



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

July 26, 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 June 2002 as submitted to the Pennsylvania Department of Environmental Protection.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Venzon".

Joseph W. Venzon
Chemistry and
Environmental Manager

DJS

C: J.W. Venzon
Licensing File

IE25

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			101			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	06	01		02	06	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	0.0014	0.0078	MGD	*	*	*	*		DAILY	CONT
	Permit Requirement	MONITOR AND REPORT			*	*	*		*	DAILY	CONT
Suspended Solids	Sample Measurement	*	*	*	*	44.0	44.0	MG/L	0	1/1	2 HR COMPOSITE
	Permit Requirement	*	*		*	30	100		*	1/WEEK	2 HOUR COMPOSITE
Oil and Grease	Sample Measurement	*	*	*	*	45.0	45.0	MG/L	0	1/1	GRAB
	Permit Requirement	*	*		*	15	20		*	1/WEEK	GRAB
Hydrazine	Sample Measurement	*	*	*	*	*	*	MG/L		*	*
	Permit Requirement	*	*		*	MONITOR AND REPORT			*	1/WEEK	GRAB
Ammonia	Sample Measurement	*	*	*	*	*	*	MG/L		*	*
	Permit Requirement	*	*		*	MONITOR AND REPORT			*	1/WEEK	GRAB
pH	Sample Measurement	*	*	*	7.54	*	8.45	S.U.	0	1/1	GRAB
	Permit Requirement	*	*		*	6.0	*		9.0	*	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)

TELEPHONE		DATE	
724 682-5113		02 07 26	
AREA CODE NUMBER		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		(2-16) PA0025615					(17-19) 301								
ADDRESS: 76 South Main Street		PERMIT NUMBER					DISCHARGE NUMBER								
Akron, OH 44308		MONITORING PERIOD													
FACILITY: Beaver Valley Power Station		FROM					TO								
LOCATION: Shippingport Borough, Beaver County		YEAR MO DAY					YEAR MO DAY								
		02 06 01					02 06 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) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. EX			FREQUENCY OF ANALYSIS		SAMPLE TYPE		
		AVERAGE MAXIMUM UNITS			MINIMUM AVERAGE MAXIMUM UNITS			(62-63)			(64-68)		(69-70)		
Flow		20.001 20.001			.			.			1/7			EST	
Sample Measurement		MONITOR AND REPORT			.			.			1/WEEK			ESTIMATE	
Permit Requirement															
Suspended Solids		.			.			30 100			2/MONTH			GRAB	
Sample Measurement		.			.			.			2/MONTH			GRAB	
Permit Requirement		.			.			.			.			.
Oil and Grease		.			.			15 20			2/MONTH			GRAB	
Sample Measurement		.			.			.			.			.
Permit Requirement		.			.			.			.			.
		
Sample Measurement		.			.			.			.			.
Permit Requirement		.			.			.			.			.
		
Sample Measurement		.			.			.			.			.
Permit Requirement		.			.			.			.			.
		
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 include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)													
JOSEPH W. VENZON		TELEPHONE													
CHEMISTRY MANAGER		724 682-5113													
TYPE OR PRINT		DATE													
		02 07 26													
		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

(2-16)

PA0025615

PERMIT NUMBER

(17-19)

401

DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR

MO

DAY

02

06

01

(20-21)

(22-23)

(24-25)

TO

YEAR

MO

DAY

02

06

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 (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	MGD	*	*	*	*	*	1/1	EST	
	Permit Requirement	MONITOR AND REPORT			*	*	*	*	*	1/WEEK	ESTIMATE	
Suspended Solids	Sample Measurement	*	*	*	*	24.0	24.0	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	*	*	*	8.34	*	*	S.U.	0	2/30	GRAB	
	Permit Requirement	*	*		*	6.0	*		*	*	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 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

724-682-5113

AREA CODE NUMBER

TELEPHONE

DATE

02 07 26

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)501DISCHARGE NUMBER

FACILITY: Beaver Valley Power StationLOCATION: Shippingport Borough, Beaver County

FROM

YEAR MO DAY(20-21)(22-23)(24-25)020601

TO

YEAR MO DAY(26-27)(28-29)(30-31)020630

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	*	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*		*	*	*			*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JOSEPH W. VENTON

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 07 26

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)
001
DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR
02
(20-21)

MO
06
(22-23)

DAY
01
(24-25)

TO

YEAR
02
(26-27)

MO
06
(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	UNITS				
Flow	Sample Measurement	35.6	45.1			*	*	*			DAILY	CONT
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*	*	DAILY	CONT
Free Available Chlorine	Sample Measurement	*	*		*	0.08 AVG CONC 0.2	0.38 MAX CONC 0.5	MG/L	0	CONT	RECD	
	Permit Requirement	*	*	*	*				*	CONT	RECORDED	
Total Residual Chlorine	Sample Measurement	*	*		*	0.10	0.16	MG/L	0	1/7	GRAB	
	Permit Requirement	*	*	*	*	0.5	INSTANT MAX 1.25	MG/L	*	1/WEEK	GRAB	
Clamtrol (CT-1)	Sample Measurement	*	*		*	*	*	MG/L	*	*	*	
	Permit Requirement	*	*	*	*	NOT DETECTABLE		MG/L	*	WHEN DISCHARG	24 HOUR COMPOSITE	
Betz DT-1	Sample Measurement	*	*		*	*	*	MG/L	*	*	*	
	Permit Requirement	*	*	*	*	*	35.0	MG/L	*	WHEN DISCHARG	24 HOUR COMPOSITE	
Chromium	Sample Measurement	*	*		*			MG/L				
	Permit Requirement	*	*	*	*	0.2	0.2	MG/L	*	2/YEAR	24 HOUR COMPOSITE	
Zinc	Sample Measurement	*	*		*			MG/L				
	Permit Requirement	*	*	*	*	1.0	1.0	MG/L	*	2/YEAR	24 HOUR COMPOSITE	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOSEPH W. VENSEN
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 07 26
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		(2-16)			(17-19)											
ADDRESS: 76 South Main Street		PA0025615			001 (CONT)											
Akron, OH 44308		PERMIT NUMBER			DISCHARGE NUMBER											
		MONITORING PERIOD														
FACILITY: Beaver Valley Power Station		FROM			YEAR	MO	DAY	TO	YEAR	MO	DAY					
LOCATION: Shippingport Borough, Beaver County					02	06	01		02	06	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			
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		20.01			2/30	GRAB
		Permit Requirement *			*		*	MONITOR AND REPORT				MG/L	*	2/MONTH	GRAB	
Iron		Sample Measurement *			*			.		1.8		2.7			2/30	GRAB
		Permit Requirement *			*		*	MONITOR AND REPORT				MG/L	*	2/MONTH	GRAB	
Aluminum		Sample Measurement *			*			.		1.6		2.5			2/30	GRAB
		Permit Requirement *			*		*	MONITOR AND REPORT				MG/L	*	2/MONTH	GRAB	
pH		Sample Measurement *			*			8.33		.		8.42		0	1/7	GRAB
		Permit Requirement *			*		*	6.0				9.0	S.U.	*	1WEEK	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. Venzon												724 682-5113		02	07	26
CHEMISTRY MANAGER												724 682-5113		YEAR	MO	DAY
TYPE OR PRINT												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 CompanyADDRESS: 76 South Main StreetAkron, OH 44308

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

(2-16)PA0025615PERMIT NUMBER

(17-19)102DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR: 02MO: 06DAY: 01(20-21)(22-23)(24-25)

TO

YEAR: 02MO: 06DAY: 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	UNITS				
Flow	Sample Measurement	20.001	20.001			*	*	*			2/30	EST
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*	*	2/MONTH	ESTIMATE
Suspended Solids	Sample Measurement	*	*		*	6.3	6.8		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	*	*		7.54	*	7.69		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. VANCECHEMIST 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

724 622-5113

AREA CODENUMBER

DATE

020726

YEARMO 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)
002
DISCHARGE NUMBER

MONITORING PERIOD
FROM
YEAR MO DAY TO YEAR MO DAY
02 06 01 02 06 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	MGD	*	*	*	*		1/7	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

72A 682-5113
AREA CODE NUMBER

02 07 26
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)
103
DISCHARGE NUMBER

MONITORING PERIOD

FROM
YEAR MO DAY
02 06 01
(20-21) (22-23) (24-25)

TO
YEAR MO DAY
02 06 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	0.010	0.071			*	*	*			30/30	MEAS
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*		2/MONTH	ESTIMATE
Suspended Solid	Sample Measurement	*	*		*	9.1	9.6			0	2/30	24 HR COMP
	Permit Requirement	*	*	*	*	30	100	MG/L	*	2/MONTH	24 HOUR COMPOSITE	
pH	Sample Measurement	*	*		7.56	*	7.63			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	*	*	*	*	*	*	*	*	*	*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JOSEPH W. VERNON
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 07 26
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 06 01
(20-21) (22-23) (24-25)

TO
YEAR MO DAY
02 06 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	0.006	*	MGD	*	*	*	*	0	1/7	MEAS	
	Permit Requirement	0.023	*		*	*	*	*	*	*	1/WEEK	MEASURED
CBOD-5 Day	Sample Measurement	*	*	*	*	42.0	42.0	MG/L	*	2/30	8 H R COMP COMPOSITE	
	Permit Requirement	*	*		*	25	50		*	2/MONTH		
Suspended Solids	Sample Measurement	*	*	*	*	9.0	12.9	MG/L	0	2/30	8 H R COMP COMPOSITE	
	Permit Requirement	*	*		*	30	60		*	2/MONTH		
Total Residual Chlorine	Sample Measurement	*	*	*	*	0.54	0.55	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	*	*	*	*	0.0	0.0	#/100 ML	0	2/30	GRAB	
	Permit Requirement	*	*		*	200 2000	1000 *		*	2/MONTH	GRAB	
pH	Sample Measurement	*	*	*	7.49	*	8.11	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. 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

TELEPHONE

724-682-5113

AREA CODE NUMBER

DATE

02 07 26

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)
303
DISCHARGE NUMBER

MONITORING PERIOD

FROM
YEAR MO DAY
02 06 01
(20-21) (22-23) (24-25)

TO
YEAR MO DAY
02 06 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	0.019	0.056	MGD	*	*	*	*		1/7	Est	
	Permit Requirement	MONITOR AND REPORT			*	*	*		*	1/WEEK	ESTIMATE	
Suspended Solids	Sample Measurement	*	*	*	*	7.6	10.0	MG/L	0	1/7	Grab	
	Permit Requirement	*	*		*	30	100		*	1/WEEK	GRAB	
Oil and Grease	Sample Measurement	*	*	*	*	8.0	16.0	MG/L	0	1/7	Grab	
	Permit Requirement	*	*		*	15	20		*	1/WEEK	GRAB	
pH	Sample Measurement	*	*	*	7.26	*	7.51	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. Neuzil
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 07 26
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			403				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	02	06	01		02	06	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	UNITS				
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 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 07 26 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.

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
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

TELEPHONE
724 682-5113
AREA CODE NUMBER

DATE
02 07 26
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)			(17-19)				
PA0025615			003				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	02	06	01		02	06	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	0.035	0.146	MGD	*	*	*	*		2/30	EST
	Permit Requirement	MONITOR AND REPORT			*	*	*		*	2/MONTH	ESTIMATE
Iron	Sample Measurement	*	*	*	*	0.68	0.80	MG/L		2/30	GRAB
	Permit Requirement	*	*		MONITOR AND REPORT		*		2/MONTH	GRAB	
Aluminum	Sample Measurement	*	*	*	*	0.37	0.54	MG/L		2/30	GRAB
	Permit Requirement	*	*		MONITOR AND REPORT		*		2/MONTH	GRAB	
Phenols	Sample Measurement	*	*	*	*	20.01	20.01	MG/L		2/30	GRAB
	Permit Requirement	*	*		MONITOR AND REPORT		*		2/MONTH	GRAB	
Nitrate-Nitrite	Sample Measurement	*	*	*	*	7.5	10.0	MG/L		2/30	GRAB
	Permit Requirement	*	*		MONITOR AND REPORT		*		2/MONTH	GRAB	
Phosphorus	Sample Measurement	*	*	*	*	0.9	1.0	MG/L		2/30	GRAB
	Permit Requirement	*	*		MONITOR AND REPORT		*		2/MONTH	GRAB	
	Sample Measurement	*	*	*	*	*	*	*		*	*
	Permit Requirement	*	*		*	*	*		*	*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Joseph W. Venzeu 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 	TELEPHONE 724 682-5113 AREA CODE NUMBER	DATE 02 07 26 YEAR MO DAY
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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

(2-16)			(17-19)				
PA0025615			004				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	02	06	01		02	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

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					*	*	*	*		1/7	Meas
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*	*	1/WEEK	MEASURED
Free Available Chlorine	Sample Measurement	*	*		*	0.0	0.0		0	1/30*	GRAB	
	Permit Requirement	*	*	*	*	AVG CONC 0.2	MAX CONC 0.5	MG/L	*	1/WEEK	GRAB	
Total Residual Chlorine	Sample Measurement	*	*		*	0.1	0.1		0	1/30*	GRAB	
	Permit Requirement	*	*	*	*	0.5	1.25	MG/L	*	1/WEEK	GRAB	
Iron	Sample Measurement	*	*		*	0.44	*			7/30*	GRAB	
	Permit Requirement	*	*	*	*	MONITOR AND REPORT		MG/L	*	2/MONTH	GRAB	
Aluminum	Sample Measurement	*	*		*	0.54	0.61			2/30*	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. Venezia Chemistry Manager TYPE OR PRINT							724 682-5113		02 07 26 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 ONE (1) WEEK IN JUNE 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			004 (CONT)				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	02	06	01		02	06	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)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		AVERAGE	MAXIMUM	UNITS			
Zinc	Sample Measurement	*	*	*	*	*			MGL	*		
	Permit Requirement	*	*	*		*	1.0	1.0		*	2/YEAR	GRAB
pH	Sample Measurement	*	*	*	*	8.30	*	8.30	S.U.	0	1/30*	GRAB
	Permit Requirement	*	*	*		6.0	*	9.0		*	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. VENTURA 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 07 26 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)006DISCHARGE NUMBER

FACILITY: Beaver Valley Power StationLOCATION: Shippingport Borough, Beaver County

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)			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. VenzonChemistry 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 CODENUMBER

DATE

020726

YEARMO DAY

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

No DISCHARGE

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 06 01
(20-21) (22-23) (24-25)

TO
YEAR MO DAY
02 06 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	*	*	*	*	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	*	*	*	*	6.0	9.0	S.U.	*	1/WEEK	GRAB
	Permit Requirement	*	*	*	*						
	Sample Measurement	*	*	*	*	*	*	*	*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*	*	*	*	*	*	*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*	*	*	*	*	*	*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Joseph W. Unger
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 07 26
YEAR MO DAY

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

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

(2-16)			(17-19)			
PA0025615			008			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	06	01		02	06	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	40.001	40.001	MGD	.	.	.	.	1/2	Est
	Permit Requirement	MONITOR AND REPORT			.	.	.	.	1/WEEK	ESTIMATE
Suspended Solids	Sample Measurement	.	.	.	.	12.0	12.8	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
Ammonia	Sample Measurement	.	.	.	.	40.1	40.1	.	2/30	GRAB
	Permit Requirement	.	.		.	MONITOR AND REPORT		MG/L	.	2/MONTH	GRAB
Iron, tot	Sample Measurement	.	.	.	.	0.28	0.35	0	2/30	GRAB
	Permit Requirement	.	.		.	MONITOR AND REPORT		MG/L	.	2/MONTH	GRAB
Aluminum	Sample Measurement	.	.	.	.	0.10	0.13	.	2/30	GRAB
	Permit Requirement	.	.		.	MONITOR AND REPORT		MG/L	.	2/MONTH	GRAB
Manganese	Sample Measurement	.	.	.	.	0.3	0.3	.	2/30	GRAB
	Permit Requirement	.	.		.	MONITOR AND REPORT		MG/L	.	2/MONTH	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Joseph N. Venzal Chemical 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 [Signature]		TELEPHONE 724 682-5113 AREA CODE NUMBER		DATE 02 07 26 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)
008 (CONT)
DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
02 06 01 02 06 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				
Phenols	Sample Measurement	*	*			*	40.01	40.01			2/30	GRAB
	Permit Requirement	*	*	*	*	MONITOR AND REPORT			MG/L	*	2/MONTH	GRAB
Zinc	Sample Measurement	*	*			*	0.11	0.12			2/30	GRAB
	Permit Requirement	*	*	*	*	MONITOR AND REPORT			MG/L	*	2/MONTH	GRAB
Color	Sample Measurement	*	*			*	23	26			2/30	GRAB
	Permit Requirement	*	*	*	*	MONITOR AND REPORT			UNITS	*	2/MONTH	GRAB
pH	Sample Measurement	*	*			7.60	*	7.76		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 N. HENSON
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 01 26
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)
010
DISCHARGE NUMBER

MONITORING PERIOD
FROM
YEAR MO DAY TO YEAR MO DAY
02 06 01 02 06 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)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM				UNITS
Flow	Sample Measurement	3.23	4.03			.	.	.			1/7	MEAS
	Permit Requirement	MONITOR AND REPORT			MGD	.	.	.	.	.	1/WEEK	MEASURED
Free Available Chlorine	Sample Measurement	.	.		.	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				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	.	.		7.38	.	7.76			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. Varson
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

72A 682-5113
AREA CODE NUMBER

02 07 26
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			011				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	02	06	01		02	06	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)			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		*	*	*			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. Venzoni

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

TELEPHONE

724 682-5113

AREA CODE

NUMBER

DATE

02

07

26

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 TO YEAR MO DAY
02 06 01 02 06 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)			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			*	*	*			1/7	Est
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*		1/WEEK	ESTIMATE
Suspended Solids	Sample Measurement	*	*		*	4.9	6.8		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	*	*		6.86	*	7.34		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. VERNON
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 07 26
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)
012
DISCHARGE NUMBER

MONITORING PERIOD
FROM
YEAR MO DAY TO YEAR MO DAY
02 06 01 02 06 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)			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			*	*	*			1/30	EST
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	*		1/MONTH	ESTIMATE
Total Dissolved Solids	Sample Measurement	*	*		*	1.5	2.8				1/7	GRAB
	Permit Requirement	*	*	*	*	MONITOR AND REPORT			MG/L	*	1/WEEK	GRAB
Chromium	Sample Measurement	*	*		*	0.003	0.006			0	1/7	GRAB
	Permit Requirement	*	*	*	*	0.2	0.2	MG/L	*	*	1/WEEK	GRAB
Zinc	Sample Measurement	*	*		*	8.1	13.4			4*	1/7	GRAB
	Permit Requirement	*	*	*	*	1.0	1.0	MG/L	*	*	1/WEEK	GRAB
Copper	Sample Measurement	*	*		*	0.16	0.24				1/7	GRAB
	Permit Requirement	*	*	*	*	MONITOR AND REPORT			MG/L	*	1/WEEK	GRAB
pH	Sample Measurement	*	*		8.64	*	8.64			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. 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)

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