

May 27, 2003  
L-03-092

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


**National Pollutants Discharge Elimination System (NPDES) Monthly Report**  
**Permit No. PA0025615**

To Whom It May Concern:

Enclosed is the April 2003 NPDES Discharge Monitoring Report (DMR) for FirstEnergy Nuclear Operating Company (FENOC), Beaver Valley Power Station, in accordance with the requirements of the permit. There was one exceedance of a permit limit during the month. Please see the attached "Notice of Noncompliance at Outfall 113," submitted in accordance with permit Part A.3.c(5).

Should you have any questions regarding the attached and enclosed documents, please direct them to Mr. Edward Hubley, Manager Nuclear Environmental & Chemistry, at 724-682-7340.

Sincerely,

  
James H. Lash  
Plant General Manager

Attachment  
Enclosure

cc: Document Control Desk US NRC  
US Environmental Protection Agency  
S. F. Brown  
Central File: *Keyword- DMR*

JE25

### **Notice of Noncompliance at Outfall 113**

This report of Noncompliance is provided in accordance with NPDES Permit No. PA0025615, Part A.3.c(5), for FirstEnergy Nuclear Operating Company, Beaver Valley Power Station (BVPS). During April 2003, the Total Suspended Solids (TSS) parameter at Outfall 113 was determined to be 227.6 mg/L which exceeds the Maximum Daily Permit Limit of 50 mg/L. Outfall 113 discharges from the Unit 2 sewage treatment plant.

The sample indicating high TSS was taken at 0802 hours on Monday April 7. Immediate corrective actions were taken to optimize the performance of the plant by the Certified Operator in order to minimize the duration of the condition. A sample taken at 1700 hours on April 8 was analyzed to contain 2.0 mg/L TSS.

The investigation of the event, led by the Certified Operator, indicated the primary cause was sedimentation short-circuiting created by thermal stratification that allowed some finer solids in the plant's secondary clarifier to bypass final settlement. A contributing cause was determined to be above normal loading due to extra personnel working onsite during the Beaver Valley Power Station Unit 1 refueling outage. Flowrates did not exceed plant capacity or the Permit Limit of 0.043 million gallons per day.

The event description, cause analysis, and corrective action to prevent recurrence have been documented in the BVPS Process Improvement Program under Condition Report 03-04824. The action to prevent recurrence is for the Certified Operator to implement a more aggressive and proactive sludge management plan during periods of greater worker population onsite. This includes creating a step to ensure sludge management is enhanced during all refueling outages.

- END -

DISCHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

Month: April  
Year: 2003

Instructions:

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

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

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

SLUDGE PRODUCTION INFORMATION (prior to incineration)

HAULED AS LIQUID SLUDGE				HAULED AS DEWATERED SLUDGE			
(Gallons)	X (% Solids)	X (Conversion Factor)	= Dry Tons	(Tons of Dewatered Sludge)	X (% Solids)	X (.01)	= Dry Tons
<u>3,000</u>	<u>2.0</u>	<u>.0000417</u>	<u>3.00</u>			<u>.01</u>	
TOTAL			<u>3.00</u>	TOTAL			=

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

	Site 1	Site 2	Site 3	Site 4
Name:	Borough of Monaca Sewage Treatment Plant	Hopewell Township		
Permit No.:	PA0020125	PA0026328		
Dry Tons Disposed:		<u>3.00</u>		
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	Beaver	Beaver		

Signature: [Signature] Title: Chemistry Manager Date: 5/22/3 Telephone: (724) 682-5113



NAME FIRST ENERGY CORP  
 ADDRESS PA ROUTE 168  
 SHIPPINGPORT

PA 15077-0004

PA0025415  
 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
03	04	01		03	04	30

\*\*\* NO DISCHARGE 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 00400 1 0 0 EFFLUENT GROSS VALU	MEASUREMENT	*****	*****		7.81	*****	8.20	( 12)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU		WEEKLY	GRAB
NITROGEN AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALU	MEASUREMENT	*****	*****		*****	20.1	20.1	( 19)		2/30	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
IRON TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALU	MEASUREMENT	*****	*****		*****	*	*	( 19)		*	*
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
ALUMINUM TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALU	MEASUREMENT	*****	*****		*****	*	*	( 19)		*	*
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
CHLORIDE (CT-1) TOTAL WATER 04251 1 0 0 EFFLUENT GROSS VALU	MEASUREMENT	*****	*****		*****	21.17	21.17	( 19)	0	1/30	24HR COMP
	PERMIT REQUIREMENT	*****	*****	****	*****	MO AVG	DAILY MX	MG/L		WHEN DISCH	COMP
PHENOL (OP) TOTAL RECOVERABLE 32750 1 0 0 EFFLUENT GROSS VALU	MEASUREMENT	*****	*****		*****	*	*	( 19)		*	*
	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 VALU	MEASUREMENT	27.5	43.6	( 03)	*****	*****	*****			DAILY	CONT
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****	****	DAILY	CONT

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 24 682-736  
 DATE 03 05 21  
 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 DT-1 WHEN DISCHARGING. THE LIMIT IS 35 MG/L AS A DAILY MAX. BETZ DT-1 DAILY MAX 09.1 mg/L. • CT-1 DISCHARGED ONLY 1 TIME IN 2 WEEKS IN APRIL 2003. \*\*\* MONITORING REQUIREMENTS DELETED PER NPDES PERMIT AMENDMENT 1. \*\*\* 2 GRABS FOR FREE AVAILABLE CHLORINE COLLECTED DURING 7 DAYS IN APRIL 2003 WHEN REORDERED OUT OF SERVICE.  
 EPA Form 3320-1 (Rev. 3/99) Previous editions may be used. \* This is a 4-part form. PAGE 1 OF 4 APRIL

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168 SHIPPINGPORT

PA 15077-0004

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

ATTN: MATTHEW J HARTMAN

\*\*\* NO DISCHARGE 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			
CHLORINE, TOTAL RESIDUAL	00060 1 0 0	*****	*****	*****	*****	0.03	0.06	( 19	0	6/30	GRAB
EFFLUENT GROSS VALUE		*****	*****	*****	*****	AVERAGE	MAXIMUM	MG/L		WEEKLY	GRAB
AMMONIA AVAILABLE	00064 1 0 0	*****	*****	*****	*****	0.01	0.18	( 19	0	CONT*	REC'D
EFFLUENT GROSS VALUE		*****	*****	*****	*****	AVERAGE	MAXIMUM	MG/L		CONTINUOUS	RECORD
HYDRAZINE	01313 1 0 0	*****	*****	*****	*****	20.005	20.005	( 19	0	2/35**	GRAB
EFFLUENT GROSS VALUE		*****	*****	*****	*****	MO. AVG.	DAILY (M)	MG/L		WEEKLY	GRAB

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  
 DATE 03 05 21

REMARKS 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-1 WHEN DISCHARGING. THE LIMIT IS 35 MG/L AS A DAILY MAX.

NAME FIRST ENERGY CORP  
 ADDRESS PA ROUTE 168  
 SHIPPINGPORT

PA 15077-0004

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

\*\*\* NO DISCHARGE 1 1 \*\*\*  
 NOTE: Read instructions before completing this form.

ATTN: MATTHEW J HARTMAN

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 TIRU TREATMENT PLANT 50000 : 0 0 EFFLUENT GROSS VALU		0.006	0.046	( 03 )	*****	*****	*****			1/7	EST
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MAX	MOD	*****	*****	*****	****		WEEKLY	ESTIM
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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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

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*[Signature]*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 724 682-7340  
 DATE 03 05 21  
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 \* FOAM WAS OBSERVED IN OTHER THAN TRACE AMOUNTS ON 4/8/03, DUE TO BIOCIDES ADDITION DURING SCREWWASH PUMP OPERATION. THE CONDITION WAS IMMEDIATELY IDENTIFIED, AND BIOCIDES ADDITION WAS STOPPED.

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168 SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

003 A

DISCHARGE NUMBER

MAJOR (SUBR 05) F - FINAL 003

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

\*\*\* NO DISCHARGE 1 \*\*\*

NOTE: Read instructions before completing this form.

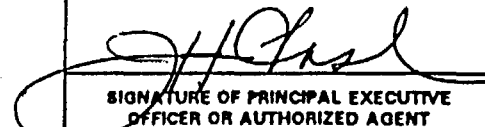
PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
NITRITE PLUS NITRATE TOTAL 1 DET. (AS N)	00430 1 0 0	*****	*****	****	*****	*	*	( 19		*	*
EFFLUENT GROSS VALUE		*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
PHOSPHORUS TOTAL (AS P)	00465 1 0 0	*****	*****	****	*****	*	*	( 19		*	*
EFFLUENT GROSS VALUE		*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
IRON TOTAL (AS FE)	01045 1 0 0	*****	*****	****	*****	*	*	( 19		*	*
EFFLUENT GROSS VALUE		*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
ALUMINUM TOTAL (AS AL)	01105 1 0 0	*****	*****	****	*****	*	*	( 19		*	*
EFFLUENT GROSS VALUE		*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
PHENOLICS TOTAL RECOVERABLE	32730 1 0 0	*****	*****	****	*****	*	*	( 19		*	*
EFFLUENT GROSS VALUE		*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	50050 1 0 0	0.062	0.189	( 03)	*****	*****	*****			2/30	EST
EFFLUENT GROSS VALUE		REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		TWICE MONTH	ESTIM

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

JAMES A. LASH  
PLANT GENERAL MANAGER  
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT



TELEPHONE

724-482-7346

DATE

03 05 21

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

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

\* MONITORING REQUIREMENTS DELETED PER NPDES PERMIT, AMENDMENT 1



NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168 SHIPPINGPORT

PA 15077-0004

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

ATTN: MATTHEW J HARTMAN

\*\*\* 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		*****	*****		7.56	*****	7.93	( 12	0	3/30*	GRAB	
00400 1 0 0 EFFLUENT GROSS VALU		*****	*****	****	6.0	*****	9.0	SU		WEEKLY	GRAB	
IRON, TOTAL (AS FE)		*****	*****		*****	**	**	( 19		**	**	
01045 1 0 0 EFFLUENT GROSS VALU		*****	*****	****	*****	REPORT MO AVG	REPORT DAILY M	MG/L		TWICE MONTH	GRAB	
ALUMINUM, TOTAL (AS AL)		*****	*****		*****	**	**	( 19		**	**	
01105 1 0 0 EFFLUENT GROSS VALU		*****	*****	****	*****	REPORT MO AVG	REPORT DAILY M	MG/L		TWICE MONTH	GRAB	
PHENOLICS, TOTAL RECOVERABLE		*****	*****		*****	**	**	( 19		**	**	
32730 1 0 0 EFFLUENT GROSS VALU		*****	*****	****	*****	REPORT MO AVG	REPORT DAILY M	MG/L		TWICE MONTH	GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLAN		9.17	31.2	( 03)	*****	*****	*****			1/7	MEAS	
50050 1 0 0 EFFLUENT GROSS VALU		REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	MEAS	
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	0.0	0.0	( 19	0	3/30*	GRAB	
50060 1 0 0 EFFLUENT GROSS VALU		*****	*****	****	*****	0.5 MO AVG	25 INST MAX	MG/L		WEEKLY	GRAB	
CHLORINE, FREE AVAILABLE		*****	*****		*****	0.0	0.0	( 19	0	3/30*	GRAB	
50064 1 0 0 EFFLUENT GROSS VALU		*****	*****	****	*****	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 TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							724 682-7340	03	05	21	
								AREA CODE	NUMBER	YEAR	MO	DAY

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

\* DISCHARGE OCCURRED IN ONLY 3 WEEKS IN APRIL 2003.

\* MONITORING REQUIREMENTS DELETED PER NPDES PERMIT, AMENDMENT 1

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

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

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

006 A

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

AUX. INTAKE SCREEN BACKWASH

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

\*\*\* 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			
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	ESTIMATED
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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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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*[Signature]*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 724-682-7360  
DATE: 03 05 21  
AREA CODE: 724 NUMBER: 682-7360 YEAR: 03 MO: 05 DAY: 21

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

NAME FIRST ENERGY CORP  
ADDRESS PA ROUTE 168  
SHIPPINGPORT

PA 15077-0004

PA0025415  
PERMIT NUMBER

007 A  
DISCHARGE NUMBER

MAJOR (SUBR 05)  
F - FINAL  
AUX. INTAKE SYSTEM

FACILITY BEAVER VALLEY POWER STATION  
LOCATION SHIPPINGPORT  
ATTN MATTHEW J HARTMAN

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

\*\*\* 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			
FH		*****	*****			*****		( 12			
00400 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
FLOW IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT			( 03)	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD				****		WEEKLY	ESTIMA
CHLORINE TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****			( 19			
50060 1 0 0 EFFLUENT GROSS VALU	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 VALU	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  
JAMES H. LASH  
PLANT GENERAL MANAGER  
TYPED OR PRINTED

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*[Signature]*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 24 682 7340  
DATE 03 05 21  
AREA CODE NUMBER YEAR MO DAY

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.

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)

PA0025415 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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

ATTN: MATTHEW J HARTMAN

\*\*\* NO DISCHARGE 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			
CODIF (PT-CO) UNITS		*****	*****		*****	*	*	( 10		*	*
00080 2 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	PT-CO		TWICE MONTH	GRAB
FM		*****	*****		7.33		7.42	( 12	0	2/30	GRAB
00400 2 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM		9.0 MAXIMUM	SU		TWICE MONTH	GRAB
SOLIDS TOTAL SUSPENDED		*****	*****		*****	9.3	10.7	( 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		*****	*****		*****	25.0	25.0	( 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
NITROGEN AMMONIA TOTAL (AS N)		*****	*****		*****	*	*	( 19		*	*
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
IRON TOTAL (AS FE)		*****	*****		*****	*	*	( 19		*	*
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
MANGANESE TOTAL (AS MN)		*****	*****		*****	*	*	( 19		*	*
01055 2 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 JAMES A. CASH  
 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. Cash*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE  
 724 682-7340 03 05 21  
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 \* MONITORING REQUIREMENTS DELETED PER NPDES PERMIT, AMENDMENT 1.

NAME FIRST ENERGY CORP  
 ADDRESS PA ROUTE 168  
 SHIPPINGPORT PA 15077-0004

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

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
03	04	01	TO	03	04	30

\*\*\* NO DISCHARGE 1 - 1 \*\*\*  
 NOTE: Read instructions before completing this form.

ATTN: MATTHEW J HARTMAN

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ZINC, TOTAL (AS ZN) C1092 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	*	*	( 19		*	*
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
ALUMINUM, TOTAL (AS AL) C1105 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	*	*	( 19		*	*
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
PHENOL COS, TOTAL RECOVERABLE C2700 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	*	*	( 19		*	*
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLAN 50050 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	20.001	20.001	( 03)	*****	*****	*****			1/7	EST
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MG/D	*****	*****	*****	****		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. H. Lash*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE  
 724 682-7340 03 05 21  
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 \* MONITORING REQUIREMENTS DELETED PER NPDES PERMIT, AMENDMENT 1.

NAME FIRST ENERGY CORP  
 ADDRESS PA ROUTE 168  
 SHIPPINGPORT

PA 15077-0004

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

\*\*\* NO DISCHARGE 1-1 \*\*\*

NOTE: Read instructions before completing this form.

ATTN: MATTHEW J HARTMAN

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		7.40	*****	7.93	( 12	0	1/7	SLAB
00400 1 0 0 EFFLUENT GROSS VALU		*****	*****	*****	6.10	*****	9.0	SU		WEEKLY	GRAB
CLANTRAL CT-1, TOTAL WATER		*****	*****		*****	41.17	41.17	( 19	0	1/30*	24 HR COMP
04251 1 0 0 EFFLUENT GROSS VALU		*****	*****	*****	*****	0	0	MG/L		WEEKLY	COMP 2
FLOW IN CONDUIT OR THRU TREATMENT PLAN		*****	*****	( 03)	*****	*****	*****			1/7	MEAS
50090 1 0 0 EFFLUENT GROSS VALU		*****	*****	MGD	*****	*****	*****	*****		WEEKLY	MEAS
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	0.0	0.0	( 19	0	5/30	GRAB
50060 1 0 0 EFFLUENT GROSS VALU		*****	*****	*****	*****	0.5	1.25	MG/L		WEEKLY	GRAB
CHLORINE, FREE AVAILABLE		*****	*****		*****	0.0	0.0	( 19	0	5/30	GRAB
50064 1 0 0 EFFLUENT GROSS VALU		*****	*****	*****	*****	0.2	0.5	MG/L		WEEKLY	GRAB
		*****	*****		*****	*****	*****				
		*****	*****		*****	*****	*****				
		*****	*****		*****	*****	*****				
		*****	*****		*****	*****	*****				

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]*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE  
 724 682-7360 03 05 21  
 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 05 M G/L AS A DAILY MAX.) BETZ DT-1 DAILY MAX 5.9 mg/L & CT-1 DISCHARGED ONLY 1 DAY IN APRIL 2003.

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

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

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

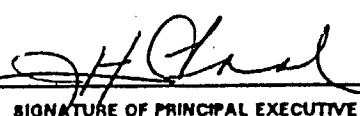
\*\*\* NO DISCHARGE 1-1 \*\*\*

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 0000 1 0 0 EVALUENT CROSS VALU	SAMPLE MEASUREMENT	0.004	0.004	( 03 )	*****	*****	*****			1/7	Est
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIM
	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 214 682-7340  
 DATE 03 05 21  
 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

PA0025415

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

\*\*\* NO DISCHARGE 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			
FH	SAMPLE MEASUREMENT	*****	*****		8.51	*****	8.51	( 12	0	1/30	GRAB
C0400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
CHROMIUM TOTAL (AS CR)	SAMPLE MEASUREMENT	*****	*****		*****	*	*	( 12		*	*
C1034 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	*****	0.2 MO AVG	0.2 DAILY MX	MG/L		WEEKLY	GRAB
COPPER TOTAL (AS CU)	SAMPLE MEASUREMENT	*****	*****		*****	0.57	0.93	( 12		2/30*	GRAB
C1042 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
ZINC TOTAL (AS ZN)	SAMPLE MEASUREMENT	*****	*****		*****	43.0	60.9	( 12		2/30*	GRAB
C1092 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	*****	1.0 MO AVG	1.0 DAILY MX	MG/L		WEEKLY	GRAB
FLOW IN CONDUIT OR TRNH TREATMENT PLAN	SAMPLE MEASUREMENT	40.001	40.001	( 03)	*****	*****	*****			1/30	EST
50050 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE/MONTH	ESTIM
SOLIDS TOTAL DISCHARGE	SAMPLE MEASUREMENT	*****	*****		*****	400	428	( 12		2/30*	GRAB
70295 1 0 0 EFFLUENT GROSS VALU	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

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

72A 682-7340

03 05 21

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

MONITORING REQUIREMENTS FOR CHROMIUM DELETED; MONITORING FREQUENCY FOR COPPER ZINC, TDS REVISED TO 2/MONTH; AND EFFLUENT LIMITS FOR CHROMIUM AND ZINC DELETED FOR NPDES PERMIT. AMENDMENT



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

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

NAME FIRST ENERGY CORP  
 ADDRESS PA ROUTE 168  
 SHIPPINGPORT PA 15077-0004

PA0025615  
 PERMIT NUMBER

013 A  
 DISCHARGE NUMBER

MAJOR (SUBR 05)  
 F - FINAL  
 OUTFALL 013

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

\*\*\* NO DISCHARGE 1  \*\*\*  
 NOTE: Read instructions before completing this form.

ATTN: MATTHEW J HARTMAN

PARAMETER	X	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	*****	*****		*****	*****	*	( 13		*	*	
	PERMIT REQUIREMENT	*****	*****	***			INST. MAX	DEG.		WEEKLY	GRAB	
PHI 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.32	*****	7.58	( 12		1/7	CALC	
	PERMIT REQUIREMENT	*****	*****	***	6.01 MINIMUM	*****	7.01 MAXIMUM	SU		WEEKLY	CALC	
CYANIDE, TOTAL (AS CN) 00720 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	LO.11	LO.20	( 19		2/30	CALC
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L	TWICE MONTH	CALC	
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.08	0.13	( 19		2/30	CALC
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L	WEEKLY	CALC	
FLOW IN CONDUIT OR THRU TREATMENT PLANT 50000 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.605	0.009	( 03)	*****	*****	*****	*****		1/7	EST	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****	****	WEEKLY	ESTIMA	
CHLORINE, TOTAL REGIONAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	*	*	( 19		*	
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.5 MO AVG	1.25 INST. MAX	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]*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 724 682-7340  
 DATE 03 05 21  
 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.  
 \* MONITORING REQUIREMENTS FOR COPPER REVISED TO 2/MONTH; MONITORING AND EFFLUENT LIMITS DELETED PER NPDES PERMIT AMENDMENT 1.

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

\*\*\* NO DISCHARGE 1-1 \*\*\*

NOTE: Read instructions before completing this form.

ATTN: MATTHEW J HARTMAN

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		7.55	*****	7.70	( 12)	0	3/30*	GRAB
00400 1 0 0 EFFLUENT GROSS VALU		*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS TOTAL SUSPENDED		*****	*****		*****	5.5	8.5	( 19)	0	3/30*	2 HR COMP
00530 1 0 0 EFFLUENT GROSS VALU		*****	*****	****	30 MO AVG	*****	100 DAILY MX	MG/L		WEEKLY	COMP
OIL & GREASE		*****	*****		*****	25.0	25.0	( 19)	0	3/30*	GRAB
00586 1 0 0 EFFLUENT GROSS VALU		*****	*****	****	15 MO AVG	*****	20 DAILY MX	MG/L		WEEKLY	GRAB
NITROGEN AMMONIA TOTAL (AS N)		*****	*****		*****	20.1	20.1	( 19)		2/30**	GRAB
00610 1 0 0 EFFLUENT GROSS VALU		*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
FLOW IN CONDUIT OR THRU TREATMENT PLAN		2.28	68.3	( 03)	*****	*****	*****			DAILY	CONT
50090 1 0 0 EFFLUENT GROSS VALU		REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		DAILY	CONT
HYDRAZINE		*****	*****		*****	20.005	20.005	( 19)		2/30**	GRAB
81313 1 0 0 EFFLUENT GROSS VALU		*****	*****	****	*****	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

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]*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 724 682-7340  
 DATE  
 03 05 21  
 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

PA0025415

PERMIT NUMBER

1024

DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

102 INTAKE SCREENHOUSE

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

\*\*\* 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			
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	7.45	*****	7.60	( 12	0	2/30	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	MINIMUM	*****	MAXIMUM	SU		2/TWICE MONTH	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	16.2	25.9	( 19	0	2/30	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	30 MO AVG	100 DAILY MAX	MG/L		2/TWICE MONTH	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	45.0	45.0	( 19	0	2/30	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	15 MO AVG	20 DAILY MAX	MG/L		2/TWICE MONTH	GRAB
00050 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	20.001	20.001	( 03)		2/30	EST
00050 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MAX	MGD		2/TWICE MONTH	ESTIM
		*****	*****	****	*****						
		*****	*****	****	*****						
		*****	*****	****	*****						
		*****	*****	****	*****						
		*****	*****	****	*****						

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  
 724-682-7340  
 DATE  
 03 05 21

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.

NAME FIRST ENERGY CORP  
 ADDRESS PA ROUTE 168  
 SHIPPINGPORT

PA 15077-0004

PA0025415  
 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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

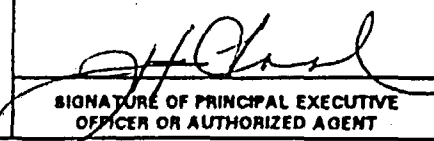
\*\*\* NO DISCHARGE [ ] \*\*\*  
 NOTE: Read instructions before completing this form.

ATTN: MATTHEW J. HARTMAN

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FH		*****	*****		6.93	*****	6.97	( 12	0	2/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	6.0 MINIMUM	*****	7.0 MAXIMUM	SU		TWICE MONTH	GRAB
500100 TOTAL SUSPENSE		*****	*****		*****	7.9	11.8	( 19	0	2/30	24 HR COMP
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		TWICE MONTH	COMP 24
FLOW IN CONDUIT OR THRU TREATMENT PLANT		0.050	0.158	( 03)	*****	*****	*****			30/30	MEAS
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****	****	TWICE MONTH	EST/MA

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 724-682-7340  
 DATE 03 05 21  
 AREA CODE NUMBER YEAR MO DAY

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

\*\*\* NO 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				(03)	*****	*****	*****				
50050 L D O EFFLUENT GROSS VALU	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 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 724 682-7340  
DATE 03 05 21  
AREA CODE NUMBER YEAR MO DAY

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

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (V/D/From))

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025415  
PERMIT NUMBER

111 A  
DISCHARGE NUMBER

MAJOR

(SUBR 05)

F - FINAL

111 DIESEL GENERATOR BLDG

ACTIVITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

\*\*\* NO DISCHARGE 1 1 \*\*\*

NOTE: Read instructions before completing this form.

ATTN: MATTHEW J HARTMAN

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.87	*****	7.05	( 12	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	44.3	5.2	( 19	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	30 MG AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	25.0	25.0	( 19	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	15 MG AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
FLOW THRU CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.002	0.002	( 03)	*****	*****	*****			1/7	EST
	PERMIT REQUIREMENT	REPORT MG 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  
*J. H. Lash*

TELEPHONE		DATE		
774	682-7340	03	05	21
AREA CODE	NUMBER	YEAR	MO	DAY

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

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGPORT

PA 15077-0004

PA0025415

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

\*\*\* NO DISCHARGE 1 1 \*\*\*

NOTE: Read instructions before completing this form.

ATTN: MATTHEW J HARTMAN

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		6.93	*****	7.45	( 12	0	3/30	GRAB
20400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	MINIMUM	*****	MAXIMUM	SU		TWICE MONTH	GRAB
50100 1 0 0 SOLIDS TOTAL SUSPENDED		*****	*****		*****	228 *	55.3	( 19	1	9/30	8HR COMP
30530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	30 MD AVG	60 DAILY MAX	MG/L		TWICE MONTH	COMP
50050 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	*****		0	1/7	MEAS
50050 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	*****	****		WEEKLY	MEAS
50060 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	0.38	0.49	( 19	0	3/30	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	1.4 MD AVG	3.3 INST MAX	MG/L		TWICE MONTH	GRAB
74055 1 1 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	17.0	*****	( 13	0	2/30	GRAB
50070 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	2000 MD GEOM	*****	#/ 100M		TWICE MONTH	GRAB
50082 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	3.6	4.1	( 19	0	2/30	8HR COMP
50082 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	25 MD AVG	50 DAILY MAX	MG/L		TWICE MONTH	COMP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 JAMES H. LASH  
 ASST 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 03 05 21  
 AREA CODE NUMBER YEAR MO DAY

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

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

SEE ATTACHED LETTER FOR EXPLANATION OF EXCURSION.

NAME FIRST ENERGY CORP  
 ADDRESS PA ROUTE 168  
 SHIPPINGPORT

PA 15077-0004

PA0025615  
 PERMIT NUMBER

203 A  
 DISCHARGE NUMBER

MAJOR (SUBR 05)  
 F - FINAL  
 MAIN SEWAGE TMT PLANT

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

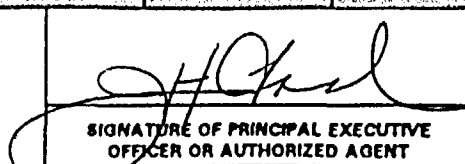
\*\*\* NO DISCHARGE 1 1 \*\*\*

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		*****	*****		6.80	*****	7.50	( 12	0	3/30	GRAB
20400 1 0 0 EFFLUENT GROSS VALU		*****	*****	*****	5.07 MINIMUM	*****	7.0 MAXIMUM	SU		TWICE MONTH	GRAB
30100 1 0 0 SOLIDS TOTAL SUSPENDED		*****	*****		*****	29.7	36.8	( 19	0	4/30	8HR COMP
30530 1 0 0 EFFLUENT GROSS VALU		*****	*****	*****	30 MO AVG	50 DAILY MX		MG/L		TWICE MONTH	COMP
30530 1 0 0 FLOW IN CONDUIT OR THRU TREATMENT PLAN		0.0009	0.002	( 03)	*****	*****	*****		0	8/30	Meas
50050 1 0 0 EFFLUENT GROSS VALU		0.023 MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****	*****	WEEKLY	MEASUR
50060 1 0 0 EFFLUENT GROSS VALU		*****	*****		*****	0.26	0.52	( 19	0	4/30	GRAB
50060 1 0 0 EFFLUENT GROSS VALU		*****	*****	*****	*****	1.4 MO AVG	3.3 INST MAX	MG/L		TWICE MONTH	GRAB
74055 1 1 0 EFFLUENT GROSS VALU		*****	*****		*****	129	*****	( 13	0	2/30	GRAB
74055 1 1 0 EFFLUENT GROSS VALU		*****	*****	*****	*****	2000 MO GEOM	*****	#/ 100M		TWICE MONTH	GRAB
8008 0 0 0 0 0 0 25 DAY 200		*****	*****		*****	4.5	5.9	( 19	0	4/30	8HR COMP
80082 1 0 0 EFFLUENT GROSS VALU		*****	*****	*****	*****	25 MO AVG	50 DAILY MX	MG/L		TWICE MONTH	COMP
		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 724-692-7300  
 DATE 03 05 21  
 AREA CODE NUMBER YEAR MO DAY

REMARKS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 SAMPLE SHALL BE TAKEN AT OVERFLOW FROM THE CHLORINE CONTACT TANK PRIOR TO MIXING WITH ANY OTHER WATER.



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

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168

SHIPPINGSPT

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 SHIPPINGSPT

PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	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		*****	*****		7.40	*****	8.57	( 12	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALU		PERMIT REQUIREMENT	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS TOTAL SUSPENDED		SAMPLE MEASUREMENT	*****	*****	*****	5.4	9.5	( 19	0	1/7	GRAB
00530 1 0 0 EFFLUENT GROSS VALU		PERMIT REQUIREMENT	*****	*****	*****	30 MD AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
00556 1 0 0 EFFLUENT GROSS VALU		SAMPLE MEASUREMENT	*****	*****	*****	LS.0	LS.0	( 19	0	1/7	GRAB
00556 1 0 0 EFFLUENT GROSS VALU		PERMIT REQUIREMENT	*****	*****	*****	15 MD AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
FLOW TO TREATMENT OR THRU TREATMENT PLAN		SAMPLE MEASUREMENT	0.002	0.002	( 03)	*****	*****	*****		1/7	EST
50050 1 0 0 EFFLUENT GROSS VALU		PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****		WEEKLY	EST
		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. H. Lash*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
724-682-7340		03	05	21
AREA CODE	NUMBER	YEAR	MO	DAY

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

Form 3320-1 (Rev. 3/99) Previous editions may be used.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (V/D/Ferr))

NAME FIRST ENERGY CORP  
 ADDRESS PA ROUTE 16B  
 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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

\*\*\* NO DISCHARGE  \*\*\*  
 NOTE: Read instructions before completing this form.

ATTN: MATTHEW J HARTMAN

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
P11		*****	*****			*****		( 12			
00400 1 0 0 EFFLUENT GROSS VALU		*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		TWICE MONTH	GRAB
00530 1 0 0 EFFLUENT GROSS VALU		*****	*****	****	*****	30 MD AVG	100 DAILY MX	MG/L		TWICE MONTH	GRAB
00506 1 0 0 EFFLUENT GROSS VALU		*****	*****	****	*****	15 MD AVG	20 DAILY MX	MG/L		TWICE MONTH	GRAB
50050 1 0 0 EFFLUENT GROSS VALU		REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIM

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

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*[Signature]*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 724 682-7340  
 DATE 03 05 21  
 AREA CODE NUMBER 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

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

\*\*\* NO DISCHARGE 1 \*\*\*

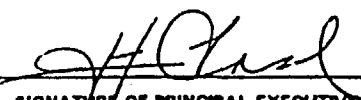
NOTE: Read instructions before completing this form.

ATTN: MATTHEW J HARTMAN

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00000 TOTAL SUSPENDED SOLIDS 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	14.0	14.0	( 19	0	2/30	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO. AVG	100 DAILY MX	MG/L		TWICE MONTH	GRAB
00004 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	15.0	15.0	( 19	0	2/30	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	15 MO. AVG	20 DAILY MX	MG/L		TWICE MONTH	GRAB
00000 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	20.001	20.001	( 03)	*****	*****	*****			1/7	EST
	PERMIT REQUIREMENT	REPORT MO. AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIM
	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  
 724.682-7360 03 05 21  
 AREA CODE NUMBER 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

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

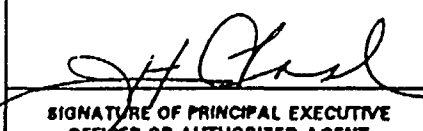
\*\*\* NO DISCHARGE [ ] \*\*\*  
 NOTE: Read instructions before completing this form.

ATTN: MATTHEW J HARTMAN

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		6.68	*****	8.48	( 12	0	2/30*	GRAB
00400 1 0 0 EFFLUENT GROSS VALU		*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	50		WEEKLY	GRAB
00100 TOTAL SUSPENDED		*****	*****		*****	5.7	7.2	( 19	0	2/30*	GRAB
00500 1 0 0 EFFLUENT GROSS VALU		*****	*****	****	*****	30 MD AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
011 3 GREASE		*****	*****		*****	15.0	15.0	( 19	0	2/30*	GRAB
00504 1 0 0 EFFLUENT GROSS VALU		*****	*****	****	*****	15 MD AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
FLOW IN CONDUIT OR THRU TREATMENT PLAN		0.010	0.028	( 03)	*****	*****	*****			1/2	EST
50050 1 0 0 EFFLUENT GROSS VALU		REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIM

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  
 DATE 03 05 21  
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 SAMPLE SHALL BE TAKEN AT OVERFLOW FROM THE OIL WATER SEPARATOR PRIOR TO MIXING WITH ANY OTHER WATER.  
 \* DISCHARGE OCCURRED IN ONLY 2 WEEKS IN APRIL 2003.

NAME FIRST ENERGY CORP  
 ADDRESS PA ROUTE 168  
 SHIPPINGPORT

PA 15077-0004

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	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			
FH		*****	*****		6.57	*****	7.07	( 12	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	6.70 MINIMUM	*****	7.90 MAXIMUM	SU		WEEKLY	GRAB
50 000 000 SUSPENDED		*****	*****		*****	6.5	13.0	( 19	0	1/7	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	30 MO AVG	100 DAILY MAX	MG/L		WEEKLY	GRAB
OIL & GREASE		*****	*****		*****	0.5 MO AVG	13.0 DAILY MAX	( 19	0	1/7	GRAB
00504 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	15 MO AVG	20 DAILY MAX	MG/L		WEEKLY	GRAB
FLOW IN CONDUIT OR THRU TREATMENT PLANT		0.002	0.002	( 0.3)	*****	*****	*****			1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT MO AVG	REPORT DAILY MAX	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

TELEPHONE

724 682-7340

DATE

03 05 21

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.

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168 SHIPPINGPORT

PA 15077-0004

PA0025615 PERMIT NUMBER

401 A DISCHARGE NUMBER

MAJOR (SUBR 05) F - FINAL CHEM. FEED AREA OF AUX BOILERS

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT PA 15077-0004 FROM

ATTN: MATTHEW J HARTMAN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	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		*****	*****		7.94	*****	7.97	( 12	0	2/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALU		*****	*****	***	6.0	*****	REPORT	SU		TWICE	GRAB
		*****	*****	***	MINIMUM	*****	MAXIMUM			MONTH	
SOLIDS: TOTAL SUSPENDED		*****	*****		*****	44.0	44.0	( 19	0	2/30	GRAB
00530 1 0 0 EFFLUENT GROSS VALU		*****	*****	***	*****	30	100	MG/L		TWICE	GRAB
		*****	*****	***	*****	MO AVG	DAILY MX			MONTH	
OIL & GREASE		*****	*****		*****	45.0	45.0	( 19	0	2/30	GRAB
00556 1 0 0 EFFLUENT GROSS VALU		*****	*****	***	*****	15	20	MG/L		TWICE	GRAB
		*****	*****	***	*****	MO AVG	DAILY MX			MONTH	
FLOW TH CONDUIT OR THRU TREATMENT PLAN		40.001	40.001	( 03)	*****	*****	*****			1/7	EST
50050 1 0 0 EFFLUENT GROSS VALU		REPORT	REPORT	MGD	*****	*****	*****	***		WEEKLY	ESTIM
		MO AVG	DAILY MX		*****	*****	*****	***			
		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 24-682-7340  
 DATE 03 05 21  
 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.

ERMITTEE NAME/ADDRESS (Include Facility Name/Location (F/D/Perm))

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

MAJOR  
(SUBR 05)  
F - FINAL  
CONDENSATE BLOWDOWN & RIVER WAT

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168  
SHIPPINGPORT

PA 15077-0004

PA0025615

PERMIT NUMBER

403 A

DISCHARGE NUMBER

ACTIVITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

\*\*\* NO DISCHARGE 1-1 \*\*\*

NOTE: Read instructions before completing this form.

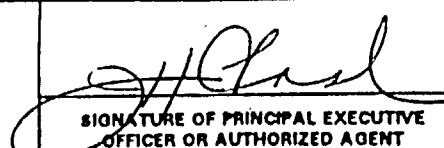
PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		6.97	*****	7.33	( 12	0	2/30*	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	5.0	*****	9.0	SU		WEEKLY	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	30	100	MG/L	0	2/30*	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	MD AVG	DAILY MX	MG/L		WEEKLY	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	15	20	MG/L	0	2/30*	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	MD AVG	DAILY MX	MG/L		WEEKLY	GRAB
00610 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	REPORT	REPORT	MG/L		1/30**	GRAB
00610 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	MD AVG	DAILY MX	MG/L		WEEKLY	GRAB
04201 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	0	0	MG/L		WHEN DISCH	COMP 2
04201 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	MD AVG	DAILY MX	MG/L		1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	*****	*****		WEEKLY	ESTIM
50060 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	0.02	0.03	( 19	0	2/30*	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	0.5	1.25	MG/L		WEEKLY	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	MD AVG	INST MAX	MG/L		WEEKLY	GRAB

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

24682-7360

DATE

03 05 21

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 403 PRIOR TO MIXING WITH ANY OTHER WATER. ~~NO CLARIFIER (CF) DISCHARGED FROM OUTFALL 403.~~ DISCHARGE OCCURRED IN ONLY 2 WEEKS IN APRIL 2003. This is a 4-part form.

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

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

NAME FIRST ENERGY CORP  
ADDRESS PA ROUTE 168  
SHIPPINGPORT

PA 15077-0004

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

\*\*\* NO DISCHARGE [ ] \*\*\*  
NOTE: Read Instructions before completing this form.

ATTN: MATTHEW J HARTMAN

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
HYDRAZINE		*****	*****		*****	LO.005	LO.005	( 19	0	1/30	GRAB
21313 1 0 0 EFFLUENT GROSS VALU		*****	*****	*****	*****	MO AVG	DAILY MAX	MG/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
James H. LASH  
Plant General Manager  
TYPED OR PRINTED

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*[Signature]*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
724	682-7360	03	05	21
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 SETZ 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 455 PRIOR TO MIXING WITH ANY OTHER WATER.

SEE NOTES ON PAGE 1 OF 2



NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 1&B

SHIPPINGPORT

PA 15077-0004

PA0025615 PERMIT NUMBER

413 A DISCHARGE NUMBER

MAJOR (SUFR 05) F - FINAL

BULK FUEL STORAGE DRAIN

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT

PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

\*\*\* NO DISCHARGE [ ] \*\*\*

NOTE: Read instructions before completing this form.

ATTN: MATTHEW J HARTMAN

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FH		*****	*****		7.68	*****	7.68	( 12	0	1/30*	GRAB
00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	8.00	*****	9.00	SU		WEEKLY	GRAB
SOLIDS TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	11.5	11.5	( 19	0	1/30*	GRAB
00530 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	25.0	25.0	( 19	0	1/30*	GRAB
00550 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	*****	15 MO AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
FLOW THROUGH OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	20.001	20.001	( 03)	*****	*****	*****			1/7	EST
50050 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		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

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*J. H. Lash*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 724 682-7340  
 DATE 03 05 21  
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 SAMPLED SHALL BE TAKEN AT DISCHARGE FROM OWS #24 PRIOR TO MIXING WITH ANY OTHER WATER.  
 \* DISCHARGE OCCURRED IN ONLY 1 WEEK IN APRIL 2003.

NAME FIRST ENERGY CORP  
 ADDRESS PA ROUTE 168  
 SHIPPINGPORT PA 15077-0004

PA0025415  
 PERMIT NUMBER

501 A  
 DISCHARGE NUMBER

MAJOR (SUBR 05)  
 F - FINAL  
 UNIT 1 GENRTR BLWDWN FILT BW

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT PA 15077-0004 FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

\*\*\* NO DISCHARGE  \*\*\*  
 NOTE: Read instructions before completing this form.

ATTN: MATTHEW J HARTMAN

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS TOTAL SUSPENDED		*****	*****		*****			( 17			
00530 1 0 0	PERMIT REQUIREMENT			***		30	100			WEEKLY	GRAB
EFFLUENT GROSS VALU				***		MO AVG	DAILY MX	MG/L			
FLOW IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT			( 03)	*****	*****	*****				
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT					****		WEEKLY	ESTIMA
EFFLUENT GROSS VALU		MO AVG	DAILY MX	MCD				****			
	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

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*J. Lash*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE  
 724-682-7340 03 05 21  
 AREA CODE NUMBER YEAR MO DAY

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

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