FENOC
FirstEnergy Nuclear Operating Company

Beaver Valley Power Station
Route 168
P.O. Box 4
Shippingport, PA 15077-0004

June 26, 2003
L-03-104

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 May 2003 NPDES Discharge Monitoring Report (DMR) for FirstEnergy Nuclear Operating Company (FENOC), Beaver Valley Power Station, in accordance with the requirements of the permit. Attached to this letter is supplemental monitoring data for Outfall 001 (dissolved oxygen). A review of the reported data indicates there were no exceedances during the report period.

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*

IE25

Weekly Dissolved Oxygen Monitoring Results at Outfall 001

The following supplemental dissolved oxygen monitoring data for Outfall 001 is provided as agreed.

SAMPLE DATE	SAMPLE TIME	VALUE	MEASURE UNITS
5/09/03	1100 hours	7.77	mg/L
5/16/03	0945 hours	8.63	mg/L
5/24/03	1300 hours	7.65	mg/L
5/31/03	0840 hours	8.15	mg/L

- END -

DISCHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

Month: MAY
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

UNIT 1

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
8,000	2.0	.0000417	0.667			.01	
		TOTAL =	0.667			TOTAL =	

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

	Site 1	Site 2	Site 3	Site 4
Name:	Borough of Monaca Sewage Treatment Plant	Hopewell Township		
Permit No.:	PA0020125	PA0026328		
Dry Tons Disposed:	0.667			
Type: (check one) Landfill				
Agr. Utilization				
Other (specify)				
County:	Beaver	Beaver		

(SSR-1 3/21/91)

Signature | Chemistry Manager (Title) | 6/23/3 (Date) | (724) 682-5113 (Telephone)

DISCHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

Month: MAY
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

UNIT 2

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
26,000	2.0	.0000417	2.16			.01	
		TOTAL =	2.16			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:	2.16			
Type: (check one) Landfill				
Agr. Utilization				
Other (specify)				
County:	Beaver	Beaver		

(SSR-1 3/21/91)

Signature

Chemistry Manager
Title

6/23/3
Date

(724) 682-5113
Telephone

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME (PST ENERGY CORP
ADDRESS P R ROUTE 168
SHIPPINGPORT PA 15077-0004

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004
ATTN: MATTHEW J HARTMAN

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

PA0025615	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY		YEAR	MO	DAY
03	03	01	TO	03	03	31

MAJOR
(SUBR 03)
F - FINAL
UNITS 1&2 COOLG. TOWER BLWDN.

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

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	******	******		7.83	******	8.15	(12	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	******	******		******	*	*	(19		*	*
00610 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	**	**	(19		**	**
01045 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	GRAB
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******	**	**	(19		**	**
01105 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	GRAB
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	<1.16 ***	<1.16 ***	(19	0	1/31 ***	24 HR COMP
50060 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	**** ****	******	0 MO AVG	0 DAILY MX	MG/L		WHEN DISCHR	COMPOS
FECAL COLIFORM, TOTAL (MPN OR MF)	SAMPLE MEASUREMENT	******	******		******	**	**	(19		**	**
74055 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	33.7	44.6	(03	******	******	******		0	DAILY	CONT
50050 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	CONTIN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
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	AREA CODE 724	NUMBER 682-7340	YEAR 03	MO 06	DAY 18

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 DETZ D
T-1 WHEN DISCHARGING. THE LIMIT IS 35 MG/L AS A DAILY MAX. * PLANT WAS NOT IN WET LAY-UP IN MAY 2003
** MONITORING REQUIREMENTS DELETED PER NPDES PERMIT AMENDMENT 1

DT-1 DISCHARGE

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location (if Different))*
NAME FIRST ENERGY CORP
ADDRESS PA ROUTE 168
SHIPPINGPORT PA 15077-0004

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004
ATTN: MATTHEW J HARTMAN

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

PA0025615	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD: FROM YEAR 03 MO 05 DAY 01 TO YEAR 03 MO 05 DAY 31

MAJOR
(SUBR 05)
F - FINAL
UNITS 1&2 COOLG. TOWER BLWDN.

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	0.03	0.10	(19	0	18/31	GRAB
	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 AVERAGE	1.25 MAXIMUM	MG/L		WEEKLY	GRAB
CHLORINE, FREE AVAILABLE 50064 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	<0.02	0.02	(19	0	CONT	RECD
	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 AVERAGE	0.5 MAXIMUM	MG/L		CONTINUOUS	RECORDER
[illegible] 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	*	*	(19		*	*
	PERMIT REQUIREMENT	******	******	**** ****	******	0 MO AVG	0 DAILY MX	MG/L		WEEKLY	GRAB
	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: AREA CODE 724 NUMBER 682-5420

DATE: YEAR 03 MO 06 DAY 18

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 DETZ D T-1 WHEN DISCHARGING. THE LIMIT IS 05 MG/L AS A DAILY MAX. * PLANT WAS NOT IN WET LAY-UP IN MAY 2003

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME [illegible] ENERGY CORP
ADDRESS PA ROUTE 168
SHIPPINGPORT PA 15077-0004

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004
ATTN: MATTHEW J HARTMAN

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

PA0025615	002 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	05	01	TO	05	05	31

MAJOR
(SUBR 05)
F - FINAL
INTAKE SCREEN BACKWASH

*** 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 PLAN 50050 : 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	0.006	0.046	(03)	******	******	******			1/7	EST
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	***** *****		WEEKL	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		TELEPHONE	DATE
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	AREA CODE 724 NUMBER 682-7340	YEAR 03 MO 06 DAY 18

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

Form Approved.
OMB No. 2040-0004

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

NAME FIRST ENERGY CORP

ADDRESS PA ROUTE 168
SHIPPINGPORT PA 15077-0004

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT PA 15077-0004

ATTN: MATTHEW J HARTMAN

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

PERMIT NUMBER	DISCHARGE NUMBER
PA0025615	003 A

MAJOR
(SUBR 05)
F - FINAL
003

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	05	01	TO	03	05	31

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
NITRITE PLUS NITRATE TOTAL 1 DET (AS N 00630 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******		******	*	*	(19		*	*
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	GRAB
PHOSPHORUS TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******		******	*	*	(19		*	*
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	GRAB
IRON TOTAL (AS FE) 01045 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) 01105 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******		******	*	*	(19		*	*
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	GRAB
PHENOLICS TOTAL RECOVERABLE 32730 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	0.031	0.085	(03)	******	******	******			2/31	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 AREA CODE	NUMBER	DATE YEAR	MO	DAY
724	682-7340	03	06	18

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.

* MONITORING REQUIREMENTS DELETED PER NPDES PERMIT AMENDMENT 1

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

This is a 4-part form.

PAGE OF

Form Approved.
OMB No. 2040-0004

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
004 A — DISCHARGE NUMBER

MAJOR
(SUBR 05)
F - FINAL
UNIT ONE COOLG TOWER OVERFLOW

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	05	01	TO	03	05	31

*** NO DISCHARGE [ ] ***

ATTN: MATTHEW J HARTMAN

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	******	******		7.85	******	8.21	(12	0	2/31*	GRAB
00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU	**	WEEKLY	GRAB
[illegible] TOTAL	SAMPLE MEASUREMENT	******	******		******	**	**	(19		**	**
C1042 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L	**	TWICE/MONTH	GRAB
[illegible] TOTAL	SAMPLE MEASUREMENT	******	******		******	**	**	(19		**	**
C1105 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L	**	TWICE/MONTH	GRAB
[illegible] TOTAL RECOVERABLE	SAMPLE MEASUREMENT	******	******		******	**	**	(19		**	**
01042 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L	**	TWICE/MONTH	GRAB
[illegible] DIOXIN OR FURAN COMPOUND PLAN	SAMPLE MEASUREMENT	0.96	3.85	(022	******	******	******			1/7	Meas
50050 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		WEEKLY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	0.08	0.15	(19	0	2/31*	GRAB
50060 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	**** ****	******	0.50 MO AVG	1.25 INST MAX	MG/L	**	WEEKLY	GRAB
CHLORINE, FREE AVAILABLE	SAMPLE MEASUREMENT	******	******		******	0.05	0.10	(19	0	2/31*	GRAB
50064 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 AVERAGE	0.5 MAXIMUM	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 — AREA CODE 724 — NUMBER 682-7340

DATE — YEAR 03 — MO 06 — DAY 18

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
* DISCHARGE OCCURRED IN ONLY 2 WEEKS IN MAY 2003.
** MONITORING REQUIREMENTS DELETED PER NPDES PERMIT, AMENDMENT 1

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location If Different)*
NAME FIRST ENERGY CORP
ADDRESS PA ROUTE 168
SHIPPINGPORT PA 15077-0004
FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004
ATTN: MATTHEW J HARTMAN

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

PA0025615 — PERMIT NUMBER
006 A — DISCHARGE NUMBER

MONITORING PERIOD: FROM YEAR 03 MO 05 DAY 01 TO YEAR 03 MO 05 DAY 31

MAJOR
(SUBR 05)
F - FINAL
AUX. INTAKE SCREEN BACKWASH

*** NO DISCHARGE [X] ***
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 PLAN 50050 1 0 0	SAMPLE MEASUREMENT			(03)	******	******	******				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		WEEKL	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		TELEPHONE			DATE		
JAMES H. LASH PLANT GENERAL MANAGER	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	724	682-7340	03	06	18
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME FIRST ENERGY CORP
ADDRESS PA ROUTE 168
SHIPPINGPORT PA 15077-0004

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004
ATTN: MATTHEW J HARTMAN

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

PA0025615	007 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY		YEAR	MO	DAY
03	05	01	TO	03	05	31

MAJOR
(SUBR 05)
F - FINAL
AUX INTAKE SYSTEM

*** NO DISCHARGE [X] ***
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			
C0400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		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	ESTIMA
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******			(19			
	PERMIT REQUIREMENT	******	******	**** ****	******	0.5 MO AVG	1.25 INST MAX	MG/L		WEEKLY	GRAB
CHLORINE, FREE AVAILABLE 50064 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******			(19			
	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			TELEPHONE		DATE		
JAMES H. LASH PLANT GENERAL MANAGER	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	724	682-7340	03	06	18
TYPED OR PRINTED			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)*

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

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

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

(2-16) PERMIT NUMBER: PA0025615

(17-19) DISCHARGE NUMBER: 008

Amendment No. 1

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	03	05	01		03	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form

Parameter (32-37)		(3 Card Only) QUANTITY OR LOADING (46--53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
Flow	Sample Measurement	<0.001	<0.001		*	*	*			1/7	EST
	Permit Requirement	MONITOR AND REPORT		MGD	*	*	*	*	*	1/WEEK	ESTIMATE
Suspended Solids	Sample Measurement	*	*		*	5.0	6.4		0	2/31	GRAB
	Permit Requirement	*	*	*	*	30	100	MG/L	*	2/MONTH	GRAB
Oil and Grease	Sample Measurement	*	*		*	<5.0	<5.0		0	2/31	GRAB
	Permit Requirement	*	*	*		15	20	MG/L	*	2/MONTH	GRAB
pH	Sample Measurement	*	*		7.84	*	7.98			2/31	GRAB
	Permit Requirement	*	*	*	6.0	*	9.0	S.U.	*	2/MONTH	GRAB
	Sample Measurement	*	*		*	*	*		*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*		*	*	*		*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*
	Sample Measurement	*	*		*	*	*		*	*	*
	Permit Requirement	*	*	*	*	*	*	*	*	*	*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
JAMES H. LASH
PLANT GENERAL MANAGER
TYPE OR PRINT

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may includes fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 724, NUMBER 682-7340

DATE: YEAR 03, MO 06, DAY 18

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

NOTE: YOUR PERMIT WILL EXPIRE ON DECEMBER 27, 2006. PLEASE SUBMIT YOUR RENEWAL APPLICATION BY JUNE 30, 2006.

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME FIRST ENERGY CORP
ADDRESS PA ROUTE 168
SHIPPINGPORT PA 15077-0004

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004
ATTN: MATTHEW J HARTMAN

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

PA0025615	010 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	05	01	TO	03	05	31

MAJOR
(SUBR 05)
F - FINAL
UNIT 2 COOLING WATER

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

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	******	******		7.53	******	7.77	(12	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	*	*	(19		*	*
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0 MO AVG	0 INST MAX	MG/L		WHEN DISCHR	COMP 24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.36	0.43	(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	******	******		******	<0.02	0.04	(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 AMBIENT	SAMPLE MEASUREMENT	******	******		******	<0.02	<0.02	(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			TELEPHONE		DATE		
JAMES H. LASH PLANT GENERAL MANAGER	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	AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED			724	682-7340	03	06	18

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 MG/L AS A DAILY MAX.) * CLAMTROL (CT-1) WAS NOT DISCHARGED AT OUTFALL 010 IN MAY 2003

Form Approved.
OMB No. 2040-0004

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
011 A — DISCHARGE NUMBER

MAJOR
(SUBR 05)
F - FINAL
DIESEL GEN & TURBINE DRAINS

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004
ATTN: MATTHEW J HARTMAN

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	05	01	TO	03	05	31

*** 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 PLAN	SAMPLE MEASUREMENT	0.004	0.004	(03)	******	******	******			1/7	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		WEEKL	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			TELEPHONE		DATE		
JAMES H. LASH PLANT GENERAL MANAGER	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	724	682-7340	03	06	18
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME FIRST ENERGY CORP
ADDRESS PA ROUTE 168
SHIPPINGPORT PA 15077-0004

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004

ATTN: MATTHEW J HARTMAN

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

PA0025615	012 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY		YEAR	MO	DAY
03	05	01	TO	03	05	31

MAJOR
(SUBR 05)
F - FINAL
BLOWDOWN FROM THE HVAC UNIT

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		8.89	******	8.89	(12	0	1/31	GRAB
	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
CHROMIUM TOTAL (AS CR) 01034 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	*	*	(19		*	*
	PERMIT REQUIREMENT	******	******	**** ****	******	0.2 MO AVG	0.2 DAILY MX	MG/L		WEEKLY	GRAB
COPPER TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	0.24*	0.34*	(19		2/31*	GRAB
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
ZINC TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	16.1*	25.5*	(19	0*	2/31*	GRAB
	PERMIT REQUIREMENT	******	******	**** ****	******	1.0 MO AVG	1.0 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	<0.001	<0.001	(03)	******	******	******			1/31	EST
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		ONCE/ MONTH	ESTIM
TOTAL DISSOLVED SOLIDS 70295 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	3342*	3856*	(19		2/31*	GRAB
	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
AREA CODE: 724
NUMBER: 682-7340

DATE
YEAR: 03
MO: 06
DAY: 18

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
* CHROMIUM MONITORING AND LIMITS; ZINC MONITORING AND LIMITS; TOTAL DISSOLVED SOLIDS MONITORING; AND COPPER MONITORING REVISED AND DELETED PER NPDES PERMIT, AMENDMENT 1

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location (If Different)*
NAME FIRST ENERGY CORP
ADDRESS PA ROUTE 168
SHIPPINGPORT PA 15077-0004

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004
ATTN: MATTHEW J HARTMAN

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

PA0025615	013 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR 05)
F - FINAL
OUTFALL 013

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	05	01	TO	03	05	31

*** 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			
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	******	******		******	******	*	(15		*	*
00011 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	110 INST MAX	DEG. F	13	WEEKLY	GRAB
PH	SAMPLE MEASUREMENT	******	******		7.19	******	7.72	(12	0	1/7	CALC
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	CALCTD
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	******	******		******	<0.02	<0.02	(19		3/31	CALC
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		TWICE/MONTH	CALCTD
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	0.047	0.053	(19		3/31*	
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	CALCTD
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.013	0.019	(03	******	******	******			1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		WEEKLY	ESTIM
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		TWICE/MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
JAMES H. LASH PLANT GENERAL MANAGER	*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.*	724 682-7340	03	06	18
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)*

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

* MONITORING REQUIREMENTS DELETED FOR TRC AND TEMPERATURE AND COPPER REVISED TO 2/MONTH PER NPDES PERMIT, AMENDMENT 1

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME FIRST ENERGY CORP
ADDRESS PA ROUTE 168
SHIPPINGPORT PA 15077-0004

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004
ATTN: MATTHEW J HARTMAN

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

PA0025615	101 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY		YEAR	MO	DAY
03	05	01	TO	03	05	31

Form Approved.
OMB No. 2040-0004

MAJOR
(SUBR 05)
F - FINAL
101 CHEMICAL WASTE TREATMENT

*** 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	******	******		7.42	******	7.74	(12	0	3/31*	GRAB
C0400C 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKL	GRAB
TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	13.4	22.8	(19	0	2/31*	2HR COMP
C0530C 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	**** ****	******	30 MO AVG	100 DAILY MX	MG/L		WEEKL	COMP-2
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	11.0	17.0	(19	0	2/31*	GRAB
C0556 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	**** ****	******	15 MO AVG	20 DAILY MX	MG/L		WEEKL	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	******	******		******	*	*	(19		*	*
C0610C 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKL	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	0.14	1.69	(03	******	******	******			DAILY	CONT
50050C 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	CONTIN
PETROLEUM HC	SAMPLE MEASUREMENT	******	******		******	**	**	(19		**	**
84032 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKL	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
JAMES H. LASH PLANT GENERAL MANAGER	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	724	682-7340	03	06	18
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

EVAPORATIVE 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.

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location (If Different))*
NAME FIRST ENERGY CORP
ADDRESS PA ROUTE 168
SHIPPINGPORT PA 15077-0004
FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004
ATTN: MATTHEW J HARTMAN

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

PA0025615	102 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD: FROM YEAR 03 MO 05 DAY 01 TO YEAR 03 MO 05 DAY 31

MAJOR
(SUBR 05)
F - FINAL
102 INTAKE SCREENHOUSE

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

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	******	******		7.66	******	7.75	(12	0	2/31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		TWICE MONTH	GRAB
OIL AND TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	12.3	20.5	(19	0	2/31	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	******	******		******	L5.0	L5.0	(19	0	2/31	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	L0.001	L0.001	(03	******	******	******			2/31	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		TELEPHONE			DATE		
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	AREA CODE 724	NUMBER 682-7340	YEAR 03	MO 06	DAY 18

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.

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME FIRST ENERGY CORP
ADDRESS PA ROUTE 168
SHIPPINGPORT PA 15077-0004

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004
ATTN: MATTHEW J HARTMAN

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

PA0025615	103 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	05	01	TO	03	05	31

MAJOR
(SUBR 05)
F - FINAL
SLUDGE SETTLING BASIN

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

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	******	******		6.57	******	7.40		0	3/31	GRAB
C04(0 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ***	6.0 MINIMUM	******	9.0 MAXIMUM	SU		TWICE/MONTH	GRAB
SUSPENDED SOLIDS C0530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	12.7	13.5		0	2/31	24 HR COMP
	PERMIT REQUIREMENT	******	******	*** ***	******	30 MO AVG	100 DAILY MX	MG/L		TWICE/MONTH	COMP 24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 5000U 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.006	0.017		******	******	******			29/31	MEAS
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		TWICE/MONTH	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
JAMES H. LASH	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	AREA CODE	NUMBER	YEAR	MO	DAY
PLANT GENERAL MANAGER	TYPED OR PRINTED		724	682-7340	03	06	18

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
SAMPLE SHALL BE TAKEN AT OVERFLOW FROM THE BASIN PRIOR TO MIXING WITH ANY OTHER WATER.

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME FIRST ENERGY CORP
ADDRESS PO ROUTE 168
SHIPPINGPORT PA 15077-0004

FACILITY LOCATION BEAVER VALLEY POWER STATION
SHIPPINGPORT PA 15077-0004

ATTN: MATTHEW J HARTMAN

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

PA0025615	110 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY		YEAR	MO	DAY
03	05	01	TO	03	05	31

MAJOR
(SUBR 05)
F - FINAL
UNIT 2 SERVICE WATER BACKWASH

*** NO DISCHARGE [X] ***
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 PLAN 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	******	******	******				
	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		TELEPHONE		DATE		
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	724 (AREA CODE) 682-7340 (NUMBER)	03 (YEAR)	06 (MO)	18 (DAY)

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

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location (If Different)*
NAME FIRST ENERGY CORP
ADDRESS PA ROUTE 168
SHIPPINGPORT PA 15077-0004
FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004
ATTN: MATTHEW J HARTMAN

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

PA0025615	111 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	05	01	TO	03	05	31

MAJOR
(SUBR 05)
F - FINAL
111 DIESEL GENERATOR BLDG

*** 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	******	******		6.71	******	7.13	(12	0	1/7	GRAB
00400C 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	<4.0	<4.0	' 19	0	1/7	GRAB
00530C 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	30 MO AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	******	******		******	<5.0	<5.0	(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 PLAN	SAMPLE MEASUREMENT	0.002	0.002	(03	******	******	******			1/7	EST
50050C 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: AREA CODE 724, NUMBER 682-7340

DATE: YEAR 03, MO 06, DAY 18

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

Form Approved.
OMB No. 2040-0004

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

NAME [illegible] ENERGY CORP

ADDRESS [illegible] ROUTE 168
SHIPPINGPORT PA 15077-0004

FACILITY BEAVER VALLEY POWER STATION

LOCATION SHIPPINGPORT PA 15077-0004

ATTN: MATTHEW J HARTMAN

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

PERMIT NUMBER	DISCHARGE NUMBER
PA0025615	113 A

MAJOR
(SUBR 05)
F - FINAL
UNIT 2 SEWAGE TMT PLANT

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	05	01	TO	03	05	31

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	******	******		7.63	******	7.93	(12	0	2/31	GRAB
C0400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		TWICE/MONTH	GRAB
[illegible] TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	5.3	6.3	(19	0	2/31	8HR COMP
C0530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	30 MO AVG	60 DAILY MX	MG/L		TWICE/MONTH	COMP-B
FLOW IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	0.010	0.016	(03)	******	******	******		0	1/7	MEAS
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.043 MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		WEEKLY	MEASRD
CHLORINE TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	0.38	0.53	(19	0	2/31	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	1.4 MO AVG	3.3 INST MAX	MG/L		TWICE/MONTH	GRAB
COLIFORM FECAL GENERA	SAMPLE MEASUREMENT	******	******		******	174	******	(13	0	2/31	GRAB
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	200 MO GEOMN	******	#/ 100ML		TWICE/MONTH	GRAB
BOD, CARBONACEOUS 05 DAY [illegible]	SAMPLE MEASUREMENT	******	******		******	3.2	3.3	(19	0	2/31	8HR COMP
80082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	25 MO AVG	50 DAILY MX	MG/L		TWICE/MONTH	COMP-B
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
JAMES H. LASH PLANT GENERAL MANAGER	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.	724	682-7340	03	06	18
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)*

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

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location (If Different)*
NAME FIRST ENERGY CORP
ADDRESS PA ROUTE 168
SHIPPINGPORT PA 15077-0004

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004
ATTN: MATTHEW J HARTMAN

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

PA0025615 — PERMIT NUMBER
203 A — DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY		YEAR	MO	DAY
FROM 03	05	01	TO	03	05	31

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

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

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	******	******		7.52	******	7.90	(12	0	2/51	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		TWICE/MONTH	GRAB
SUSPENDED SOLIDS	SAMPLE MEASUREMENT	******	******		******	26.0	29.0	(19	0	2/31	8HR Comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	30 MO AVG	60 DAILY MX	MG/L		TWICE/MONTH	COMP-S
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.006	0.012	(03	******	******	******		0	1/7	MEASRD
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.023 MO AVG,	REPORT DAILY MX	MGD	******	******	******	**** ****		WEEKLY	MEASRD
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	1.2	2.1	(19	0	2/31	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	1.4 MO AVG	3.3 INST MAX	MG/L		TWICE/MONTH	GRAB
FECAL COLIFORM GENERAL	SAMPLE MEASUREMENT	******	******		******	11	******	(13	0	2/31	GRAB
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	200 MO GEOMN	******	#/ 100M		TWICE/MONTH	GRAB
BOD, CARBONACEOUS (20 DAY, 20C)	SAMPLE MEASUREMENT	******	******		******	3.3	3.6	(19	0	2/31	8 HR comp
80082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	25 MO AVG	50 DAILY MX	MG/L		TWICE/MONTH	COMP-S
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
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	AREA CODE 724 NUMBER 682-7311	YEAR 03 MO 06 DAY 18

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.

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME FIRST ENERGY CORP
ADDRESS RT 168
SHIPPINGPORT PA 15077-0004

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004
ATTN: MATTHEW J HARTMAN

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

PA0025615 — PERMIT NUMBER
211 A — DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY		YEAR	MO	DAY
03	05	01	TO	03	05	31

Form Approved
OMB No. 2040-0004

MAJOR
(SUBR 05)
F - FINAL
211 TURBINE BLDG

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

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	******	******		7.12	******	7.78	(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	******	******		******	13.3	36.5	(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	******	******		******	<5.0	<5.0	(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 PLAN	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	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

TELEPHONE
AREA CODE: 724
NUMBER: 682-7340

DATE
YEAR: 03
MO: 06
DAY: 18

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

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location (If Different)*
NAME [illegible] ENERGY CORP
ADDRESS PA ROUTE 168
SHIPPINGPORT PA 15077-0004

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004
ATTN: MATTHEW J HARTMAN

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

PA0025615	213 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	05	01	TO	03	05	31

MAJOR
(SUBR 05)
F - FINAL
UNIT 2 COOL TOWER PUMPHOUSE

*** NO DISCHARGE [X] ***
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		TWICE/MONTH	GRAB
[illegible]	SAMPLE MEASUREMENT	******	******		******			(17			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	30 MO AVG	100 DAILY MX	MG/L		TWICE/MONTH	GRAB
[illegible]	SAMPLE MEASUREMENT	******	******		******			(19			
00554 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			(03)	******	******	******				
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			TELEPHONE		DATE		
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	AREA CODE	NUMBER	YEAR	MO	DAY
			724	682-7340	03	06	18

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
SAMPLE SHALL BE TAKEN AT DISCHARGE FROM THE PUMP HOUSE PRIOR TO MIXING WITH ANY OTHER WATER

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location if Different)*
NAME [illegible] ENERGY CORP
ADDRESS PA ROUTE 168
SHIPPINGPORT PA 15077-0004

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004

ATTN: MATTHEW J HARTMAN

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

PA0025615	301 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY		YEAR	MO	DAY
03	05	01	TO	03	05	31

MAJOR
(SUBR 05)
F - FINAL
UNIT 2 AUX BOILER BLOWDOWN

*** 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	******	******		******	<4.0	<4.0	(19	0	2/31	GRAB
	PERMIT REQUIREMENT	******	******	**** ****	******	30 MO AVG	100 DAILY MX	MG/L		TWICE/MONTH	GRAB
[illegible] 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	<5.0	<5.0	(19	0	2/31	GRAB
	PERMIT REQUIREMENT	******	******	**** ****	******	15 MO AVG	20 DAILY MX	MG/L		TWICE/MONTH	GRAB
FLOW IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	<0.001	<0.001	(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			TELEPHONE		DATE		
JAMES H. LASH PLANT GENERAL MANAGER	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	724	1682-7326	03	06	18
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location (If Different)*
NAME [illegible] ENERGY CORP
ADDRESS P.O. 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

MONITORING PERIOD

YEAR	MO	DAY		YEAR	MO	DAY
FROM 03	05	01	TO	03	05	31

*** NO DISCHARGE [ ] ***

ATTN: MATTHEW J HARTMAN

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	******	******		7.23	******	7.44	(12	0	3/31*	GRAB
CODE 00 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED CODE 00 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	9.1	16.4	(19	0	3/31*	GRAB
	PERMIT REQUIREMENT	******	******	**** ****	******	30 MO AVG	100 DAILY MX	MG/L		WEEKLY	GRAB
OIL & GREASE CODE 56 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	5.3	6.0	(19	0	3/31*	GRAB
	PERMIT REQUIREMENT	******	******	**** ****	******	15 MO AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT CODE 50 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.019	0.056	(03	******	******	******			1/7	ESTIMA
	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: AREA CODE 724 — NUMBER 682-7340

DATE: YEAR 03 — MO 06 — DAY 18

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 3 WEEKS IN MAY 2003

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME FIRST ENERGY CORP
ADDRESS PA ROUTE 168
SHIPPINGPORT PA 15077-0004

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004
ATTN: MATTHEW J HARTMAN

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

PA0025615	313 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY		YEAR	MO	DAY
03	05	01	TO	03	05	31

MAJOR
(SUBR 05)
F - FINAL
313 TURBINE BLDG DRAIN

*** 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	******	******		6.11	******	7.18	(12	0	1/7	GRAB
00400C 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	6.0	8.6	(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	******	******		******	<5.0	<5.0	(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	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

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
724	682-7340	03	06	18

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.

Form Approved.
OMB No. 2040-0004

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

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	05	01	TO	03	05	31

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

ATTN: MATTHEW J HARTMAN

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	******	******		7.97	******	8.21	(12	0	2/31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	REPORT MAXIMUM	SU		TWICE MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	5.0	6.0	(17	0	2/31	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	2/31	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	<0.001	<0.001	(03)	******	******	******			1/7	EST
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		WEEKL	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

TELEPHONE: AREA CODE 724, NUMBER 682-7340

DATE: YEAR 03, MO 06, DAY 18

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

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME FIRST ENERGY CORP
ADDRESS PA ROUTE 168
SHIPPINGPORT PA 15077-0004

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004
ATTN MATTHEW J HARTMAN

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

PA0025615	403 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY		YEAR	MO	DAY
03	05	01	TO	03	05	31

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

*** NO DISCHARGE [X] ***

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
CHLORINE, TOTAL, TOTAL WATER	SAMPLE MEASUREMENT	******	******		******			(19			
04251 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0 MO AVG	0 DAILY MX	MG/L		WHEN DISCHR	COMP24
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	ESTIMA
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		TELEPHONE		DATE		
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	AREA CODE 724	NUMBER 682-7340	YEAR 03	MO 06	DAY 18

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 BAT D T-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.) SAMPLES SHAL L BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/ Location (If Different)*
NAME FIRST ENERGY CORP
ADDRESS PA ROUTE 168
SHIPPINGPORT PA 15077-0004

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004
ATTN: MATTHEW J HARTMAN

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

PA0025615	403 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
03	05	01	TO	03	05	31

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

*** NO DISCHARGE [X] ***
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			
51312 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	0 MO AVG	0 DAILY MX	MG/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
JAMES H. LASH PLANT GENERAL MANAGER	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	AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED			724	682-7340	03	06	18

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

HYDRAZINE AND AMMUNIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR SPTZ D T-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.) SAMPLES SHAL L BE TAKEN AT MP 108 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
FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004
ATTN: MATTHEW J HARTMAN

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

PA0025615 — PERMIT NUMBER
413 A — DISCHARGE NUMBER

MONITORING PERIOD: FROM YEAR 03 MO 03 DAY 01 TO YEAR 03 MO 03 DAY 31

OMB No. 2040-0004

MAJOR
(SUBR 05)
F - FINAL
BULK FUEL STORAGE DRAIN

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

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PH	SAMPLE MEASUREMENT	******	******		7.52	******	7.54	(12	0	2/3i*	GRAB
00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	**** ****	6.0 2 MINIMUM	******	9.0 1 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	17.9	22.5	(19	0	2/31*	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	2/31*	GRAB
00556 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	**** ****	******	15 MO AVG	20 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	0.001	0.001	(03	******	******	******			1/7	EST
50050 1 0 0 EFFLUENT GROSS VALU	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: AREA CODE 724, NUMBER 682-7340

DATE: YEAR 03 MO 06 DAY 18

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
SAMPLES SHALL BE TAKEN AT DISCHARGE FROM OWS #24 PRIOR TO MIXING WITH ANY OTHER WATER
* DISCHARGE OCCURRED IN ONLY 2 WEEKS IN MAY 2003

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME FIRST ENERGY CORP
ADDRESS PA ROUTE 168
SHIPPINGPORT PA 15077-0004

FACILITY BEAVER VALLEY POWER STATION
LOCATION SHIPPINGPORT PA 15077-0004
ATTN: MATTHEW J HARTMAN

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

PA0025615	501 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	05	01	TO	03	05	31

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

*** NO DISCHARGE [X] ***
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	******	******		******			< 19			
C1500 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	***** *****	******	30 MO AVG	100 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	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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 724, NUMBER 682-7340

DATE: YEAR 03, MO 06, DAY 18

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.