FOR SIGNATURE – The appropriate Fleet Licensing or Regulatory Compliance Manager determines whether the correspondence has received an adequate review and is therefore recommended for final signature and release, signs and dates where appropriate, and indicates whether comments are provided. Additional reviews for signature recommendation may be obtained at management discretion.
BLOCK 12	<b>REVIEWER COMMENTS – NO RESPONSE REQUIRED</b> - Reviewers provide any comments that do not require response from preparer. Comments requiring documented response must be provided on a REGULATORY DOCUMENTATION COMMENT FORM (Form NOP-LP-4007-03).

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 1

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

NAME:

FACILITY:

FIRST ENERGY NUCLEAR OPERATING

BEAVER VALLEY POWER STATION

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

9 01/ 2014

001A DISCHARGE NUMBER

MM/DD/YYYY

9 30/ 2014

DMR MAILING ZIP CODE: 150770004 **MAJOR** 

(SUBR05)

UNITS 1&2 COOLG, TOWER BLWDN

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PARAMETER .		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			ļ
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.2	N/A	8.6	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************	*****	N/A	6 MINIMUM	<b>1</b>	9 —MAXIMUMs	рН		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	GG	GG / GG	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	******	Req Mon. MO 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	mg/L	0	GG / GG	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A		0: MO:AVG	0 DAILY: MX 🔉	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	42.1	52.1	MGD	N/A	N/A	N/A	N/A	-	DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Req Mon.	Mgal/d	***************************************	******	******	N/A		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.1	0.17	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	1100		N/A		.5 AVERAGE	11.25 MAXIMUM	mg/L_	****	Weekly	<b>G</b> RAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1	0.1	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	GRAB
81313 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	* *****	MO AVG	DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS
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 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 682-7773 10/ 24 2014 724 **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.

MONITORING PERIOD

MGD

Mgai/d

Form Approved OMB No. 2040-0004

Page 2

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

NAME:

50050 1 0

Effluent Gross

FIRST ENERGY NUCLEAR OPERATING

SAMPLE

**MEASUREMENT** 

PERMIT

REQUIREMENT

0.006

Reg. Mon.

MO AVG

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: PA ROUTE 168

BEAVER VALLEY POWER STATION

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

**PARAMETER** 

Flow, in conduit or thru treatment plant

PA0025615 PERMIT NUMBER

0.046

Req. Mon.

DAILY MX

MM/DD/YYYY

002A

DISCHARGE NUMBER

N/A

MM/DD/YYYY

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

N/A

N/A

INTAKE SCREEN BACKWASH

External Outfall

No Discharge

Weekly

**EST** 

ESTIMA:

			0 9 30/	2014		•			L
QUANTITY OR LOADING			C	QUALITY OR CONC	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			

N/A

N/A

	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	TE	LEPHONE	DATE
Charles V McFeaters, 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 talse information,		724	682-7773	10/ 24/ 2014
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 3

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

NAME: ADDRESS:

FACILITY:

LOCATION:

FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

MM/DD/YYYY

003A

MM/DD/YYYY

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

003

External Outfall

No Discharge			2014	9 30/	2014 TO	OM 9 01/	FR
NO. FREQUENCY SAM EX OF ANALYSIS TY		ENTRATION	UALITY OR CONC	Q		TY OR LOADING	QUANT
	UNITS	VALUE	VALUE	VALUE	UNITS	VALUE	LUE

PARAMETER	1	QUANTI	QUALITY OR CONCENTRATION							OF ANALYSIS	TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.023	0.043	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
			•								

MONITORING PERIOD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS
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 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.

	TEL	EPHONE	DATE
	724	682-7773	10/ 24/
SIGNATURE OF PRINCIPAL EXEQUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYY

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.

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

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

NAME: ADDRESS:

Effluent Gross

FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

9 01/ 2014

004A

MM/DD/YYYY

9 30/ 2014

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfall

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION					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:		*⊁9 MAXIMUM	pН		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. MO AVG	Req Mon.	Mgal/d	30000	7	~1.	N/A		Weekly	MEASRE
Chlorine, total residual	SAMPLE MEASUREMENT			N/A							
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		7777	N/A		5 MO AVG	1:25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT			N/A							
50064 1 0	PERMIT	18 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*****		*****	.2	5.5		100000	Weekly.	CPAR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER							
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS							
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 RRINGIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT** 

TELEPHONE DATE 724 682-7773 10/ 24/ 2014 **AREA Code** NUMBER MM/DD/YYYY

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

Form Approved OMB No. 2040-0004

Page 5

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

NAME: ADDRESS:

FACILITY:

FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615

FROM

MM/DD/YYYY

9 01/ 2014

006A

MM/DD/YYYY

9 30/ 2014

DISCHARGE NUMBER

1

MAJOR (SUBR05)

AUX. INTAKE SCREEN BACKWASH

DMR MAILING ZIP CODE: 150770004

External Outfall

No Discharge

PARAMETER		QUANTI	GUANTICY OR LOADING I GUALTIY OR CONCENTRATION I					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.016	MGD	N/A	· N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon. MO AVG	Req: Mon.	Mgal/d	*****		2000000 200000000000000000000000000000	N/A		: Weekly	ESHİMA

MONITORING PERIOD

TO

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Charles V McFeaters, DIRECTOR OF SITE OPERATIONS

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 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
 10/ 24/ 2014

 AREA Code
 NUMBER
 MM/DD/YYYY

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

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 6

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: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

9 01/ 2014 TO

007A

DISCHARGE NUMBER

MM/DD/YYYY

9 30/ 2014

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

AUX. INTAKE SYSTEM

External Outfall

No Discharg

PARAMETER		QUANTITY 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	(manage )			6 MINIMUM	min.	9 MAXIMUM	pН		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon	Req. Mon.	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

	It 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	TEI	EPHONE	DATE
Charles V McFeaters, 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 ewere that there are significant penalties for submitting false information,		724	682-7773	10/ 24/ 2014
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)

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.

MONITORING PERIOD

TO

Page 7

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: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

9 01/ 2014

008A DISCHARGE NUMBER

MM/DD/YYYY

9 30/ 2014

**MAJOR** 

DMR MAILING ZIP CODE: 150770004

(SUBR05)

**UNIT 1 COOLING TOWER PUMPHOUSE** 

External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARTER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		*******		6 MINIMUM		9 MAXIMUM.	рΗ		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	30° MO'AVG	DAILY MX	mg/L		Month	GRAB .
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*******			*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******			N/A	100.00	Weekly	ESTIMA

	tify under penalty of law that this document and all attachments were prepared under my ction or supervision in accordance with a system designed to assure that qualified personnel		TEL	EPHONE	DATE
Charles V McFeaters, DIRECTOR OF SITE properly parsons informat and corr	erly gather and evaluate the information submitted. Based on my inquiry of the person or ons who manage the system, or those persons directly responsible for gathering the mation, the information submitted is, to the best of my knowledge and belief, true, accurate, complete. I am aware that there are significant penalties for submitting false information,		724	682-7773	10/ 24/ 2014
TYPED OR PRINTED including	ding 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)

Form Approved OMB No. 2040-0004

Page 8

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

NAME: ADDRESS:

FACILITY:

FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

010A

DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 9 01/ 2014 TO 9 30/ 2014

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**UNIT 2 COOLING WATER** 

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING QUALITY OR CONCENTRATION							NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ANAMETER	i de de	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.7	N/A	7.7	pН	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	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	4.5	5.0	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.		******* ******************************		******	N/A		Weekly	IMEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.1	0.10	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT						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			N/A		2 AVERAGE	.5 MAXIMUM	mg/L		Weekly	GRAB*:

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles V McFeaters, 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 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 10/ 24/ 2014 AREA Code MM/DD/YYYY NUMBER

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

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

The DT-1 daily maximum was 3.6mg/L ADC 08/13/14

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

Form Approved OMB No. 2040-0004

Page 9

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

NAME: ADDRESS:

Effluent Gross

FIRST ENERGY NUCLEAR OPERATING

REQUIREMENT

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION: PA ROUTE 168

BEAVER VALLEY POWER STATION

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

9 01/ 2014

011A

MM/DD/YYYY

9 30/ 2014

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

DIESEL GEN & TURBINE DRAINS

External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FAISAINGTER		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	Reg. Mon.	Rea Mon.		******	*****	******			17.0	

MONITORING PERIOD

TO

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS
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 724 682-7773 10/ 24/ 2014 AREA Code NUMBER MM/DD/YYYY

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

MONITORING PERIOD

TO

Page 10

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

NAME: ADDRESS:

FACILITY:

FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

LOCATION:

BEAVER VALLEY POWER STATION PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

9 01/, 2014

012A

DISCHARGE NUMBER

MM/DD/YYYY

9 30/ 2014

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

BLOWDOWN FROM THE HVAC UNIT

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER	200	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.6	N/A	8.6	рН	0	1 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	!	N/A	MINIMUM		9*	рН		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0542	0.0697	mg/L	0	2 / 30	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT		•	N/A		Req. Mon.	Reg. 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	0.2	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	500	504	mg/L	0	2 / 30	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT		-4	N/A	5, 36 (5)	Req. Mon. MO AVG	Req: Mon: DAILY MX	mg/L		Twice Per Month	GRAB.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER									
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS									
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.

TELEPHONE 724 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AREA Code AUTHORIZED AGENT** 

DATE 10/ 24/ 2014 682-7773 NUMBER MM/DD/YYYY

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

Form Approved OMB No. 2040-0004

Page 11

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

NAME: ADDRESS:

FACILITY:

FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

013A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**OUTFALL 013** External Outfall

No Discharge

	MONITORING PERIOD											
	MM/C	ďΩ	<b>YY</b>		MM/C	DAY	ΎΥ					
FROM	9	01/	2014	TO	9	30/	2014					

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	я.	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.7	N/A	7.5	N/A	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	***************************************	•	N/A	6 MINIMUM		MAXIMUM).	рH	*	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. DAILYMX	mg/L		Twice Per & Month	COMP24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.0054	0.0107	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	<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	Reg. 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	* Reg. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d		111111	40 Mg 4	N/A		Twice Per : Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER									
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS									
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 10/ 24/ 2014 682-7773 **AREA Code** NUMBER MM/DD/YYYY

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.

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: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

101A

DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 9 01/ 2014 9 30/ 2014 TO

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

101 CHEMICAL WASTE TREATMENT

Internal Outfall

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I WARE LEW	Sept.	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	-		
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	·····			6 MINIMUM		9 MAXIMUM#	рН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
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		[2787] Jan 1984/2893 9036			15 MO AVG		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.	Mgal/d		******	***************************************			DAILY	CONTIN
Hydrazine	SAMPLE MEASUREMENT			<u>_</u>							
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	••••				Req: Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER									
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS									
TYPED OR PRINTED									

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

**TELEPHONE** DATE 10/ 24/ 2014 724 682-7773 **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: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

102A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

102 INTAKE SCREEN HOUSE

Internal Outfall

No Discharge

	MONITORING PERIOD										
. [	MM/C	DD/Y	/YY		MM/DD/YYYY						
FROM	9	01/	2014	то	9	30/	2014				
-				•							

PARAMETER		QUANTITY OR LOADING			C	QUALITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.0	N/A	8.0	рН	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	•		N/A	6. MINIMUM औ		9 MAXIMUM	pН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	5	5	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	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<b>&lt;</b> 5	<b>&lt;</b> 5	mg/L	0	2 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		15 MO AVG	20************************************	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		i Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER										
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS										
TYPED OF SPINTED										

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 724 682-7773 10/ 24/ 2014 **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.

Page 14

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION

FACILITY: LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/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										
	MM/(	ראמכ	ΛΥ		MM/DD/YYYY						
FROM	9	01/	2014	то	9	30/	2014	] :			
•								_			

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONCENTRATION					SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.3	N/A	8.0	pН	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	<6	11	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	0.023	0.043	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	******	77 Z. 32	******	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		TE	LEPHONE	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 ewere that there are significant penalties for submitting false information,		724	682-7773	10/ 24/ 2014
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.

MONITORING PERIOD

TO

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:** LOCATION:

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

9 01/ 2014

111A

MM/DD/YYYY

9 30/ 2014

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004 **MAJOR** (SUBR05)

111 DIESEL GENERATOR BLDG

Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING	-	C	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.4	N/A	8.7	pН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM	*******	9 MAXIMUMIX	pН		Weekly	<b>GR/AB</b>
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	4	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	•	*****	N/A		30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0 .	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****		N/A	7	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		Mgal/d				N/A		- Weekly	ESTIMA

	I certify u direction
Charles V McFeaters, DIRECTOR OF SITE	properly persons v information and comp
TYPED OR PRINTED	including

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

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

TELEPHONE DATE 724 682-7773 10/ 24/ 2014 **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)

MONITORING PERIOD

TO

Page 16

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: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

9 01/ 2014

113A DISCHARGE NUMBER

MM/DD/YYYY

9 30/ 2014

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

**UNIT 2 SEWAGE TMT PLANT** 

internal Outfall

PARAMETER	. 9¥ . j	QUANTI	TY OR LOADING	LOADING QUALITY OR CONCENTRATION						FREQUENCY OF ANALYSIS	SAMPLE TYPE
·		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	3	9 MAXIMUM 🞉	рН		Twice Per	GRAB
Solids, total suspended	SAMPLE MEASUREMENT					·					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT							·			
50050 1 0 Effluent Gross		.043 MO AVG	Req: Mon DAILY MX	Mgal/d			•	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT					·					
50060 1 0 Effluent Gross					•	1.4 MO AVG	3.3 JINST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT		11111		4	200 MO GEOMN	111111	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT	<b></b>				25 MO/AVG	50 DAILY MX	mg/L	34.0	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 personne	1	TE	LEPHONE	DATE
Charles V McFeaters, 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, 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.	000	724	682-7773	10/ 24/ 2014
Including the possibility of fine and imprisonment for knowling violations.  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 OVERFLOW FROM THE CHLORINE CONTACT TANK PRIOR TO MIXING WITH ANY OTHER WATER.

MONITORING PERIOD

TO

Page 17

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: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

9 01/ 2014

203A

MM/DD/YYYY

9 30/ 2014

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004 MAJOR

(SUBR05)

MAIN SEWAGE TMT PLANT

Internal Outfall

PARAMETER	44.	QUANT	ITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PAINMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT		,						e		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM		9 MAXIMUM	рН	4	wice fer Month	(CRAE)
Solids, total suspended	SAMPLE MEASUREMENT	=									
00530 1 0 Effluent Gross	PERMIT	**************************************			100000 100000	30 MOAVG	5 60) DAILYMX	mg/L		/ Twice Per .: Month	COMP48
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.023 MO:AVG	Req. Mon.	Mgal/d			7			Weekly	MEASRE
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT		******		******	1.4 MO/AVG	3.3 INSTIMAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross			****		anny (	200 MO GEOMN		#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT	77 77	******		******	25 MO/AVG	50 DAILY MX	mg/L	2	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		TEI	EPHONE	DATE
Charles V McFeaters, 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, fure, accurate, and complete. I am aware that there are significant penalties for submitting false information,		724	682-7773	10/ 24/ 2014
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 18

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

NAME: ADDRESS:

FACILITY:

FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

LOCATION:

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

211A DISCHARGE NUMBER DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

211 TURBINE BLDG internal Outfall

No Discharge

Γ		N	MONITO	RING F	ERIOD		
. [	MM/C	D/Y	ΥY		MM/C	DD/YY	/YY
FROM	9	01/	2014	то	9	30/	2014
·				_			
ANTITY	BIOAI	SINC					OLIALIZ

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	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	7.5	pΗ	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		*******	N/A	6 MINIMUM	virino.	. Maximidmi.	рΗ	1	Weekly	CRAB.
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		80 MOAVG	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	117711	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	*****		GHAD.	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	EPHONE
Charles V McFeaters, 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,		724	682-7773
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

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

DATE

MM/DD/YYYY

10/ 24/ 2014

Form Approved OMB No. 2040-0004

Page 19

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

NAME: ADDRESS:

FACILITY:

FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

213A

DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 9 01/ 2014 9 30/ 2014 TO

DMR MAILING ZIP CODE:

150770004

**MAJOR** (SUBR05)

UNIT 2 COOL TOWER PUMPHOUSE

Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
T AIVAINETEN	44.5	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT		111		6 MINIMUM	10000	9 MAXIMUM	рH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross					2007/2008/4444477 2008/2008	30 MolAVG	100 DAILYMX	mg/L	- 22	Twice Per Month	(CIRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	15 MO AVG	20 DAILY MX	mg/L	76	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.	Mgal/d	2000					Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	-7	******** ***			.5 I ≉ MO¦AVG	1:25 INST MAX	mg/L		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles V McFeaters, 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 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

TELEPHONE DATE 724 10/ 24/ 2014 682-7773 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:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/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									
	MM/C	DD/YY	<b>YY</b>		MM/DD/YYYY					
FROM	9	01/	2014	то [	9	30/	2014			
-				_						

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		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	3 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	******	N/A		30) MO'AVG	100 DAILY MX	mg/L	127	Twice Rer Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<b>&lt;</b> 5	<b>&lt;</b> 5	mg/L	0	3 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	<b>G</b>		N/A		105 M⊙AVG	20 DAILY MX	mg/L		rwice izer Monik	(GRXAE)
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.	Req: Mon.  DAILY MX	Mgal/d	######################################	133		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	LEPHONE	DATE
Charles V McFeaters, 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 ewere that there are significant penalties for submitting false information,		724	682-7773	10/ 24/ 2014
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 BOILER BLOWN DOWN PRIOR TO MIXING WITH ANY OTHER WATER.

Page 21

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

NAME: ADDRESS:

FACILITY:

LOCATION:

FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615

303A

DISCHARGE NUMBER

UNIT 1 OIL WATER SEPARATOR

DMR MAILING ZIP CODE: 150770004

Internal Outfall

MAJOR

(SUBR05)

No Discharge

	MONITORING PERIOD										
	MM/C	MOC	YY		MM/DD/YYYY						
FROM	9	01/	2014	TO	9	30/	2014				

PARAMETER		QUANTITY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
L WINNIE I PL		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	}		
рН	SAMPLE										
<b>'</b>	MEASUREMENT										
00400 1 0	PERMIT	******	*****		A 4 6 6 5		9,			Weekly	GRAB
Effluent Gross	REQUIREMENT		7.0		MINIMUM	CONTRACTOR OF THE STATE OF THE	MAXIMUM	pH	100 C 100 C	444 4 C 24 ( 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT				*****	30 MO AVG	1003 DAILY MX	mg/L	1	Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0	PERMIT	*****			*****	15	20 DAILY MX		6.4	Weekly	GPMP
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L	7.00		
Flow, in conduit or thru treatment plant	SAMPLE										
· '	MEASUREMENT							L			
50050 1 0	PERMIT	Req. Mon.*  Mo.AVG	Req: Mon. 🦡		10000	*****	*****	N/A		AWeekly	,ESTIMA
Effluent Gross	REQUIREMENT	MO AVG	DAILY MX	Mgal/d	100		7 198		(d) (d)		77700

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	J
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS	
TYPED OR PRINTED	1

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 ewers 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 10/ 24/ 2014

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.

MONITORING PERIOD

TO

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: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

9 01/ 2014

313A

MM/DD/YYYY

9 30/ 2014

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)

313 TURBINE BLDG DRAIN

Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
MONIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			!
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.7	N/A	7.5	pH,	. 0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6 MINIMUM	******	9 MAXIMUM	рΗ	\$ - Ju.	• Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	9	16	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		******	N/A	(1.00mm)	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	Req. Mon. DAILY MX	Mgal/d		******	<b>CATTLES</b>	N/A		w Weekly	s ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER									
Charles V McFeaters, DIRECTOR OF SITE									
OPERATIONS									
TYPED OR REINTED									

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 info including the possibility of fine and imprisonment for knowing violations.

TELEPHONE 724 682-7773 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AREA Code** NUMBER **AUTHORIZED AGENT** 

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.

DATE

MM/DD/YYYY

10/ 24/ 2014

MONITORING PERIOD

Page 23

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

NAME: ADDRESS:

**FACILITY:** 

FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

9 01/ 2014

401A

MM/DD/YYYY

9 30/ 2014

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBR05)

CHEM.FEED AREA OF AUX BOILERS

Internal Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION					SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			:
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	9.0	N/A	9.1	pН	• 0	3 / 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	<4	<4	mg/L	0	3 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	******	30 MO AVG	100 DAILY MX	mg/L		Twice Per	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<8	13	mg/L	0	3 / 30	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	* ******	*****	N/A		15 MO AVG	20 DAILY MX	mg/L		Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	100 mar 100 mg			N/A		Weekly	ESTIMA.

NAME/TITLE PRINCIPA	AL EXECUTIVE OFFICER
Charles V McFeaters, OPERATIONS	DIRECTOR OF SITE

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 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 info including the possibility of fine and imprisonment for knowing violations.

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

TELEPHONE DATE 10/ 24/ 2014 724 682-7773 **AREA Code** MM/DD/YYYY NUMBER

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.

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 24

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: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

9 01/ 2014 TO

403A

MM/DD/YYYY

9 30/ 2014

DISCHARGE NUMBER

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			,
pH	SAMPLE MEASUREMENT				-						
00400 1 0		*****			· 6	*****	9				GRAB
Effluent Gross					MINIMUM	*****	MAXIMUM	Hq		-∗Weekly	GRAD
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0	PERMIT		*****		*****	30 - 4 -	DAILY MX		<b>4</b> 77 × 4	Weekly	GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L		, and a contract	2000
Oil & grease	SAMPLE MEASUREMENT				·		·		ļ		
00556 1 0	PERMIT		*****		******	. 15	20 DAILY MX		and the same	: Weekly	GRAB**
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX 4	mg/L	10000	77 × 78	
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT									,	
00610 1 0	PERMIT	******	******		*****	Req. Mon.	Req. Mon.	]		Weekly	≫GRAB
Effluent Gross	REQUIREMENT					MO AVG	DAILY MX	mg/L	14.55	The second second	
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT		,								
04251 1 0	PERMIT		A Company of the Comp		*****	0.	O DAILY MX		202	When Discharging s	COMP24
Effluent Gross		- continue	- Transplant - was		<b>34.</b> •	MO:AVG	-, DAILY MX	mg/L	Supplement of the supplement o	Discharging.	1.00
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0	PERMIT	Req. Mon. Mo AVG	Req. Mon.			******	, (mm)			VV) and VIV	ESTIMA
Effluent Gross		MO/AVG	DAILYMX	Mgal/d		** <b>h</b>			*****	Weekly	4.5
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0	PERMIT	*****	*****		7-40 <b>4</b>	5 MO <sup>-</sup> AVG	1.25 INSTIMAX		-1-1	Weekly	GRAP
Effluent Gross	REQUIREMENT	7,46	ere in the second		1247.0	MO'AVG	INST MAX	mg/L		voceta).	

	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
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalities for submitting talse information,		724	682-7773	10/ 24/ 2014
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)

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.

Form Approved OMB No. 2040-0004

Page 25

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

NAME: ADDRESS:

FACILITY:

FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

LOCATION:

BEAVER VALLEY POWER STATION PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

403A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Discharge

	MONITORING PERIOD										
{	MM/E	ראסמ	ΥY		MM/E	YYOC	MY				
FROM	9	01/	2014	TO	9	30/	2014				

PARAMETER	Schille Bo	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
·		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine	SAMPLE										
, i yanazino	MEASUREMENT				<u></u>		L				
81313 1 0	PERMIT	*****	****		(1) · 本自由自由。	0	0			JA/SSIJI.	GRAB*
Effluent Gross	REQUIREMENT				10 A	MO AVG	DAILY MX	mg/L		Weekly	GRAB2

	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	TEI	LEPHONE	DATE
Charles V McFeaters, 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,	at the same of the	724	682-7773	10/ 24/ 2014
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)

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

TO

Form Approved OMB No. 2040-0004

Page 26

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

NAME: ADDRESS:

FACILITY:

FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION

LOCATION:

Effluent Gross

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

**FROM** 

MM/DD/YYYY

9 01/ 2014

413A

DISCHARGE NUMBER

MM/DD/YYYY

9 30/ 2014

DMR MAILING ZIP CODE: 150770004 MAJOR (SUBR05)

**BULK FUEL STORAGE DRAIN** 

Internal Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			<del></del>   
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A		N/A		рΗ			
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 DAILYMX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	. N/A	N/A	N/A	N/A			mg/L			
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A		MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT			MGD				N/A			
50050 1 0	PERMIT	Reg. Mon.	Reg "Mon."	1	******	******	2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		2621/847/62		Fremon

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles V McFeaters, 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 10/ 24/ 2014 **AREA Code** NUMBER MM/DD/YYYY

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.

REQUIREMENT

Form Approved OMB No. 2040-0004

Page 27

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION

FACILITY: LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

501A

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY 9 01/ 2014 TO 9 30/ 2014 DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBR05)

UNIT 1 GENRTR BLWDWN FILT BW

Internal Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
ANAMETER	1.50	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 Effluent Gross	PERMIT REQUIREMENT	Req: Mon: MO AVG	Req: Mon. DAILY MX	Mgal/d	******		***************************************		14.	Weekly	ZESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles V McFeaters, 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.

TELEPHONE DATE 724 682-7773 10/ 24/ 2014 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AREA Code** NUMBER MM/DD/YYYY **AUTHORIZED AGENT** 

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.

MONITORING PERIOD

TO

Form Approved 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

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

9 01/ 2014

001A

MM/DD/YYYY

9 30/ 2014

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 CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.2	N/A	8.6	pН	0	. 1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	2.42	N/A	6 MINIMUM	(*************************************	9 MAXIMUM	рН		. Weekly	. GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	GG	GG / GG	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	******	198	N/A	*****	Req Mon. MO 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	mg/L	0	GG / GG	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT		*****	N/A		0 MO AVG	0 DAILY MX	mg/L	**	When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	42.1	52.1	MGD	N/A	N/A	N/A	N/A	-	, DAILY	CONT
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon	Req Mon. DAILY MX	Mgal/d	******		********	N/A		Daily	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.1	0.17	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	56		N/A	***************************************	JJ AVERAĜE	1.25 MAXIMUM	mg/L		. Weekly	GRAB:
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1	0.1	mg/L	0	CONT	RCRD
50064 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	******	average	.5 MAXIMUM	mg/L	779	Continuous	RCORDR
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	GG	GG / GG	GRAB
81313 1 0 Effluent Gross	PERMIT REQUIREMENT		- 1000	N/A		0 MO/AVG	O DAILYMXW	mg/L		Weeklyw.	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS
TYPED OR PRINTED

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

TELEPHONE DATE 10/ 24 2014 724 682-7773 **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.

Form Approved OMB No. 2040-0004

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: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

9 01/ 2014

002A DISCHARGE NUMBER

MM/DD/YYYY

9 30/ 2014

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

INTAKE SCREEN BACKWASH

External Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		C	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.006	0.046	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	a det	Weekly	ESTIMA

MONITORING PERIOD

TO

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Charles V McFeaters, 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 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** 

TELEPHONE DATE 724 682-7773 10/ 24/ 2014 AREA Code NUMBER MM/DD/YYYY

Form Approved OMB No. 2040-0004

Page 3

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

NAME: ADDRESS:

FACILITY:

FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004 BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

003A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

003

External Outfall

TEL EDUONE

No Discharge

		MONITORING PERIOD									
	MM/C	D/YY	<b>YY</b>		MM/DD/YYYY						
FROM	9	01/	2014	TO	9	30/	2014				

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.023	0.043	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. DAILY₃MX 🍇	Mgal/d	·····	**************************************		N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER										
Charles V McFeaters, 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 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.

	L	EPHONE
	724	682-7773
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

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.

DATE

MM/DD/YYYY

10/ 24/ 2014

Form Approved OMB No. 2040-0004

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

004A

DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 9 01/ 2014 9 30/ 2014 TO

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

UNIT ONE COOLG TOWER OVERFLOW

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT			N/A							
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	N/A	6 MINIMUM	******	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	(M) (1)		1000	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	constitution		N/A		.2 AVERAGE	.5 MAXIMUM	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER									
Charles V McFeaters, 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 pensities for submitting false information, ncluding the possibility of fine and imprisonment for knowing violations.

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

TELEPHONE DATE 10/ 24/ 2014 724 682-7773 MM/DD/YYYY **AREA Code** NUMBER

Form Approved OMB No. 2040-0004

Page 5

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: CHARLES V MCFEATERS/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
FROM	9 01/ 2014	то	9 30/ 2014

PARAMETER		QUANTI	TY OR LOADING		0	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.016	MGD	N/A	N/A	N/A	N/A	•	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon. MO:AVG	Req: Mon. DAILY MX	Mgai/d	(11 <u>411</u> 1)	GHLD.	mm	N/A		Weekly	ESUIMA :

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER							
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS							
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 724 682-7773 10/ 24/ 2014 AREA Code NUMBER MM/DD/YYYY

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 6

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: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

9 01/ 2014 TO

007A

MM/DD/YYYY

9 30/ 2014

DISCHARGE NUMBER

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
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	]		
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	.353		6 MINIMUM	******	9 MUMIXAM	pH		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon.	Req Mon DAILYMX	Mgal/d			******		,	Weekly	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	Control of the Contro	****		(10000)	.51 .MO.AVC	125 Instimax	mg/L		Weekly	GRAE
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******		******	.2 AVERAGE	.5 MAXIMUM .5	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	TE	EPHONE	DATE
Charles V McFeaters, 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, securate, and complete. I am aware that there are significant penalties for submitting false information,		724	682-7773	10/ 24/ 2014
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)

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.

Page

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

FIRST ENERGY NUCLEAR OPERATING PA ROUTE 168 ADDRESS:

SHIPPINGPORT, PA 150770004 FACILITY:

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

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PERMIT NUMBER PA0025615

DISCHARGE NUMBER

008A

150770004 DMR MAILING ZIP CODE:

(SUBR05)

UNIT 1 COOLING TOWER PUMPHOUSE External Outfall No Discharge

9 30/ 2014

ဥ

9 01/ 2014

MONITORING PERIOD

YYY | MM/DD/YYYY

SAMPLE TYPE - Month Twice Per -- Month Twice Per Month Twice Per OF ANALYSIS FREQUENCY ŠΩ UNITS mg/L ۲ mg/L 픕 DAILY MX 100 DAILY MX: VALUE QUALITY OR CONCENTRATION ... MO AVG VALUE 6 MINIMUM: VALUE Req. Mön: DAILY Myai/d UNITS QUANTITY OR LOADING VALUE VALUE SAMPLE MEASUREMENT REQUIREMENT REQUIREMENT SAMPLE MEASUREMENT REQUIREMENT SAMPLE PERMIT REQUIREMENT MEASUREMENT MEASUREMENT PERMIT PERMIT Flow, in conduit or thru treatment plant PARAMETER Solids, total suspended 00556 1 0 Effluent Gross Effluent Gross Effluent Gross Effluent Gross Oil & grease 50050 1 0 00400 1 0 00530 1 0

724	AREA Code
SIGNATURE OF BRINCIPAL EXECUTIVE OFFICE OF	AUTHORIZED AGENT
Certify Under penithy of law that this document and all attentioners were prepared under my direction or supervision in accordance with a system designed to sasue that qualified personne property gather and evaluate the information submitted. Based on my inquiry of the person or person and reduct personal person or personal person	increasing are president, or the end inspiratelline of relating volunting volunting.
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS	TYPED OR PRINTED

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

10/ 24/ 2014

682-7773

DATE

TELEPHONE

MM/DD/YYYY

NUMBER

MONITORING PERIOD

Page 8

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

NAME:

FACILITY:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

9 01/ 2014 TO

010A

MM/DD/YYYY

9 30/ 2014

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**UNIT 2 COOLING WATER** 

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONCENTRATION					SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
H	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.7	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
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	GG	GG	mg/L	GG	GG / GG	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A		0 ≤ MO AVG≭	0 SINST MAX	mg/L		When Discharging**	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.5	5.0	MGD	N/A	N/A	N/A	N/A	-	1 / 7	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon:	Req: Mon. DAILY MX	Mgal/d	errorri	(1110)	cross#3.	N/A		Weekly	MEASRE
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.1	0.10	mg/L	0	1 / 7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	100	****		*****	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			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	_1	TEI	LEPHONE	DATE
Charles V McFeaters, 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,	06	724	682-7773	10/ 24/ 2014
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)

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)

The DT-1 daily maximum was 3.6mg/L ADC 08/13/14

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: PA ROUTE 168

**BEAVER VALLEY POWER STATION** 

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

011A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**DIESEL GEN & TURBINE DRAINS** 

External Outfall

No Discharge

	MONITORING PERIOD									
[	MM/C	NOC	ΛΥΥ		MM/DD/YYYY					
FROM	9	01/	2014	то	9	30/	2014			
_							,			

PARAMETER		QUANTI	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
AMAGELEN	<b>. W</b>	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.004	0.004	MGD	N/A	Ν̈́Α	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon: MO AVG	Req. Mon. DAILY MX	Mgai/d	*****	* *****		N/A		w Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER										
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS										
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 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 10/ 24/ 2014 AREA Code NUMBER MM/DD/YYYY

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 10

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

NAME:

FACILITY:

LOCATION:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

9 01/ 2014

012A

DISCHARGE NUMBER

MM/DD/YYYY

9 30/ 2014

(SUBR05) BLOWDOWN FROM THE HVAC UNIT

DMR MAILING ZIP CODE: 150770004

External Outfall

**MAJOR** 

No Discharge

PARAMETER		QUANTITY OR LOADING			C	QUALITY OR CONCENTRATION					SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.6	N/A	8.6	pН	0	1 / 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	0.0542	0.0697	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	0.2	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 Pers Month	(GRAE)
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	******	emitri e		N/A		Once Per Month	ŒSWMA.
Solids, total dissolved	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	500	504	mg/L	0	2 / 30	GRAB
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	*****	Req. Mon. MO AVG.	Req. Mon. DAILY MX	mg/L		Twice Per • Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS
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 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** 

Ì	TEI	LEPHONE	DATE
	724	682-7773	10/ 24/ 2014
	AREA Code	NUMBER	MM/DD/YYYY

MONITORING PERIOD

TO

Form Approved 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:

Effluent Gross

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

9 01/ 2014

MO/AVG DAILY MX Mgal/d

013A DISCHARGE NUMBER

MM/DD/YYYY

9 30/ 2014

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**OUTFALL 013** 

External Outfall

No Discharge

PARAMETER		QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.7	N/A	7.5	N/A	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	#6 MINIMUM		9 MAXIMUM	pН		Weekly	GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01	<0.01	N/A	0	2 / 30	24 HR COMP
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A		Reg. Mon. MO AVG	Req Mon.	mg/L		Twice Per Month	
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.0054	0.0107	N/A	0	2 / 30	24 HR COMP
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	·····	******	N/A	*****	Req Mon. MO AVG	Req. Mon	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	*****	1	N/A	33.	≯Req. Mon. ⊮MO AVG	Req Mon.			Twice Per	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	PERMIT	Reg. Mon.	Rea Mon		*****	******	*****	NI/A	200 A 200	Twice Per	22.000

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	1
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS	
TYPED OR PRINTED	1

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.

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

TELEPHONE DATE 724 682-7773 10/ 24/ 2014 **AREA Code** NUMBER MM/DD/YYYY

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.

REQUIREMENT

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

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

NAME: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

BEAVER VALLEY POWER STATION PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

9 01/ 2014

101A

MM/DD/YYYY

9 30/ 2014

DISCHARGE NUMBER

Page 12

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

101 CHEMICAL WASTE TREATMENT

Internal Outfall

No Discharg

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										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****		6 MINIMUM	**************************************	9 MAXIMUM	рН		* Weekly	GRAB :
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	g 1. 1		******	30 MO AVG	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	4.	Weekly	K 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	******	**************************************	* 12 ****			DAILY	CONTIN
Hydrazine	SAMPLE MEASUREMENT										
81313 1 0 Effluent Gross	PERMIT REQUIREMENT		1. W		******	Req Mon MO AVG	Reg. Mon.	mg/L	1.	Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER										
Charles V McFeaters, 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 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** 

TE	LEPHONE	DATE
724	682-7773	10/ 24/ 2014
AREA Code	NUMBER	MM/DD/YYYY
	724	

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.

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 13

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: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

9 01/ 2014 TO

102A

MM/DD/YYYY

9 30/ 2014

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

102 INTAKE SCREEN HOUSE

Internal Outfall

No Discharge

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	8.0	N/A	8.0	pН	0	2 / 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	N/A	6 MINIMUM	*****	9 MAXIMUM*	pН	s. 77	Twice Per Month	GRAB***
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	5	5	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	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	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		2	7.5	N/A		Twice Per Month	r (ESTÍMA⊷

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER									
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS									
OFERATIONS									
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 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 10/ 24/ 2014 682-7773 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: BEAVER VALLEY POWER STATION LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/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										
[	MM/	DD/Y	<b>**</b>		MM/DD/YYYY						
FROM	9	01/	2014	то [	9	30/	2014				
_				_							

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
I AVAILETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.3	N/A	8.0	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	<6	11	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			COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.023	0.043	MGD	N/A	N/A	N/A	N/A	-	2 / 30	EST
50050 1 0 Effluent Gross		Req. Mon. MO AVG		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		TE	LEPHONE	DATE
Charles V McFeaters, 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,		724	682-7773	10/ 24/ 2014
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: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

9 01/ 2014 TO

111A

DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY

9 30/ 2014

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

111 DIESEL GENERATOR BLDG

Internal Outfall

No Discharge

PARAMETER		QUANTITY OR LOAD			C		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.4	N/A	8.7	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******* **	2 %	N/A	6 ₩ MINIMUM**		9 MAXIMÚM	рН		Weekly :	GRAB (
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	4	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		****	N/A		30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<5	mg/L	0	1 / 7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	************		N/A		15 MO AVG	20 AILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		0.002	MGD	N/A	N/A	N/A	N/A	-	1 / 7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon.	Req. Mon. DAILY MX	Mgal/d	40. 30. 30. de		anton - S	N/A		Waakiy -	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER									
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS									
TYPEN OF PRINTER									

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 724 682-7773 10/ 24/ 2014 **AREA Code** NUMBER MM/DD/YYYY

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 16

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

NAME:

**FACILITY:** 

LOCATION:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168

SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

9 01/ 2014 TO

113A

MM/DD/YYYY

9 30/ 2014

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBR05)

**UNIT 2 SEWAGE TMT PLANT** 

Internal Outfall

No Discharge

PARAMETER	*	QUANTI	TY OR LOADING	ICIADING I CHALIFFIRECONCENTRATION I					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I MONITE I		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT		******		6 MINIMUM	en in the	9 MAXIMUM 🏕	pН		Twice Per	GRAB at
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	77.				30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	€ COMP-8€
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	·								1	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.043 MO AVG	Req Mon DAILY MX	Mgal/d	7	******	******	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 Person	PORAB.
Coliform, fecal general	SAMPLE MEASUREMENT										
74055 1 1 Effluent Gross	PERMIT REQUIREMENT		* **			∴ 200°  MO GEOMN  MO		#/100mL	440 *	Twice Per Month	GRAB
BOD, carbonaceous, 05 day 20 C	SAMPLE MEASUREMENT										
80082 1 0 Effluent Gross	PERMIT REQUIREMENT					25 MO AVG	50 DAILYMX	mg/L		Twice Per Month	COMP-8

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.	1	TE	EPHONE	DATE
Charles V McFeaters, 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.	000	724	682-7773	10/ 24/ 2014
including the possibility of fine and imprisonment for knowing violations.  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 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:

FIRST ENERGY NUCLEAR OPERATING

ADDRESS:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: LOCATION:

**BEAVER VALLEY POWER STATION** 

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER 203A

DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY FROM 9 01/ 2014

MM/DD/YYYY TO 9 30/ 2014 DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

MAIN SEWAGE TMT PLANT

Internal Outfall

No Discharg

PARAMETER		QUANTI	TY OR LOADING		(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I AIVABLI LIX		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM	# - # 4	9 MAXIMUM	рН		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT						-			,	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		, <b>T</b>		***	30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	•									
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.023 MO AVG	Req: Mon DAILY MX	Mgai/d					ar e	Weekly	MEASRD:
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross			44 · 44 ·			MO AVG	3.3 INST/MAX	mg/L		Twice Rer 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	******	and the same of			25 MO AVG	50 DAILY MX	mg/L		Twice Per Month	COMP-84

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles V McFeaters, 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 10/ 24/ 2014 **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.

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 18

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

NAME: ADDRESS:

FACILITY:

Effluent Gross

FIRST ENERGY NUCLEAR OPERATING

REQUIREMENT

PA ROUTE 168

SHIPPINGPORT, PA 150770004 BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

9 01/ 2014

211A

DISCHARGE NUMBER

MM/DD/YYYY

9 30/ 2014

DMR MAILING ZIP CODE: 150770004

**MAJOR** (SUBR05)

211 TURBINE BLDG Internal Outfall

No Discharge

DADAMETED.		QUANTI	QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE VALUE UNITS					
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.0	N/A	7.5	рН	0	1 / 7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	6		Q MUMIXAM	pН	4	Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4	<4	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	N/A	******	30 MO AVG	100 ADAILY/MX	mg/L	70.	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	1000	15 MO AVG	DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A		-	1 / 7	EST
50050 1 0	PERMIT	Req. Mon.	Req. Mon.		******	******	******	N/A		Wookly	ESTIMA

	I certify under pensity of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel		TEI	LEPHONE
Charles V McFeaters, 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 talse information.		724	682-7
TYPED OR PRINTED	including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBI

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

DATE

MM/DD/YYYY

10/ 24/ 2014

682-7773

NUMBER

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 19

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

ADDRESS: PA ROUTE 168

NAME:

FACILITY:

SHIPPINGPORT, PA 150770004

**BEAVER VALLEY POWER STATION** 

LOCATION: PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

**FROM** 

MM/DD/YYYY

9 01/ 2014

213A

MM/DD/YYYY

9 30/ 2014

DISCHARGE NUMBER

MAJOR (SUBR05)

UNIT 2 COOL TOWER PUMPHOUSE

DMR MAILING ZIP CODE: 150770004

Internal Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			(	QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
ANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			,
рН	SAMPLE MEASUREMENT									1	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	# 2 · · · · · ·	****		6 MINIMUM		9 ** MAXIMUM	рН	4:3	Twice Personal 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	*****	······································	******			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

	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 -	TEL	EPHONE	DATE
Charles V McFeaters, DIRECTOR OF SITE	properly gather and evaluate the information submitted. Based on my inquiry of the person or		724	682-7773	10/ 24/ 2014
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 EVEL ANATION OF ANY MOLATIONS (Defended all offices)				•	

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.

MONITORING PERIOD

TO

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: LOCATION:

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

9 01/ 2014

301A

DISCHARGE NUMBER

MM/DD/YYYY

9 30/ 2014

MAJOR (SUBR05)

UNIT 2 AUX BOILER BLOWDOWN

DMR MAILING ZIP CODE: 150770004

Internal Outfall

No Discharge

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION					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	3 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	N/A	******	30 MO AVG	100 DAILY MX	mg/L	•	Twice Rer Month	* GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5	<b>&lt;</b> 5	mg/L	0	3 / 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	*****	*****	******	N/A		Weekly	ESTIMA:

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles V McFeaters, DIRECTOR OF SITE
OPERATIONS
TYPEN OF SPINTED

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 faise information. including the possibility of fine and imprisonment for knowing violations.

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

**TELEPHONE** DATE 724 682-7773 10/ 24/ 2014 **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: ADDRESS: FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

FACILITY: BEAVER VALLEY POWER STATION LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

9 01/ 2014

303A

**DISCHARGE NUMBER** 

MM/DD/YYYY

9 30/ 2014

**UNIT 1 OIL WATER SEPARATOR** 

DMR MAILING ZIP CODE: 150770004

Internal Outfall

MAJOR

(SUBR05)

No Discharge

						•					
PARAMETER		QUANTI	TY OR LOADING	ADING QUALITY OR CONCENTRATION						FREQUENCY OF ANALYSIS	SAMPLE TYPE
FAIMIEIEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	]		
рН	SAMPLE MEASUREMENT									,	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	***	*****		1⊒6 MINIMUM		9 L MAXIMUM	pН		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		*****			30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT				·		=				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*******	****			15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				·				-	:	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req: Mon DAILY MX	Mgal/d	******	*******		N/A		Weekly	ESTIMA

1		direction or supervision in accordance with a syst
	Charles V McFeaters, DIRECTOR OF SITE OPERATIONS	properly gather and evaluate the information sub- persons who manage the system, or those perso information, the information submitted is, to the b and complete. I am aware that there are significe
	TYPED OR PRINTED	including the possibility of fine and imprisonment

t and all attachments were prepared under my stem designed to assure that qualified personne ibmitted. Based on my inquiry of the person or sons directly responsible for gathering the best of my knowledge and belief, true, accurate cant penalties for submitting false information nt for knowing violations.

TELEPHONE 724 682-7773 10/ 24/ 2014 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AREA Code** NUMBER MM/DD/YYYY **AUTHORIZED AGENT** 

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.

DATE

MONITORING PERIOD

Form Approved OMB No. 2040-0004

Page 22

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

NAME: ADDRESS:

FACILITY:

FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

BEAVER VALLEY POWER STATION

LOCATION:

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

9 01/ 2014 TO

313A

MM/DD/YYYY

9 30/ 2014

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

313 TURBINE BLDG DRAIN

Internal Outfall

No Discharge

PARAMETER		QUANTI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE TYPE
17.10.11.12.1		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.7	N/A	7.5	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	9	16	mg/L	0	1 / 7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	******	30 MO AVG	100 DAILYMX	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	<b>7,000</b>	******	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.	Mgal/d	******	******	******	N/A	4 :5	Weekly	ESTIMA*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS
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, cluding the possibility of fine and imprisonment for knowing violations.

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

TELEPHONE DATE 724 10/ 24/ 2014 682-7773 **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.

MONITORING PERIOD

TO

Form Approved OMB No. 2040-0004

Page 23

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

NAME: ADDRESS:

FACILITY:

FIRST ENERGY NUCLEAR OPERATING

PA ROUTE 168

SHIPPINGPORT, PA 150770004

LOCATION:

BEAVER VALLEY POWER STATION

PA ROUTE 168

SHIPPINGPORT, PA 150770004

ATTN: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

9 01/ 2014

401A

MM/DD/YYYY

9 30/ 2014

DISCHARGE NUMBER

MAJOR

DMR MAILING ZIP CODE: 150770004

(SUBR05)

CHEM.FEED AREA OF AUX BOILERS

Internal Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE	
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		l .	
рН	SAMPLE MEASUREMENT	N/A	Ņ/A	N/A	9.0	N/A	9.1	рН	0	3 / 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	<4	<4	mg/L	0	3 / 30	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	3	*****	N/A	*******	30 MO AVG	100 DAILY:MXs	mg/L		Twice Per	.⇒ GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<8	13	mg/L	0	3 / 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.	Req Mon: DAILY MX	Mgal/d	******	*****	******	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of direction or supervision
	property gather and eva persons who manage th information, the informal and complete. I am awa
TYPED OR PRINTED	including the possibility

of law that this document and all attachments were prepared under my in accordance with a system designed to assure that qualified personnel aluate the information submitted. Based on my inquiry of the person or the system, or those persons directly responsible for gathering the ation submitted is, to the best of my knowledge and belief, true, accurate vare that there are significant penalties for submitting false information, of fine and imprisonment for knowing violations.

724 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 682-7773 10/ 24/ 2014 **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.

Form Approved OMB No. 2040-0004

Page 24

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: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER 403A

DISCHARGE NUMBER

CONDENSATE BLOWDOWN & RIVR WAT Internal Outfall

**MAJOR** 

(SUBR05)

DMR MAILING ZIP CODE: 150770004

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY FROM 9 01/ 2014 TO 9 30/ 2014

PARAMETER		QUANTI	TY OR LOADING			QUALITY OR CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
T PO W STEEL BATA		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM		9 MAXIMUM	рΗ		Weekly.	GRAB:
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT		******		*******	30 MO:AVG≸**	100 DAILY MX	mg/L	AG.	Weekiy	GRAB
Oil & grease	SAMPLE MEASUREMENT				1		100 mm 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1		TO THE PROPERTY OF THE PARTY OF		
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	*****	// x / *******		******	Req Mon. MO AVG	Reg*Mon. DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT									,	
04251 1 0 Effluent Gross	PERMIT REQUIREMENT		1966 1966		***************************************	0 MO AVG	DAILYMX	mg/L	To A.		ACOMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon AVG	Req. Mon DAILY MX	Mgai/d		27.5				Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT									1	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****			5 MO AVG	1/25 INST MAX	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		TE	LEPHONE	DATE
Charles V McFeaters, 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,	00	724	682-7773	10/ 24/ 2014
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 EVEL ANATION OF ANY MOLATIONS (Defended all and all					

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

Form Approved OMB No. 2040-0004

Page 25

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: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER 403A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

CONDENSATE BLOWDOWN & RIVR WAT

Internal Outfall

No Discharge

[	MONITORING PERIOD									
[	MM/I	DD/YY	<b>YY</b>		MM/C	DD/Y	ΥΥ			
FROM	9	01/	2014	TO	9	30/	2014			

PARAMETER		QUANTI	TY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
TAISHETEN	<b>1</b>	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine	SAMPLE MEASUREMENT										
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	*******			******	0 MO AVG	0 DAILY/MX*	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	ľ
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS	
TYPED OR PRINTED	ľ

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 10/ 24/ 2014 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

TO

OMB No. 2040-0004

Page 26

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: CHARLES V MCFEATERS/DIR SITE OPER

PA0025615 PERMIT NUMBER

FROM

MM/DD/YYYY

9 01/ 2014

413A

MM/DD/YYYY

9 30/ 2014

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR (SUBR05)

**BULK FUEL STORAGE DRAIN** 

Internal Outfall

No Discharg

DADAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER	-21	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A		N/A		pН			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 SMINIMUM	**************************************	9 MAXIMUM	pН	4	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/A	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	PERMIT	Req. Mon.	Req. Mon:		*******	******	*****	N/A		Weekly =	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	!ٰ
Charles V McFeaters, 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.

TELEPHONE 724 682-7773 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AREA Code** NUMBER **AUTHORIZED AGENT** 

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.

REQUIREMENT

DATE

MM/DD/YYYY

10/ 24/ 2014

Form Approved OMB No. 2040-0004

Page 27

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: CHARLES V MCFEATERS/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

	MONITORING PERIOD									
j	MM/C	DD/Y1	ΛΥ		MM/I	DD/YY	YY			
FROM	9	01/	2014	то	9	30/	2014			
				•						

PARAMETER	1.37	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
COMMETER		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	102	Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross		Req. Mon. MO AVG	Req:Mon: + DAILY:MX	Mgal/d			2			Weekly	.(≣SIIIMA)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles V McFeaters, DIRECTOR OF SITE OPERATIONS
TYPED OF 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 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 10/ 24/ 2014 **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.