



P.O. Box 4, Route 168
Shippingport, PA 15077

May 28, 2002

Document Control Desk
U.S. Nuclear Regulatory Commission
Washington, DC 20555

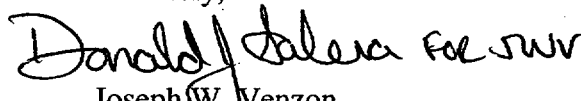
NPDES Monthly Report, EPA Permit No. PA0025615

SUBJECT: Beaver Valley Power Station, Unit No. 1 and No. 2
BV-1 Docket No. 50-334, License No. DPR-66
BV-2 Docket No. 50-412, License No. NPF-73

Dear Sir:

Enclosed is a copy of the NPDES Monthly Report for April 2002 as submitted to the Pennsylvania Department of Environmental Protection.

Sincerely,


Joseph W. Venzon
Chemistry and
Environmental Manager

DJS

C: J.W. Venzon
Licensing File

TE25

Month: April
Year: 2002

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

Permittee: FENOC
 Plant: Beaver Valley Power Station
 NPDES: PA0025615
 Municipality: Shippingport Borough
 County: Beaver

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

UNIT 1

HAULED AS DEWATERED SLUDGE

TABLE AS LIQUID SOLIDS					TABLE AS DEWATERED SOLIDS					
(Gallons)	X	(% Solids)	X (Conversion Factor)	=	Dry Tons	(Tons of Dewatered Sludge)	X (% Solids)	X (.01)	=	Dry Tons
8,000		2	.0000417		0.667			.01		
								</		

DISPOSAL SITE INFORMATION: List all sites, even if not used this month				
	Site 1	Site 2	Site 3	Site 4
Name:	Borough of Monaca Sewage Treatment Plant	Hopewell Township		
Permit No.:	PA0020125	PA0026328		
Dry Tons Disposed:		0.667		
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	Beaver	Beaver		

(SSR-1 3/21/91)

Donald Salera For JUV
Signature

Chemistry Manager
Title

S-2802 (724) 682-5113
Date Telephone

Month: April
Year: 2002

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

Permittee: FENOC
Plant: Beaver Valley Power Station
NPDES: PA0025615
Municipality: Shippingport Borough
County: Beaver

For sludge that is incinerated:

Pre-incineration weight = _____ dry tons

Post-incineration weight = _____ dry tons

UNIT 2

HAULED AS LIQUID SLUDGE				HAULED AS DEWATERED SLUDGE					
(Gallons)	X	(% Solids)	(Conversion Factor)	=	Dry Tons	(Tons of Dewatered Sludge)	X (% Solids)	X (.01) =	Dry Tons
14,500		2	.0000417		1.21			.01	
TOTAL				=	1.21	TOTAL =			

DISPOSAL SITE INFORMATION: List all sites, even if not used this month				
	Site 1	Site 2	Site 3	Site 4
Name:	Borough of Monaca Sewage Treatment Plant	Hopewell Township		
Permit No.:	PA0020125	PA0026328		
Dry Tons Disposed:		1.21		
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	Beaver	Beaver		

(SSR-1 3/21/91)

Signature Donald Salera For SW

Chemistry Manager
Title

5-20-02
Date

(724) 682-5113
Telephone

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

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

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

(2-16)

PA0025615

PERMIT NUMBER

(17-19)

001

DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR

MO

DAY

TO

YEAR

MO

DAY

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement	34.8	41.6	MGD	*	*	*	*	*	Daily	CONT	
	Permit Requirement	MONITOR AND REPORT			*	*	*	*	DAILY	CONT		
Free Available Chlorine	Sample Measurement	*	*	*	*	0.09	0.39	MG/L	0	CONT	RECD	
	Permit Requirement	*	*		*	AVG CONC 0.2	MAX CONC 0.5		*	CONT	RECORDED	
Total Residual Chlorine	Sample Measurement	*	*	*	*	0.16	0.38	MG/L	0	1/7	GRAB	
	Permit Requirement	*	*		*	0.5	INSTANT MAX 1.25		*	1/WEEK	GRAB	
Clamtrol (CT-1)	Sample Measurement	*	*	*	*	**	*	MG/L	**	**	**	
	Permit Requirement	*	*		*	NOT DETECTABLE			*	WHEN DISCHARG	24 HOUR COMPOSITE	
Betz DT-1	Sample Measurement	*	*	*	*	*	**	MG/L	**	**	**	
	Permit Requirement	*	*		*	*	35.0		*	WHEN DISCHARG	24 HOUR COMPOSITE	
Chromium	Sample Measurement	*	*	*	*	0.2	0.2	MG/L	*	2/YEAR	24 HOUR COMPOSITE	
	Permit Requirement	*	*		*	*	*		*			
Zinc	Sample Measurement	*	*	*	*	1.0	1.0	MG/L	*	2/YEAR	24 HOUR COMPOSITE	
	Permit Requirement	*	*		*	*	*		*			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may includes fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)				TELEPHONE		DATE				
Joseph W. Venzoni Chemistry Manager TYPE OR PRINT						682-5113		02 05 20 YEAR MO DAY				
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE		NUMBER								

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

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

* HYDRAZINE AND AMMONIA APPLY ONLY DURING CONDITIONS OF WET LAY-UP. PLANT WAS NOT IN WET LAY-UP IN APRIL 2002.

** NO CLAMICIDE APPLICATION USING CT-1 WAS COMPLETED IN APRIL 2002.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

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

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308
FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
001 (CONT)
DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR
02
(20-21)

MO
04
(22-23)

DAY
01
(24-25)

TO

YEAR
02
(26-27)

MO
04
(28-29)

DAY
30
(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Hydrazine	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*	NOT DETECTABLE USING ASTM D-1385				MG/L	*	1/WEEK	GRAB
Ammonia	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*	MONITOR AND REPORT				MG/L	*	1/WEEK	GRAB
Phenols	Sample Measurement	*	*				20.01	20.01			2/30	GRAB
	Permit Requirement	*	*	*	MONITOR AND REPORT				MG/L	*	2/MONTH	GRAB
Iron	Sample Measurement	*	*			*	1.9	3.0			2/30	GRAB
	Permit Requirement	*	*	*	MONITOR AND REPORT				MG/L	*	2/MONTH	GRAB
Aluminum	Sample Measurement	*	*				1.1	1.7			2/30	GRAB
	Permit Requirement	*	*	*	MONITOR AND REPORT				MG/L	*	2/MONTH	GRAB
pH	Sample Measurement	*	*			8.11	*	8.37			1/7	GRAB
	Permit Requirement	*	*	*	6.0		9.0	S.U.	*	1WEEK	GRAB	
	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*		*	*	*		*	*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joseph W. Venson
Chemistry Manager
TYPE OR PRINT

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

Signature of Principal Executive Officer or Authorized Agent
Donald J. Stelzer
for

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
724 692-5113

AREA CODE
724

NUMBER
692-5113

DATE
02
YEAR

05
MO

20
DAY

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

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.
* HYDRAZINE AND AMMONIA APPLY DURING CONDITIONS OF WET LAY-UP. PLANT WAS NOT IN WET LAY-UP IN APRIL 2002.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

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

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
101
DISCHARGE NUMBER

MONITORING PERIOD
FROM
YEAR MO DAY TO YEAR MO DAY
02 04 01 02 04 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measurement	0.003	0.026			*	*	*			DAILY	CONT
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*		DAILY	CONT
Suspended Solids	Sample Measurement	*	*		*	24.0	24.0		0	1/7	2 HR COMPOSITE	
	Permit Requirement	*	*	*	*	30	100	MG/L	*	1/WEEK		
Oil and Grease	Sample Measurement	*	*		*	25.0	25.0		0	1/7	GRAB	
	Permit Requirement	*	*	*	*	15	20	MG/L	*	1/WEEK	GRAB	
Hydrazine	Sample Measurement	*	*		*	*	*			*	*	
	Permit Requirement	*	*	*	*	MONITOR AND REPORT			MG/L	1/WEEK	GRAB	
Ammonia	Sample Measurement	*	*		*	*	*			*	*	
	Permit Requirement	*	*	*	*	MONITOR AND REPORT			MG/L	1/WEEK	GRAB	
pH	Sample Measurement	*	*		7.21	*	8.90		0	1/7	GRAB	
	Permit Requirement	*	*	*	6.0	*	9.0	S.U.	*	1/WEEK	GRAB	
	Sample Measurement	*	*		*	*	*			*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOSEPH W. VENZA
CHEMISTRY MANAGER
TYPE OR PRINT

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

Donald J. Deluca
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

724 682-5113
AREA CODE NUMBER

02 05 20
YEAR MO DAY

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

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

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

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
301
DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEARMO DAY
040501
(20-21)(22-23)(24-25)

TO

YEARMO DAY
020530
(26-27)(28-29)(30-31)

No Discharge

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement					*	*	*				
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*		1/WEEK	ESTIMATE
Suspended Solids	Sample Measurement	*	*		*							
	Permit Requirement	*	*	*	*	30	100	MG/L	*	2/MONTH	GRAB	
Oil and Grease	Sample Measurement	*	*		*							
	Permit Requirement	*	*	*	*	15	20	MG/L	*	2/MONTH	GRAB	
	Sample Measurement	*	*		*	*	*	*		*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*		*	*	*	*		*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*		*	*	*	*		*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*		*	*	*	*		*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*		*	*	*	*		*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOSEPH W. UENZON
CHEMISTRY MANAGER
TYPE OR PRINT

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

Donald J. Salera
FOR

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

724 682-5113

AREA CODE NUMBER

DATE

02 05 30

YEAR MO DAY

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

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

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

(2-16)			(17-19)			
PA0025615			401			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	04	01		02	04	
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

No Discharge

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement					*	*	*				
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*		1/WEEK	ESTIMATE
Suspended Solids	Sample Measurement	*	*		*							
	Permit Requirement	*	*	*	*	30	100	MG/L	*		2/MONTH	GRAB
Oil and Grease	Sample Measurement	*	*		*							
	Permit Requirement	*	*	*	*	15	20	MG/L	*		2/MONTH	GRAB
pH	Sample Measurement	*	*				*					
	Permit Requirement	*	*	*	6.0	*	*	S.U.	*		2/MONTH	GRAB
	Sample Measurement	*	*		*	*	*		*		*	*
	Permit Requirement	*	*	*	*	*	*	*	*		*	*
	Sample Measurement	*	*		*	*	*		*		*	*
	Permit Requirement	*	*	*	*	*	*	*	*		*	*
	Sample Measurement	*	*		*	*	*		*		*	*
	Permit Requirement	*	*	*	*	*	*	*	*		*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joseph W. Varian
Chemistry Manager
TYPE OR PRINT

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

Signature of Principal Executive Officer or Authorized Agent
Donald J. Tolera for SW

TELEPHONE
724 692-5113
AREA CODE NUMBER

DATE
02 YEAR 05 MO 20 DAY

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

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

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

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308
FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
501
DISCHARGE NUMBER

FROM

YEAR
02
(20-21)

MO
04
(22-23)

DAY
01
(24-25)

TO

YEAR
02
(26-27)

MO
04
(28-29)

DAY
30
(30-31)

No Discharge

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measurement					*	*	*				
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*	1/WEEK	ESTIMATE	
Total Suspended Solids	Sample Measurement	*	*		*							
	Permit Requirement	*	*	*	*	30	100	MG/L	*	1/WEEK	GRAB	
	Sample Measurement	*	*		*	*	*		*	*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	
	Sample Measurement	*	*		*	*	*		*	*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	
	Sample Measurement	*	*		*	*	*		*	*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	
	Sample Measurement	*	*		*	*	*		*	*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	
	Sample Measurement	*	*		*	*	*		*	*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joseph W. Venzon
Chemistry Manager
TYPE OR PRINT

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

Signature of Principal Executive Officer or Authorized Agent
Donald J. Salene, Jr.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
724 682-5113
AREA CODE NUMBER

DATE
02 05 26
YEAR MO DAY

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

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

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Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

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

(2-16)			(17-19)			
PA0025615			102			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	04	01		02	04	30
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measurement	20.001	20.001			*	*	*			2/30	EST
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*		2/MONTH	ESTIMATE
Suspended Solids	Sample Measurement	*	*			*	14.3	24.6		0	2/30	GRAB
	Permit Requirement	*	*	*		*	30	100	MG/L	*	2/MONTH	GRAB
Oil and Grease	Sample Measurement	*	*			*	25.0	25.0		0	2/30	GRAB
	Permit Requirement	*	*	*		*	15	20	MG/L	*	2/MONTH	GRAB
pH	Sample Measurement	*	*			7.45	*	7.52		0	2/30	GRAB
	Permit Requirement	*	*	*		6.0	*	9.0	S.U.	*	2/MONTH	GRAB
	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*		*	*	*	*	*	*	*
	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*		*	*	*	*	*	*	*
	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*		*	*	*	*	*	*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Joseph W. Venzon

Chemistry Manager

TYPE OR PRINT

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Donald J. Salera Jr

TELEPHONE

724 682-5113

AREA CODE NUMBER

DATE

02 05 20

YEAR MO DAY

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

EPA FORM 3320-1 (Rev 9 - 88) Previous edition maybe used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

Page 1 of 1

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

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

(2-16)			(17-19)			
PA0025615			002			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	04	01		02	04	30
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measurement	0.006	0.046		*	*	*				1/7	EST
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*			1/WEEK	ESTIMATE
	Sample Measurement	*	*		*	*	*				*	*
	Permit Requirement	*	*	*	*	*	*				*	*
	Sample Measurement	*	*		*	*	*				*	*
	Permit Requirement	*	*	*	*	*	*				*	*
	Sample Measurement	*	*		*	*	*				*	*
	Permit Requirement	*	*	*	*	*	*				*	*
	Sample Measurement	*	*		*	*	*				*	*
	Permit Requirement	*	*	*	*	*	*				*	*
	Sample Measurement	*	*		*	*	*				*	*
	Permit Requirement	*	*	*	*	*	*				*	*
	Sample Measurement	*	*		*	*	*				*	*
	Permit Requirement	*	*	*	*	*	*				*	*
	Sample Measurement	*	*		*	*	*				*	*
	Permit Requirement	*	*	*	*	*	*				*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joseph W. Venzon
Chemistry Manager
TYPE OR PRINT

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

Signature of Principal Executive Officer or Authorized Agent
Joseph W. Venzon

TELEPHONE
724 682-5113
AREA CODE NUMBER

DATE
02 05 20
YEAR MO DAY

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

EPA FORM 3320-1 (Rev 9 - 88) Previous edition maybe used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

Page 1 of 1

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

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

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
103
DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEARMO DAY
020401
(20-21)(22-23)(24-25)

TO

YEARMO DAY
020430
(26-27)(28-29)(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement	0.042	0.089		*	*	*		*	2/30	EST	
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*	2/MONTH	ESTIMATE	
Suspended Solid	Sample Measurement	*	*		*	29.9	49.1		0	5/30	24-HR Comp	
	Permit Requirement	*	*	*	*	30	100	MG/L	*	2/MONTH	24 HOUR COMPOSITE	
pH	Sample Measurement	*	*		6.36	*	7.14		0	2/30	GRAB	
	Permit Requirement	*	*	*	6.0	*	9.0	S.U.	*	2/MONTH	GRAB	
	Sample Measurement	*	*		*	*	*		*	*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	
	Sample Measurement	*	*		*	*	*		*	*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	
	Sample Measurement	*	*		*	*	*		*	*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	
	Sample Measurement	*	*		*	*	*		*	*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	
	Sample Measurement	*	*		*	*	*		*	*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOSEPH W. VENEZON
Chemistry Manager
TYPE OR PRINT

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Donald J. Talera
FOR

TELEPHONE
724 682-5113
AREA CODE NUMBER

DATE
02 05 30
YEAR MO DAY

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

EPA FORM 3320-1 (Rev 9 - 88) Previous edition maybe used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

Page 1 of 1

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

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

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
203
DISCHARGE NUMBER

MONITORING PERIOD

FROM
YEAR MO DAY
02 04 01
(20-21) (22-23) (24-25)

TO
YEAR MO DAY
02 04 30
(26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measurement	0.014	*	MGD	*	*	*	*	0	1/7	MEAS	
	Permit Requirement	0.023	*		*	*	*	*	*	1/WEEK	MEASURED	
CBOD-5 Day	Sample Measurement	*	*	*	*	2.2	2.3	MG/L	0	2/30	8 HR COMPOSITE	
	Permit Requirement	*	*		*	25	50		*	2/MONTH	COMPOSITE	
Suspended Solids	Sample Measurement	*	*	*	*	10.9	12.5	MG/L	0	2/30	8 HR COMPOSITE	
	Permit Requirement	*	*		*	30	60		*	2/MONTH	COMPOSITE	
Total Residual Chlorine	Sample Measurement	*	*	*	*	0.16	0.25	MG/L	0	2/30	GRAB	
	Permit Requirement	*	*		*	1.4	INST MAX 3.3		*	2/MONTH	GRAB	
Fecal Coliform May 1 to Sep 30 Oct 1 to Apr 30	Sample Measurement	*	*	*	*	17.7	25.0	#/100 ML	0	2/30	GRAB	
	Permit Requirement	*	*		*	200 2000	1000 *		*	2/MONTH	GRAB	
pH	Sample Measurement	*	*	*	7.55	*	8.13	S.U.		2/30	GRAB	
	Permit Requirement	*	*		*	6.0	*		9.0	*	2/MONTH	GRAB
	Sample Measurement	*	*	*	*	*	*	*	*	*	*	
	Permit Requirement	*	*		*	*	*		*	*	*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Joseph W. Venzon
Chemistry Manager

TYPE OR PRINT

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Donald J. Salera

TELEPHONE

724 682-5113

AREA CODE NUMBER

DATE

02 05 20

YEAR MO DAY

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

EPA FORM 3320-1 (Rev 9 - 88) Previous edition maybe used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

Page 1 of 1

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

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

(2-16)			(17-19)		
PA0025615			303		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
02	04	01	02	04	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement	0.019	0.056	MGD	*	*	*	*	*	1/7	EST	
	Permit Requirement	MONITOR AND REPORT			*	*	*	*	1/WEEK	ESTIMATE		
Suspended Solids	Sample Measurement	*	*	*	*	10.7	19.6	MG/L	0	1/7	GRAB	
	Permit Requirement	*	*		*	30	100		*	1/WEEK	GRAB	
Oil and Grease	Sample Measurement	*	*	*	*	7.8	18.0	MG/L	0	1/7	GRAB	
	Permit Requirement	*	*		*	15	20		*	1/WEEK	GRAB	
pH	Sample Measurement	*	*	*	7.28	*	8.35	S.U.	0	1/7	GRAB	
	Permit Requirement	*	*		*	6.0	*		9.0	*	1/WEEK	GRAB
	Sample Measurement	*	*	*	*	*	*	*	*	*	*	
	Permit Requirement	*	*		*	*	*		*	*	*	*
	Sample Measurement	*	*	*	*	*	*	*	*	*	*	
	Permit Requirement	*	*		*	*	*		*	*	*	*
	Sample Measurement	*	*	*	*	*	*	*	*	*	*	
	Permit Requirement	*	*		*	*	*		*	*	*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOSEPH W. Venzon
Chemistry Manager
TYPE OR PRINT

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Joseph W. Venzon

TELEPHONE
724 682-5113
AREA CODE NUMBER

DATE
02 YEAR
05 MO
20 DAY

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

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

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

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
403
DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR
02
(20-21)

MO
04
(22-23)

DAY
01
(24-25)

TO

YEAR
02
(26-27)

MO
04
(28-29)

DAY
30
(30-31)

No Discharge

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement					*	*	*				
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*	1/WEEK	ESTIMATE	
Suspended Solids	Sample Measurement	*	*		*							
	Permit Requirement	*	*	*	*	30	100	MG/L	*	1/WEEK	GRAB	
Oil and Grease	Sample Measurement	*	*		*							
	Permit Requirement	*	*	*	*	15	20	MG/L	*	1/WEEK	GRAB	
Hydrazine	Sample Measurement	*	*		*							
	Permit Requirement	*	*	*	NOT DETECTABLE USING ASTM D-1385			MG/L	*	1/WEEK	GRAB	
Ammonia	Sample Measurement	*	*		*							
	Permit Requirement	*	*	*	*	MONITOR AND REPORT			MG/L	*	1/WEEK	GRAB
Total Residual Chlorine	Sample Measurement	*	*		*							
	Permit Requirement	*	*	*	*	0.5	INSTANT MAX 1.25	MG/L	*	1/WEEK	GRAB	
Clamtrol (CT-1)	Sample Measurement	*	*		*							
	Permit Requirement	*	*	*	*	NOT DETECTABLE			MG/L	*	WHEN DISCHARGE	24 HOUR COMPOSITE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joseph W. Venzel
Chemistry Manager
TYPE OR PRINT

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

Signature of Principal Executive Officer or Authorized Agent

724 682-5113
AREA CODE NUMBER

DATE
02 05 20
YEAR MO DAY

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

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

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

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308
FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

FROM

(2-16)			(17-19)			
PA0025615			403			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	04	01		02	04	30
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

No Discharge

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Betz DT-1	Sample Measurement	*	*			*	*			*		
	Permit Requirement	*	*	*	*	*		35.0	MG/L	*	WHEN DISCHARGE	24 HOUR COMPOSITE
pH	Sample Measurement	*	*				*			*		
	Permit Requirement	*	*	*	6.0	*		9.0	S.U.	*	1/WEEK	GRAB
	Sample Measurement	*	*			*	*	*	*	*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*			*	*	*	*	*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*			*	*	*	*	*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*			*	*	*	*	*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*			*	*	*	*	*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*			*	*	*	*	*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joseph W. Venzon
Chemistry Manager
TYPE OR PRINT

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

Signature of Principal Executive Officer or Authorized Agent
Donald J. Stalman
OFFICER OR AUTHORIZED AGENT

TELEPHONE
724 682-5113
AREA CODE NUMBER

DATE
02 05 20
YEAR MO DAY

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

EPA FORM 3320-1 (Rev 9 - 88) Previous edition maybe used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

Page 2 of 2

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

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

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
003
DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR
02
(20-21)

MO
04
(22-23)

DAY
01
(24-25)

TO

YEAR
02
(26-27)

MO
04
(28-29)

DAY
30
(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement		0.075	0.164		*	*	*			2/30	EST
	Permit Requirement		MONITOR AND REPORT			MGD	*	*	*	*	2/MONTH	ESTIMATE
Iron	Sample Measurement	*	*	*	*	2.2	3.6				2/30	GRAB
	Permit Requirement	*	*	*	*	MONITOR AND REPORT			MG/L	*	2/MONTH	GRAB
Aluminum	Sample Measurement	*	*	*	*	0.38	0.38				2/30	GRAB
	Permit Requirement	*	*	*	*	MONITOR AND REPORT			MG/L	*	2/MONTH	GRAB
Phenols	Sample Measurement	*	*	*	*	40.01	40.01				2/30	GRAB
	Permit Requirement	*	*	*	*	MONITOR AND REPORT			MG/L	*	2/MONTH	GRAB
Nitrate-Nitrite	Sample Measurement	*	*	*	*	9.5	12.0				2/30	GRAB
	Permit Requirement	*	*	*	*	MONITOR AND REPORT			MG/L	*	2/MONTH	GRAB
Phosphorus	Sample Measurement	*	*	*	*	1.6	3.0				2/30	GRAB
	Permit Requirement	*	*	*	*	MONITOR AND REPORT			MG/L	*	2/MONTH	GRAB
	Sample Measurement	*	*	*	*	*	*	*	*	*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joseph W. Varzon
Chemistry Manager
TYPE OR PRINT

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

Signature of Joseph W. Varzon

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
724 682-5113
AREA CODE NUMBER

DATE
02 05 20
YEAR MO DAY

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

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

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

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

(2-16)			(17-19)				
PA0025615			004				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	02	04	01		02	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement	2.8	7.7	MGD	*	*	*		1/30*	MEAS
	Permit Requirement	MONITOR AND REPORT			*	*	*	*	1/WEEK	MEASURED
Free Available Chlorine	Sample Measurement	*	*	*	*	0.08	0.08	0	1/30*	GRAB
	Permit Requirement	*	*		*	AVG CONC 0.2	MAX CONC 0.5	MG/L	*	1/WEEK
Total Residual Chlorine	Sample Measurement	*	*	*	*	0.16	0.16	0	1/30*	GRAB
	Permit Requirement	*	*		*	0.5	1.25	MG/L	*	1/WEEK
Iron	Sample Measurement	*	*	*	*	2.9	*		1/30*	GRAB
	Permit Requirement	*	*		*	MONITOR AND REPORT		MG/L	*	2/MONTH
Aluminum	Sample Measurement	*	*	*	*	1.4	1.4		1/30*	GRAB
	Permit Requirement	*	*		*	MONITOR AND REPORT		MG/L	*	2/MONTH
Phenols	Sample Measurement	*	*	*	*	10.01	10.01		2/30	GRAB
	Permit Requirement	*	*		*	MONITOR AND REPORT		MG/L	*	2/MONTH
Chromium	Sample Measurement	*	*	*	*					
	Permit Requirement	*	*		*	0.2	0.2	mg/l	*	2/YEAR
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)				TELEPHONE		DATE		
Joseph W. Venzon Chemistry Manager TYPE OR PRINT						724 682-5113		02 05 20 YEAR MO DAY		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE NUMBER				

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

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

* DISCHARGE OCCURRED IN ONLY 1 WEEK IN APRIL 2002.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

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

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
004 (CONT)
DISCHARGE NUMBER

FROM

YEARMO DAY
020401
(20-21)(22-23)(24-25)

TO

YEARMO DAY
020430
(26-27)(28-29)(30-31)

MONITORING PERIOD

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Zinc	Sample Measurement	*	*			*						
	Permit Requirement	*	*	*	*	1.0	1.0	MG/L	*	2/YEAR	GRAB	
pH	Sample Measurement	*	*			7.94	*	7.94			1/30 *	GRAB
	Permit Requirement	*	*	*	*	6.0	9.0	S.U.	*	1/WEEK	GRAB	
	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joseph W. Venzon
Chemistry Manager
TYPE OR PRINT

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

Signature of Principal Executive Officer or Authorized Agent
Donald J. Salera
for JWS

TELEPHONE
724 682-5113
AREA CODE NUMBER

DATE
02 05 20
YEAR MO DAY

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

EPA FORM 3320-1 (Rev 9 - 88) Previous edition maybe used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED) Page 1 of 2

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

* DISCHARGE OCCURRED IN ONLY 1 WEEK IN APRIL 2002.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

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

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308
FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

FROM

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
006
DISCHARGE NUMBER

MONITORING PERIOD

YEAR
02
(20-21)

MO
04
(22-23)

DAY
01
(24-25)

TO

YEAR
02
(26-27)

MO
04
(28-29)

DAY
30
(30-31)

No Discharge

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measurement					*	*	*				
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*	1/WEEK	ESTIMATE	
	Sample Measurement	*	*		*	*	*	*	*	*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	
	Sample Measurement	*	*		*	*	*	*	*	*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	
	Sample Measurement	*	*		*	*	*	*	*	*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	
	Sample Measurement	*	*		*	*	*	*	*	*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	
	Sample Measurement	*	*		*	*	*	*	*	*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	
	Sample Measurement	*	*		*	*	*	*	*	*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joseph W. Venzon
Chemistry Manager
TYPE OR PRINT

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

Signature of Principal Executive Officer or Authorized Agent
Donald J. Salas
OFFICER OR AUTHORIZED AGENT

TELEPHONE
724 682-5113
AREA CODE NUMBER

DATE
02
YEAR
05
MO
20
DAY

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

EPA FORM 3320-1 (Rev 9 - 88) Previous edition maybe used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED) Page 1 of 1

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

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

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
007
DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR
02
(20-21)

MO
04
(22-23)

DAY
01
(24-25)

TO

YEAR
02
(26-27)

MO
04
(28-29)

DAY
30
(30-31)

No Discharge

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measurement					*	*	*				
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*	1/WEEK	ESTIMATE	
Free Available Chlorine	Sample Measurement	*	*		*		0.2 AVG CONC	0.5 MAX CONC	MG/L	*	1/WEEK	GRAB
	Permit Requirement	*	*	*	*							
Total Residual Chlorine	Sample Measurement	*	*		*		0.5	1.25	MG/L	*	1/WEEK	GRAB
	Permit Requirement	*	*	*	*							
pH	Sample Measurement	*	*		*		*					
	Permit Requirement	*	*	*	6.0	9.0	S.U.	*	1/WEEK	GRAB		
	Sample Measurement	*	*		*	*	*	*	*	*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*		*	*	*	*	*	*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*		*	*	*	*	*	*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joseph W. Venza
Chemistry Manager
TYPE OR PRINT

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

Signature of Principal Executive Officer or Authorized Agent

724 682-5113
AREA CODE NUMBER

02
YEAR

05
MO

20
DAY

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

EPA FORM 3320-1 (Rev 9 - 88) Previous edition maybe used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

Page 1 of 1

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

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

(2-16)			(17-19)			
PA0025615			008			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	04	01		02	04	30
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement	40.001	40.001			*	*	*			1/7	Est
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*		1/WEEK	ESTIMATE
Suspended Solids	Sample Measurement	*	*			*	6.2	8.3		0	2/30	GRAB
	Permit Requirement	*	*	*	*	30	100	MG/L	*		2/MONTH	GRAB
Oil and Grease	Sample Measurement	*	*			*	15.0	15.0		0	2/30	GRAB
	Permit Requirement	*	*	*	*	15	20	MG/L	*		2/MONTH	GRAB
Ammonia	Sample Measurement	*	*			*	0.2	0.3			2/30	GRAB
	Permit Requirement	*	*	*	*	MONITOR AND REPORT			MG/L	*	2/MONTH	GRAB
Iron, tot	Sample Measurement	*	*			*	0.41	0.68			2/30	GRAB
	Permit Requirement	*	*	*	*	MONITOR AND REPORT			MG/L	*	2/MONTH	GRAB
Aluminum	Sample Measurement	*	*			*	0.18	0.36			2/30	GRAB
	Permit Requirement	*	*	*	*	MONITOR AND REPORT			MG/L	*	2/MONTH	GRAB
Manganese	Sample Measurement	*	*			*	0.2	0.2			2/30	GRAB
	Permit Requirement	*	*	*	*	MONITOR AND REPORT			MG/L	*	2/MONTH	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)					TELEPHONE		DATE			
JOSEPH W. VENZON Chemistry Manager TYPE OR PRINT							724 682-5113		02 05 20 YEAR MO DAY			
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		Donald J. Halera FOR					AREA CODE		NUMBER			

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

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

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

(2-16)			(17-19)			
PA0025615			008 (CONT)			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	04	01		02	04	30
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Phenols	Sample Measurement	*	*		*		20.01	20.01			2/30	GRAB
	Permit Requirement	*	*	*	*	MONITOR AND REPORT			MG/L	*	2/MONTH	GRAB
Zinc	Sample Measurement	*	*		*		0.17	0.21			2/30	GRAB
	Permit Requirement	*	*	*	*	MONITOR AND REPORT			MG/L	*	2/MONTH	GRAB
Color	Sample Measurement	*	*		*		17	17			2/30	GRAB
	Permit Requirement	*	*	*	*	MONITOR AND REPORT			UNITS	*	2/MONTH	GRAB
pH	Sample Measurement	*	*		7.55		*	7.65			2/30	GRAB
	Permit Requirement	*	*	*	6.0		*	9.0	S.U.	*	2/MONTH	GRAB
	Sample Measurement	*	*		*		*	*		*	*	*
	Permit Requirement	*	*	*	*		*	*	*	*	*	*
	Sample Measurement	*	*		*		*	*		*	*	*
	Permit Requirement	*	*	*	*		*	*	*	*	*	*
	Sample Measurement	*	*		*		*	*		*	*	*
	Permit Requirement	*	*	*	*		*	*	*	*	*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOSEPH W. VENEZ
CHEMISTRY MANAGER
TYPE OR PRINT

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

Donal...
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
724 682-5113
AREA CODE NUMBER

DATE
02 YEAR 05 MO 20 DAY

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

EPA FORM 3320-1 (Rev 9 - 88) Previous edition maybe used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

Page 2 of 2

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

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

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
110
DISCHARGE NUMBER

MONITORING PERIOD

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

No Discharge

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement				*	*	*			
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*	1/WEEK
	Sample Measurement	*	*		*	*	*		*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*		*	*	*		*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*		*	*	*		*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*		*	*	*		*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*		*	*	*		*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*		*	*	*		*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joseph W. Venzon
Chemistry Manager
TYPE OR PRINT

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

Signature of Joseph W. Venzon

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

724 682-5113

AREA CODE NUMBER

02 05 20

YEAR MO DAY

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

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

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

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308
FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

(2-16)			(17-19)				
PA0025615			010				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	02	04	01		02	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measurement	2.27	3.17			*	*	*			1/7	MEAS
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*		1/WEEK	MEASURED
Free Available Chlorine	Sample Measurement	*	*			*	0.0	0.0		0	1/7	GRAB
	Permit Requirement	*	*	*		*	AVG CONC 0.2	MAX CONC 0.5	MG/L	*	1/WEEK	GRABWHILE CHLORO
Total Residual Chlorine	Sample Measurement	*	*			*	0.0	0.0		0	1/7	GRAB
	Permit Requirement	*	*	*		*	0.5	1.25	MG/L	*	1/WEEK	GRABWHILE CHLORO
Clamtrol CT-1	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*		*	NOT DETECTABLE		MG/L	*	WHEN DISCHARG	24 HOUR COMPOSITE
Betz DT-1	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*		*	*	35.0	MG/L	*	WHEN DISCHARG	24 HOUR COMPOSITE
pH	Sample Measurement	*	*			7.40	*	7.90		0	1/7	GRAB
	Permit Requirement	*	*	*		6.0	*	9.0	S.U.	*	1/WEEK	GRAB
	Sample Measurement	*	*			*	*	*			*	*
	Permit Requirement	*	*	*		*	*	*	*	*	*	*
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may includes fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)					TELEPHONE		DATE			
Joseph W. Venkous Chemistry Manager TYPE OR PRINT							724 682-5113		02 05 20 YEAR MO DAY			
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE NUMBER					

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

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

* NO CLAMICIDE APPLICATION USING CT-1 WAS DONE IN APRIL 2002.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

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

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308
FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

(2-16)			(17-19)			
PA0025615			011			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	04	01		02	04	30
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measurement	0.004	0.004	MGD	*	*	*	*		1/1	EST	
	Permit Requirement	MONITOR AND REPORT			*	*	*	*		1/WEEK	ESTIMATE	
	Sample Measurement	*	*	*	*	*	*	*		*	*	
	Permit Requirement	*	*		*	*	*	*	*		*	*
	Sample Measurement	*	*	*	*	*	*	*		*	*	
	Permit Requirement	*	*		*	*	*	*	*		*	*
	Sample Measurement	*	*	*	*	*	*	*		*	*	
	Permit Requirement	*	*		*	*	*	*	*		*	*
	Sample Measurement	*	*	*	*	*	*	*		*	*	
	Permit Requirement	*	*		*	*	*	*	*		*	*
	Sample Measurement	*	*	*	*	*	*	*		*	*	
	Permit Requirement	*	*		*	*	*	*	*		*	*
	Sample Measurement	*	*	*	*	*	*	*		*	*	
	Permit Requirement	*	*		*	*	*	*	*		*	*
	Sample Measurement	*	*	*	*	*	*	*		*	*	
	Permit Requirement	*	*		*	*	*	*	*		*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joseph W. Venzon
Chemistry Manager
TYPE OR PRINT

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

Signature of Principal Executive Officer or Authorized Agent
Donald J. Dole

TELEPHONE
724 682-513

DATE
02 05 20
YEAR MO DAY

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

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

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

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
111
DISCHARGE NUMBER

MONITORING PERIOD

FROM
YEAR MO DAY
02 04 01
(20-21) (22-23) (24-25)

TO
YEAR MO DAY
02 04 30
(26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measurement	0.002	0.002	MGD	*	*	*	*		1/7	EST	
	Permit Requirement	MONITOR AND REPORT			*	*	*	*		1/WEEK	ESTIMATE	
Suspended Solids	Sample Measurement	*	*	*	*	4.0	4.0	MG/L	0	1/7	GRAB	
	Permit Requirement	*	*		*	30	100		*	1/WEEK	GRAB	
Oil and Grease	Sample Measurement	*	*	*	*	5.0	5.0	MG/L	0	1/7	GRAB	
	Permit Requirement	*	*		*	15	20		*	1/WEEK	GRAB	
pH	Sample Measurement	*	*	*	6.82	*	7.16	S.U.	0	1/7	GRAB	
	Permit Requirement	*	*		*	6.0	9.0		*	1/WEEK	GRAB	
	Sample Measurement	*	*	*	*	*	*	*	*	*	*	
	Permit Requirement	*	*		*	*	*		*	*	*	*
	Sample Measurement	*	*	*	*	*	*	*	*	*	*	
	Permit Requirement	*	*		*	*	*		*	*	*	*
	Sample Measurement	*	*	*	*	*	*	*	*	*	*	
	Permit Requirement	*	*		*	*	*		*	*	*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Joseph W. Venzan
Chemistry Manager

TYPE OR PRINT

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Donald J. Salera

TELEPHONE

724 682-5113

AREA CODE NUMBER

DATE

02 05 20

YEAR MO DAY

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

EPA FORM 3320-1 (Rev 9 - 88) Previous edition maybe used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED) Page 1 of 1

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

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

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
211
DISCHARGE NUMBER

MONITORING PERIOD

FROM
YEAR MO DAY
02 04 01
(20-21) (22-23) (24-25)

TO
YEAR MO DAY
02 04 30
(26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measurement	0.002	0.002	MGD	*	*	*	*		1/7	EST	
	Permit Requirement	MONITOR AND REPORT			*	*	*		*	1/WEEK	ESTIMATE	
Suspended Solids	Sample Measurement	*	*	*	*	5.6	11.8	MG/L	0	1/7	GRAB	
	Permit Requirement	*	*		*	30	100		*	1/WEEK	GRAB	
Oil and Grease	Sample Measurement	*	*	*	*	LS.0	LS.0	MG/L	0	1/7	GRAB	
	Permit Requirement	*	*		*	15	20		*	1/WEEK	GRAB	
pH	Sample Measurement	*	*	*	7.10	*	7.45	S.U.	0	1/7	GRAB	
	Permit Requirement	*	*		*	6.0	9.0		*	1/WEEK	GRAB	
	Sample Measurement	*	*	*	*	*	*	*	*	*	*	
	Permit Requirement	*	*		*	*	*		*	*	*	*
	Sample Measurement	*	*	*	*	*	*	*	*	*	*	
	Permit Requirement	*	*		*	*	*		*	*	*	*
	Sample Measurement	*	*	*	*	*	*	*	*	*	*	
	Permit Requirement	*	*		*	*	*		*	*	*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JOSEPH W. VENEZU
Chemistry Manager

TYPE OR PRINT

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

724 682-5113

AREA CODE NUMBER

TELEPHONE

DATE

02 05 20
YEAR MO DAY

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

EPA FORM 3320-1 (Rev 9 - 88) Previous edition maybe used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

Page 1 of 1

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

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

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
012
DISCHARGE NUMBER

MONITORING PERIOD

FROM
YEAR MO DAY
02 04 01
(20-21) (22-23) (24-25)

TO
YEAR MO DAY
02 04 30
(26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measurement	40.001	40.001	MGD	*	*	*			1/30	EST	
	Permit Requirement	MONITOR AND REPORT			*	*	*	*	1/MONTH	ESTIMATE		
Total Dissolved Solids	Sample Measurement	*	*	*	*	762	936	MG/L		1/7	GRAB	
	Permit Requirement	MONITOR AND REPORT			*	MONITOR AND REPORT			*	1/WEEK	GRAB	
Chromium	Sample Measurement	*	*	*	*	40.002	40.002	MG/L		1/7	GRAB	
	Permit Requirement	*	*		*	0.2	0.2		*	1/WEEK	GRAB	
Zinc	Sample Measurement	*	*	*	*	9.68	15.3	MG/L	4*	1/7	GRAB	
	Permit Requirement	*	*		*	1.0	1.0		*	1/WEEK	GRAB	
Copper	Sample Measurement	*	*	*	*	0.093	0.11	MG/L		1/7	GRAB	
	Permit Requirement	*	*		*	MONITOR AND REPORT			*	1/WEEK	GRAB	
pH	Sample Measurement	*	*	*	8.74	*	8.74	S.U.	0	1/30	GRAB	
	Permit Requirement	*	*		*	6.0	*		9.0	*	1/MONTH	GRAB
	Sample Measurement	*	*	*	*	*	*	*		*	*	
	Permit Requirement	*	*		*	*	*		*	*	*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JOSEPH W. VENEZON
CHEMISTRY MANAGER

TYPE OR PRINT

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Donald J. ...

TELEPHONE

724 682-5113

AREA CODE NUMBER

DATE

02 05 20

YEAR MO DAY

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

EPA FORM 3320-1 (Rev 9 - 88) Previous edition maybe used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED) Page 1 of 1

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

* SEE ATTACHED LETTER FOR EXPLANATION OF EXCURSIONS.



P.O. Box 4, Route 168
Shippingport, PA 15077

May 28, 2002

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

NPDES Permit PA0025615, Notice of Non-Compliance
Outfall 012

Dear Sir or Madam:

During the month of April, Outfall 012 (ERF HVAC Blowdown) exceeded the monthly average and monthly maximum Zinc effluent limit of 1.0 mg/L. The Zinc was measured at 7.65 mg/L on April, 2002; 15.3 mg/L on April 8, 2002; 8.13 mg/L on April 17, 2002, and 7.65 mg/L on April 25, 2002.

Outfall 012 is the blowdown from the HVAC system at the Beaver Valley Emergency Response Facility (ERF). Zinc in the blowdown is attributed to the corrosion of the HVAC system. Zinc is not added to the system.

Beaver Valley is currently investigating alternative treatment of the HVAC system to minimize corrosion of the system and is working with the Pennsylvania DEP on an acceptable compliance schedule with respect to effluent limits at Outfall 012.

If you have any questions, contact me at 724 682-5113.

Sincerely,

Joseph W. Venzon
Chemistry and Environmental
Manager

DJS

C: J.W. Venzon
S.F. Brown
Tiffany Shepard
Central File

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

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

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
113
DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR
02
(20-21)

MO
04
(22-23)

DAY
01
(24-25)

TO

YEAR
02
(26-27)

MO
04
(28-29)

DAY
30
(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement	0.006	*		MGD	*	*	*	0	1/7	MEAS	
	Permit Requirement	0.043	*			*	*	*	*	1/WEEK	MEASURED	
CBOD-5 Day	Sample Measurement	*	*		*	2.0	2.1		0	2/30	8 HR COMPOSITE	
	Permit Requirement	*	*		*	25	50	MG/L	*	2/MONTH	COMPOSITE	
Suspended Solids	Sample Measurement	*	*		*	7.5	7.7		0	2/30	8 HR COMPOSITE	
	Permit Requirement	*	*		*	30	60	MG/L	*	2/MONTH	COMPOSITE	
Total Residual Chlorine	Sample Measurement	*	*		*	0.13	0.14		0	2/30	GRAB	
	Permit Requirement	*	*		*	1.4	INST MAX 3.3	MG/L	*	2/MONTH	GRAB	
Fecal Coliform May 1 to Oct 31 Nov 1 to Apr 30	Sample Measurement	*	*		*	13.6	15.0		0	2/30	GRAB	
	Permit Requirement	*	*		*	200 2000	1000 *	#/100ML	*	2/MONTH	GRAB	
pH	Sample Measurement	*	*		7.29	*	7.34		0	2/30	GRAB	
	Permit Requirement	*	*		6.0	*	9.0	S.U.	*	2/MONTH	GRAB	
	Sample Measurement	*	*		*	*	*			*	*	
	Permit Requirement	*	*		*	*	*		*	*	*	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joseph W. Urvan
Chemistry Manager
TYPE OR PRINT

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

Donalby Salazar
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

724 682-5113
AREA CODE NUMBER

TELEPHONE

DATE
08 05 20
YEAR MO DAY

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

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(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

Page 1 of 1

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

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

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

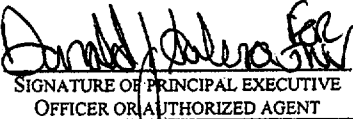
FROM

(2-16)			(17-19)			
PA0025615			213			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	05	01		02	05	30
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

No Discharge

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measurement					*	*	*				
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*	1/WEEK	ESTIMATE	
Suspended Solids	Sample Measurement	*	*		*							
	Permit Requirement	*	*	*	*	30	100	MG/L	*	2/MONTH	GRAB	
Oil and Grease	Sample Measurement	*	*		*							
	Permit Requirement	*	*	*	*	15	20	MG/L	*	2/MONTH	GRAB	
pH	Sample Measurement	*	*									
	Permit Requirement	*	*	*	6.0	*	9.0	S.U.	*	2/MONTH	GRAB	
	Sample Measurement	*	*		*	*	*		*	*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*		*	*	*		*	*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*		*	*	*		*	*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Joseph W. Venzon Chemistry Manager TYPE OR PRINT	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may includes fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 724 682-5113 AREA CODE NUMBER	DATE 02 05 20 YEAR MO DAY

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

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

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

(2-16)			(17-19)			
PA0025615			313			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	04	01		02	04	30
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement	0.002	0.002			*	*	*			47	EST
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*		1/WEEK	ESTIMATE
Suspended Solids	Sample Measurement	*	*			*	24.0	24.0		0	1/7	GRAB
	Permit Requirement	*	*	*		*	30	100	MG/L	*	1/WEEK	GRAB
Oil and Grease	Sample Measurement	*	*			*	25.0	25.0		0	1/7	GRAB
	Permit Requirement	*	*	*		*	15	20	MG/L	*	1/WEEK	GRAB
pH	Sample Measurement	*	*			6.29	*	7.28		0	1/7	GRAB
	Permit Requirement	*	*	*		6.0	*	9.0	S.U.	*	1/WEEK	GRAB
	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*		*	*	*	*	*	*	*
	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*		*	*	*	*	*	*	*
	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*		*	*	*	*	*	*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joseph W. Ventzou
Chemist Manager
TYPE OR PRINT

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

Signature of Principal Executive Officer or Authorized Agent
Donald J. Silva for

TELEPHONE
724 662-5113
AREA CODE NUMBER

DATE
02 05 20
YEAR MO DAY

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

EPA FORM 3320-1 (Rev 9 - 88) Previous edition maybe used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

Page 1 of 1

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

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

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
413
DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR
02
(20-21)

MO
04
(22-23)

DAY
01
(24-25)

TO

YEAR
02
(26-27)

MO
04
(28-29)

DAY
30
(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement	40.001	40.001			*	*	*			1/1	EST
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*		1/WEEK	ESTIMATE
Suspended Solids	Sample Measurement	*	*			*	9.3	13.6		0	2/30*	GRAB
	Permit Requirement	*	*	*		*	30	100	MG/L	*	1/WEEK	GRAB
Oil and Grease	Sample Measurement	*	*			*	45.0	45.0		0	2/30*	GRAB
	Permit Requirement	*	*	*		*	15	20	MG/L	*	1/WEEK	GRAB
pH	Sample Measurement	*	*			7.17	*	7.40		0	2/30*	GRAB
	Permit Requirement	*	*	*		6.0	*	9.0	S.U.	*	1/WEEK	GRAB
	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*		*	*	*	*	*	*	*
	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*		*	*	*	*	*	*	*
	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*		*	*	*	*	*	*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOSEPH W. VERTON
CHEMISTRY MANAGER
TYPE OR PRINT

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

Signature of Principal Executive Officer or Authorized Agent
Donald J. Volpe for

TELEPHONE
724 682-5113
AREA CODE NUMBER

DATE
02 05 20
YEAR MO DAY

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

EPA FORM 3320-1 (Rev 9 - 88) Previous edition maybe used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

Page 1 of 1

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.
* DISCHARGE OCCURRED IN ONLY 2 WEEKS IN APRIL 2002.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

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

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308
FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

(2-16)

PA0025615

PERMIT NUMBER

(17-19)

013

DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR

MO

DAY

TO

YEAR

MO

DAY

(20-21)

(22-23)

(24-25)

(26-27)

(28-29)

(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measurement	0.009	0.017		*	*	*				1/7	EST
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*		1/WEEK	ESTIMATE
Total Residual Chlorine	Sample Measurement	*	*		*	0.09	0.12			0	2/30	CALC
	Permit Requirement	*	*	*	*	0.5	1.25	MG/L	*		2/MONTH	CALCULATE
Copper	Sample Measurement	*	*		*	0.024	0.034				1/7	CALC
	Permit Requirement	*	*	*	*	MONITOR AND REPORT			MG/L	*	1/WEEK	CALCULATE
Chlorobenzene	Sample Measurement	*	*		*							
	Permit Requirement	*		*	*	MONITOR AND REPORT			MG/L	*	2/QUARTER	CALCULATE
Temperature	Sample Measurement	*	74.0		*	*	*			0	1/7	GRAB
	Permit Requirement	*	110	°F	*	*	*	*	*	*	1/WEEK	GRAB (i-s)
Cyanide, tot	Sample Measurement	*	*		*	40.01	40.01				2/30	CALC
	Permit Requirement	*	*	*	*	MONITOR AND REPORT			S.U.		2/MONTH	CALCULATE
pH	Sample Measurement	*	*		*	7.09	7.36			0	1/7	CALC
	Permit Requirement	*	*	*	*	6.0	9.0	S.U.	*		1/WEEK	CALCULATE
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may includes fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)					TELEPHONE		DATE			
Joseph W. Venzal Chemistry Manager TYPE OR PRINT							724 682-5113		02 05 20 YEAR MO DAY			
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE		NUMBER								

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



P.O. Box 4, Route 168
Shippingport, PA 15077

May 28, 2002

Document Control Desk
U.S. Nuclear Regulatory Commission
Washington, DC 20555

NPDES Monthly Report, EPA Permit No. PA0025615

SUBJECT: Beaver Valley Power Station, Unit No. 1 and No. 2
BV-1 Docket No. 50-334, License No. DPR-66
BV-2 Docket No. 50-412, License No. NPF-73

Dear Sir:

Enclosed is a copy of the NPDES Monthly Report for April 2002 as submitted to the Pennsylvania Department of Environmental Protection.

Sincerely,

A handwritten signature in dark ink, appearing to read "Donald J. Venzon for JWR". The signature is written in a cursive, flowing style.

Joseph W. Venzon
Chemistry and
Environmental Manager

DJS

C: J.W. Venzon
Licensing File

Month: April
Year: 2002

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

Permittee: FENOC
Plant: Beaver Valley Power Station
NPDES: PA0025615
Municipality: Shippingport Borough
County: Beaver

For sludge that is incinerated:

Pre-incineration weight = _____ dry tons

Post-incineration weight = _____ dry tons

Unit 1

HAULED AS LIQUID SLUDGE					HAULED AS DEWATERED SLUDGE			
(Gallons)	X	(% Solids)	X	(Conversion Factor) = Dry Tons	(Tons of Dewatered Sludge)	X	(% Solids)	X (.01) = Dry Tons
8,000		2		.0000417 = 0.667				.01

	Site 1	Site 2	Site 3	Site 4
Name:	Borough of Monaca Sewage Treatment Plant	Hopewell Township		
Permit No.:	PA0020125	PA0026328		
Dry Tons Disposed:		0.667		
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	Beaver	Beaver		

(SSR-1 3/21/91)

Donald Salera For JUV
Signature

Chemistry Manager
Title

S-2802
Date

(724) 682-5113
Telephone

Month: APRIL
Year: 2002

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

Permittee: FENOC
Plant: Beaver Valley Power Station
NPDES: PA0025615
Municipality: Shippingport Borough
County: Beaver

For sludge that is incinerated:

Pre-incineration weight = _____ dry tons

Post-incineration weight = _____ dry tons

UNIT 2

HAULED AS LIQUID SLUDGE						HAULED AS DEWATERED SLUDGE					
(Gallons)	X	(% Solids)	X	(Conversion Factor)	= Dry Tons	(Tons of Dewatered Sludge)	X	(% Solids)	X (.01)	= Dry Tons	
14,500		2		.0000417	1.21				.01		

DISPOSAL SITE INFORMATION: List all sites, even if no used site shown.				
	Site 1	Site 2	Site 3	Site 4
Name:	Borough of Monaca Sewage Treatment Plant	Hopewell Township		
Permit No.:	PA0020125	PA0026328		
Dry Tons Disposed:		1.21		
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	Beaver	Beaver		

Donald Salera For SM
Signature

Chemistry Manager
Title

5-20-02
Date

(724) 682-5113
Telephone

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

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

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

FROM

(2-16)			(17-19)			
PA0025615			001			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	04	01		02	04	30
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement	34.8	41.6			*	*	*	*		DAILY	CONT
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*		DAILY	CONT
Free Available Chlorine	Sample Measurement	*	*			*	0.09	0.29		0	CONT	REC'D
	Permit Requirement	*	*	*	*	*	AVG CONC 0.2	MAX CONC 0.5	MG/L	*	CONT	RECORDED
Total Residual Chlorine	Sample Measurement	*	*			*	0.16	0.38		0	1/7	GRAB
	Permit Requirement	*	*	*	*	*	0.5	INSTANT MAX 1.25	MG/L	*	1/WEEK	GRAB
Clamtrol (CT-1)	Sample Measurement	*	*			*	**	*		**	**	**
	Permit Requirement	*	*	*	*	*	NOT DETECTABLE		MG/L	*	WHEN DISCHARG	24 HOUR COMPOSITE
Betz DT-1	Sample Measurement	*	*			*	*	**		**	**	**
	Permit Requirement	*	*	*	*	*	*	35.0	MG/L	*	WHEN DISCHARG	24 HOUR COMPOSITE
Chromium	Sample Measurement	*	*			*						
	Permit Requirement	*	*	*	*	*	0.2	0.2	MG/L	*	2/YEAR	24 HOUR COMPOSITE
Zinc	Sample Measurement	*	*			*						
	Permit Requirement	*	*	*	*	*	1.0	1.0	MG/L	*	2/YEAR	24 HOUR COMPOSITE
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may includes fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)					TELEPHONE		DATE			
Joseph W. Venzon Chemistry Manager TYPE OR PRINT							682-5113		02 05 20 YEAR MO DAY			
							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER			

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

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

* HYDRAZINE AND AMMONIA APPLY ONLY DURING CONDITIONS OF WET LAY-UP. PLANT WAS NOT IN WET LAY-UP IN APRIL 2002.

** NO CLAMICIDE APPLICATION USING CT-1 WAS COMPLETED IN APRIL 2002.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

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

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
001 (CONT)
DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR
02
(20-21)

MO
04
(22-23)

DAY
01
(24-25)

TO

YEAR
02
(26-27)

MO
04
(28-29)

DAY
30
(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Hydrazine	Sample Measurement	*	*			*	*	*			*	*
	Permit Requirement	*	*	*	NOT DETECTABLE USING ASTM D-1385			MG/L	*	1/WEEK	GRAB	
Ammonia	Sample Measurement	*	*			*	*	*			*	*
	Permit Requirement	*	*	*	MONITOR AND REPORT			MG/L	*	1/WEEK	GRAB	
Phenols	Sample Measurement	*	*				40.01	40.01			2/30	GRAB
	Permit Requirement	*	*	*	MONITOR AND REPORT			MG/L	*	2/MONTH	GRAB	
Iron	Sample Measurement	*	*			*	1.9	3.0			2/30	GRAB
	Permit Requirement	*	*	*	MONITOR AND REPORT			MG/L	*	2/MONTH	GRAB	
Aluminum	Sample Measurement	*	*				1.1	1.7			2/30	GRAB
	Permit Requirement	*	*	*	MONITOR AND REPORT			MG/L	*	2/MONTH	GRAB	
pH	Sample Measurement	*	*			8.11	*	8.37			1/7	GRAB
	Permit Requirement	*	*	*	6.0		9.0	S.U.	*	1WEEK	GRAB	
	Sample Measurement	*	*			*	*	*			*	*
	Permit Requirement	*	*	*		*	*	*			*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joseph W. Venzon
Chemistry Manager
TYPE OR PRINT

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

Signature of Principal Executive Officer or Authorized Agent
Donald J. Delera Jr.
for

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
724 692-5113
AREA CODE NUMBER

DATE
02 05 20
YEAR MO DAY

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

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.
* HYDRAZINE AND AMMONIA APPLY DURING CONDITIONS OF WET LAY-UP. PLANT WAS NOT IN WET LAY-UP IN APRIL 2002.

NAME: First Energy Nuclear Operating Company

ADDRESS: 76 South Main Street

Akron, OH 44308

FACILITY: Beaver Valley Power Station

LOCATION: Shippingport Borough, Beaver County

(2-16)

PA0025615

PERMIT NUMBER

(17-19)

101

DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR

MO

DAY

02

04

01

(20-21)

(22-23)

(24-25)

TO

YEAR

MO

DAY

02

04

30

(26-27)

(28-29)

(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement	0.003	0.026		*	*	*		*		DAILY	CONT
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*		DAILY	CONT
Suspended Solids	Sample Measurement	*	*		*	24.0	24.0		0	1/7	2 HR COMP	
	Permit Requirement	*	*	*	*	30	100	MG/L	*	1/WEEK	2 HOUR COMPOSITE	
Oil and Grease	Sample Measurement	*	*		*	25.0	25.0		0	1/7	GRAB	
	Permit Requirement	*	*	*	*	15	20	MG/L	*	1/WEEK	GRAB	
Hydrazine	Sample Measurement	*	*		*	*	*		*	*	*	
	Permit Requirement	*	*	*	*	MONITOR AND REPORT		MG/L	*	1/WEEK	GRAB	
Ammonia	Sample Measurement	*	*		*	*	*		*	*	*	
	Permit Requirement	*	*	*	*	MONITOR AND REPORT		MG/L	*	1/WEEK	GRAB	
pH	Sample Measurement	*	*		7.21	*	8.90		0	1/7	GRAB	
	Permit Requirement	*	*	*	6.0	*	9.0	S.U.	*	1/WEEK	GRAB	
	Sample Measurement	*	*		*	*	*		*	*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JOSEPH W. VENZA

CHEMISTRY MANAGER

TYPE OR PRINT

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Donald J. Deluca

FOR

TELEPHONE

724 682-5113

AREA CODE

NUMBER

DATE

02

05

20

YEAR

MO

DAY

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

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

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

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
301
DISCHARGE NUMBER

MONITORING PERIOD

FROM
YEAR MO DAY
02 04 01
(20-21) (22-23) (24-25)

TO
YEAR MO DAY
02 04 30
(26-27) (28-29) (30-31)

No Discharge

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement					*	*	*				
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*	1/WEEK	ESTIMATE	
Suspended Solids	Sample Measurement	*	*		*							
	Permit Requirement	*	*	*	*	30	100	MG/L	*	2/MONTH	GRAB	
Oil and Grease	Sample Measurement	*	*		*							
	Permit Requirement	*	*	*	*	15	20	MG/L	*	2/MONTH	GRAB	
	Sample Measurement	*	*		*	*	*			*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*		*	*	*			*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*		*	*	*			*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*		*	*	*			*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*		*	*	*			*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joseph W. Venzon
CHEMIST MANAGER
TYPE OR PRINT

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

Donald J. Salera
FOR SIGNATURE
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
724 682-5113
AREA CODE NUMBER

DATE
02 05 30
YEAR MO DAY

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

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

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

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
401
DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR
02
(20-21)

MO
04
(22-23)

DAY
01
(24-25)

TO

YEAR
02
(26-27)

MO
04
(28-29)

DAY
(30-31)

No Discharge

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement					*	*	*				
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*		1/WEEK	ESTIMATE
Suspended Solids	Sample Measurement	*	*		*							
	Permit Requirement	*	*	*	*	30	100	MG/L	*	2/MONTH	GRAB	
Oil and Grease	Sample Measurement	*	*		*							
	Permit Requirement	*	*	*	*	15	20	MG/L	*	2/MONTH	GRAB	
pH	Sample Measurement	*	*				*	*				
	Permit Requirement	*	*	*	6.0	*	*	S.U.	*	2/MONTH	GRAB	
	Sample Measurement	*	*		*	*	*	*	*	*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*		*	*	*	*	*	*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*		*	*	*	*	*	*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joseph W. Venzon
Chemistry Manager
TYPE OR PRINT

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

Signature of Principal Executive Officer or Authorized Agent
Donald J. Tolera for SW

TELEPHONE
724 692-5113
AREA CODE NUMBER

DATE
02 05 20
YEAR MO DAY

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

EPA FORM 3320-1 (Rev 9 - 88) Previous edition maybe used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

Page 1 of 1

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

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

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
501
DISCHARGE NUMBER

MONITORING PERIOD
FROM
YEAR MO DAY TO YEAR MO DAY
02 04 01 02 04 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form

No Discharge

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measurement					*	*	*				
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*	1/WEEK	ESTIMATE	
Total Suspended Solids	Sample Measurement	*	*		*							
	Permit Requirement	*	*	*	*	30	100	MG/L	*	1/WEEK	GRAB	
	Sample Measurement	*	*		*	*	*			*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	
	Sample Measurement	*	*		*	*	*			*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	
	Sample Measurement	*	*		*	*	*			*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	
	Sample Measurement	*	*		*	*	*			*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	
	Sample Measurement	*	*		*	*	*			*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	
	Sample Measurement	*	*		*	*	*			*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joseph W. Venzon
Chemistry Manager
TYPE OR PRINT

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

Signature of Principal Executive Officer or Authorized Agent
Donald J. Salena, Jr.
OFFICER OR AUTHORIZED AGENT

TELEPHONE
724 682-5113
AREA CODE NUMBER

DATE
02 05 20
YEAR MO DAY

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

EPA FORM 3320-1 (Rev 9 - 88) Previous edition maybe used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED) Page 1 of 1

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

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

(2-16)			(17-19)			
PA0025615			102			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	04	01		02	04	30
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement	20.001	20.001	MGD	*	*	*	*	*	2/30	EST	
	Permit Requirement	MONITOR AND REPORT			*	*	*	*	2/MONTH	ESTIMATE		
Suspended Solids	Sample Measurement	*	*	*	*	14.3	24.6	MG/L	0	2/30	GRAB	
	Permit Requirement	*	*		*	30	100		2/MONTH	GRAB		
Oil and Grease	Sample Measurement	*	*	*	*	25.0	25.0	MG/L	0	2/30	GRAB	
	Permit Requirement	*	*		*	15	20		2/MONTH	GRAB		
pH	Sample Measurement	*	*	*	7.45	*	7.52	S.U.	0	2/30	GRAB	
	Permit Requirement	*	*		*	6.0	9.0		2/MONTH	GRAB		
	Sample Measurement	*	*	*	*	*	*	*	*	*	*	
	Permit Requirement	*	*		*	*	*		*	*	*	*
	Sample Measurement	*	*	*	*	*	*	*	*	*	*	
	Permit Requirement	*	*		*	*	*		*	*	*	*
	Sample Measurement	*	*	*	*	*	*	*	*	*	*	
	Permit Requirement	*	*		*	*	*		*	*	*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joseph W. Venzon
Chemistry Manager
TYPE OR PRINT

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

Signature of Principal Executive Officer or Authorized Agent
Donald J. Salina Jr.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

724 682-5113

TELEPHONE AREA CODE NUMBER

02 05 20

DATE YEAR MO DAY

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

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

PERMITTEE NAME ADDRESS (Include Facility Name / Locatton)

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

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

FROM

(2-16)			(17-19)			
PA0025615			002			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	04	01		02	04	30
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measurement	0.006	0.046			*	*	*			1/7	EST
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*		1/WEEK	ESTIMATE
	Sample Measurement	*	*			*	*	*			*	*
	Permit Requirement	*	*	*		*	*	*	*		*	*
	Sample Measurement	*	*			*	*	*			*	*
	Permit Requirement	*	*	*		*	*	*	*		*	*
	Sample Measurement	*	*			*	*	*			*	*
	Permit Requirement	*	*	*		*	*	*	*		*	*
	Sample Measurement	*	*			*	*	*			*	*
	Permit Requirement	*	*	*		*	*	*	*		*	*
	Sample Measurement	*	*			*	*	*			*	*
	Permit Requirement	*	*	*		*	*	*	*		*	*
	Sample Measurement	*	*			*	*	*			*	*
	Permit Requirement	*	*	*		*	*	*	*		*	*
	Sample Measurement	*	*			*	*	*			*	*
	Permit Requirement	*	*	*		*	*	*	*		*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joseph W. Venzon
Chemistry Manager
TYPE OR PRINT

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

Signature of Principal Executive Officer or Authorized Agent
Arnold Salas For

TELEPHONE
724 682-5113
AREA CODE NUMBER

DATE
02 05 20
YEAR MO DAY

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

EPA FORM 3320-1 (Rev 9 - 88) Previous edition maybe used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

Page 1 of 1

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

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

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
103
DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR
02
(20-21)

MO
04
(22-23)

DAY
01
(24-25)

TO

YEAR
02
(26-27)

MO
04
(28-29)

DAY
30
(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement	0.042	0.089		*	*	*			2/30	EST	
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*	2/MONTH	ESTIMATE	
Suspended Solid	Sample Measurement	*	*		*	29.9	49.1		0	5/30	24 HRL COMPOS	
	Permit Requirement	*	*	*	*	30	100	MG/L	*	2/MONTH	24 HOUR COMPOSITE	
pH	Sample Measurement	*	*		6.36	*	7.14		0	2/30	GRAB	
	Permit Requirement	*	*	*	6.0	*	9.0	S.U.	*	2/MONTH	GRAB	
	Sample Measurement	*	*		*	*	*		*	*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	
	Sample Measurement	*	*		*	*	*		*	*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	
	Sample Measurement	*	*		*	*	*		*	*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	
	Sample Measurement	*	*		*	*	*		*	*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	
	Sample Measurement	*	*		*	*	*		*	*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOSEPH W. VENEZON
CHEMISTRY MANAGER
TYPE OR PRINT

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Donald J. Talna Jr

TELEPHONE
724 682-5113
AREA CODE NUMBER

DATE
02 05 20
YEAR MO DAY

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

EPA FORM 3320-1 (Rev 9 - 88) Previous edition maybe used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

Page 1 of 1

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

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

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308
FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

(2-16)			(17-19)			
PA0025615			203			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	04	01		02	04	30
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement	0.014	*	MGD	*	*	*	0	1/7	MEAS
	Permit Requirement	0.023	*		*	*	*	*	*	1/WEEK
CBOD-5 Day	Sample Measurement	*	*	*	*	2.2	2.3	0	2/30	8 HR COMPOSITE
	Permit Requirement	*	*		*	25	50	MG/L	*	2/MONTH
Suspended Solids	Sample Measurement	*	*	*	*	10.9	12.5	0	2/30	8 HR COMPOSITE
	Permit Requirement	*	*		*	30	60	MG/L	*	2/MONTH
Total Residual Chlorine	Sample Measurement	*	*	*	*	0.16	0.25	0	2/30	GRAB
	Permit Requirement	*	*		*	1.4	INST MAX 3.3	MG/L	*	2/MONTH
Fecal Coliform May 1 to Sep 30 Oct 1 to Apr 30	Sample Measurement	*	*	*	*	17.7	25.0	0	2/30	GRAB
	Permit Requirement	*	*		*	200 2000	1000 *	#/100 ML	*	2/MONTH
pH	Sample Measurement	*	*	*	7.55	*	8.13		2/30	GRAB
	Permit Requirement	*	*		*	6.0	*	9.0	S.U.	2/MONTH
	Sample Measurement	*	*	*	*	*	*	*	*	*
	Permit Requirement	*	*		*	*	*	*	*	*
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may includes fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)				TELEPHONE		DATE		
Joseph W. Venzon CHEMISTRY MANAGER TYPE OR PRINT						724 682-5113		02 05 20 YEAR MO DAY		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE NUMBER				

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

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

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

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

FROM

(2-16)			(17-19)			
PA0025615			303			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	04	01		02	04	30
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measurement	0.019	0.056		*	*	*	*	*		1/7	EST
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*	*	1/WEEK	ESTIMATE
Suspended Solids	Sample Measurement	*	*		*	10.7	19.6		0	1/7	GRAB	
	Permit Requirement	*	*	*	*	30	100	MG/L	*	1/WEEK	GRAB	
Oil and Grease	Sample Measurement	*	*		*	7.8	18.0		0	1/7	GRAB	
	Permit Requirement	*	*	*	*	15	20	MG/L	*	1/WEEK	GRAB	
pH	Sample Measurement	*	*		7.28	*	8.35		0	1/7	GRAB	
	Permit Requirement	*	*	*	6.0	*	9.0	S.U.	*	1/WEEK	GRAB	
	Sample Measurement	*	*		*	*	*		*	*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	
	Sample Measurement	*	*		*	*	*		*	*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	
	Sample Measurement	*	*		*	*	*		*	*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOSEPH W. Venzon
Chemistry Manager
TYPE OR PRINT

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

Donna J. Delena
Signature of Principal Executive Officer or Authorized Agent

724 682-5113
Area Code Number

TELEPHONE

DATE
02 05 20
YEAR MO DAY

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

EPA FORM 3320-1 (Rev 9 - 88) Previous edition maybe used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

Page 1 of 1

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NAME: First Energy Nuclear Operating Company

ADDRESS: 76 South Main Street

Akron, OH 44308

FACILITY: Beaver Valley Power Station

LOCATION: Shippingport Borough, Beaver County

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)			(17-19)		
PA0025615			403		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
FROM		YEAR	MO	DAY	TO
		02	04	01	
		(20-21)	(22-23)	(24-25)	
		02	04	30	
		(26-27)	(28-29)	(30-31)	

No Discharge

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement					*	*	*				
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*	1/WEEK	ESTIMATE	
Suspended Solids	Sample Measurement	*	*		*							
	Permit Requirement	*	*	*	*	30	100	MG/L	*	1/WEEK	GRAB	
Oil and Grease	Sample Measurement	*	*		*							
	Permit Requirement	*	*	*	*	15	20	MG/L	*	1/WEEK	GRAB	
Hydrazine	Sample Measurement	*	*		*							
	Permit Requirement	*	*	*	NOT DETECTABLE USING ASTM D-1385			MG/L	*	1/WEEK	GRAB	
Ammonia	Sample Measurement	*	*		*							
	Permit Requirement	*	*	*	*	MONITOR AND REPORT			MG/L	*	1/WEEK	GRAB
Total Residual Chlorine	Sample Measurement	*	*		*							
	Permit Requirement	*	*	*	*	0.5	INSTANT MAX 1.25	MG/L	*	1/WEEK	GRAB	
Clamtrol (CT-1)	Sample Measurement	*	*		*							
	Permit Requirement	*	*	*	*	NOT DETECTABLE			MG/L	*	WHEN DISCHARGE	24 HOUR COMPOSITE
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may includes fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)					TELEPHONE		DATE			
Joseph W. Verzon Chemistry Manager TYPE OR PRINT							724 682-5113		02 05 20 YEAR MO DAY			
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE NUMBER					

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

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

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

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308
FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

(2-16)			(17-19)				
PA0025615			403				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	02	04	01		02	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

No Discharge

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Betz DT-1	Sample Measurement	*	*			*	*					
	Permit Requirement	*	*	*	*	*	*	35.0	MG/L	*	WHEN DISCHARGE	24 HOUR COMPOSITE
pH	Sample Measurement	*	*				*					
	Permit Requirement	*	*	*	6.0	*	*	9.0	S.U.	*	1/WEEK	GRAB
	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Joseph W. Vaneau

Chemistry Manager

TYPE OR PRINT

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

TELEPHONE

724 682-5113

AREA CODE NUMBER

DATE

02 05 20

YEAR MO DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

For Donald J. Stalder

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

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

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

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
003
DISCHARGE NUMBER

MONITORING PERIOD

FROM
YEAR MO DAY
02 04 01
(20-21) (22-23) (24-25)

TO
YEAR MO DAY
02 04 30
(26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement	0.075	0.164		*	*	*				2/30	EST
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*		2/MONTH	ESTIMATE
Iron	Sample Measurement	*	*		*	2.2	3.6				2/30	GRAB
	Permit Requirement	*	*	*	*	MONITOR AND REPORT		MG/L	*		2/MONTH	GRAB
Aluminum	Sample Measurement	*	*		*	0.38	0.38				2/30	GRAB
	Permit Requirement	*	*	*	*	MONITOR AND REPORT		MG/L	*		2/MONTH	GRAB
Phenols	Sample Measurement	*	*		*	40.01	40.01				2/30	GRAB
	Permit Requirement	*	*	*	*	MONITOR AND REPORT		MG/L	*		2/MONTH	GRAB
Nitrate-Nitrite	Sample Measurement	*	*		*	9.5	12.0				2/30	GRAB
	Permit Requirement	*	*	*	*	MONITOR AND REPORT		MG/L	*		2/MONTH	GRAB
Phosphorus	Sample Measurement	*	*		*	1.6	3.0				2/30	GRAB
	Permit Requirement	*	*	*	*	MONITOR AND REPORT		MG/L	*		2/MONTH	GRAB
	Sample Measurement	*	*		*	*	*				*	*
	Permit Requirement	*	*	*	*	*	*	*	*		*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOSEPH W. HANZON
CHEMISTRY MANAGER
TYPE OR PRINT

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

724 682-5113

AREA CODE NUMBER

TELEPHONE

DATE
02 05 20
YEAR MO DAY

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

EPA FORM 3320-1 (Rev 9 - 88) Previous edition maybe used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

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NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

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

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

(2-16)			(17-19)				
PA0025615			004				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	02	04	01		02	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measurement	2.8	7.7			*	*	*			1/30*	MENS
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*		1/WEEK	MEASURED
Free Available Chlorine	Sample Measurement	*	*			*	0.08	0.08		0	1/30*	GRAB
	Permit Requirement	*	*	*	*	*	AVG CONC 0.2	MAX CONC 0.5	MG/L	*	1/WEEK	GRAB
Total Residual Chlorine	Sample Measurement	*	*			*	0.16	0.16		0	1/30*	GRAB
	Permit Requirement	*	*	*	*	*	0.5	1.25	MG/L	*	1/WEEK	GRAB
Iron	Sample Measurement	*	*			*	2.9	*			1/30*	GRAB
	Permit Requirement	*	*	*	*	*	MONITOR AND REPORT		MG/L	*	2/MONTH	GRAB
Aluminum	Sample Measurement	*	*			*	1.4	1.4			1/30*	GRAB
	Permit Requirement	*	*	*	*	*	MONITOR AND REPORT		MG/L	*	2/MONTH	GRAB
Phenols	Sample Measurement	*	*			*	20.01	20.01			2/30	GRAB
	Permit Requirement	*	*	*	*	*	MONITOR AND REPORT		MG/L	*	2/MONTH	GRAB
Chromium	Sample Measurement	*	*			*						
	Permit Requirement	*	*	*	*	*	0.2	0.2	mg/l	*	2/YEAR	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may includes fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)						TELEPHONE		DATE		
Joseph W. Venzon Chemistry Manager TYPE OR PRINT								724 682-5113		02 05 20 YEAR MO DAY		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						AREA CODE NUMBER				

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

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

* DISCHARGE OCCURRED IN ONLY 1 WEEK IN APRIL 2002.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

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

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

FROM

(2-16)			(17-19)			
PA0025615			004 (CONT)			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	04	01		02	04	30
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Zinc	Sample Measurement	*	*			*				*		
	Permit Requirement	*	*	*	*	1.0	1.0	MG/L	*	2/YEAR	GRAB	
pH	Sample Measurement	*	*			7.94	*	7.94			1/30 *	GRAB
	Permit Requirement	*	*	*	6.0	*	9.0	S.U.	*	1/WEEK	GRAB	
	Sample Measurement	*	*		*	*	*		*	*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	
	Sample Measurement	*	*		*	*	*		*	*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	
	Sample Measurement	*	*		*	*	*		*	*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	
	Sample Measurement	*	*		*	*	*		*	*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	
	Sample Measurement	*	*		*	*	*		*	*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	
	Sample Measurement	*	*		*	*	*		*	*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joseph W. Venzon
Chemistry Manager
TYPE OR PRINT

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

Signature of Principal Executive Officer or Authorized Agent
Donald J. Stalera
for JWW

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
724 682-5113
AREA CODE NUMBER

DATE
02 05 20
YEAR MO DAY

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

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

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

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
006
DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR
02
(20-21)

MO
04
(22-23)

DAY
01
(24-25)

TO

YEAR
02
(26-27)

MO
04
(28-29)

DAY
30
(30-31)

No Discharge

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measurement				MGD	*	*	*				
	Permit Requirement	MONITOR AND REPORT				*	*	*	*	1/WEEK	ESTIMATE	
	Sample Measurement	*	*	*	*	*	*	*	*	*	*	
	Permit Requirement	*	*		*	*	*	*	*	*	*	
	Sample Measurement	*	*	*	*	*	*	*	*	*	*	
	Permit Requirement	*	*		*	*	*	*	*	*	*	
	Sample Measurement	*	*	*	*	*	*	*	*	*	*	
	Permit Requirement	*	*		*	*	*	*	*	*	*	
	Sample Measurement	*	*	*	*	*	*	*	*	*	*	
	Permit Requirement	*	*		*	*	*	*	*	*	*	
	Sample Measurement	*	*	*	*	*	*	*	*	*	*	
	Permit Requirement	*	*		*	*	*	*	*	*	*	
	Sample Measurement	*	*	*	*	*	*	*	*	*	*	
	Permit Requirement	*	*		*	*	*	*	*	*	*	
	Sample Measurement	*	*	*	*	*	*	*	*	*	*	
	Permit Requirement	*	*		*	*	*	*	*	*	*	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joseph W. Venezia
Chemistry Manager
TYPE OR PRINT

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

Signature of Principal Executive Officer or Authorized Agent
Donald J. Salen for

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
724 682-5113

AREA CODE NUMBER

DATE
02 05 20
YEAR MO DAY

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

EPA FORM 3320-1 (Rev 9 - 88) Previous edition maybe used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

Page 1 of 1

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

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

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
007
DISCHARGE NUMBER

MONITORING PERIOD

FROM
YEAR MO DAY
02 04 01
(20-21) (22-23) (24-25)

TO
YEAR MO DAY
02 04 30
(26-27) (28-29) (30-31)

No Discharge

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measurement					*	*	*				
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*	*	1/WEEK	ESTIMATE
Free Available Chlorine	Sample Measurement	*	*		*							
	Permit Requirement	*	*	*	*	0.2 AVG CONC	0.5 MAX CONC	MG/L	*	1/WEEK	GRAB	
Total Residual Chlorine	Sample Measurement	*	*		*							
	Permit Requirement	*	*	*	*	0.5	1.25	MG/L	*	1/WEEK	GRAB	
pH	Sample Measurement	*	*		*							
	Permit Requirement	*	*	*	*	6.0	9.0	S.U.	*	1/WEEK	GRAB	
	Sample Measurement	*	*		*	*	*	*	*	*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*		*	*	*	*	*	*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*		*	*	*	*	*	*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Joseph W. Venezia
Chemistry Manager
TYPE OR PRINT

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

Sandra J. Talena For
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

724 682-5113
AREA CODE NUMBER

DATE

02 05 20
YEAR MO DAY

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

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(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

Page 1 of 1

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

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

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
008
DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR
02
(20-21)

MO
04
(22-23)

DAY
01
(24-25)

TO

YEAR
02
(26-27)

MO
04
(28-29)

DAY
30
(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement	40.001	40.001	MGD	*	*	*	*	*	1/1	Est	
	Permit Requirement	MONITOR AND REPORT			*	*	*	*	*	1/WEEK	ESTIMATE	
Suspended Solids	Sample Measurement	*	*	*	*	6.2	8.3	MG/L	0	2/30	GRAB	
	Permit Requirement	*	*		*	30	100		*	2/MONTH	GRAB	
Oil and Grease	Sample Measurement	*	*	*	*	15.0	15.0	MG/L	0	2/30	GRAB	
	Permit Requirement	*	*		*	15	20		*	2/MONTH	GRAB	
Ammonia	Sample Measurement	*	*	*	*	0.2	0.3	MG/L	*	2/30	GRAB	
	Permit Requirement	*	*		*	MONITOR AND REPORT			*	2/MONTH	GRAB	
Iron, tot	Sample Measurement	*	*	*	*	0.41	0.68	MG/L	*	2/30	GRAB	
	Permit Requirement	*	*		*	MONITOR AND REPORT			*	2/MONTH	GRAB	
Aluminum	Sample Measurement	*	*	*	*	0.18	0.36	MG/L	*	2/30	GRAB	
	Permit Requirement	*	*		*	MONITOR AND REPORT			*	2/MONTH	GRAB	
Manganese	Sample Measurement	*	*	*	*	0.2	0.2	MG/L	*	2/30	GRAB	
	Permit Requirement	*	*		*	MONITOR AND REPORT			*	2/MONTH	GRAB	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may includes fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)					TELEPHONE		DATE			
JOSEPH W. VENZON Chemistry Manager TYPE OR PRINT							Signature of Principal Executive Officer or Authorized Agent		724 682-5113 AREA CODE NUMBER		02 05 20 YEAR MO DAY	

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

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

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

(2-16)			(17-19)				
PA0025615			008 (CONT)				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	02	04	01		02	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Phenols	Sample Measurement	*	*	*	*	*	20.01	20.01	MG/L	*	2/30	GRAB
	Permit Requirement	*	*	*	*	*	MONITOR AND REPORT			*	2/MONTH	GRAB
Zinc	Sample Measurement	*	*	*	*	*	0.17	0.21	MG/L	*	2/30	GRAB
	Permit Requirement	*	*	*	*	*	MONITOR AND REPORT			*	2/MONTH	GRAB
Color	Sample Measurement	*	*	*	*	*	17	17	UNITS	*	2/30	GRAB
	Permit Requirement	*	*	*	*	*	MONITOR AND REPORT			*	2/MONTH	GRAB
pH	Sample Measurement	*	*	*	*	7.55	*	7.65	S.U.	*	2/30	GRAB
	Permit Requirement	*	*	*	*	6.0	*	9.0	S.U.	*	2/MONTH	GRAB
	Sample Measurement	*	*	*	*	*	*	*	*	*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*	*	*	*	*	*	*	*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*	*	*	*	*	*	*	*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Joseph W. Venezia

Chemistry Manager

TYPE OR PRINT

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

Signature of Principal Executive Officer or Authorized Agent

Donald J. Salera

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

724 682-5113

AREA CODE NUMBER

DATE

02 05 20

YEAR MO DAY

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

EPA FORM 3320-1 (Rev 9 - 88) Previous edition maybe used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

Page 2 of 2

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

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

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
110
DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR	MO	DAY
(20-21)	(22-23)	(24-25)

TO

YEAR	MO	DAY
(26-27)	(28-29)	(30-31)

No Discharge

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement					*	*	*				
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*	1/WEEK	ESTIMATE	
	Sample Measurement	*	*		*	*	*	*		*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	
	Sample Measurement	*	*		*	*	*	*		*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	
	Sample Measurement	*	*		*	*	*	*		*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	
	Sample Measurement	*	*		*	*	*	*		*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	
	Sample Measurement	*	*		*	*	*	*		*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	
	Sample Measurement	*	*		*	*	*	*		*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	
	Sample Measurement	*	*		*	*	*	*		*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joseph W. Vengau
CHEMISTRY MANAGER
TYPE OR PRINT

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

Signature of Principal Executive Officer or Authorized Agent

724 682-5113
AREA CODE NUMBER

02 05 20
YEAR MO DAY

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

EPA FORM 3320-1 (Rev 9 - 88) Previous edition maybe used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

Page 1 of 1

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

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

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

(2-16)			(17-19)				
PA0025615			010				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	02	04	01		02	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measurement	2.27	3.17			*	*	*			1/7	MEAS
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*	1/WEEK	MEASURED	
Free Available Chlorine	Sample Measurement	*	*			*	0.0	0.0		0	1/7	GRAB
	Permit Requirement	*	*	*		*	AVG CONC 0.2	MAX CONC 0.5	MG/L	*	1/WEEK	GRABWHILE CHLORO
Total Residual Chlorine	Sample Measurement	*	*			*	0.0	0.0		0	1/7	GRAB
	Permit Requirement	*	*	*		*	0.5	1.25	MG/L	*	1/WEEK	GRABWHILE CHLORO
Clamtrol CT-1	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*		*	NOT DETECTABLE			MG/L	*	WHEN DISCHARG
Betz DT-1	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*		*	*	35.0	MG/L	*	WHEN DISCHARG	24 HOUR COMPOSITE
pH	Sample Measurement	*	*			7.40	*	7.90		0	1/7	GRAB
	Permit Requirement	*	*	*		6.0	*	9.0	S.U.	*	1/WEEK	GRAB
	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*		*	*	*	*	*	*	*
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may includes fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)					TELEPHONE		DATE			
Joseph W. Venken Chemistry Manager TYPE OR PRINT							724 682-5113		02 05 20 YEAR MO DAY			
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE NUMBER					

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

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

* NO CLAMICIDE APPLICATION USING CT-1 WAS DONE IN APRIL 2002.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

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

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

(2-16)			(17-19)			
PA0025615			011			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	04	01		02	04	30
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

FROM

TO

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measurement	0.004	0.004	MGD	*	*	*	*		1/1	Est	
	Permit Requirement	MONITOR AND REPORT			*	*	*	*		1/WEEK	ESTIMATE	
	Sample Measurement	*	*	*	*	*	*	*		*	*	
	Permit Requirement	*	*		*	*	*	*	*		*	*
	Sample Measurement	*	*	*	*	*	*	*		*	*	
	Permit Requirement	*	*		*	*	*	*	*		*	*
	Sample Measurement	*	*	*	*	*	*	*		*	*	
	Permit Requirement	*	*		*	*	*	*	*		*	*
	Sample Measurement	*	*	*	*	*	*	*		*	*	
	Permit Requirement	*	*		*	*	*	*	*		*	*
	Sample Measurement	*	*	*	*	*	*	*		*	*	
	Permit Requirement	*	*		*	*	*	*	*		*	*
	Sample Measurement	*	*	*	*	*	*	*		*	*	
	Permit Requirement	*	*		*	*	*	*	*		*	*
	Sample Measurement	*	*	*	*	*	*	*		*	*	
	Permit Requirement	*	*		*	*	*	*	*		*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOSEPH W. GENSZON
CHEMISTRY MANAGER
TYPE OR PRINT

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

Signature of Joseph W. Genszon for Donald J. Genszon
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
724 682-5113
AREA CODE NUMBER

DATE
02 05 20
YEAR MO DAY

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

EPA FORM 3320-1 (Rev 9 - 88) Previous edition maybe used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

Page 1 of 1

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

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

(2-16)			(17-19)			
PA0025615			111			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	04	01		02	04	30
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement	0.002	0.002		*	*	*	*	*	1/7	EST	
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*	1/WEEK	ESTIMATE	
Suspended Solids	Sample Measurement	*	*		*	<4.0	<4.0		0	1/7	GRAB	
	Permit Requirement	*	*	*	*	30	100	MG/L	*	1/WEEK	GRAB	
Oil and Grease	Sample Measurement	*	*		*	<5.0	<5.0		0	1/7	GRAB	
	Permit Requirement	*	*	*	*	15	20	MG/L	*	1/WEEK	GRAB	
pH	Sample Measurement	*	*		6.82	*	7.16		0	1/7	GRAB	
	Permit Requirement	*	*	*	6.0	*	9.0	S.U.	*	1/WEEK	GRAB	
	Sample Measurement	*	*		*	*	*		*	*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	
	Sample Measurement	*	*		*	*	*		*	*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	
	Sample Measurement	*	*		*	*	*		*	*	*	
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Joseph W. Newkirk

CHEMISTRY MANAGER

TYPE OR PRINT

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Donald J. Johnson

724 682-5113

AREA CODE NUMBER

TELEPHONE

DATE

02 05 20

YEAR MO DAY

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

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

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

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
211
DISCHARGE NUMBER

MONITORING PERIOD

FROM
YEAR MO DAY
02 04 01
(20-21) (22-23) (24-25)

TO
YEAR MO DAY
02 04 30
(26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measurement	0.002	0.002	MGD	*	*	*	*		1/7	EST	
	Permit Requirement	MONITOR AND REPORT			*	*	*		*	1/WEEK	ESTIMATE	
Suspended Solids	Sample Measurement	*	*	*	*	5.6	11.8	MG/L	0	1/7	GRAB	
	Permit Requirement	*	*		*	30	100		*	1/WEEK	GRAB	
Oil and Grease	Sample Measurement	*	*	*	*	15.0	15.0	MG/L	0	1/7	GRAB	
	Permit Requirement	*	*		*	15	20		*	1/WEEK	GRAB	
pH	Sample Measurement	*	*	*	7.10	*	7.45	S.U.	0	1/7	GRAB	
	Permit Requirement	*	*		*	6.0	9.0		*	1/WEEK	GRAB	
	Sample Measurement	*	*	*	*	*	*	*	*	*	*	
	Permit Requirement	*	*		*	*	*		*	*	*	*
	Sample Measurement	*	*	*	*	*	*	*	*	*	*	
	Permit Requirement	*	*		*	*	*		*	*	*	*
	Sample Measurement	*	*	*	*	*	*	*	*	*	*	
	Permit Requirement	*	*		*	*	*		*	*	*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JOSEPH W. VENEZIO
Chemistry Manager

TYPE OR PRINT

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

724 682-5113

AREA CODE NUMBER

TELEPHONE

DATE

02 05 20
YEAR MO DAY

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

EPA FORM 3320-1 (Rev 9 - 88) Previous edition maybe used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

Page 1 of 1

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

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

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
012
DISCHARGE NUMBER

MONITORING PERIOD

FROM
YEAR MO DAY
02 04 01
(20-21) (22-23) (24-25)

TO
YEAR MO DAY
02 04 30
(26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement	40.001	40.001		*	*	*				1/30	EST
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*		1/MONTH	ESTIMATE
Total Dissolved Solids	Sample Measurement	*	*		*	762	936				1/7	GRAB
	Permit Requirement	*	*	*	*	MONITOR AND REPORT			MG/L	*	1/WEEK	GRAB
Chromium	Sample Measurement	*	*		*	40.002	40.002				1/7	GRAB
	Permit Requirement	*	*	*	*	0.2	0.2	MG/L	*		1/WEEK	GRAB
Zinc	Sample Measurement	*	*		*	9.68	15.3			4*	1/7	GRAB
	Permit Requirement	*	*	*	*	1.0	1.0	MG/L	*		1/WEEK	GRAB
Copper	Sample Measurement	*	*		*	0.093	0.11				1/7	GRAB
	Permit Requirement	*	*	*	*	MONITOR AND REPORT			MG/L	*	1/WEEK	GRAB
pH	Sample Measurement	*	*		8.74	*	8.74			0	1/30	GRAB
	Permit Requirement	*	*	*	6.0	*	9.0	S.U.	*		1/MONTH	GRAB
	Sample Measurement	*	*		*	*	*				*	*
	Permit Requirement	*	*	*	*	*	*	*	*		*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JOSEPH W. VENGON
CHEMISTRY MANAGER

TYPE OR PRINT

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Donald J. Kula
724 682-5113

TELEPHONE

724 682-5113

DATE

02 05 20

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

EPA FORM 3320-1 (Rev 9 - 88) Previous edition maybe used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED) Page 1 of 1

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

* SEE ATTACHED LETTER FOR EXPLANATION OF EXCURSIONS.



P.O. Box 4, Route 168
Shippingport, PA 15077

May 28, 2002

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

NPDES Permit PA0025615, Notice of Non-Compliance
Outfall 012

Dear Sir or Madam:

During the month of April, Outfall 012 (ERF HVAC Blowdown) exceeded the monthly average and monthly maximum Zinc effluent limit of 1.0 mg/L. The Zinc was measured at 7.65 mg/L on April, 2002; 15.3 mg/L on April 8, 2002; 8.13 mg/L on April 17, 2002, and 7.65 mg/L on April 25, 2002.

Outfall 012 is the blowdown from the HVAC system at the Beaver Valley Emergency Response Facility (ERF). Zinc in the blowdown is attributed to the corrosion of the HVAC system. Zinc is not added to the system.

Beaver Valley is currently investigating alternative treatment of the HVAC system to minimize corrosion of the system and is working with the Pennsylvania DEP on an acceptable compliance schedule with respect to effluent limits at Outfall 012.

If you have any questions, contact me at 724 682-5113.

Sincerely,

A handwritten signature in dark ink that reads "Donald J. Salera for J.W.V." The signature is written in a cursive, flowing style.

Joseph W. Venzon
Chemistry and Environmental
Manager

DJS

C: J.W. Venzon
S.F. Brown
Tiffany Shepard
Central File

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

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

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
113
DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR
02
(20-21)

MO
04
(22-23)

DAY
01
(24-25)

TO

YEAR
02
(26-27)

MO
04
(28-29)

DAY
30
(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement	0.006	*	*	MGD	*	*	*	0	1/7	MEAS	
	Permit Requirement	0.043	*	*		*	*	*	*	*	1/WEEK	MEASURED
CBOD-5 Day	Sample Measurement	*	*	*	*	2.0	2.1	MG/L	0	2/30	8 HR COMPOSITE	
	Permit Requirement	*	*	*	*	25	50		*	2/MONTH	8 HR COMPOSITE	
Suspended Solids	Sample Measurement	*	*	*	*	7.5	7.7	MG/L	0	2/30	8 HR COMPOSITE	
	Permit Requirement	*	*	*	*	30	60		*	2/MONTH	8 HR COMPOSITE	
Total Residual Chlorine	Sample Measurement	*	*	*	*	0.13	0.14	MG/L	0	2/30	GRAB	
	Permit Requirement	*	*	*	*	1.4	INST MAX 3.3		*	2/MONTH	GRAB	
Fecal Coliform May 1 to Oct 31 Nov 1 to Apr 30	Sample Measurement	*	*	*	*	13.6	15.0	#/100ML	0	2/30	GRAB	
	Permit Requirement	*	*	*	*	200 2000	1000 *		*	2/MONTH	GRAB	
pH	Sample Measurement	*	*	*	7.29	*	7.34	S.U.	0	2/30	GRAB	
	Permit Requirement	*	*	*	6.0	*	9.0		*	2/MONTH	GRAB	
	Sample Measurement	*	*	*	*	*	*	*	*	*	*	
	Permit Requirement	*	*	*	*	*	*		*	*	*	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joseph W. Wenzel
Chemist Manager
TYPE OR PRINT

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

Signature of Joseph W. Wenzel
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
724 682-5113
AREA CODE NUMBER

DATE
08 05 20
YEAR MO DAY

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

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Page 1 of 1

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PERMITTEE NAME ADDRESS (Include Facility Name / Location)

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

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

(2-16)			(17-19)				
PA0025615			213				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	04	04	01		02	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

No Discharge

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement					*	*	*				
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*	1/WEEK	ESTIMATE	
Suspended Solids	Sample Measurement	*	*		*							
	Permit Requirement	*	*	*	*	30	100	MG/L	*	2/MONTH	GRAB	
Oil and Grease	Sample Measurement	*	*		*							
	Permit Requirement	*	*	*	*	15	20	MG/L	*	2/MONTH	GRAB	
pH	Sample Measurement	*	*									
	Permit Requirement	*	*	*	6.0	*	9.0	S.U.	*	2/MONTH	GRAB	
	Sample Measurement	*	*		*	*	*		*	*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*		*	*	*		*	*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*		*	*	*		*	*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*		*	*	*		*	*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Joseph W. Venzon

Chemistry Manager

TYPE OR PRINT

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

Signature of Principal Executive Officer or Authorized Agent

724 682-5113

AREA CODE NUMBER

TELEPHONE

DATE

02 05 20

YEAR MO DAY

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

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NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
313
DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR
02
(20-21)

MO
04
(22-23)

DAY
01
(24-25)

TO

YEAR
02
(26-27)

MO
04
(28-29)

DAY
30
(30-31)

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Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement	0.002	0.002			*	*	*			Y7	EST
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*		1/WEEK	ESTIMATE
Suspended Solids	Sample Measurement	*	*			*	24.0	24.0		0	1/7	GRAB
	Permit Requirement	*	*	*	*	30	100	MG/L	*	1/WEEK	GRAB	
Oil and Grease	Sample Measurement	*	*			*	25.0	25.0		0	1/7	GRAB
	Permit Requirement	*	*	*	*	15	20	MG/L	*	1/WEEK	GRAB	
pH	Sample Measurement	*	*			6.29	7.28		0	1/7	GRAB	
	Permit Requirement	*	*	*	6.0	9.0	S.U.	*	1/WEEK	GRAB		
	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joseph W. Venzon
CHEMIST/MANAGER
TYPE OR PRINT

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

Signature of Principal Executive Officer or Authorized Agent

TELEPHONE
724 682-5113
AREA CODE NUMBER

DATE
02 05 20
YEAR MO DAY

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

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NAME: First Energy Nuclear Operating CompanyADDRESS: 76 South Main StreetAkron, OH 44308

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

(2-16)PA0025615PERMIT NUMBER

(17-19)413DISCHARGE NUMBER

FROM

YEARMO DAY(20-21)(22-23)(24-25)

TO

YEARMO DAY(26-27)(28-29)(30-31)

MONITORING PERIOD

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM			
Flow	Sample Measurement	40.001	40.001			*	*	*			1/1	EST
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*		1/WEEK	ESTIMATE
Suspended Solids	Sample Measurement	*	*			*	9.3	13.6		0	2/30*	GRAB
	Permit Requirement	*	*	*		*	30	100	MG/L	*	1/WEEK	GRAB
Oil and Grease	Sample Measurement	*	*			*	45.0	45.0		0	2/30*	GRAB
	Permit Requirement	*	*	*		*	15	20	MG/L	*	1/WEEK	GRAB
pH	Sample Measurement	*	*			7.17	*	7.40		0	2/30*	GRAB
	Permit Requirement	*	*	*		6.0	*	9.0	S.U.	*	1/WEEK	GRAB
	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*		*	*	*	*	*	*	*
	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*		*	*	*	*	*	*	*
	Sample Measurement	*	*			*	*	*		*	*	*
	Permit Requirement	*	*	*		*	*	*	*	*	*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JOSEPH W. VERTON
CHEMISTRY MANAGER
TYPE OR PRINT

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Donald J. ...

TELEPHONE

724 682-5113

DATE

02 05 20
YEAR MO DAY

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

PERMITTEE NAME ADDRESS (Include Facility Name / Location)

NAME: First Energy Nuclear Operating Company
ADDRESS: 76 South Main Street
Akron, OH 44308

FACILITY: Beaver Valley Power Station
LOCATION: Shippingport Borough, Beaver County

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

(2-16)
PA0025615
PERMIT NUMBER

(17-19)
013
DISCHARGE NUMBER

MONITORING PERIOD
FROM
YEAR MO DAY
02 04 09
(20-21) (22-23) (24-25)
TO
YEAR MO DAY
02 04 30
(26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) (46--53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	Sample Measurement	0.009	0.017	MGD	*	*	*	*		1/7	EST	
	Permit Requirement	MONITOR AND REPORT			*	*	*		*	1/WEEK	ESTIMATE	
Total Residual Chlorine	Sample Measurement	*	*	*	*	0.09	0.12	MG/L	0	2/30	CALC	
	Permit Requirement	*	*		*	0.5	1.25		*	2/MONTH	CALCULATE	
Copper	Sample Measurement	*	*	*	*	0.024	0.034	MG/L		1/7	CALC	
	Permit Requirement	*	*		*	MONITOR AND REPORT			*	1/WEEK	CALCULATE	
Chlorobenzene	Sample Measurement	*	*	*	*			MG/L				
	Permit Requirement	*	*		*	MONITOR AND REPORT			*	2/QUARTER	CALCULATE	
Temperature	Sample Measurement	*	74.0	°F	*	*	*	*	0	1/7	GRAB	
	Permit Requirement	*	110		*	*	*		*	1/WEEK	GRAB (i-s)	
Cyanide, tot	Sample Measurement	*	*	*	*	40.01	40.01	S.U.		2/30	CALC	
	Permit Requirement	*	*		*	MONITOR AND REPORT			*	2/MONTH	CALCULATE	
pH	Sample Measurement	*	*	*	7.09	*	7.36	S.U.	0	1/7	CALC	
	Permit Requirement	*	*		*	6.0	*		9.0	*	1/WEEK	CALCULATE
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Joseph W. Ventral Chemistry Manager TYPE OR PRINT		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may includes fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Donald J. ...		TELEPHONE 724 682-5113 AREA CODE NUMBER		DATE 02 05 20 YEAR MO DAY		

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