

James H. Lash
Plant General Manager

724-682-7773

03-09-04
L-04-032

Ms. Denise Konopa
Pennsylvania Department of Environmental Protection
400 Waterfront Drive
Pittsburgh, PA 15222-4745

Amended Application for Beaver Valley Power Station: Additional Items
NPDES Permit No. PA0025615

Dear Ms. Konopa:

Enclosed please find three copies of the Pennsylvania Department of Environmental Protection (DEP) General Information Form for the Amended Application for Beaver Valley Power Station, NPDES Permit No. PA0025615. Also enclosed are confirmation return-receipt copies of the letters re-submitted in accordance with Act 14 to make notification to the local community and county. These were the two items needed to complete our amendment application as indicated in your letter dated February 13, 2004.

For more information, please contact Mr. Edward Hubley at 724-682-7340, Michael Banko at 724-682-4117, or Scott Brown at 330-384-4657.

Sincerely,



James H. Lash

c: U.S. Nuclear Regulatory Commission (Note: No NRC commitments are contained in this submittal.)

FEZS



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
GENERAL INFORMATION FORM – AUTHORIZATION APPLICATION

Before completing this General Information Form (GIF), read the step-by-step instructions provided in this application package. This version of the General Information Form (GIF) must be completed and returned with any program-specific application being submitted to the Department.

Related ID#s (If Known) Client ID# _____ APS ID# _____ Site ID# _____ Auth ID# _____ Facility ID# _____	DEP USE ONLY Date Received & General Notes
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CLIENT INFORMATION

DEP Client ID#	Client Type / Code OTHER			
Organization Name or Registered Fictitious Name	Employer ID# (EIN)	Dun & Bradstreet ID#		
FirstEnergy Nuclear Operating Company	34 - 1881483	09-412-9264		
Individual Last Name	First Name	MI	Suffix	SSN
Additional Individual Last Name	First Name	MI	Suffix	SSN
Mailing Address Line 1	Mailing Address Line 2			
Beaver Valley Power Station	PO Box 4			
Address Last Line – City	State	ZIP+4	Country	
Shippingport	PA	15077	USA	
Client Contact Last Name	First Name	MI	Suffix	
Lash	James	H		
Client Contact Title	Phone		Ext	
Director, Plant General Manager	724-682-7773			
Email Address	FAX			
jhlash@firstenergycorp.com				

SITE INFORMATION

DEP Site ID#	Site Name			
	Beaver Valley Power Station			
EPA ID#	04-02474	Estimated Number of Employees to be Present at Site	1300	
Description of Site	Nuclear electric generating facility			
County Name	Municipality	City	Boro	Twp State
Beaver	Shippingport	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> State
County Name	Municipality	City	Boro	Twp State
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> State
Site Location Line 1	Site Location Line 2			
200 Technology Drive	Route 168			
Site Location Last Line – City	State	ZIP+4		
Shippingport	PA	15077		
Detailed Written Directions to Site	Route 60 South to Aliquippa exit. Turn left onto Green Garden Road. Take Green Garden 8 miles to intersection with State Route 18. Go through intersection, down Shippingport Hill Road. Beaver Valley Power Station is approximately 1 mile on right past Shippingport Municipal building.			
Site Contact Last Name	First Name	MI	Suffix	
Hubley	Edward			
Site Contact Title	Site Contact Firm			
Manager, Nuclear Environmental & Chemistry				
Mailing Address Line 1	Mailing Address Line 2			
BVPS, BV-A	PO Box 4			
Mailing Address Last Line – City	State	ZIP+4		
Shippingport	PA	15077		

Phone 724-682-4141	Ext	FAX 724-682-5843	Email Address ehhubbley@firstenergycorp.com
NAICS Codes (Two- & Three-Digit Codes – List All That Apply) 221113			6-Digit Code (Optional)

Client to Site Relationship
OWN

FACILITY INFORMATION

Modification of Existing Facility

1. Will this project modify an existing facility, system, or activity?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Will this project involve an addition to an existing facility, system, or activity?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes", check all relevant facility types and provide DEP facility identification numbers below.

Facility Type	DEP Fac ID#	Facility Type	DEP Fac ID#
<input type="checkbox"/> Air Emission Plant		<input type="checkbox"/> Industrial Minerals Mining Operation	
<input type="checkbox"/> Beneficial Use (water)		<input type="checkbox"/> Laboratory Location	
<input type="checkbox"/> Blasting Operation		<input type="checkbox"/> Land Recycling Cleanup Location	
<input type="checkbox"/> Captive Hazardous Waste Operation		<input type="checkbox"/> Mine Drainage Trmt/Land Recy Proj Location	
<input type="checkbox"/> Coal Ash Beneficial Use Operation		<input type="checkbox"/> Municipal Waste Operation	
<input type="checkbox"/> Coal Mining Operation		<input type="checkbox"/> Oil & Gas Encroachment Location	
<input type="checkbox"/> Coal Pillar Location		<input type="checkbox"/> Oil & Gas Location	
<input type="checkbox"/> Commercial Hazardous Waste Operation	N/A	<input type="checkbox"/> Oil & Gas Water Poll Control Facility	N/A
<input type="checkbox"/> Dam Location		<input type="checkbox"/> Public Water Supply System	
<input type="checkbox"/> Deep Mine Safety Operation -Anthracite		<input type="checkbox"/> Radiation Facility	
<input type="checkbox"/> Deep Mine Safety Operation -Bituminous		<input type="checkbox"/> Residual Waste Operation	
<input type="checkbox"/> Deep Mine Safety Operation -Ind Minerals		<input type="checkbox"/> Storage Tank Location	
<input type="checkbox"/> Encroachment Location (water, wetland)		<input type="checkbox"/> Water Pollution Control Facility	
<input type="checkbox"/> Erosion & Sediment Control Facility		<input type="checkbox"/> Water Resource	
<input type="checkbox"/> Explosive Storage Location		<input type="checkbox"/> Other:	

Latitude/Longitude Point of Origin	Latitude			Longitude		
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
@ Mid-point between U1 & U2	40	37	23	80	25	57
Horizontal Accuracy Measure	Feet		--or--	Meters		
Horizontal Reference Datum Code	<input type="checkbox"/> North American Datum of 1927 <input type="checkbox"/> North American Datum of 1983 <input type="checkbox"/> World Geodetic System of 1984					
Horizontal Collection Method Code						
Reference Point Code						
Altitude	Feet		--or--	Meters		
Altitude Datum Name	<input type="checkbox"/> The National Geodetic Vertical Datum of 1929 <input type="checkbox"/> The North American Vertical Datum of 1988 (NAVD88)					
Altitude (Vertical) Location Datum Collection Method Code						
Geometric Type Code	A					
Data Collection Date						
Source Map Scale Number	Inch(es)		=	Feet		
	--or--		=	Meters		
	Centimeter(s)					

PROJECT INFORMATION

Project Name
Amendment to existing NPDES Permit No. PA0025615

Project Description
Amend the existing NPDES Permit. NOTE: No new construction or water usage is involved.

Project Consultant Last Name	First Name	MI	Suffix
Project Consultant Title	Consulting Firm		
Mailing Address Line 1	Mailing Address Line 2		
Address Last Line – City	State	ZIP+4	

Phone Ext FAX Email Address

Time Schedules	Project Milestone (Optional)
	<i>N/A</i>

1. Is this application for an authorization type on the list of authorizations affected by the land use policy? Yes No

Note: If "Yes", you must complete the following Land Use Information section, unless exempted by Questions 2 or 3 below.
 If "No", skip Questions 2 & 3 below as well as the following Land Use Information section.
 For referenced list, see Appendix A attached to the GIF Instructions.

2. For an Air program authorization only. All other authorizations continue with Question 3 below. Will the permit authorize the construction of facilities outside an existing permitted area? Yes No

Note: If "Yes", you must complete the following Land Use Information section unless exempted by Question 3 below.
 If "No", skip Question 3 below as well as the following Land Use Information section.

3. Have you attached or submitted municipal and county 'Early Opt Out' approval letters for the project? Yes No

Note: If "Yes" to Question 3, skip the following Land Use Information section. This should only be checked "Yes" if applicant is choosing the early opt-out option. Required approval letters described in the GIF Checklist and Instructions should be attached.
 If "No" to Question 3, continue with the following Land Use Information section. *N/A*

LAND USE INFORMATION

Note: Applicants are encouraged to submit copies of local land use approvals or other evidence of compliance with local comprehensive plans and zoning ordinances.

1. Is there a municipal comprehensive plan(s)? Yes No

2. Is there a county comprehensive plan(s)? Yes No

3. Is there a multi-municipal or multi-county comprehensive plan? Yes No

4. Is the proposed project consistent with these plans? If no plan(s) exists, answer "Yes". Yes No

5. Is there a municipal zoning ordinance(s)? Yes No

6. Is there a joint municipal zoning ordinance(s)? Yes No

7. Will the proposed project require a zoning approval (e.g., special exception, conditional approval, re-zoning, variance)? If zoning approval has already been received, attach documentation. Yes No

8. Are any zoning ordinances that are applicable to this project currently the subject of any type of legal proceeding? Yes No

9. Will the project be located on a site that has been or is being remediated under DEP's Land Recycling Program? Yes No

10. Will the project result in reclamation of abandoned mine lands through re-mining or as part of DEP's Reclaim PA Program? Yes No

11. Will the project be located in an agricultural security area or an area protected under an agricultural conservation easement? Yes No

12. Will the project be located in a Keystone Opportunity Zone or Enterprise Development Area? Yes No

13. Will the project be located in a Designated Growth Area as defined by the Municipalities Planning Code? Yes No

COORDINATION INFORMATION

Note: The PA Historical and Museum Commission must be notified of proposed projects in accordance with DEP Technical Guidance Document 012-0700-001 and the accompanying Cultural Resource Notice Form.

If the activity will be a mining project (i.e., mining of coal or industrial minerals, coal refuse disposal and/or the operation of a coal or industrial minerals preparation/processing facility), respond to questions 1.0 through 2.5 below.

If the activity will not be a mining project, skip questions 1.0 through 2.5 and begin with question 3.0.

1.0	Is this a coal mining project? If "Yes", respond to 1.1-1.6. If "No", skip to Question 2.0. (DEP Use/48y1)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
1.1	Will this coal mining project involve coal preparation/ processing activities in which the total amount of coal prepared/processed will be equal to or greater than 200 tons/day? (DEP Use/4x70)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
1.2	Will this coal mining project involve coal preparation/ processing activities in which the total amount of coal prepared/processed will be greater than 50,000 tons/year? (DEP Use/4x70)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
1.3	Will this coal mining project involve coal preparation/ processing activities in which thermal coal dryers or pneumatic coal cleaners will be used? (DEP Use/4x70)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
1.4	For this coal mining project, will sewage treatment facilities be constructed and treated waste water discharged to surface waters? (DEP Use/4x62)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
1.5	Will this coal mining project involve the construction of a permanent impoundment meeting one or more of the following criteria: (1) a contributory drainage area exceeding 100 acres; (2) a depth of water measured by the upstream toe of the dam at maximum storage elevation exceeding 15 feet; (3) an impounding capacity at maximum storage elevation exceeding 50 acre-feet? (DEP Use/3140)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
1.6	Will this coal mining project involve underground coal mining to be conducted within 500 feet of an oil or gas well? (DEP Use/4z41)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2.0	Is this a non-coal (industrial minerals) mining project? If "Yes", respond to 2.1-2.6. If "No", skip to Question 3.0. (DEP Use/48y1)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
2.1	Will this non-coal (industrial minerals) mining project involve the crushing and screening of non-coal minerals other than sand and gravel? (DEP Use/4x70)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2.2	Will this non-coal (industrial minerals) mining project involve the crushing and/or screening of sand and gravel with the exception of wet sand and gravel operations (screening only) and dry sand and gravel operations with a capacity of less than 150 tons/hour of unconsolidated materials? (DEP Use/4x70)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2.3	Will this non-coal (industrial minerals) mining project involve the construction, operation and/or modification of a portable non-metallic (i.e., non-coal) minerals processing plant under the authority of the General Permit for Portable Non-metallic Mineral Processing Plants (i.e., BAQ-PGPA/GP-3)? (DEP Use/4x70)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2.4	For this non-coal (industrial minerals) mining project, will sewage treatment facilities be constructed and treated waste water discharged to surface waters? (DEP Use/4x62)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2.5	Will this non-coal (industrial minerals) mining project involve the construction of a permanent impoundment meeting one or more of the following criteria: (1) a contributory drainage area exceeding 100 acres; (2) a depth of water measured by the upstream toe of the dam at maximum storage elevation exceeding 15 feet; (3) an impounding capacity at maximum storage elevation exceeding 50 acre-feet? (DEP Use/3140)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

3.0	Will your project, activity, or authorization have anything to do with a well related to oil or gas production, site development for such activity, or the waste from such a well? If "Yes", respond to 3.1-3.3. If "No", skip to Question 4.0. (DEP Use/4z41)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
3.1	Does the oil- or gas-related project involve any of the following: placement of fill, excavation within or placement of a structure, located in, along, across or projecting into a watercourse, floodway or body of water (including wetlands)? (DEP Use/4z41)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
3.2	Will the oil- or gas-related project involve discharge of industrial wastewater or stormwater to a dry swale, surface water, ground water or an existing sanitary sewer system or storm water system? If "Yes", discuss in <i>Project Description</i> . (DEP Use/4z41)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
3.3	Will the oil- or gas-related project involve the construction and operation of industrial waste treatment facilities? (DEP Use/4z41)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
4.0	Will the project involve a construction activity that results in earth disturbance? If "Yes", specify the total disturbed acreage. (DEP Use/4x66)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
4.0.1	Total Disturbed Acreage				
5.0	Does the project involve any of the following: placement of fill, excavation within or placement of a structure, located in, along, across or projecting into a watercourse, floodway or body of water (including wetlands)? (DEP Use/4x66)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
6.0	Will the project involve discharge of industrial wastewater or stormwater to a dry swale, surface water, ground water or an existing sanitary sewer system or separate storm water system? If "Yes", discuss in <i>Project Description</i> . (DEP Use/4x62)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
7.0	Will the project involve the construction and operation of industrial waste treatment facilities? (DEP Use/4x62)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
8.0	Will the project involve construction of sewage treatment facilities, sanitary sewers, or sewage pumping stations? If "Yes", indicate estimated proposed flow (gal/day). Also, discuss the sanitary sewer pipe sizes and the number of pumping stations/treatment facilities/name of downstream sewage facilities in the <i>Project Description</i> , where applicable. (DEP Use/4x62)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
8.0.1	Estimated Proposed Flow (gal/day)				
9.0	Was sewage planning submitted and approved? If "Yes", attach the Act 537 approval letter unless the submitted application is actually requesting Act 537 approval (Approval required prior to 105/NPDES approval). (DEP Use/4x61)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
9.0.1	Is Act 537 Approval Letter attached?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
10.0	Is this project for the beneficial use of biosolids for land application within Pennsylvania? If "Yes" indicate how much (i.e. gallons or dry tons per year). (DEP Use/4X62)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
10.0.1	Gallons Per Year (residential septage)				
10.0.2	Dry Tons Per Year (biosolids)				
11.0	Does the project involve construction, modification or removal of a dam? If "Yes", identify the dam. (DEP Use/3140)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
11.0.1	Dam Name				
12.0	Will the project interfere with the flow from, or otherwise impact, a dam? If "Yes", identify the dam. (DEP Use/3140)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
12.0.1	Dam Name				
13.0	Will the project involve operations (excluding during the construction period) that produce air emissions (i.e., NOX, VOC, etc.)? If "Yes", identify each type of emission followed by the amount of that emission. (DEP Use/4x70)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
13.0.1	Enter all types & amounts of emissions; separate each set with semicolons.				

14.0	Is an on-site drinking water supply (well), other than individual house wells, proposed for your project? If "Yes", indicate total number of people served and/or the total number of connections served, if applicable. Also, check all proposed sub-facilities. (DEP Use/4x81)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
14.0.1	Number of Persons Served	_____			
14.0.2	Number of Employee/Guests	_____			
14.0.3	Number of Connections	_____			
14.0.4	Sub-Fac: Distribution System	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
14.0.5	Sub-Fac: Water Treatment Plant	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
14.0.6	Sub-Fac: Source	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
14.0.7	Sub-Fac: Pump Station	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
14.0.8	Sub-Fac: Entry Point	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
14.0.9	Sub-Fac: Transmission Main	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
14.0.10	Sub-Fac: Storage Facility	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
15.0	Will your project involve purchasing water in bulk, excluding during the construction period? If "Yes, name the provider. Also, indicate the daily number of employees or guests served. (DEP Use/4x81)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
15.0.1	Provider's Name	_____			
15.0.2	Number of Employees/Guests	_____			
16.0	Is your project to be served by public water supply? If "Yes", indicate name of supplier and attach letter from supplier stating that it will serve the project. (DEP Use/4x81)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
16.0.1	Supplier's Name	N/A			
16.0.2	Letter of Approval from Supplier is Attached	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
17.0	Will this project involve a new or increased drinking water withdrawal from a stream or other water body? If "Yes", provide name of stream. (DEP Use/4x81)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
17.0.1	Stream Name	N/A			
18.0	Will the construction or operation of this project involve treatment, storage, reuse, or disposal of waste? If "Yes", indicate what type (i.e., hazardous, municipal (including infectious & chemotherapeutic), residual) and the amount to be treated, stored, re-used or disposed. (DEP/Use4x32)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
18.0.1	Type & Amount	N/A			
19.0	Will your project involve the removal of coal, minerals, etc. as part of any earth disturbance activities? (DEP Use/48y1)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
20.0	Does your project involve installation of a field constructed underground storage tank? If "Yes", list each Substance & its Capacity. <u>Note</u> : Applicant may need a Storage Tank Site Specific Installation Permit. (DEP Use/2570)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
20.0.1	Enter all substances & capacity of each; separate each set with semicolons.	_____			
21.0	Does your project involve installation of an aboveground storage tank greater than 21,000 gallons capacity at an existing facility? If "Yes", list each Substance & its Capacity. <u>Note</u> : Applicant may need a Storage Tank Site Specific Installation Permit. (DEP Use/2570)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
21.0.1	Enter all substances & capacity of each; separate each set with semicolons.	_____			
22.0	Does your project involve installation of a tank greater than 1,100 gallons which will contain a highly hazardous substance as defined in DEP's Regulated Substances List, 2570-BK-DEP2724? If "Yes", list each Substance & its Capacity. <u>Note</u> : Applicant may need a Storage Tank Site Specific Installation Permit. (DEP Use/2570)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
22.0.1	Enter all substances & capacity of each; separate each set with semicolons.	_____			

- 23.0 Does your project involve installation of a storage tank at a new facility with a total AST capacity greater than 21,000 gallons? If "Yes", list each Substance & its Capacity. **Note:** Applicant may need a Storage Tank Site Specific Installation Permit. (DEP Use/2570) Yes No
- 23.0.1 Enter all substances & capacity of each; separate each set with semicolons.

CERTIFICATION

I certify that I have the authority to submit this application on behalf of the applicant named herein and that the information provided in this application is true and correct to the best of my knowledge and information.

Type or Print Name James H. Lash

Signature 

Director, Plant General Manager

Title

3/8/04
Date

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Dan Donatella
 Beaver County Commissioners
 Beaver County Courthouse
 810 Third Street
 Beaver, PA 15009

2. Article Number
 (Transfer from service label)

7003 1680 0002 1091 1366

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Robert Thomas*

- Agent
- Addressee

B. Received by (Printed Name)

Robert Thomas

C. Date of Delivery

7/14

- D. Is delivery address different from item 1?** Yes
 If YES, enter delivery address below: No

3. Service Type

- Certified Mail
- Express Mail
- Registered
- Return Receipt for Merchandise
- Insured Mail
- C.O.D.

- 4. Restricted Delivery? (Extra Fee)** Yes

~~ND3NRE:0233~~
February 27, 2004

Mr. Dan Donatella
Beaver County Commissioners
Beaver County Courthouse
810 Third Street
Beaver, PA 15009

Notification of Amendment to NPDES Permit No. PA0025615

Dear Mr. Donatella:

Attached to this letter is a copy of the letter we submitted to you on December 30, 2003. It was submitted in accordance with Act 14 of the Commonwealth's Administrative Code to provide notice that FirstEnergy Nuclear Operating Company (FENOC), Beaver Valley Power Station (BVPS) to provide notice that we are submitting an application for amendment of the National Pollutants Discharge Elimination System (NPDES) Permit No. PA0025615 to the Pennsylvania Department of Environmental Protection (DEP). This letter is to provide confirmation of that letter.

Please feel free to contact me at 724-682-5874 if you have any questions.

Sincerely,



Michael D. Banko III
Sr. Nuclear Technologist

slp

Attachment

cc: BVRC - Keyword(s): *Act 14 Resubmission*

FENOC

FirstEnergy Nuclear Operating Company

Beaver Valley Power Station
Route 163
P.O. Box 4
Shippensburg, PA 17077-0004

12-30-03
L-03-204

Mr. Dan Donatella
Beaver County Commissioners
Beaver County Courthouse
810 Third Street
Beaver, PA 15009

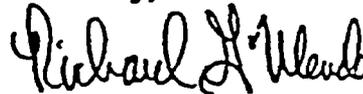
Beaver Valley Power Station
National Pollutants Discharge Elimination System (NPDES)
Permit No. PA0025615 Amendment/Renewal Notification

Dear Mr. Donatella:

In accordance with Act 14 of the Commonwealth's Administrative Code, I am providing you notice that the FirstEnergy Nuclear Operating Company, Beaver Valley Power Station will be submitting an application for renewal/amendment of the National Pollutants Discharge Elimination System (NPDES) Permit No. PA0025615, to the Pennsylvania Department of Environmental Protection (PA DEP).

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

Sincerely,



for James H. Lash
Plant General Manager

cc: Central File: *Keyword- NPDES Permit Application Notification*

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. William Green
 Borough of Shippingport
 P.O. Box 76
 Shippingport, PA 15077

2. Article Number

(Transfer from service label)

7003 1680 0002 1091 1373

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Denise Cuteri*

Agent

Addressee

B. Received by (Printed Name)

Denise Cuteri

C. Date of Delivery

3-1-04

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

ND3NRE:0232

February 27, 2004

Mr. William Green
Borough of Shippingport
P.O. Box 76
Shippingport, PA 15077

Notification of Amendment to NPDES Permit No. PA0025615

Dear Mr. Green:

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Please feel free to contact me at 724-682-5874 if you have any questions.

Sincerely,



Michael D. Banko III
Sr. Nuclear Technologist

slp

Attachment

cc: BVRC - Keyword(s): *Act 14 Resubmission*

FENOC

FirstEnergy Nuclear Operating Company

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

12-30-03

L-03-203

Mr. William Green
Borough of Shippingport
P.O. Box 76
Shippingport, PA 10577

Beaver Valley Power Station
National Pollutants Discharge Elimination System (NPDES)
Permit No. PA0025615 Amendment/Renewal Notification

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In accordance with Act 14 of the Commonwealth's Administrative Code, I am providing you notice that the FirstEnergy Nuclear Operating Company, Beaver Valley Power Station will be submitting an application for renewal/amendment of the National Pollutants Discharge Elimination System (NPDES) Permit No. PA0025615, to the Pennsylvania Department of Environmental Protection (PA DEP).

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

Sincerely,



for James H. Lash
Plant General Manager

cc: Central File: *Keyword- NPDES Permit Application Notification*