



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

50-334/412

July 26, 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 June, 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 4.81 mg/L on June 3, 2002; 4.99 mg/L on June 12, 2002; 9.29 mg/L on June 17, 2002, and 13.4 mg/L on June 27, 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
Central 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

(2-16)			(17-19)			
PA0025615			113			
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)

FROM

TO

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	0.009	.			.	.	.		0	1/7	MEAS
	Permit Requirement	0.043	.	MGD	.	.	.	.	.	.	1/WEEK	MEASURED
CBOD-5 Day	Sample Measurement	.	.		.	2.0	2.0			0	2/30	8 HR COMP
	Permit Requirement	.	.		.	25	50	MG/L	.	.	2/MONTH	8 HOUR COMPOSITE
Suspended Solids	Sample Measurement	.	.		.	7.2	8.1			0	2/30	8 HR COMP
	Permit Requirement	.	.		.	30	60	MG/L	.	.	2/MONTH	8 HOUR COMPOSITE
Total Residual Chlorine	Sample Measurement	.	.		.	0.17	0.22			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	.	.		.	17.7	25.0			0	2/30	GRAB
	Permit Requirement	.	.		.	200	1000	#/100ML	.	.	2/MONTH	GRAB
pH	Sample Measurement	.	.		7.36	.	7.73			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. Venzon <i>Chemistry Manager</i> 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 <i>Joseph W. Venzon</i>	TELEPHONE	DATE	
			724 682-5113 AREA CODE NUMBER	02 YEAR	07 MO	26 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

(2-16)			(17-19)				
PA0025615			213				
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

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

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (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. 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 include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

[Signature]
 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)

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			313			
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

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (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	*	*	MG/L	*	4.1	4.2	0	1/7	GRAB
	Permit Requirement	*	*		*	30	100	*	1/WEEK	GRAB
Oil and Grease	Sample Measurement	*	*	MG/L	*	45.0	45.0	0	1/7	GRAB
	Permit Requirement	*	*		*	15	20	*	1/WEEK	GRAB
pH	Sample Measurement	*	*	S.U.	6.61	*	7.12	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)		TELEPHONE		DATE	
			AREA CODE	NUMBER	YEAR	MO	DAY
			724	682-5113	02	07 26

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			413				
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) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			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	*	*	*	*	1/7	EST
	Permit Requirement	MONITOR AND REPORT			*	*	*	*	1/WEEK	ESTIMATE
Suspended Solids	Sample Measurement	*	*	*	*	7.7	7.7	0	1/30*	GRAB
	Permit Requirement	*	*		*	*	30	100	*	1/WEEK	GRAB
Oil and Grease	Sample Measurement	*	*	*	*	25.0	25.0	0	1/30*	GRAB
	Permit Requirement	*	*		*	*	15	20	*	1/WEEK	GRAB
pH	Sample Measurement	*	*	*	7.49	*	7.49	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	*	*		*	*	*	*	*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Joseph W. Wenzel
 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)

Joseph W. Wenzel
 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)

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			013				
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) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (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	0.012	0.026		*	*	*		1/7	EST
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	1/WEEK	ESTIMATE
Total Residual Chlorine	Sample Measurement	*	*		*	0.13	0.19	0	2/30	CALC
	Permit Requirement	*	*	*	*	0.5	1.25	MG/L	2/MONTH	CALCULATE
Copper	Sample Measurement	*	*		*	0.032	0.069		1/7	CALC
	Permit Requirement	*	*	*	*	MONITOR AND REPORT		MG/L	1/WEEK	CALCULATE
Chlorobenzene	Sample Measurement	*	*		*	20.005	20.005		2/92	CALC
	Permit Requirement	*	*	*	*	MONITOR AND REPORT		MG/L	2/QUARTER	CALCULATE
Temperature	Sample Measurement	*	74		*	*	*	0	1/7	GRAB
	Permit Requirement	*	110	°F	*	*	*	*	1/WEEK	GRAB (i-s)
Cyanide, tot	Sample Measurement	*	*		*	20.02	20.02		2/30	CALC
	Permit Requirement	*	*	*	*	MONITOR AND REPORT		S.U.	2/MONTH	CALCULATE
pH	Sample Measurement	*	*		5.10	*	7.52	1*	1/7	CALC
	Permit Requirement	*	*	*	6.0	*	9.0	S.U.	1/WEEK	CALCULATE

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	DATE	
			724 682-5113 AREA CODE NUMBER	02 YEAR	07 MO	26 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.
 * SEE ATTACHED LETTER FOR EXPLANATION OF EXCURSION