



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

August 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 July 2002 as submitted to the Pennsylvania Department of Environmental Protection.

Sincerely,

A handwritten signature in dark ink, appearing to read "J. Wenzon". The signature is fluid and cursive, written over the printed name.

Joseph W. Venzon  
Chemistry and  
Environmental Manager

DJS

C: J.W. Venzon  
Licensing File

IE25



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

August 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:

Attached is the revised DMR Report of Outfall 004 for June 2002. Flow measurement was inadvertently omitted from the original submittal.

Sincerely,

A handwritten signature in dark ink, appearing to read "J. Venzon". The signature is fluid and cursive, written over the printed name.

Joseph W. Venzon  
Chemistry and  
Environmental Manager

DJS

C: J.W. Venzon  
Licensing 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)			(17-19)			
PA0025615			004			
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)

REVISED DMR

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	MGD	*	*	*		1/7	MEAS	
	Permit Requirement	MONITOR AND REPORT			*	*	*	*	1/WEEK	MEASURED	
Free Available Chlorine	Sample Measurement	*	*	*	*	AVG CONC 0.2	MAX CONC 0.5	MG/L	*	1/WEEK	GRAB
	Permit Requirement	MONITOR AND REPORT			*			*			
Total Residual Chlorine	Sample Measurement	*	*	*	*	0.5	1.25	MG/L	*	1/WEEK	GRAB
	Permit Requirement	MONITOR AND REPORT			*			*			
Iron	Sample Measurement	*	*	*	*			MG/L	*	2/MONTH	GRAB
	Permit Requirement	MONITOR AND REPORT			*			*			
Aluminum	Sample Measurement	*	*	*	*			MG/L	*	2/MONTH	GRAB
	Permit Requirement	MONITOR AND REPORT			*			*			
Phenols	Sample Measurement	*	*	*	*			MG/L	*	2/MONTH	GRAB
	Permit Requirement	MONITOR AND REPORT			*			*			
Chromium	Sample Measurement	*	*	*	*	0.2	0.2	mg/l	*	2/YEAR	GRAB
	Permit Requirement	MONITOR AND REPORT			*			*			
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. Veneau Chemistry Manager TYPE OR PRINT						724 682-5113		02 06 28 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.

\* REVISED DMR FOR FLOW AT OUTFALL COA.

Month: JULY  
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			
(Gals)	X	(% Solids)	(Conversion Factor) = Dry Tons	(Tons of Dewatered Sludge)	X (% Solids)	X (.01) = Dry Tons	
10,000		2.0	.0000417 = 0.834			.01	
			TOTAL = 0.834	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:		0.834		
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	Beaver	Beaver		

Chemistry Manager 8-28-02 (724) 682-5113

## DISCHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

Month: July  
Year: 2002

## Instructions:

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

## SLUDGE PRODUCTION INFORMATION (prior to incineration)

HAULED AS LIQUID SLUDGE				HAULED AS DEWATERED SLUDGE			
(Gal. / 15)	X (% Solids)	(Conversion Factor)	= Dry Tons	(Tons of Dewatered Sludge)	X (% Solids)	X (.01)	= Dry Tons
28,000	2.0	.0000417	2.34			.01	
TOTAL = 2.34				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	Hopewell Township		
Permit No.:	PA0020125	PA0026328		
Dry Tons Disposed:		2.34		
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	Beaver	Beaver		

Chemistry Manager

8-2802 (724) 682-5113

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			101				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	02	07	01		02	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

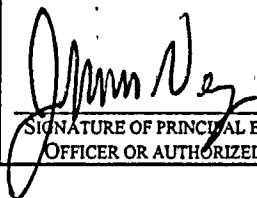
FACILITY: Beaver Valley Power Station  
LOCATION: Shippingport Borough, Beaver County

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	0.0013	0.008	MGD	*	*	*	*	DAILY	CONT	
	Permit Requirement	MONITOR AND REPORT			MONITOR AND REPORT				DAILY	CONT	
Suspended Solids	Sample Measurement	*	*	*	*	4.2	5.1	MG/L	0	1/1	2 hr COMPOSITE
	Permit Requirement	MONITOR AND REPORT			MONITOR AND REPORT				1/WEEK	GRAB	
Oil and Grease	Sample Measurement	*	*	*	*	15.0	15.0	MG/L	0	1/1	GRAB
	Permit Requirement	MONITOR AND REPORT			MONITOR AND REPORT				1/WEEK	GRAB	
Hydrazine	Sample Measurement	*	*	*	*	*	*		*	*	
	Permit Requirement	MONITOR AND REPORT			MONITOR AND REPORT				1/WEEK	GRAB	
Ammonia	Sample Measurement	*	*	*	*	*	*		*	*	
	Permit Requirement	MONITOR AND REPORT			MONITOR AND REPORT				1/WEEK	GRAB	
pH	Sample Measurement	*	*	*	7.20	*	8.42	S.U.	0	1/1	GRAB
	Permit Requirement	MONITOR AND REPORT			MONITOR AND REPORT				1/WEEK	GRAB	
	Sample Measurement	*	*	*	*	*	*		*	*	
	Permit Requirement	MONITOR AND REPORT			MONITOR AND REPORT				1/WEEK	GRAB	

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 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 08 28**  
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 MONITORING ONLY APPLY DURING CONDITIONS OF WET-LAY-UP.  
THE PLANT WAS NOT IN WET LAY-UP IN JULY 2002.

PERMITTEE NAME ADDRESS (Include  
Facility Name / Location)

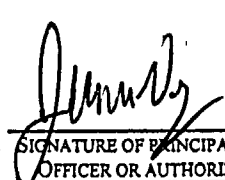
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

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

(2-16)			(17-19)				
PA0025615			301				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	02	07	01		02	07	31
	(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	*	*	*	0	1/7	Est
	Permit Requirement	MONITOR AND REPORT			*	*	*		1/WEEK	ESTIMATE
Suspended Solids	Sample Measurement	*	*	MG/L	*	16.2	34.2	0	3/31	GRAB
	Permit Requirement	*	*		*	30	100		2/MONTH	GRAB
Oil and Grease	Sample Measurement	*	*	MG/L	*	45.0	45.0	0	3/31	GRAB
	Permit Requirement	*	*		*	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 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)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE 02 YEAR 08 MO 28 DAY
			724 682-5113 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

(2-16)			(17-19)				
PA0025615			401				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	02	07	01		02	07	31
	(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	MGD	*	*	*	*	1/1	EST	
	Permit Requirement	MONITOR AND REPORT			*	*	*		1/WEEK	ESTIMATE	
Suspended Solids	Sample Measurement	*	*	*	*	24.0	24.0	MG/L	0	3/31	GRAB
	Permit Requirement	*	*		*	30	100		2/MONTH	GRAB	
Oil and Grease	Sample Measurement	*	*	*	*	25.0	25.0	MG/L	0	3/31	GRAB
	Permit Requirement	*	*		*	15	20		2/MONTH	GRAB	
pH	Sample Measurement	*	*	*	8.32	*	*	S.U.	0	3/31	GRAB
	Permit Requirement	*	*		*	60	*		*	2/MONTH	GRAB
	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 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 08 28  
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			501				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	02	07	01		02	07	31
	(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
Total Suspended Solids	Sample Measurement	*	*		*					
	Permit Requirement	*	*	*	*	30	100	MG/L	*	1/WEEK
	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 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 08 28

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			001				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	02	07	01		02	07	31
	(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			
Flow	Sample Measurement	50.5	60.2	MGD	*	*	*	*	DAILY	CONT
	Permit Requirement	MONITOR AND REPORT			*	*	*		DAILY	CONT
Free Available Chlorine	Sample Measurement	*	*	*	*	0.04	0.12	MG/L	0	CONT
	Permit Requirement	*			*	AVG CONC 0.2	MAX CONC 0.5		*	CONT
Total Residual Chlorine	Sample Measurement	*	*	*	*	0.06	0.08	MG/L	0	1/1
	Permit Requirement	*			*	0.5	INSTANT MAX: 1.25		*	1/WEEK
Clamtrol (CT-1)	Sample Measurement	*	*	*	*	*	*	MG/L	*	*
	Permit Requirement	*			*	NOT DETECTABLE			*	WHEN DISCHARG
Betz DT-1	Sample Measurement	*	*	*	*	*	**	MG/L	*	**
	Permit Requirement	*			*	*	350		*	WHEN DISCHARG
Chromium	Sample Measurement	*	*	*	*	0.2	0.2	MG/L	*	2/YEAR
	Permit Requirement	*			*				*	
Zinc	Sample Measurement	*	*	*	*	1.0	1.0	MG/L	*	2/YEAR
	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 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 08 28  
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.

\* CLAMTROL (CT-1) WAS NOT APPLIED OR DISCHARGED IN JULY 2002

\*\* DT-1 ESTIMATED AS NON-DETECTABLE PER NPDES PERMIT PART C, SECTION 15

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 (CONT)			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	07	01		02	07	31
(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	*	*		0.01	0.015	0.02		2/31	GRAB	
	Permit Requirement	*	*	*	MONITOR AND REPORT			MG/L	*	2/MONTH	GRAB
Iron	Sample Measurement	*	*		*	0.67	0.76		2/31	GRAB	
	Permit Requirement	*	*	*	MONITOR AND REPORT			MG/L	*	2/MONTH	GRAB
Aluminum	Sample Measurement	*	*		*	0.49	0.54		2/31	GRAB	
	Permit Requirement	*	*	*	MONITOR AND REPORT			MG/L	*	2/MONTH	GRAB
pH	Sample Measurement	*	*		8.23	*	8.41		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 include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)					TELEPHONE		DATE		
JOSEPH W. VERNON CHEMISTRY MANAGER TYPE OR PRINT							724 682-5113		02 08 28 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 MONITORING APPLY DURING PERIODS OF WET LAY-UP.  
PLANT WAS NOT IN WET LAY-UP IN JULY 2002.

PERMITTEE NAME ADDRESS (Include  
Facility Name / Location)

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

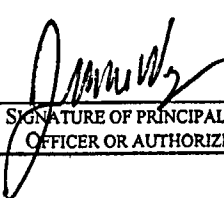
NAME: First Energy Nuclear Operating Company  
ADDRESS: 76 South Main Street  
Akron, OH 44308

(2-16)			(17-19)				
PA0025615			102				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	02	01	01		02	01	31
	(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			
Flow	Sample Measurement	40.001	40.001	MGD	*	*	*		2/31	EST
	Permit Requirement	MONITOR AND REPORT			*	*	*	*	2/MONTH	ESTIMATE
Suspended Solids	Sample Measurement	*	*	*	*	6.6	9.1	0	2/31	GRAB
	Permit Requirement	*	*		*	30	100	MG/L	*	2/MONTH
Oil and Grease	Sample Measurement	*	*	*	*	15.0	15.0	0	2/31	GRAB
	Permit Requirement	*	*		*	15	20	MG/L	*	2/MONTH
pH	Sample Measurement	*	*	*	7.30	*	7.82	0	2/31	GRAB
	Permit Requirement	*	*		*	6.0	*	9.0	S.U.	*
	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 	TELEPHONE	DATE
			724 682-5113 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

(2-16)			(17-19)				
PA0025615			002				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	02	07	01		02	07	31
	(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	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	*	*		*	*	*	*	*		*	*
	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. Veney CHEMISTRY MANAGER TYPE OR PRINT					
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	724 682-5113 AREA CODE NUMBER	02 YEAR	08 MO	28 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			103			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	07	01		02	07	31
(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	0.14		*	*	*		31/31	MEX
	Permit Requirement	MONITOR AND REPORT			MGD	*	*	*	2/MONTH	ESTIMATE
Suspended Solid	Sample Measurement	*	*		*	14.1	24.2	0	2/31	24 HR COMPOSITE
	Permit Requirement	*	*	*	*	30	100	MG/L	2/MONTH	COMPOSITE
pH	Sample Measurement	*	*		7.36	*	7.40	0	2/31	GRAB
	Permit Requirement	*	*	*	60	*	90	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. 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)

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

724 682-5113  
AREA CODE NUMBER

DATE

02 08 28  
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			203				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	02	07	01		02	07	31
	(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	0.010	*	MGD	*	*	*	*	*		1/7	MEAS
	Permit Requirement	0.023	*		*	*	*	*	*		1/WEEK	MEASURED
CBOD-5 Day	Sample Measurement	*	*	*	*	3.2	3.4	MG/L	0	2/31	8 HR COMPOSITE	
	Permit Requirement	*	*		*	25	50		*	2/MONTH	8 HR COMPOSITE	
Suspended Solids	Sample Measurement	*	*	*	*	7.4	8.0	MG/L	0	2/31	8 HR COMPOSITE	
	Permit Requirement	*	*		*	30	60		*	2/MONTH	8 HR COMPOSITE	
Total Residual Chlorine	Sample Measurement	*	*	*	*	0.30	0.32	MG/L	0	2/31	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	2/31	GRAB	
	Permit Requirement	*	*		*	200 2000	1000 *		*	2/MONTH	GRAB	
pH	Sample Measurement	*	*	*	7.25	*	7.98	S.U.	0	2/31	GRAB	
	Permit Requirement	*	*		*	6.0	*		9.0	*	2/MONTH	GRAB
	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 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 YEAR 08 MO 28 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			303			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	07	01		02	07	31
(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			
Flow	Sample Measurement	0.019	0.056		*	*	*		1/7	EST
	Permit Requirement	MONITOR AND REPORT			*	*	*	*	1/WEEK	ESTIMATE
Suspended Solids	Sample Measurement	*	*		*	7.7	10.0		1/7	GRAB
	Permit Requirement	*	*	*	*	30	100	MG/L	1/WEEK	GRAB
Oil and Grease	Sample Measurement	*	*		*	LS.0	S.0		1/7	GRAB
	Permit Requirement	*	*	*	*	15	20	MG/L	1/WEEK	GRAB
pH	Sample Measurement	*	*		7.26	*	7.56		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		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. VENZA Chemistry Manager TYPE OR PRINT							724 682-5113 AREA CODE NUMBER		02 08 28 YEAR MO DAY	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										

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			403				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	02	07	01		02	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

N6 DISCHARGE

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					*	*	*				
	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)					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
Joseph W. Varzon CHEMISTRY MANAGER TYPE OR PRINT									724 682-5113 AREA CODE NUMBER		02 08 28 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

FROM

(2-16)			(17-19)			
PA0025615			403			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	07	01		02	07	31
(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	*	*	*	60	*	90	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. 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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 724-682-5113 AREA CODE NUMBER	DATE 02 08 28 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			003				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	02	07	01		02	07	31
	(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			
Flow	Sample Measurement	0.043	0.189	MGD	*	*	*	*	2/31	EST
	Permit Requirement	MONITOR AND REPORT			MONITOR AND REPORT				2/MONTH	ESTIMATE
Iron	Sample Measurement	*	*	*	*	0.66	1.1	MG/L	2/31	GRAB
	Permit Requirement	MONITOR AND REPORT			MONITOR AND REPORT				2/MONTH	GRAB
Aluminum	Sample Measurement	*	*	*	*	0.35	0.50	MG/L	2/31	GRAB
	Permit Requirement	MONITOR AND REPORT			MONITOR AND REPORT				2/MONTH	GRAB
Phenols	Sample Measurement	*	*	*	*	20.01	20.01	MG/L	2/31	GRAB
	Permit Requirement	MONITOR AND REPORT			MONITOR AND REPORT				2/MONTH	GRAB
Nitrate-Nitrite	Sample Measurement	*	*	*	*	15.5	16.0	MG/L	2/31	GRAB
	Permit Requirement	MONITOR AND REPORT			MONITOR AND REPORT				2/MONTH	GRAB
Phosphorus	Sample Measurement	*	*	*	*	1.5	2.0	MG/L	2/31	GRAB
	Permit Requirement	MONITOR AND REPORT			MONITOR AND REPORT				2/MONTH	GRAB
	Sample Measurement	*	*	*	*	*	*	*	*	*
	Permit Requirement	MONITOR AND REPORT			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 include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)				TELEPHONE		DATE		
Joseph W. Venzel Chemical Manager TYPE OR PRINT						724 682-5113		02 08 28 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

(2-16)			(17-19)				
PA0025615			004				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	02	07	01		02	07	31
	(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			
Flow	Sample Measurement	2.8	7.7	MGD	*	*	*		1/7	MEAS
	Permit Requirement	MONITOR AND REPORT			*	*	*	*	1/WEEK	MEASURED
Free Available Chlorine	Sample Measurement	*	*	*	*	0.10	0.22	0	1/7	GRAB
	Permit Requirement	*	*		*	AVG CONC 0.2	MAX CONC 0.5	MG/L	*	1/WEEK
Total Residual Chlorine	Sample Measurement	*	*	*	*	0.20	0.36	0	1/7	GRAB
	Permit Requirement	*	*		*	0.5	1.25	MG/L	*	1/WEEK
Iron	Sample Measurement	*	*	*	*	0.22	*		2/31	GRAB
	Permit Requirement	*	*		*	MONITOR AND REPORT		MG/L	*	2/MONTH
Aluminum	Sample Measurement	*	*	*	*	0.46	0.62		2/31	GRAB
	Permit Requirement	*	*		*	MONITOR AND REPORT		MG/L	*	2/MONTH
Phenols	Sample Measurement	*	*	*	*	0.012	0.013		2/31	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 Joseph W. Venzel Chemistix 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	DATE	
			724 682-5113 AREA CODE NUMBER	02 08 28 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

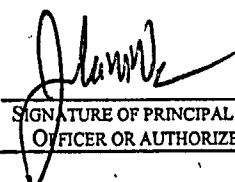
FACILITY: Beaver Valley Power Station  
LOCATION: Shippingport Borough, Beaver County

FROM

(2-16)			(17-19)			
PA0025615			004 (CONT)			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	07	01		02	07	31
(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				
Zinc	Sample Measurement	*	*			*						
	Permit Requirement	*	*	*		*	10	10	MG/L	*	2/YEAR	GRAB
pH	Sample Measurement	*	*			8.28	*	8.32			1/7	Grab
	Permit Requirement	*	*	*		60	*	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	*	*	*		*	*	*	*	*	*	*

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 09 28 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

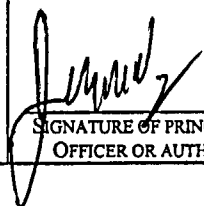
FROM

(2-16)			(17-19)			
PA0025615			006			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	07	01		02	07	31
(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
	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 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 	TELEPHONE 724 682-5113 AREA CODE NUMBER	DATE 02 08 28 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

FROM

(2-16)			(17-19)			
PA0025615			007			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	07	01		02	07	31
(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
Free Available Chlorine	Sample Measurement	*	*		*					
	Permit Requirement	*	*	*	*	0.2 AVG CONC	0.5 MAX CONC	MG/L	*	1/WEEK
Total Residual Chlorine	Sample Measurement	*	*		*					
	Permit Requirement	*	*	*	*	0.5	1.25	MG/L	*	1/WEEK
pH	Sample Measurement	*	*			*				
	Permit Requirement	*	*	*	6.0	*	9.0	S.U.	*	1/WEEK
	Sample Measurement	*	*		*	*	*			
	Permit Requirement	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*		*	*	*			
	Permit Requirement	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*		*	*	*			
	Permit Requirement	*	*	*	*	*	*	*	*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Joseph W. Vester 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	YEAR	MO	DAY
			724 682-5113 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

(2-16)			(17-19)				
PA0025615			008				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	02	07	01		02	07	31
	(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	40.00	40.00	MGD	*	*	*	*	1/7	EST	
	Permit Requirement	MONITOR AND REPORT			*				1/WEEK	ESTIMATE	
Suspended Solids	Sample Measurement	*	*	*	*	5.8	5.9	MG/L	0	2/31	GRAB
	Permit Requirement	*	*		*	30	100		2/MONTH	GRAB	
Oil and Grease	Sample Measurement	*	*	*	*	45.0	45.0	MG/L	0	2/31	GRAB
	Permit Requirement	*	*		*	15	20		2/MONTH	GRAB	
Ammonia	Sample Measurement	*	*	*	*	40.1	40.1	MG/L	2/31	GRAB	
	Permit Requirement	*	*		*	MONITOR AND REPORT			2/MONTH	GRAB	
Iron, tot	Sample Measurement	*	*	*	*	0.21	0.41	MG/L	2/31	GRAB	
	Permit Requirement	*	*		*	MONITOR AND REPORT			2/MONTH	GRAB	
Aluminum	Sample Measurement	*	*	*	*	0.07	0.09	MG/L	2/31	GRAB	
	Permit Requirement	*	*		*	MONITOR AND REPORT			2/MONTH	GRAB	
Manganese	Sample Measurement	*	*	*	*	0.30	0.40	MG/L	2/31	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 include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)				TELEPHONE		DATE			
Joseph W. Vengal CHEMIST & MANAGER TYPE OR PRINT						724 482-5113		02 02 28 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

(2-16)			(17-19)				
PA0025615			008 (CONT)				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	02	07	01		02	07	31
	(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			
Phenols	Sample Measurement	*	*		*	20.01	20.01		2/31	GRAB
	Permit Requirement	*	*	*	*	MONITOR AND REPORT		MG/L	2/MONTH	GRAB
Zinc	Sample Measurement	*	*		*	0.089	0.110		2/31	GRAB
	Permit Requirement	*	*	*	*	MONITOR AND REPORT		MG/L	2/MONTH	GRAB
Color	Sample Measurement	*	*		*	43	52		2/31	GRAB
	Permit Requirement	*	*	*	*	MONITOR AND REPORT		UNITS	2/MONTH	GRAB
pH	Sample Measurement	*	*		7.78	*	7.81		2/31	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. Veneau

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

*[Signature]*

TELEPHONE

724 682-5113

AREA CODE NUMBER

DATE

02 08 29

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

FROM

(2-16)			(17-19)			
PA0025615			110			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	01	01		02	01	31
(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
	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	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. Venzoni Chemistry Manager TYPE OR PRINT				
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	724 622-5113	02 YEAR	08 MO	28 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)

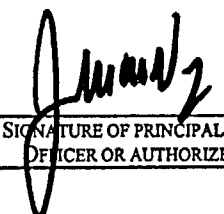
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

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			010				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	02	07	01		02	07	31
	(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	4.41	5.76		*	*	*		1/7	MEAS		
	Permit Requirement	MONITOR AND REPORT			*			*	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	*	*	*	*	*	350	MG/L	WHEN DISCHARG	24 HOUR COMPOSITE		
pH	Sample Measurement	*	*		7.63	*	7.85	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. 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 08 28 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.

\* CLAMTROL (CT-1) WAS NOT APPLIED OR DISCHARGED IN JULY 2002  
\*\* DT-1 ESTIMATED AS NON-DETECTABLE PER NPDES PERMIT PART C, SECTION 15

PERMITTEE NAME ADDRESS (Include  
Facility Name / Location)

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

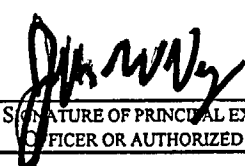
NAME: First Energy Nuclear Operating Company  
ADDRESS: 76 South Main Street  
Akron, OH 44308

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

(2-16)			(17-19)				
PA0025615			111				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	02	07	01		02	07	31
	(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	MGD	*	*	*		1/7	EST
	Permit Requirement	MONITOR AND REPORT			*	*	*	*	1/WEEK	ESTIMATE
Suspended Solids	Sample Measurement	*	*	*	*	4.4	5.2	0	3/31*	GLAB
	Permit Requirement	*	*		*	30	100	MG/L	*	1/WEEK
Oil and Grease	Sample Measurement	*	*	*	*	15.0	15.0	0	3/31*	GLAB
	Permit Requirement	*	*		*	15	20	MG/L	*	1/WEEK
pH	Sample Measurement	*	*	*	6.37	*	6.96	0	3/31*	GRAB
	Permit Requirement	*	*		*	6.0	*	9.0	S.U.	*
	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 	TELEPHONE 724 682-5113 AREA CODE NUMBER	DATE 02 08 28 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 3 WEEKS IN JULY 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			211				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	02	07	01		02	07	31
	(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			
Flow	Sample Measurement	0.002	0.002	MGD	*	*	*		1/7	EST
	Permit Requirement	MONITOR AND REPORT			*	*	*	*	1/WEEK	ESTIMATE
Suspended Solids	Sample Measurement	*	*	*	*	15.9	51.9	0	1/7	GRAB
	Permit Requirement	*	*		*	30	100	MG/L	*	1/WEEK
Oil and Grease	Sample Measurement	*	*	*	*	45.0	45.0	0	1/7	GRAB
	Permit Requirement	*	*		*	15	20	MG/L	*	1/WEEK
pH	Sample Measurement	*	*	*	6.28	*	8.38	0	1/7	GRAB
	Permit Requirement	*	*		*	6.0	9.0	S.U.	*	1/WEEK
	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)	TELEPHONE	DATE
Joseph W. Venzon CHEMIST TYPE OR PRINT			
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	724 682-5113 AREA CODE NUMBER	02 08 28 YEAR MO DAY

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)

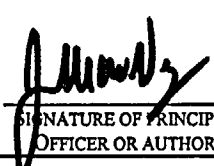
NAME: First Energy Nuclear Operating Company  
ADDRESS: 76 South Main Street  
Akron, OH 44308

(2-16)			(17-19)				
PA0025615			011				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	02	07	01		02	07	31
	(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			
Flow	Sample Measurement	0.004	0.004	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	*	*		*	*	*	*	*	*
	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 08 28 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			012				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	07	07	01		07	07	31
	(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	20.001	20.001	MGD	*	*	*	*	1/31	EST	
	Permit Requirement	MONITOR AND REPORT			*	*	*		1/MONTH	ESTIMATE	
Total Dissolved Solids	Sample Measurement	*	*	*	*	799	1016	MG/L	1/7	GRAB	
	Permit Requirement	MONITOR AND REPORT			*	MONITOR AND REPORT			1/WEEK	GRAB	
Chromium	Sample Measurement	*	*	*	*	0.006	0.020	MG/L	0	1/7	GRAB
	Permit Requirement	MONITOR AND REPORT			0.2	0.2	1/WEEK		GRAB		
Zinc	Sample Measurement	*	*	*	*	10.7	20.6	MG/L	5*	1/7	GRAB
	Permit Requirement	MONITOR AND REPORT			1.0	1.0	1/WEEK		GRAB		
Copper	Sample Measurement	*	*	*	*	0.17	0.27	MG/L	1/7	GRAB	
	Permit Requirement	MONITOR AND REPORT			MONITOR AND REPORT		1/WEEK		GRAB		
pH	Sample Measurement	*	*	*	8.58	*	8.58	S.U.	0	1/31	GRAB
	Permit Requirement	MONITOR AND REPORT			6.0	9.0	1/MONTH		GRAB		
	Sample Measurement	*	*	*	*	*	*	*	*	*	
	Permit Requirement	MONITOR AND REPORT			MONITOR AND REPORT		MONITOR AND REPORT		*	*	
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. Vanzo Chemistry Manager TYPE OR PRINT						74 682-5113		07 08 28 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.

\* SEE ATTACHED LETTER FOR EXPLANATION OF EXCURSIONS



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

August 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 July, 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 7.95 mg/L on July 1, 2002; 20.6 mg/L on July 10, 2002; 8.61 mg/L on July 19, 2002; 8.67 on July 24, 2002, and 7.74 mg/L on July 31, 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 black ink, appearing to read "J. Venzon".

Joseph W. Venzon  
Chemistry and Environmental  
Manager

DJS

C: J.W. Venzon  
S.F. Brown  
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

(2-16)	(17-19)
PA0025615	113
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
FROM	TO
YEAR MO DAY	YEAR MO DAY
02 07 01	02 07 31
(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			
Flow	Sample Measurement	0.010	*	MGD	*	*	*	0	1/7	MEAS
	Permit Requirement	0.043	*		*	*	*	*	*	1/WEEK
CBOD-5 Day	Sample Measurement	*	*	*	*	42.0	42.0	0	2/31	8 HR COMPOSITE
	Permit Requirement	*	*		*	25	50	MG/L	*	2/MONTH
Suspended Solids	Sample Measurement	*	*	*	*	6.9	7.4	0	2/31	8 HR COMPOSITE
	Permit Requirement	*	*		*	30	60	MG/L	*	2/MONTH
Total Residual Chlorine	Sample Measurement	*	*	*	*	0.27	0.30	0	2/31	GRAB
	Permit Requirement	*	*		*	1.4	INST. MAX. 3.3	MG/L	*	2/MONTH
Fecal Coliform May 1 to Oct 31 Nov 1 to Apr 30	Sample Measurement	*	*	*	*	1.4	2.0	0	2/31	GRAB
	Permit Requirement	*	*		*	200 2000	1000	#/100ML	*	2/MONTH
pH	Sample Measurement	*	*	*	7.60	*	7.69	0	2/31	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 include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)				TELEPHONE		DATE		
JOSEPH W. VERNON CHEMISTRY MANAGER TYPE OR PRINT						724 682-5113		02 08 28 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

(2-16)			(17-19)				
PA0025615			213				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	02	07	01		02	07	31
	(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		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 08 28 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

(2-16)	(17-19)
PA0025615	313
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
FROM	TO
YEAR MO DAY	YEAR MO DAY
02 07 01	02 07 28
(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	0.002	0.002	MGD	*	*	*	*	1/7	EST	
	Permit Requirement	MONITOR AND REPORT			*	*	*				
Suspended Solids	Sample Measurement	*	*	*	*	44.0	44.0	MG/L	0	1/7	GRAB
	Permit Requirement	*	*		*	30	100				
Oil and Grease	Sample Measurement	*	*	*	*	45.0	45.0	MG/L	0	1/7	GRAB
	Permit Requirement	*	*		*	15	20				
pH	Sample Measurement	*	*	*	6.81	*	7.37	S.U.	0	1/7	GRAB
	Permit Requirement	*	*		*	6.0	9.0				
	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)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
Joseph W. Varzon Chemistry Manager TYPE OR PRINT			724 682-5113			
			AREA CODE NUMBER	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

FROM

(2-16)			(17-19)			
PA0025615			413			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	07	01		02	07	31
(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	*	1/WEEK	GRAB	
Oil and Grease	Sample Measurement	*	*		*							
	Permit Requirement	*	*	*	*	15	20	MG/L	*	1/WEEK	GRAB	
pH	Sample Measurement	*	*		*							
	Permit Requirement	*	*	*	60	*	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)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
			724 682-5113 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

(2-16)			(17-19)			
PA0025615			013			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	07	01		02	07	31
(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			
Flow	Sample Measurement	0.012	0.024	MGD	*	*	*		1/7	EST
	Permit Requirement	MONITOR AND REPORT			*	*	*	*	1/WEEK	ESTIMATE
Total Residual Chlorine	Sample Measurement	*	*	*	*	0.23	0.28	0	2/31	CALC
	Permit Requirement	*	*		*	0.5	1.25	MG/L	*	2/MONTH
Copper	Sample Measurement	*	*	*	*	0.017	0.028		1/7	CALC
	Permit Requirement	*	*		*	MONITOR AND REPORT		MG/L	*	1/WEEK
Chlorobenzene	Sample Measurement	*	*	*	*					
	Permit Requirement	*	*		*	MONITOR AND REPORT		MG/L	*	2/QUARTER
Temperature	Sample Measurement	*	86	°F	*	*	*	0	1/7	GRAB
	Permit Requirement	*	110		*	*	*	*	*	1/WEEK
Cyanide, tot	Sample Measurement	*	*	*	*	60.02	60.02		2/31	CALC
	Permit Requirement	*	*		*	MONITOR AND REPORT		S.U.	*	2/MONTH
pH	Sample Measurement	*	*	*	7.40	*	7.61	0	1/7	CALC
	Permit Requirement	*	*		*	60	*	90	S.U.	*
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 08 28 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.