



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

December 26, 2002

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

National Pollutant Discharge Elimination System (NPDES) Monthly Report,
EPA Permit No. PA00025615
Beaver Valley Power Station Unit 1 and Unit 2
BV-1, Docket No. 50-334, License No. DPR-66
BV-2 Docket No. 50-412, License No. NPF-73

Dear Sir:

The November 2002 NPDES Discharge Monitoring Report for FirstEnergy Nuclear Operating Company, Beaver Valley Power Station is attached. This report has also been submitted to the Pennsylvania Department of Environmental Protection.

Should you have any questions regarding the attached report, please direct them to Edward H. Hubley, Manager Chemistry and Nuclear Environmental at 724 682-5113.

Sincerely,

James H. Lash
Plant General Manager

EHH/djs

Attachment

cc: E.H. Hubley
S.F. Brown
Central File

IE25

'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.

For sludge that is incinerated:

Pre-incineration weight = _____	dry tons
Post-incineration weight = _____	dry tons

SLUDGE PRODUCTION INFORMATION (prior to incineration)

DISPOSAL SITE INFORMATION: List all sites, even if not used this month

(SSR-1 3/21/91)

12/27/02
Date

(724) 682-5113
Telephone

Instructions:

Unit 2

(724) 682-5113
Telephone

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

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

001 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNITS 1&2 COOLG. TOWER BLWDN.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	11	01		02	11	30

*** NO DISCHARGE 1-1 ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		6.95	*****	8.01	(12)	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(19)		*	*
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	*****	*****		*****	0.95	1.1	(19)		2/30	GRAB
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	GRAB
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	*****	*****		*****	0.61	0.73	(19)		2/30	GRAB
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	*****	*****		*****	**	**	(19)		**	**
04251 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0 MO AVG	0 DAILY MX	MG/L		WHEN DISCHRG	COMP 24
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	*****	*****		*****	LO.01	LO.01	(19)		2/30	GRAB
32730 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	38.4	51.5	(03)	*****	*****	*****			DAILY	CONT
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		DAILY	CONTIN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

EDWARD H. HOBBS JAMES LASH
PLANT GENERAL MANAGER
CHEMIST MANAGER

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

724 682-7340

02 12 26

AREA CODE NUMBER

YEAR MO DAY

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ D T-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.)

Paperwork Reduction Act Notice

Public reporting burden for this collection of information is estimated to vary from a range of 10 hours as an average per response for some minor facilities, to 110 hours as an average per response for some major facilities, with a weighted average for major and minor facilities of 18 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW, Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

General Instructions

1. If form has been partially completed by preprinting, disregard instructions directed at entry of that information already preprinted.
2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
4. Enter each "Parameter" as specified in monitoring requirements of permit.
5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" in units specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period"; "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period." (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum.")
6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
7. Under "No Ex" enter number of sample measurements during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0."
8. Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g., Enter "Cont." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement," (e.g., Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)
10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions taken, and reference each violation by date.
11. If "no discharge" occurs during monitoring period, enter "No Discharge" across form in place of data entry.
12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent," "Telephone Number," and "Date" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this Discharge Monitoring Report (DMR) form may be obtained from Office(s) specified in permit.

Legal Notice

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or by both.

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

001 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNITS 1&2 COOLG. TOWER BLWDN.

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
02	11	01		02	11	30

*** NO DISCHARGE 1 ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.13	0.20	(19)	0	1/7	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.5	1.25			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		AVERAGE	MAXIMUM	MG/L			
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****	0.08	0.34	(19)	0	CONT	RECD
50064 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.2	0.5			CONTINUOUS	RECORD
EFFLUENT GROSS VALUE				****		AVERAGE	MAXIMUM	MG/L			
HYDRAZINE	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(19)		*	*
81313 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0	0			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		MO AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH
 PLANT GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

724 682-7340

AREA CODE NUMBER

DATE

02 12 26

YEAR MO DAY

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ D T-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.)

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

December 26, 2002

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

National Pollutant Discharge Elimination System (NPDES)
Permit PA0025615 Outfall 001

Dear Sir or Madam:

Beaver Valley has committed to the PA DEP to provide weekly Dissolved Oxygen results. Approved procedures were developed and implemented at Beaver Valley in mid-November. The following are the Dissolved Oxygen results for Outfall 001, Unit 1 Cooling Tower Blowdown.

November 19, 2002 10.6 mg/L
November 25, 2002 10.7 mg/L

Should you have any questions please direct them to Edward H. Hubley, Manager Chemistry and Nuclear Environmental at 724 682-5113.

Sincerely,

A handwritten signature in dark ink, appearing to read "James H. Lash" followed by "FOR". The signature is fluid and cursive.

James H. Lash
Plant General Manager

EHH/djs

cc: E.H. Hubley
S.F. Brown
Central File

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

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

002 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

INTAKE SCREEN BACKWASH

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	11	01		02	11	30

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.006	0.046	(03)	*****	*****	*****			1/7	EST
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
	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

JAMES H. LASH
PLANT GENERAL MANAGER

TYPED OR PRINTED

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

FOR UNL

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

724-682-7340

AREA CODE NUMBER

DATE

02 12 26

YEAR MO DAY

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

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

003 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

003

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
02	11	01		02	11	30

*** NO DISCHARGE 1 ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N) 00630 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.95	1.2	(19)		2/30	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	GRAB
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	20.05	20.05	(19)		2/30	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	GRAB
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.17	0.18	(19)		2/30	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	GRAB
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.03	0.04	(19)		2/30	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	GRAB
PHENOLICS, TOTAL RECOVERABLE 32730 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	20.01	20.01	(19)		2/30	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.032	0.096	(03)	*****	*****	*****			2/30	EST
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		TWICE/MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH
PLANT GENERAL MANAGER

TYPED OR PRINTED

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

 SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

 AREA
CODE

NUMBER

YEAR

MO

DAY

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

THE FLOWS FROM OUTFALLS 103, 203, 303, AND 403 ARE TO BE TOTALED AND REPORTED AS THE 003 FLOW.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (if different))

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 169

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

004 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT ONE COOLG TOWER OVERFLOW

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	11	01		02	11	30

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.70	*****	7.85	(12)	0	2/30*	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	*****	*****		*****	1.2	1.8	(19)		2/30	GRAB
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	GRAB
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	*****	*****		*****	0.75	1.2	(19)		2/30	GRAB
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	GRAB
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT	*****	*****		*****	40.01	40.01	(19)		2/30	GRAB
32730 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	MEASUREMENT
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.03	0.06	(19)	0	2/30*	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.5 MO AVG	1.25 INST MAX	MG/L		WEEKLY	GRAB
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****	0.0	0.0	(19)	0	2/30*	GRAB
50064 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.2 AVERAGE	0.5 MAXIMUM	MG/L		WEEKLY	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				TELEPHONE		DATE			
JAMES H. LASH PLANT GENERAL MANAGER						724 682-7340		02 12 26			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE		NUMBER			

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

* DISCHARGE OCCURRED IN ONLY 2 WEEKS IN NOVEMBER 2002.

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

006 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

AUX. INTAKE SCREEN BACKWASH

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	11	01		02	11	30

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.002	0.016	(03)	*****	*****	*****			1/7	EST
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MSD	*****	*****	*****	****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE 724 682-340	DATE			
JAMES H. LASH PLANT GENERAL MANAGER TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT J. H. LASH FOR JHL	AREA CODE 724	NUMBER 682-340	YEAR 02

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

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

007 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

AUX. INTAKE SYSTEM

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
02	11	01		02	11	30

 *** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY ESTIMATE	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.5 MO AVG	1.25 INST MAX	MG/L		WEEKLY GRAB	
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
50064 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.2 AVERAGE	0.5 MAXIMUM	MG/L		WEEKLY 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 this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE		
JAMES H. LASH Plant General Manager TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	774 682-7340	02	12

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

MONITORING FOR FLOW, FREE AVAILABLE CHLORINE, AND TOTAL RESIDUAL CHLORINE ARE REQUIRED ONLY DURING THOSE PERIODS OF DISCHARGE FROM THE ALTERNATE FLOW PATH OF THE REACTOR PLANT RIVER WATER SYSTEM.

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

008 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 1 COOLING TOWER PUMPHOUSE

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	11	01		02	11	30

*** NO DISCHARGE 1 ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLOR (PT-CO UNITS) 00080 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	36.5	38.0	(10)		2/30	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	PT-CO		TWICE/MONTH	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.80		8.15	(12)	0	2/30	GRAB
	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	11.9	17.5	(19)	0	2/30	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		TWICE/MONTH	GRAB
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	45.0	45.0	(19)	0	2/30	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	15 MO AVG	20 DAILY MX	MG/L		TWICE/MONTH	GRAB
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	40.1	40.1	(19)		2/30	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	GRAB
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.49	0.64	(17)		2/30	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	GRAB
MANGANESE, TOTAL (AS MN) 01055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.07	0.07	(17)		2/30	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH
PLANT GENERAL MANAGER
TYPED OR PRINTED

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TELEPHONE

724-682-7340

DATE

02 12 26

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

James H. Lash

AREA CODE

724

NUMBER

682-7340

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

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

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

008 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 1 COOLING TOWER PUMPHOUSE

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	11	01		02	11	30

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.056	0.091	(19)		4/30	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	GRAB
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.26	0.40	(19)		4/30	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	GRAB
PHENOLICS, TOTAL RECOVERABLE 32730 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	20.01	20.01	(19)		4/30	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	20.001	20.001	(03)	*****	*****	*****			1/7	EST
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY ESTIMATE	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER JAMES H. LASH PLANT GENERAL MANAGER TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT J. H. LASH FOR JHL	TELEPHONE	DATE		
			724-681-7340 AREA CODE NUMBER	02	12	26 YEAR MO DAY

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

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

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

010 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 2 COOLING WATER

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	11	01		02	11	30

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		6.90	*****	7.59	(12)	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(19)		*	*
04251 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0 MO AVG	0 INST MAX	MG/L		WHEN COMP 24 DISCH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.133	0.288	(03)	*****	*****	*****			1/7	MEAS
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.0	0.0	(19)	0	1/7	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.5 MO AVG	1.25 INST MAX	MG/L		WEEKLY	GRAB
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	*****	*****		*****	0.0	0.0	(19)	0	1/7	GRAB
50064 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.2 AVERAGE	0.5 MAXIMUM	MG/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH
PLANT GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

724 682-7340

02 12 26

AREA CODE

NUMBER

YEAR

MO

DAY

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

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

MG/L. (THE LIMIT IS 35 M

G/L AS A DAILY MAX.) * CLAMTROL (CT-1) WAS NOT DISCHARGED IN NOVEMBER 2002.

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

011 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

DIESEL GEN & TURBINE DRAINS

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD

YEAR	MO	DAY
02	11	01

YEAR	MO	DAY
02	11	30

TO

*** NO DISCHARGE 1 ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.004	0.004	(03)	*****	*****	*****			1/7	EST
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH
 PLANT GENERAL MANAGER
 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

 724-682-7340
 AREA CODE NUMBER

DATE

 02 12 26
 YEAR MO DAY

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

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

012 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

BLOWDOWN FROM THE HVAC UNIT

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	11	01		02	11	30

*** NO DISCHARGE 1 ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		8.41	*****	8.60	(12)	0	2/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
CHROMIUM, TOTAL (AS CR)	SAMPLE MEASUREMENT	*****	*****		*****	40.002	40.002	(19)	0	1/7	GRAB
01034 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.2 MO AVG	0.2 DAILY MX	MG/L		WEEKLY	GRAB
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	*****	*****		*****	0.089	0.135	(19)		1/7	GRAB
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	*****	*****		*****	3.6	DIS 3.639	(19)	3*	1/7	GRAB
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	1.0 MO AVG	1.0 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	40.001	40.001	(03)	*****	*****	*****			1/30	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE/MONTH	ESTIMATE
SOLIDS, TOTAL DISSOLVED	SAMPLE MEASUREMENT	*****	*****		*****	608	684	(19)		1/7	GRAB
70295 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH
PLANT GENERAL MANAGER

TYPED OR PRINTED

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J. H. LASH FOR JNL

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

724-682-7448

AREA CODE

NUMBER

DATE

02-12-26

YEAR MO DAY

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

* SEE ATTACHED LETTER FOR EXPLANATION OF EXCURSIONS.



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

December 26, 2002

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

National Pollutant Discharge Elimination System (NPDES)
Permit PA0025615 Outfall 012

Dear Sir or Madam:

During the month of November, 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 3.91 mg/L on November 15, 2002; 3.54 on November 20, 2002; and 6.08 on November 25, 2002.

Outfall 012 is the blowdown from the HVAC system at the Beaver Valley Emergency Response Facility (ERF). Zinc in the blowdown is attributed to the corrosion of the HVAC system and 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 working with the Pennsylvania DEP on an acceptable compliance schedule with respect to effluent limits at Outfall 012.

Should you have any questions please direct them to Edward H. Hubley, Manager Chemistry and Nuclear Environmental at 724 682-5113.

Sincerely,

A handwritten signature in dark ink, appearing to read "J. Lash FOR".

James H. Lash
Plant General Manager

EHH/djs

cc: E.H. Hubley
S.F. Brown
Central File

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025613

PERMIT NUMBER

013 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

OUTFALL 013

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPING PORT

PA 15077-0004FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
02	11	01		02	11	30

*** NO DISCHARGE | 1 | ***

NOTE: Read instructions before completing this form.

[illegible]

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH
PLANT GENERAL MANAGER

TYPED OR PRINTED

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

TELEPHONE

DATE _____

724	1682-7340	02	12	26
AREA CODE	NUMBER	YEAR	MO	DAY

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

THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

101 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

101 CHEMICAL WASTE TREATMENT

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	11	01		02	11	30

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		6.44	*****	7.90	(12)	0	1/7	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	24.0	24.0	(19)	0	1/2	2 HZ COMP
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	30	100			WEEKLY	COMP
EFFLUENT GROSS VALUE						MO AVG	DAILY MX	MG/L			
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	25.0	25.0	(19)	0	1/7	GRAB
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	15	20			WEEKLY	GRAB
EFFLUENT GROSS VALUE						MO AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(19)		*	*
00610 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			WEEKLY	GRAB
EFFLUENT GROSS VALUE						MO AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	6.018	0.082	(03)	*****	*****	*****			Daily	CONT
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		DAILY	CONTIN
EFFLUENT GROSS VALUE		MO AVG	DAILY MX	MGD				****			
HYDRAZINE	SAMPLE MEASUREMENT	*****	*****		*****	*	*	(17)		*	*
81313 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		MO AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMEE A. LASH
PLANT GENERAL MANAGER

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

AREA CODE

NUMBER

YEAR

MO

DAY

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. SAMPLES SHALL BE TAKEN AT THE DISCHARGE FROM THE CHEMICAL WASTE SUMP PRIOR TO MIXING WITH ANY OTHER WATER.

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

102 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

102 INTAKE SCREENHOUSE

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
02	11	01		02	11	30

*** NO DISCHARGE 1 ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		6.78	*****	7.39	(12)	0	2/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	15.1	20.2	(19)	0	2/30	GRAB
00330 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		TWICE/MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	15.0	15.0	(19)	0	2/30	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MO AVG	20 DAILY MX	MG/L		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	20.001	20.001	(03)	*****	*****	*****			2/30	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		TWICE/MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH
Plant General Manager
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

AREA CODE

NUMBER

YEAR

MO

DAY

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

SAMPLES SHALL BE TAKEN AT THE DISCHARGE OF COLLECTED PUMP BEARING LEAKAGE PRIOR TO MIXING WITH ANY OTHER WATER.

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

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168
SHIPPINGPORT

PA 15077-0004

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

PA0025619

PERMIT NUMBER

103 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

SLUDGE SETTLING BASIN

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	11	01		02	11	01

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		6.57	*****	6.94	(12)	0	2/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WICE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	5.0	6.0	(19)	0	2/30	24 HR COMP
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 MD AVG	100 DAILY MX	MG/L		WICE/ MONTH	COMP 24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.006	0.021	(03)	*****	*****	*****			2/30	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WICE/ MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER JAMES H. LASH PLANT GENERAL MANAGER TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT J. H. LASH	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
			74	682-7340	02	12	26

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

SAMPLES SHALL BE TAKEN AT OVERFLOW FROM THE BASIN PRIOR TO MIXING WITH ANY OTHER WATER.

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

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

110 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 2 SERVICE WATER BACKWASH

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
02	11	01		02	11	30

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH
PLANT GENERAL MANAGER

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

724-682-7310

AREA CODE NUMBER

DATE

02 12 26

YEAR MO DAY

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

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

111 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

111 DIESEL GENERATOR BLDG

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
02	11	01		02	11	30

*** NO DISCHARGE 111 ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.05	*****	7.69	(12)	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	7.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	4.5	6.4	(19)	0	1/7	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MD AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	45.0	45.0	(19)	0	1/7	GRAB
00536 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MD AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.002	0.002	(03)	*****	*****	*****			1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH
PLANT GENERAL MANAGER
TYPED OR PRINTED

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

 SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

AREA CODE

NUMBER

YEAR

MO

DAY

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

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

113 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 2 SEWAGE TMT PLANT

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	11	01		02	11	30

*** NO DISCHARGE 1 ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		6.96	*****	7.04	(12)	0	2/30	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SU		TWICE/MONTH	GRAB
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	5.8	6.8	(19)	0	2/30	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	30	60	MG/L		TWICE/MONTH	COMP
EFFLUENT GROSS VALUE						MD AVG	DAILY MX				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.018	0.031	(03)	*****	*****	*****		0	1/7	MEAS
50050 1 0 0	PERMIT REQUIREMENT	0.043	REPORT		*****	*****	*****	****		WEEKLY	MEASRD
EFFLUENT GROSS VALUE		MD AVG	DAILY MX	MGD				****			
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.08	0.11	(19)	0	2/30	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	1.4	3.3	MG/L		TWICE/MONTH	GRAB
EFFLUENT GROSS VALUE						MD AVG	INST MAX				
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	17.7	*****	(13)	0	2/30	GRAB
74055 1 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	2000	*****	#/100ML		TWICE/MONTH	GRAB
EFFLUENT GROSS VALUE						MD GEOMN					
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*****	*****		*****	22.0	22.0	(19)	0	2/30	GRAB
80082 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	25	50	MG/L		TWICE/MONTH	COMP
EFFLUENT GROSS VALUE						MD AVG	DAILY MX				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH
PLANT GENERAL MANAGER

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

 724-1882-7340
02 12 26

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

SAMPLES SHALL BE TAKEN AT OVERFLOW FROM THE CHLORINE CONTACT TANK PRIOR TO MIXING WITH ANY OTHER WATER.

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

203 A

DISCHARGE NUMBER

MAJOR

(SUBR 09)

F - FINAL

MAIN SEWAGE TMT PLANT

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	11	01		02	11	30

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.31	*****	7.35	(12)	0	2/30	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SU		TWICE/	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM			MONTH	
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	22.6	25.3	(19)	0	2/30	8 HR COMP
SUSPENDED	PERMIT REQUIREMENT	*****	*****	****	*****	30	60			TWICE/	COMP-B
00530 1 0 0				****		MO AVG	DAILY MX	MG/L		MONTH	
EFFLUENT GROSS VALUE											
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	0.007	0.019	(03)	*****	*****	*****			1/7	METS
THRU TREATMENT PLANT	PERMIT REQUIREMENT	0.023	REPORT		*****	*****	*****	****		WEEKLY	MEASRD
50050 1 0 0		MO AVG	DAILY MX	MGD				****			
EFFLUENT GROSS VALUE											
CHLORINE, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	0.08	0.13	(19)	0	2/30	GRAB
RESIDUAL	PERMIT REQUIREMENT	*****	*****	****	*****	1.4	3.3			TWICE/	GRAB
50060 1 0 0				****		MO AVG	INST MAX	MG/L		MONTH	
EFFLUENT GROSS VALUE											
COLIFORM, FECAL	SAMPLE MEASUREMENT	*****	*****		*****	30.7	*****	(13)	0	2/30	GRAB
GENERAL	PERMIT REQUIREMENT	*****	*****	****	*****	2000	*****	#/		TWICE/	GRAB
74055 1 1 0				****		MO GEDMN		100ML		MONTH	
EFFLUENT GROSS VALUE											
BOD, CARBONACEOUS	SAMPLE MEASUREMENT	*****	*****		*****	3.3	3.4	(19)	0	2/30	8 HR COMP
05 DAY, 20C	PERMIT REQUIREMENT	*****	*****	****	*****	25	50			TWICE/	COMP-B
80082 1 0 0				****		MO AVG	DAILY MX	MG/L		MONTH	
EFFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH
PLANT GENERAL MANAGER

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

AREA CODE

NUMBER

YEAR

MO

DAY

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

SAMPLES SHALL BE TAKEN AT OVERFLOW FROM THE CHLORINE CONTACT TANK PRIOR TO MIXING WITH ANY OTHER WATER.

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

211 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

211 TURBINE BLDG

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	11	01		02	11	30

*** NO DISCHARGE 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		6.96	*****	7.40	(12)	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	7.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	44.0	44.0	(19)	0	1/7	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MD AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	45.0	45.0	(19)	0	1/7	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MD AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.002	0.002	(03)	*****	*****	*****			1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH
PLANT GENERAL MANAGER
TYPED OR PRINTED

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

 SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

 724.682.7340
AREA CODE NUMBER

 02 12 26
YEAR MO DAY

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

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

213 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 2 COOL TOWER PUMPHOUSE

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
02	11	01		02	11	30

 *** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0				
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	SU			TWICE/GRAB MONTH
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
SUSPENDED	PERMIT REQUIREMENT	*****	*****	****	*****	30	100				
00530 1 0 0				****		MO AVG	DAILY MX	MG/L			TWICE/GRAB MONTH
EFFLUENT GROSS VALUE											
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	15	20				
EFFLUENT GROSS VALUE				****		MO AVG	DAILY MX	MG/L			TWICE/GRAB MONTH
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****			
50050 1 0 0		MO AVG	DAILY MX	MGD				****			WEEKLY ESTIMA
EFFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH
PLANT GENERAL MANAGER

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

724-682-7310

AREA CODE NUMBER

02 12 26

YEAR MO DAY

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

SAMPLES SHALL BE TAKEN AT DISCHARGE FROM THE PUMP HOUSE PRIOR TO MIXING WITH ANY OTHER WATER.

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

301 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 2 AUX BOILER BLOWDOWN

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
02	11	01	TO	02	11	30

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	44.0	44.0	(19)	0	2/30	GLAB
	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		TWICE/GRAB MONTH	
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	45.0	45.0	(19)	0	2/30	GLAB
	PERMIT REQUIREMENT	*****	*****	****	*****	15 MO AVG	20 DAILY MX	MG/L		TWICE/GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	40.001	40.001	(03)	*****	*****	*****			1/7	EST
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY ESTIMA	
	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

 JAMES H. LASH
PLANT GENERAL MANAGER

TYPED OR PRINTED

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

Inal FOR JHL

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

724 682-7340

AREA CODE

NUMBER

DATE

02 12 26

YEAR

MO

DAY

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

SAMPLES SHALL BE TAKEN AT THE DISCHARGE OF BOILER BLOWN DOWN PRIOR TO MIXING WITH ANY OTHER WATER.

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

303 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 1 OIL WATER SEPARATOR

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	11	01		02	11	30

*** NO DISCHARGE 1 ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.07	*****	7.71	(12)	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	5.7	9.3	(19)	0	1/7	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MD AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	LS.0	LS.0	(19)	0	1/7	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MD AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.019	0.056	(03)	*****	*****	*****			1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH
 PLANT GENERAL MANAGER

TYPED OR PRINTED

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

 J. LASH FOR JNL
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

 741632-7340
 AREA CODE NUMBER

 02 12 26
 YEAR MO DAY

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

SAMPLES SHALL BE TAKEN AT OVERFLOW FROM THE OIL WATER SEPARATOR PRIOR TO MIXING WITH ANY OTHER WATER.

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

313 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

313 TURBINE BLDG DRAIN

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	11	01		02	11	30

*** NO DISCHARGE 1-1 ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		6.88	*****	7.45	(12)	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	5.6	9.3	(19)	0	1/7	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	LS.0	LS.0	(19)	0	1/7	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MO AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.002	0.002	(03)	*****	*****	*****			1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH
 PLANT GENERAL MANAGER

TYPED OR PRINTED

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

 SIGNATURE OF PRINCIPAL EXECUTIVE
 OFFICER OR AUTHORIZED AGENT

TELEPHONE

224,682-7340

AREA CODE

NUMBER

DATE

02 12 26

YEAR

MO

DAY

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

SAMPLES SHALL BE TAKEN AT DISCHARGE FROM OWS #21 PRIOR TO MIXING WITH ANY OTHER WATER.

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

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168
SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

401 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

CHEM. FEED AREA OF AUX. BOILERS

Form Approved.
OMB No 2040-0004

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	11	01		02	11	30

*** NO DISCHARGE 1-1 ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		8.11	*****	8.32	(12)	0	2/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	REPORT MAXIMUM	SU		TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	4.0	4.0	(19)	0	2/30	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		TWICE/MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	5.0	5.0	(19)	0	2/30	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MO AVG	20 DAILY MX	MG/L		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	40.00	40.00	(03)	*****	*****	*****			1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH
PLANT GENERAL MANAGER
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

724 432-7346

02 12 26

AREA CODE NUMBER

YEAR MO DAY

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

SAMPLES SHALL BE TAKEN AT CHEMICAL FEED AREA DRAINS PRIOR TO MIXING WITH ANY OTHER WATER.

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

403 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

CONDENSATE BLOWDOWN & RIVR WAT

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	11	01		02	11	30

 *** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	15 MO AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
04251 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0 MO AVG	0 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMATE
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.5 MO AVG	1.25 INST MAX	MG/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES A. LASH
PLANT GENERAL MANAGER
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

 724 682-7340 02 12 26
AREA CODE NUMBER YEAR MO DAY

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ D T-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.) SAMPLES SHALL BE TAKEN AT MP 402 PRIOR TO MIXING WITH ANY OTHER WATER

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

403 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

CONDENSATE BLOWDOWN & RIVR WAT

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	11	01		02	11	30

 *** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
HYDRAZINE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
B1313 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	0	0			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		MO AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH
Plant General Manager
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

 724-682-2340
AREA CODE NUMBER

 02 12 26
YEAR MO DAY

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ D T-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.) SAMPLES SHALL BE TAKEN AT MD 103 PRIOR TO MIXING WITH ANY OTHER WATER

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

413 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

BULK FUEL STORAGE DRAIN

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	11	01		02	11	30

 *** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00530 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	*****	30 MD AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00536 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	*****	15 MD AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH
 PLANT GENERAL MANAGER
 TYPED OR PRINTED

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

JAL FOR JHL

 SIGNATURE OF PRINCIPAL EXECUTIVE
 OFFICER OR AUTHORIZED AGENT

TELEPHONE

724,682-7340

AREA CODE

NUMBER

DATE

02 12 26

YEAR

MO

DAY

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

SAMPLES SHALL BE TAKEN AT DISCHARGE FROM QWS #24 PRIOR TO MIXING WITH ANY OTHER WATER.

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

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

501 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

UNIT 1 GENRTR BLWDWN FILT BW

Form Approved.
OMB No 2040-0004

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	11	01		02	11	01

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	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

JAMES H. LASH
PLANT GENERAL MANAGER

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

24 682-7360 02 12 26
AREA CODE NUMBER YEAR MO DAY

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

SAMPLES SHALL BE TAKEN AT INTERNAL MP 501 PRIOR TO MIXING WITH ANY OTHER WATER.

Month: NOVEMBER
Year: 2002

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

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

For sludge that is incinerated:

Pre-incineration weight	=	_____	dry tons
Post-incineration weight	=	_____	dry tons

UNIT 1

HAULED AS LIQUID SLUDGE				HAULED AS DEWATERED SLUDGE			
(Gallons)	X (% Solids)	(Conversion Factor)	= Dry Tons	(Tons of Dewatered Sludge)	X (% Solids)	X (.01)	= Dry Tons
4,000	2.0	.0000417	0.33			.01	
TOTAL			= 0.33	TOTAL			=

	Site 1	Site 2	Site 3	Site 4
Name:	Borough of Monaca	Hopewell Township		
Permit No.:	PA0020125	PA0026328		
Dry Tons Disposed:		0.33		
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	Beaver	Beaver		

(SSR-1 3/21/91)

Signature

Chemistry Manager
Title

12/27/02
Date

(724) 682-5113
Telephone

Month: NOVEMBER
Year: 2001

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

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

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

UNIT 2

HAULED AS LIQUID SLUDGE				HAULED AS DEWATERED SLUDGE							
(Gallons)	X	(% Solids)	(Conversion Factor)	=	Dry Tons	(Tons of Dewatered Sludge)	X	(% Solids)	X (.01)	=	Dry Tons
12,000		2.0	.0000417		1.00				.01		
TOTAL				=	1.00	TOTAL				=	

	Site 1	Site 2	Site 3	Site 4
Name:	Borough of Monaca	Hopewell Township		
Permit No.:	PA0020125	PA0026328		
Dry Tons Disposed:		1.00		
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	Beaver	Beaver		

Signature *[Signature]*

Chemistry Manager
Title

12/27/02
Date

(724) 682-5113
Telephone

NAME FIRST CHURCH LEP

ADDRESS PA ROUTE 100

CHIPPENHURST

PA 19077-0004

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

OMB No 2040-0004

PA0002-413

PERMIT NUMBER

001 4

DISCHARGE NUMBER

115.430

100000000

F - FINAL

UNIT 100 - 10000. TOWER BLWIN

FACILITY BEAVER VALLEY POWER STATION

LOCATION CHIPPENHURST

PA 19077-0004 FROM

ATTN: NATHAN J. MATTHEW

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	11	0		0	11	20

NO DISCHARGE 1 1 1

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
PH					6.95		8.01	(12)	0	1/7	GRAB	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT							SU		WEEKLY	GRAB	
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT				*		*	(19)		*	*	
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT							MG/L		WEEKLY	GRAB	
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT					0.95	1.1	(19)		2/30	GRAB	
01043 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT							MG/L		TWICE/MONTH	GRAB	
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT					0.61	0.73	(19)		2/30	GRAB	
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT							MG/L		TWICE/MONTH	GRAB	
GLACIOL (T-1) TOTAL WATER	SAMPLE MEASUREMENT					**	**	(19)		**	**	
04201 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT							MG/L		WHEN DISCH	COMP24	
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT					40.01	40.01	(19)		2/30	GRAB	
32730 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT							MG/L		TWICE/MONTH	GRAB	
FLOW, IN CONDUIT UP THRU TREATMENT PLANT	SAMPLE MEASUREMENT	38.4	51.5	(100)						DAILY	CONT	
50000 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT							MG/L		DAILY	CONT	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.						TELEPHONE		DATE		
EDWARD H. HUBLEY JAMES LASH PLANT GENERAL MANAGER CHEMISTRY MANAGER												
DIS 126 04 TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						AREA CODE	NUMBER	YEAR	MO	DAY
		724 682-7340								02	12	26

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAY-UP. REPORT THE DAILY MAXIMUM FOR BETZ D 1-1 WHEN DISCHARGING (24 HR CONT)



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

December 26, 2002

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

National Pollutant Discharge Elimination System (NPDES)
Permit PA0025615 Outfall 001

Dear Sir or Madam:

Beaver Valley has committed to the PA DEP to provide weekly Dissolved Oxygen results. Approved procedures were developed and implemented at Beaver Valley in mid-November. The following are the Dissolved Oxygen results for Outfall 001, Unit 1 Cooling Tower Blowdown.

November 19, 2002 10.6 mg/L
November 25, 2002 10.7 mg/L

Should you have any questions please direct them to Edward H. Hubley, Manager Chemistry and Nuclear Environmental at 724 682-5113.

Sincerely,

A handwritten signature in dark ink, appearing to read "James H. Lash" followed by "FOR". The signature is written in a cursive, flowing style.

James H. Lash
Plant General Manager

EHH/djs

cc: E.H. Hubley
S.F. Brown
Central File

NAME FIRST ENERGY CORP

ADDRESS PO BOX 168

SHIPPINGTON

PA 15077-0004

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

PA0025615

PERMIT NUMBER

724-682-7340

DISCHARGE NUMBER

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGTON

PA 15077-0004 FROM

ATTN: MATTHEW J. HARTMAN

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
02	11	17		02	11	17

NO DISCHARGE ()

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
NITRITE PLUS NITRATE TOTAL 1 DET (AS N) 00630 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					0.95	1.2	(19)		2/30	GRAB
	PERMIT REQUIREMENT					REPORT ONLY	REPORT ONLY	MG/L		TWICE/MONTH	GRAB
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					LO.05	LO.05	(19)		2/30	GRAB
	PERMIT REQUIREMENT					REPORT ONLY	REPORT ONLY	MG/L		TWICE/MONTH	GRAB
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					0.17	0.18	(19)		2/30	GRAB
	PERMIT REQUIREMENT					REPORT ONLY	REPORT ONLY	MG/L		TWICE/MONTH	GRAB
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					0.03	0.04	(19)		2/30	GRAB
	PERMIT REQUIREMENT					REPORT ONLY	REPORT ONLY	MG/L		TWICE/MONTH	GRAB
PHENOLICS, TOTAL RECOVERABLE 02730 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					LO.01	LO.01	(19)		2/30	GRAB
	PERMIT REQUIREMENT					REPORT ONLY	REPORT ONLY	MG/L		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OF THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.032	0.096	(19)						2/30	EST
	PERMIT REQUIREMENT	REPORT ONLY	REPORT ONLY	MG/L						TWICE/MONTH	ESTIMATE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH
PLANT GENERAL MANAGER

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

 724-682-7340
AREA CODE NUMBER
02 12 26
YEAR MO DAY

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

THE FLOWS FROM OUTFALLS 103, 203, 303, AND 402 ARE ALL REPORTED AS THE GROSS FLOW.

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 143

SHIPPENSBURG

PA 15977-0001

PERMIT NUMBER

DISCHARGE NUMBER

FACILITY BEAVER VALLEY POWER PLANT

LOCATION SHIPPENSBURG

PA 15977-0001 FROM

ATTN: MATTHEW J. HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2002	1	01		2002	1	01

15977-0001

15977-0001

15977-0001

UNIT ONE COOLING TOWER OVERFLOW

PERMIT DISCHARGE 15977-0001

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH					7.70		7.85		0	2/30*	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT							SU		WEEKLY	GRAB
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT					1.2	1.8			2/30	GRAB
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT							MG/L		TWICE/MONTH	GRAB
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT					0.75	1.2			2/30	GRAB
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT							MG/L		TWICE/MONTH	GRAB
PHENOLICS, TOTAL RECOVERABLE	SAMPLE MEASUREMENT					LO.01	LO.01			2/30	GRAB
02700 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT							MG/L		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT										
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT									WEEKLY	MEASUREMENT
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT					0.03	0.06		0	2/30*	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT							MG/L		WEEKLY	GRAB
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT					0.0	0.0		0	2/30*	GRAB
30064 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT							MG/L		WEEKLY	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				TELEPHONE		DATE			
JAMES H. LASH PLANT GENERAL MANAGER						724 682-7340		02	12	26	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMBER	YEAR	MO	DAY	

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

* DISCHARGE OCCURRED IN ONLY 2 WEEKS IN NOVEMBER 2002.

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 140

SHIPPENSBURG

PA 15077-0004

PA0003013
PERMIT NUMBER

0003 0
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	11	03		02	11	20

FACILITY BEAVER VALLEY POWER PLANT

LOCATION SHIPPENSBURG

PA 15077-0004 FROM

ATTN: MATTHEW J. HARTMAN

11/03/02

11/03/02

11/03/02

ANY INTAKE SCREEN BACKWASH

*** NO DISCHARGE 11/03/02 ***

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.002	0.016	MGD						1/7	EST
00050 1 0 0	PERMIT REQUIREMENT									WEEKLY	ESTIMA
EFFLUENT GROSS VALUE	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 this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE		
			AREA CODE	NUMBER	YEAR
JAMES H. LASH PLANT GENERAL MANAGER TYPED OR PRINTED		724 682-740	02	12	26
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPENSBURG

PA 15077-0004

PA0025415

PERMIT NUMBER

002 A

DISCHARGE NUMBER

WATER

1500R 001

5.1.1.1.1

WATER INTAKE SYSTEM

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPENSBURG

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
02	11	01				

11/01 DISCHARGE ☒ ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT							(12)			
00400 1 0 0 EFFLUENT CROSS VALUE	PERMIT REQUIREMENT							SU		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(00)							
50050 1 0 0 EFFLUENT CROSS VALUE	PERMIT REQUIREMENT			MGD						WEEKLY	ESTIMATE
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT							(19)			
50060 1 0 0 EFFLUENT CROSS VALUE	PERMIT REQUIREMENT							MG/L		WEEKLY	GRAB
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT							(19)			
50064 1 0 0 EFFLUENT CROSS VALUE	PERMIT REQUIREMENT							MG/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH
PLANT GENERAL MANAGER

TYPED OR PRINTED

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DOUG FOR JHL

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

724 682-7340

02 12 26

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

MONITORING FOR FLOW, FREE AVAILABLE CHLORINE, AND TOTAL CHLORINE ARE REQUIRED ONLY DURING THOSE PERIODS OF DISCHARGE FROM THE ALTERNATE FLOW PATH OF THE BEAVER VALLEY POWER PLANT RIVER WATER SYSTEM.

NAME FIRST BEAVER VALLEY

ADDRESS PA ROUTE 168

SHIPP HARBOR

PA 18077-0004

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

PERMIT NUMBER

DISCHARGE NUMBER

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPP HARBOR

PA 18077-0004

ATTN: MATTHEW J. HARTMAN

MONITORING PERIOD

YEAR MO DAY TO YEAR MO DAY

TOWER PUMPHOUSE

NO. 1 DISCHARGE

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLOR (PT-CO UNITS)						36.5	38.0	(10)		2/30	GRAB
00080 1 0 0	PERMIT REQUIREMENT					REPORT	REPORT	PT-CO		TWICE/MONTH	GRAB
EFFLUENT GROSS VALUE											
PH					7.80		8.15	(10)		2/30	GRAB
00400 1 0 0	PERMIT REQUIREMENT							PH		TWICE/MONTH	GRAB
EFFLUENT GROSS VALUE											
SOLIDS, TOTAL SUSPENDED						11.9	17.5	(10)		2/30	GRAB
00530 1 0 0	PERMIT REQUIREMENT					REPORT	REPORT	MG/L		TWICE/MONTH	GRAB
EFFLUENT GROSS VALUE											
OIL & GREASE						25.0	25.0	(10)		2/30	GRAB
00556 1 0 0	PERMIT REQUIREMENT					REPORT	REPORT	MG/L		TWICE/MONTH	GRAB
EFFLUENT GROSS VALUE											
NITROGEN, AMMONIA TOTAL (AS N)						20.1	20.1	(10)		2/30	GRAB
00610 1 0 0	PERMIT REQUIREMENT					REPORT	REPORT	MG/L		TWICE/MONTH	GRAB
EFFLUENT GROSS VALUE											
IRON, TOTAL (AS FE)						0.49	0.64	(10)		2/30	GRAB
01045 1 0 0	PERMIT REQUIREMENT					REPORT	REPORT	MG/L		TWICE/MONTH	GRAB
EFFLUENT GROSS VALUE											
MANGANESE, TOTAL (AS MN)						0.07	0.07	(10)		2/30	GRAB
01055 1 0 0	PERMIT REQUIREMENT					REPORT	REPORT	MG/L		TWICE/MONTH	GRAB
EFFLUENT GROSS VALUE											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				TELEPHONE		DATE			
JAMES H. LASH PLANT GENERAL MANAGER TYPED OR PRINTED						724-682-7340		02 12 26			
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE		NUMBER		YEAR MO DAY	

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 178

SHIPPENSBURG

PA 15077-0004

E40025415

PERMIT NUMBER

10/1/94

DISCHARGE NUMBER

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPENSBURG

PA 15077-0004

ACTN. MATTHEW J. HARTMAN

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
94	11	01		94	11	01

DATE OF DISCHARGE 11/1/94

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.056	0.081			0.056	0.081	(19)		4/30	GRAB
	PERMIT REQUIREMENT					REPORT MONTHLY	REPORT DAILY MAX	MG/L		TWICE/MONTH	GRAB
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.26	0.40			0.26	0.40	(19)		4/30	GRAB
	PERMIT REQUIREMENT					REPORT MONTHLY	REPORT DAILY MAX	MG/L		TWICE/MONTH	GRAB
PHENOLICS, TOTAL RECOVERABLE 02730 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	10.01	10.01			10.01	10.01	(19)		4/30	GRAB
	PERMIT REQUIREMENT					REPORT MONTHLY	REPORT DAILY MAX	MG/L		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	10.001	10.001	(19)						1/7	EST
	PERMIT REQUIREMENT									WEEKLY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH
PLANT GENERAL MANAGER

TYPED OR PRINTED

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

TELEPHONE

724-682-7340

DATE

02 12 26

AREA CODE NUMBER YEAR MO DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

For JHL

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

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 160

SHIPPENSBURG

PA 15077-0004

PERMIT NUMBER

DISCHARGE NUMBER

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPENSBURG

PA 15077-0004

ATTN: MATTHEW J HATTINAH

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	11	01		02	11	01

PUMPING WATER

NO DISCHARGE

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	6.90	7.59	(12)					0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT									WEEKLY	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	*	*	(17)						*	*
04251 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT									WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.133	0.288	(10)						1/7	MEAS
50030 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT									WEEKLY	MEAS
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	0.0	0.0	(17)					0	1/7	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT									WEEKLY	GRAB
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	0.0	0.0	(17)					0	1/7	GRAB
50064 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT									WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH
 Plant General Manager
 TYPED OR PRINTED

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

J. H. Lash for JNL

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

 724.682-7340
 AREA CODE NUMBER

 02 12 26
 YEAR MO DAY

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

REPORT THE DAILY MAXIMUM FOR BE12 CT-1 WHEN DISCHARGING 0.288 MG/L (THE LIMIT IS 0.5 MG/L AS A DAILY MAX) * CLAMTROL (CT-1) WAS NOT DISCHARGED IN NOVEMBER 2002.

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 100

SHIPPINGSFORD

PA 17077-0000

FAC0020615

PERMIT NUMBER

011 A

DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
02	11	01				

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGSFORD

PA 17077-0000 FROM

ATTN: MATTHEW J NAPITMAN

WHEEL RUMBLE TURBINE DRAINS

NO DISCHARGE 111 111

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CUBIC FEET PER SECOND, THROUGH TREATMENT PLANT	SAMPLE MEASUREMENT	0.004	0.004	MGD						1/7	EST
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MONTHLY	REPORT DAILY-MX	MGD						WEEKLY	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 this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
JAMES H. LASH PLANT GENERAL MANAGER TYPED OR PRINTED			724-681-7340	02	12	26

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

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

OMB No 2040-0004

PA00025415

PERMIT NUMBER

137

DISCHARGE NUMBER

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
05	11	01		05	11	30

100% NO DISCHARGE 1 1 888

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT				8.41		8.60		0	3/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT									ONCE/MONTH	GRAB
CHROMIUM, TOTAL (AS CR)	SAMPLE MEASUREMENT					40.002	40.002		0	1/7	GRAB
01034 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT									WEEKLY	GRAB
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT					0.089	0.135			1/7	GRAB
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT									WEEKLY	GRAB
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT					3.6	3.639		3*	1/7	GRAB
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT									WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	40.001	40.001							1/30	EST
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT									ONCE/MONTH	ESTIMA
SOLIDS, TOTAL DISSOLVED	SAMPLE MEASUREMENT					608	684			1/7	GRAB
70295 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT									WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH
PLANT GENERAL MANAGER
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

 774 682-7348
AREA CODE NUMBER

 02 12 26
YEAR MO DAY

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

* SEE ATTACHED LETTER FOR EXPLANATION OF EXCURSIONS.



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

December 26, 2002

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

National Pollutant Discharge Elimination System (NPDES)
Permit PA0025615 Outfall 012

Dear Sir or Madam:

During the month of November, 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 3.91 mg/L on November 15, 2002; 3.54 on November 20, 2002; and 6.08 on November 25, 2002.

Outfall 012 is the blowdown from the HVAC system at the Beaver Valley Emergency Response Facility (ERF). Zinc in the blowdown is attributed to the corrosion of the HVAC system and 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 working with the Pennsylvania DEP on an acceptable compliance schedule with respect to effluent limits at Outfall 012.

Should you have any questions please direct them to Edward H. Hubley, Manager Chemistry and Nuclear Environmental at 724 682-5113.

Sincerely,

A handwritten signature in dark ink, appearing to read "J. Lash" or similar, followed by the word "FOR" in all caps.

James H. Lash
Plant General Manager

EHH/djs

cc: E.H. Hubley
S.F. Brown
Central File

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 160

SHIPPINGPORT

PA 15077-0004

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

 PERMIT NUMBER
PA0005613

 DISCHARGE NUMBER
013 A

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
1992	11	01		1992	11	01

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

NO NO DISCHARGE 1 ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						66	DEG. F	0	1/7	GRAB
	PERMIT REQUIREMENT						110	DEG. F		WEEKLY	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				7.17		7.34	GU	0	1/7	CALC
	PERMIT REQUIREMENT				8.0		9.0	GU		WEEKLY	CALC
CYANIDE, TOTAL (AS CN) 00720 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					40.02	40.02	MG/L		2/30	CALC
	PERMIT REQUIREMENT					REPORT	REPORT	MG/L		TWICE/MONTH	CALC
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					0.009	0.011	MG/L		1/7	CALC
	PERMIT REQUIREMENT					REPORT	REPORT	MG/L		WEEKLY	CALC
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.020	0.033	MGD						1/7	EST
	PERMIT REQUIREMENT	REPORT	REPORT	MGD						WEEKLY	ESTIMA
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					0.05	0.10	MG/L	0	2/30	CALC
	PERMIT REQUIREMENT					REPORT	REPORT	MG/L		TWICE/MONTH	CALC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH
PLANT GENERAL MANAGER

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

 724-682-7340
AREA CODE NUMBER

 02 12 26
YEAR MO DAY

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

THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OR MIXTURES OF MORE THAN TRACE AMOUNTS.

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 100

SHIPPINGPORT

PA 15077-0004

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

PA025615

PERMIT NUMBER

101 8

DISCHARGE NUMBER

NAJON

(SUDDY)

FINAL

101 CHEMICAL WASTE TREATMENT

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004FROM

ATTN: MATTHEW J. HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	11	1		02	11	1

NO DISCHARGE 1 1 1

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	6.44	7.90	(12)	0	1/7	GRAB				
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT								WEEKLY	GRAB	
SDI 105, TOTAL SUSPENDED	SAMPLE MEASUREMENT	4.0	4.0	(19)	0	1/2	2-HR COMP				
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT								WEEKLY	COMP	
OIL & GREASE	SAMPLE MEASUREMENT	15.0	15.0	(19)	0	1/7	GRAB				
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT								WEEKLY	GRAB	
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*	*	(19)		*	*				
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT								WEEKLY	GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.018	0.082	(0.01)					Daily	CONT	
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT								DAILY	CONT	
HYDRAZINE	SAMPLE MEASUREMENT	*	*	(19)		*	*				
81313 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT								WEEKLY	GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 JAMES H. CASH
 PLANT GENERAL MANAGER
 TYPED OR PRINTED

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TELEPHONE
 714 622-7340
DATE
 02 12 26

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 [Signature]

AREA CODE
 714

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF NO DISCHARGE SHALL BE TAKEN AT THE DISCHARGE FROM THE CHEMICAL WASTE SUMP PRIOR TO FILLING WITH ANY OTHER WATER

NAME FIRST ENERGY CORP.

ADDRESS PA ROUTE 148

SHIPPINGPORT

PA 15077-0004

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

OMB No 2040-0004

PERMIT NUMBER

PERMIT NUMBER

DISCHARGE NUMBER

DISCHARGE NUMBER

DATE

02/11/92

F - FINAL

102 INTAKE SCREENHOUSE

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
02	11	01		02	11	30

*** NO DISCHARGE 1 ***

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	6.78	7.39	(12)	0	2/30	GRAB				
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MINIMUM	MAXIMUM	8U		TWICE/MONTH	GRAB				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	15.1	20.2	(17)	0	2/30	GRAB				
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	100	100	MG/L		TWICE/MONTH	GRAB				
OIL & GREASE	SAMPLE MEASUREMENT	15.0	15.0	(12)	0	2/30	GRAB				
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	100	100	MG/L		TWICE/MONTH	GRAB				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	20.001	20.001	(17)		2/30	EST				
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MG/L		TWICE/MONTH	ESTIMA				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE		
JAMES H. LASH Plant General Manager TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	724 182-7340 AREA CODE NUMBER	02	12

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

SAMPLES SHALL BE TAKEN AT THE DISCHARGE OF COLLECTED TIME PLACING LIKELY PRIOR TO MIXING WITH ANY OTHER WATER

NAME FIRST END OF LOP

ADDRESS PA ROUTE 108

SHIPPENSBURG

PA 15077-0004

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

OMB No 2040-0004

PERMIT NUMBER

DISCHARGE NUMBER

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPENSBURG

PA 15077-0004

ATTN: MATTHEW J. HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	11	11		02	11	11

UNIT & SERVICE WATER BACKWASH

SEE DISCHARGE

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT MONTHLY	REPORT DAILY MAX	MGD							WEEKLY ESTIMATE
50050 L O O	SAMPLE MEASUREMENT										
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH

PLANT GENERAL MANAGER

TYPED OR PRINTED

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TELEPHONE

DATE

724-682-7340

02 12 26

AREA CODE NUMBER YEAR MO DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 120

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

DISCHARGE NUMBER

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
02	11	01		02	12	31

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	7.05	7.69		7.05	7.69		0	1/7	Grab	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT								WEEKLY	GRAB	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	4.5	6.4		4.5	6.4		0	1/7	Grab	
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT								WEEKLY	GRAB	
OIL & GREASE	SAMPLE MEASUREMENT	45.0	45.0		45.0	45.0		0	1/7	Grab	
00536 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT								WEEKLY	GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.002	0.002	(G3)					1/7	Est	
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT								WEEKLY	ESTIMATE	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE		
			AREA CODE	NUMBER	YEAR
JAMES H. LASH Plant General Manager TYPED OR PRINTED		7A-682-7340	02	12	26

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

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 160

SHIPPINGPORT

PA 15077-0004

 E40025415
PERMIT NUMBER

 11715
DISCHARGE NUMBER

11715

15077-0004

PA 15077-0004

UNIT 2 SEWAGE TMT PLANT

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004

ATTN: MATTHEW J. HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2022	11	01		2022	11	30

11715 NO DISCHARGE 11715

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	6.9	7.0		6.7	6.9	7.0		0	2/30	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT									TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT					5.8	6.8		0	2/30	Grab
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT									TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.018	0.031						0	1/7	Max
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT									WEEKLY	MEASUREMENT
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT					0.08	0.11		0	2/30	Grab
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT									TWICE/MONTH	GRAB
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT					17.7			0	2/30	Grab
74055 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT									TWICE/MONTH	GRAB
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT					22.0	22.0		0	2/30	Grab
80082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT									TWICE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH
Plant General Manager
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

 724-682-2460
AREA CODE NUMBER
02 12 26
YEAR MO DAY

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

SAMPLES SHALL BE TAKEN AT OVERFLOW FROM THE CHLORINE CONTACT TANK AND NOT MIXED WITH ANY OTHER WATER.

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 165

SHIPPINGPORT

PA 15077-0004

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

PA0025615

PERMIT NUMBER

222 4

DISCHARGE NUMBER

15077-0004

15077-0004

15077-0004

FACILITY BLAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004

ATTN: MATTHEW J MARINAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2001	11	16		2001	11	16

15077-0004

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	7.31	7.35	(12)					0	2/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT									TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	22.6	25.3	(19)					0	2/30	8 HR COMP
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT									TWICE/MONTH	COMP
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.007	0.019	(03)						1/7	MEAS
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT									WEEKLY	MEAS
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	0.08	0.13	(19)					0	2/30	GRAB
00060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT									TWICE/MONTH	GRAB
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	30.7		(12)					0	2/30	GRAB
74055 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT									TWICE/MONTH	GRAB
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	3.3	3.4	(19)					0	2/30	8 HR COMP
80082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT									TWICE/MONTH	COMP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER JAMES H. LASH PLANT GENERAL MANAGER TYPED OR PRINTED											
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.						TELEPHONE 724-682-7340			DATE 02 12 26		
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT JHL FOR EHL						AREA CODE 724			YEAR 02		
						NUMBER 682-7340			MO 12		
									DAY 26		

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

SAMPLES SHALL BE TAKEN AT OVERFLOW FROM THE DISCHARGE POINT AND NOT BE MIXED WITH ANY OTHER WATER.

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 160

SHIPPINGPORT

PA 15077-0004

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

OMB No 2040-0004

PA0029611

PERMIT NUMBER

15077

DISCHARGE NUMBER

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077 0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
02	11	21		02	11	21

NO DISCHARGE 11/21/02

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	6.96	7.40		6.96	7.40		0	1/7	GRAB	
00400 1 C 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT								WEEKLY	GRAB	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	44.0	44.0		44.0	44.0		0	1/7	GRAB	
00530 1 C 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT								WEEKLY	GRAB	
OIL & GREASE	SAMPLE MEASUREMENT	45.0	45.0		45.0	45.0		0	1/7	GRAB	
00556 1 C 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT								WEEKLY	GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.002	0.002						1/7	EST	
30050 1 C 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT								WEEKLY	ESTIMA	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH

Plant General Manager

TYPED OR PRINTED

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

TELEPHONE

724-692-7340

DATE

02 12 26

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE FOR 11/21/02

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPENSBURG

PA 15977-0001

00000001

PERMIT NUMBER

00000001

DISCHARGE NUMBER

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPENSBURG

PA 15977-0001 FROM

ATTN: MATTHEW J. HARTMAN

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
1997	01	15		1997	01	15

00000001 TOWER PUMPHOUSE

 NO DISCHARGE ☒

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	8.5-9.5	8.5-9.5								
00400 1 0 0 EFFLUENT CROSS VALU	PERMIT REQUIREMENT	8.5-9.5	8.5-9.5							TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	5-10	5-10								
00530 1 0 0 EFFLUENT CROSS VALU	PERMIT REQUIREMENT	5-10	5-10							TWICE/MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	5-10	5-10								
00536 1 0 0 EFFLUENT CROSS VALU	PERMIT REQUIREMENT	5-10	5-10							TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT										
00000 1 0 0 EFFLUENT CROSS VALU	PERMIT REQUIREMENT									WEEKLY	ESTIMATE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 JAMES H. LASH
 PLANT GENERAL MANAGER
 TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

 724-682-7340
 AREA CODE NUMBER

 02 12 26
 YEAR MO DAY

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

SAMPLES SHALL BE TAKEN AT DISCHARGE FROM THE PUMP HOUSE ONLY TO BE USED WITH THE PUMP HOUSE WATER

NOTE: Read instructions before completing this form.

PAGE OF

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 104

SHIPPINGSBORO

PA 15077-0004

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

E-333-5612

PERMIT NUMBER

15077-0004

DISCHARGE NUMBER

15077-0004

15077-0004

15077-0004

15077-0004

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGSBORO

PA 15077-0004 FROM

ATTN: CATHERINE J HARTMAN

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
01	1	1		01	1	1

15077-0004

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	7.07	7.71	(12)	7.07	7.71	(12)	0	1/7	GRAB	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT								WEEKLY	GRAB	
SOLIDS, TOTAL, SUSPENDED	SAMPLE MEASUREMENT	5.7	9.3	(17)	5.7	9.3	(17)	0	1/7	GRAB	
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT								WEEKLY	GRAB	
OIL & GREASE	SAMPLE MEASUREMENT	LS.0	LS.0	(17)	LS.0	LS.0	(17)	0	1/7	GRAB	
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT								WEEKLY	GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.019	0.056	(13)	0.019	0.056	(13)		1/7	Est	
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT NO. AVG	REPORT DAILY MAX	NO					WEEKLY	ESTIM	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER JAMES H. LASH Plant General Manager TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT JHL FOR JHL	TELEPHONE	DATE		
			AREA CODE 741	NUMBER 632-7340	YEAR 02	MO 12

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

SAMPLES SHALL BE TAKEN AT OVERFLOW FROM THE OIL WATER SEPARATOR TO MIXING WITH ANY OTHER WATER.

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 100

SHIPPENSBURG

PA 15077-0004

PERMIT NUMBER

DISCHARGE NUMBER

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPENSBURG

PA 15077-0004

ATTN: MATTHEW J. HARRIS

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	11	11		02	11	11

NO DISCHARGE

NO DISCHARGE

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	6.88	7.45	(12)					0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT									WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	5.6	9.3	(14)					0	1/7	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT									WEEKLY	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	15.0	15.0	(14)					0	1/7	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT									WEEKLY	GRAB
FLOW, IN CONDUIT UP THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.002	0.002	(14)						1/7	EST
00090 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT									WEEKLY	ESTIMATE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH
Plant General Manager

TYPED OR PRINTED

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

TELEPHONE

224 682-2340

DATE

02 12 26

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Matthew J. Harris

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

SAMPLES SHALL BE TAKEN AT DISCHARGE FROM OUR 22" MAIN LINE WITH ANY OTHER WATER.

NAME FIRST ENERGY, LTD.

ADDRESS PA ROUTE 168

SHIPPENSBURG

PA 16077-0004

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

PERMIT NUMBER

PERMIT NUMBER

DISCHARGE NUMBER

DISCHARGE NUMBER

NAME

SURNAME

F - FINAL

FROM FIELD AREA OF AUX BOILERS

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPENSBURG

PA 16077-0004 FROM

ATTN MATTHEW J. HARTMAN

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
92	11	7	TO	92	11	31

FROM FIELD AREA OF AUX BOILERS

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT				8.11		8.32	(12)	0	2/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT							SU		TWICE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT					4.0	4.0	(12)	0	2/30	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT							MG/L		TWICE/MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT					5.0	5.0	(12)	0	2/30	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT							MG/L		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	40.001	40.001							1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT									WEEKLY	ESTIM
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASA

PLANT GENERAL MANAGER

TYPED OR PRINTED

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

TELEPHONE

724 682-7346

DATE

02 12 26

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

SAMPLES SHALL BE TAKEN AT CHEMICAL FEED AREA DRAINING TO THE MAIN DRAIN WITH ANY OTHER WATER.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

JAL FOR JHL

NAME FIRST ENERGY (EPC)

ADDRESS PA ROUTE 158

SHIPPENSBURG

PA 15077-0004

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

OMB No. 2040-0004

PA00000000

PERMIT NUMBER

00000000

DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
02	12	15		02	12	26

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPENSBURG

PA 15077-0004 FROM

ATTN: MATTHEW J. HATHAN

100% TYPICAL STORAGE DRAIN

 NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	8.8-9.2	8.8-9.2					(1P)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT									WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	2.5-3.5	2.5-3.5					(1P)			
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT									WEEKLY	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	0.0-0.1	0.0-0.1					(1P)			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT									WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(1P)							
50030 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MID-DAY	REPORT DAILY	(1P)						WEEKLY	ESTIMATE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH
PLANT GENERAL MANAGER

TYPED OR PRINTED

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

TELEPHONE

724-682-7340

DATE

02 12 26

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

SAMPLES SHALL BE TAKEN AT DISCHARGE FROM UND #24 PUMP TO BEAVER VALLEY POWER STATION

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

J. H. LASH FOR JHL

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 160

SHIPPENSBURG

PA 15077-0004

PA0020610

PERMIT NUMBER

00000000

DISCHARGE NUMBER

FACILITY BEAVER VALLEY POWER PLANT

LOCATION SHIPPENSBURG

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	11	11		02	11	11

ATTN: MATTHEW J. HARMAN

DISCHARGE ☒ YES ☐ NO

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****					(10)			
00500 1 0 0	PERMIT REQUIREMENT									WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(10)							
FLOW, IN CONDUIT OR	PERMIT REQUIREMENT									WEEKLY	VEGETIM
THRU TREATMENT PLANT	SAMPLE MEASUREMENT										
00050 1 0 0	PERMIT REQUIREMENT										
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES H. LASH
PLANT GENERAL MANAGER
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

AREA CODE NUMBER

YEAR MO DAY

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

SAMPLES SHALL BE TAKEN AT INTERNAL MP 501 PRIOR TO BEING USED FOR