

November 28, 2006
L-06-166

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

Beaver Valley Power Station Discharge Monitoring Report (NPDES) Permit No. PA0025615

To Whom It May Concern:

Enclosed is the October 2006 NPDES Discharge Monitoring Report (DMR) for FirstEnergy Nuclear Operating Company (FENOC), Beaver Valley Power Station, in accordance with the requirements of the permit. Attachment 1 to this letter is supplemental monitoring data for Outfall 001 (dissolved oxygen). Review of the data indicates no Permit parameters were exceeded during the month. The following describes the information contained in Attachments 2 and 3 to this cover letter.

- ◆ Attachment 2 is a description of the unrecoverable analysis data for Total Suspended Solids at Internal Monitoring Point 203
- ◆ Attachment 3 is a description of the unrecoverable analysis data for Total Suspended Solids at Internal Monitoring Point 413

Also included with the report this month are two Supplemental Laboratory Accreditation Forms for analyses performed to support permit requirements as required by 25 Pa. Code § 252.

Should you have any questions regarding the attached and enclosed documents, please direct them to Mr. Michael Banko, at 724-682-4117.

Sincerely,



Richard G. Mende
Director, Site Operations

Attachments (3)
Enclosures (2)

cc: Document Control Desk US NRC (NOTE: No new US NRC commitments are contained in this letter.)
US Environmental Protection Agency
Central File: **Keyword- DMR**

IE25

ATTACHMENT 1

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
10/3/06	08:00	8.10	mg/L
10/9/06	10:15	7.70	mg/L
10/17/06	09:30	7.87	mg/L
10/23/06	08:40	8.21	mg/L
10/30/06	08:00	9.60	mg/L

- Attachment 1 END -

ATTACHMENT 2

Unrecoverable Data for Total Suspended Solids (TSS) at Internal Monitoring Point 203

The BVPS NPDES Permit requires monitoring of TSS at Internal Monitoring Point 203 twice per month. A review of monitoring data indicated that Internal Monitoring Point 203 was monitored three times during the month of October 2006. However, the analysis data from the first sample collected on October 3, 2003 was lost in data manipulation from Chemistry Data Management (CDM) database and was not able to be recovered from backups of the database.

The values reported on the DMR are determined from the samples that were taken for the rest of the month and the analysis data is known.

In order to provide a worst case scenario to ensure that there is no permit exceedance, a calculation was performed that included an assumption of the lost analysis data having a value of 30 mg/L. Interviews with the Chemistry Analysts who performed the analysis indicated that the result was less than 30 mg/L. However, an exact analysis data value is not known. Assuming this worst case the Daily Maximum for the month of October would be 30 mg/L and the Monthly Average for the month of October, again assuming worst case, would be 23 mg/L.

The condition was captured in the FENOC Problem Identification and Resolution Program under Condition Report CR-06-9858, under which corrective actions to prevent recurrence will be implemented.

- Attachment 2 END -

ATTACHMENT 3

Unrecoverable Data for Total Suspended Solids (TSS) at Internal Monitoring Point 413

The BVPS NPDES Permit requires monitoring of TSS at Internal Monitoring Point 413 once per week. A review of monitoring data indicated that Internal Monitoring Point 413 was monitored every week during the month of October 2006. However, the analysis data from the first sample collected on October 1, 2006 was lost in data manipulation from Chemistry Data Management (CDM) database and was not able to be recovered from backups of the database.

The values reported on the DMR are determined from the samples that were taken for the rest of the month and the analysis data is known.

In order to provide a worst case scenario to ensure that there is no permit exceedance, a calculation was performed that included an assumption of the lost analysis data having a value of 30 mg/L. Interviews with the Chemistry Analysts who performed the analysis indicated that the result was less than 30 mg/L. However, an exact analysis data value is not known. Assuming this worst case the Daily Maximum for the month of October would be 66.9 mg/L and the Monthly Average for the month of October, again assuming worst case, would be 22.7 mg/L.

The condition was captured in the FENOC Problem Identification and Resolution Program under Condition Report CR-06-9858, under which corrective actions to prevent recurrence will be implemented.

- Attachment 3 END -



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>FirstEnergy Nuclear Operating Company</u>										
Address: <u>P.O. Box 4</u>										
<u>Shippingport, PA 15077</u>										
<u>Beaver Valley Power Station</u>										
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day						
PA0025615				2006	10	01	TO	2006	10	31
PARAMETER		ANALYSIS METHOD		LAB NAME			LAB ID NUMBER²			
Powerline 3627 (Clamtrol)		Photometric Determination		Beaver Valley Power Station			04-2742			
Bentonite Detoxicant (Betz DT-1)		Estimated using feed rate and discharge flow rate per NPDES Permit PA0025645		Beaver Valley Power Station			04-2742			
Total Residual Chlorine		EPA 330.5		Beaver Valley Power Station			04-2742			
Free Available Chlorine		EPA 330.5		Beaver Valley Power Station			04-2742			
pH		EPA 150.1		Beaver Valley Power Station			04-2742			
Temperature		EPA 170.1		Beaver Valley Power Station			04-2742			
Flow		NA		Beaver Valley Power Station			04-2742			
Total Suspended Solids		EPA 160.2		Beaver Valley Power Station			04-2742			
Hydrazine		ASTM D1385-01		Beaver Valley Power Station			04-2742			
Fecal Coliform		Standard Method 9222D		Beaver Valley Power Station			04-2742			
Oil and Grease		EPA 1664 Rev A		FirstEnergy Corp-Beta Lab			68-01120			
Total Dissolved Solids		EPA 160.1		FirstEnergy Corp-Beta Lab			68-01120			

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.

Name/Title Principal Executive Officer

Phone: 724-682-7773

Signature of Principal Executive Officer or Authorized Agent

Richard G. Mende, Director, Site Operations

Date: 11-22-06

Signature for RGM

¹ Submit this form with each Discharge Monitoring Report (DMR), Annual Report or Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes.

² For parameter(s) covered under accreditation-by-rule, submit the lab's registration number in lieu of an accreditation number.



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DEPARTMENT OF ENVIRONMENTAL PROTECTION
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Address: <u>P.O. Box 4</u>										
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<u>Beaver Valley Power Station</u>										
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day						
PA0025615				2006	10	01	TO	2006	10	31
PARAMETER										
ANALYSIS METHOD										
LAB NAME										
LAB ID NUMBER²										
Zinc										
EPA 200.7										
FirstEnergy Corp-Beta Lab										
68-01120										
Copper										
EPA 200.7										
FirstEnergy Corp-Beta Lab										
68-01120										
Iron										
EPA 200.7										
FirstEnergy Corp-Beta Lab										
68-01120										
Chromium										
EPA 200.7										
FirstEnergy Corp-Beta Lab										
68-01120										
Ammonia										
EPA 350.3										
FirstEnergy Corp-Beta Lab										
68-01120										
CBOD-5 Day										
SM5210 B										
Firstechnology, Inc.										
68-00434										
Cyanide										
EPA 335.2										
Firstechnology, Inc.										
68-00434										
Chlorobenzene										
EPA 624										
Firstechnology, Inc.										
68-00434										

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Richard G. Mende, Director Site Operations

Date: 11-22-06

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DISCHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

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.

Month: October

Year: 2006

Permittee: FENOC

Plant: Beaver Valley Power Station

NPDES: PA0025615

Municipality: Shippingport Borough

County: Beaver

Unit 1

For sludge that is incinerated:

Pre-incineration weight = _____ dry tons

Post-incineration weight = _____ dry tons

SLUDGE PRODUCTION INFORMATION (prior to incineration)

HAULED AS LIQUID SLUDGE						HAULED AS DEWATERED SLUDGE							
(Gallons)	X	(% Solids)	X	(Conversion Factor)	=	Dry Tons	(Tons of Dewater Sludge)	X	(% Solids)	X	(.01)	=	Dry Tons
36000		2.0		.0000417		3.00					.01		

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:				
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	Beaver	Beaver		

(SSR-1 3/21/91)

Elj Albert Thomas
Signature

Chemistry Manager
Title

11/21/06
Date

(724) 682-4141
Telephone

DISCHARGE MONITORING REPORT SUPPLEMENTAL SEWAGE SLUDGE REPORT

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4. If no sludge was removed, note on form.

Month: October
 Year: 2006
 Permittee: FENOC
 Plant: Beaver Valley Power Station
 NPDES: PA0025615
 Municipality: Shippingport Borough
 County: Beaver

Unit 2

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

SLUDGE PRODUCTION INFORMATION (prior to incineration)

HAULED AS LIQUID SLUDGE					HAULED AS DEWATERED SLUDGE				
(Gallons)	X	(% Solids)	X	(Conversion Factor) = Dry Tons	(Tons of Dewater Sludge)	X	(% Solids)	X	(.01) = Dry Tons
32000		2.0		.0000417 = 2.67					.01
									</

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:				
Type: (check one)				
Landfill				
Agr. Utilization				
Other (specify)				
County:	Beaver	Beaver		

(SSR-1 3/21/91)

Charles A. Thomas
 Signature

Chemistry Manager
 Title

11/21/06
 Date

(724) 682-4141
 Telephone

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

Form Approved
OMB No. 2040-0004

Page 1

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

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615	001A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR
(SUBR05)
UNITS 1&2 COOLG. TOWER BLWDN.
External Outfall

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
06	10	01	TO	06	10	31

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.58	N/A	7.61	pH	0	1/7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	MINIMUM		MAXIMUM	pH		WEEKLY	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	2.03	8.1	mg/L	0	1/7*	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		REQUIREMENT	REQUIREMENT	mg/L		WEEKLY	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1**	<0.1**	mg/L	0	2 DISCH	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		REQUIREMENT	REQUIREMENT	mg/L		WEEKLY	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	20.1	31.8	m ³ /d	N/A	N/A	N/A	N/A	-	Daily	Cont
50050 1 0 Effluent Gross	PERMIT REQUIREMENT			Mgal/d				N/A		WEEKLY	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.05	0.19	mg/L	0	7/3/06	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		AVERAGE	MAXIMUM	mg/L		WEEKLY	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.008	0.08	mg/L	0	Cont	RCRD
50064 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		AVERAGE	MAXIMUM	mg/L		WEEKLY	GRAB
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005***	<0.005***	mg/L	0	1/7*	GRAB
81313 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		REQUIREMENT	REQUIREMENT	mg/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE			
R.G. MENDE Director TYPED OR PRINTED		724 682-7773	06	11	22	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):
 WET LAYUP 10-13-06 → 11-5-06 SPC 11-21-06
 HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING. THE LIMIT IS 35 MG/L AS A DAILY MAX.
 *** 0.1 MG/L is minimum detectable level. *** 0.005 mg/L is minimum detectable level. SPC 11-21-06
 EPA Form 3320-1 (Rev. 01/06) Previous editions may be used.
 *** BETZ DT-1 WAS 18.2 mg/L AVERAGE AND 18.6 mg/L maximum for the period. SPC 11-22-06

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

Form Approved
OMB No. 2040-0004

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

Page 2

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
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FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

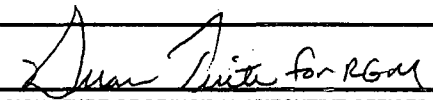
PA0025615	002A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
INTAKE SCREEN BACKWASH
External Outfall

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
06	10	01	FROM	06	10	31
			TO			

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.006	0.046	MGD	N/A	N/A	N/A	N/A	-	1/7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO/AVG	Req Mon DAILY/MX	Mgal/d				N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER R.G. MENDE Director site operations 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 6827773	06	11	22

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

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

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OMB No. 2040-0004

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FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615	003A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
003
External Outfall

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
06	10	01	06	10	31

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant 50050 10 Effluent Gross	SAMPLE MEASUREMENT	0.0451	0.0994	m ³ /d	N/A	N/A	N/A	N/A	0	2/31	EST
	PERMIT REQUIREMENT	Req: Mon MO/AVG	Req: Mon DAILY/MX	Mgal/d				N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE			
R.G. MENDE <i>D: Reckon site operations</i> TYPED OR PRINTED		724 682-7773		06	11	22	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		<i>R.G. Mendez</i>	AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
THE FLOWS FROM OUTFALLS 103, 203, 303, AND 403 ARE TO BE TOTALED AND REPORTED AS THE 003 FLOW.

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

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

Page 4

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LOCATION: PA ROUTE 168
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ATTN:ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615
PERMIT NUMBER

004A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR
(SUBR05)
UNIT ONE COOLG TOWER OVERFLOW
External Outfall

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
06	10	01	TO	06	10 31

No Data Indicator ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM		9 MAXIMUM	pH		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MO AVG	Req. Mon DAILY/MX	Mgal/d						Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					5 MO AVG	125 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0 Effluent Gross	PERMIT REQUIREMENT					2 AVERAGE	5 MAXIMUM	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER R. J. MENDE Director Site Operations 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 <i>[Signature]</i>	TELEPHONE	DATE			
			724-682-7773	06	11	22	
			AREA Code	NUMBER	YEAR	MO	DAY

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

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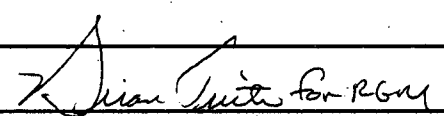
PA0025615	006A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
AUX. INTAKE SCREEN BACKWASH
External Outfall

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
06	10	01	FROM	06	10	31
			TO			

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.016	m ³ /d	N/A	N/A	N/A	N/A	-	1/7	EST
50050 10 Effluent Gross	PERMIT REQUIREMENT	Reg Mon MO AVG	Reg Mon DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER R.G. MENDE <i>Director Site Operations</i> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			724-682-7773	06	11	22	
			AREA Code	NUMBER	YEAR	MO	DAY

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

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

Form Approved
OMB No. 2040-0004

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

Page 6

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN:ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615
PERMIT NUMBER

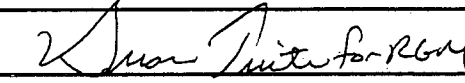
007A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
AUX. INTAKE SYSTEM
External Outfall

MONITORING PERIOD							
FROM				TO			
YEAR	MO	DAY		YEAR	MO	DAY	
06	10	01		06	10	31	

No Data Indicator ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****			Weekly	ESTIMATE
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	5 MO AVG	1.25 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	2 AVERAGE	5 MAXIMUM	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER B.G. MENDE Director Site operations TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			724 6827773	06	11	22	
			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.

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

Form Approved
OMB No. 2040-0004

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

Page 7

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615
PERMIT NUMBER

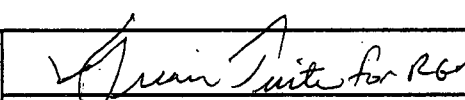
008A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT 1 COOLING TOWER PUMPHOUSE
External Outfall

MONITORING PERIOD							
FROM				TO			
YEAR	MO	DAY		YEAR	MO	DAY	
06	10	01		06	10	31	

No Data Indicator ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	11.9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****			Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Director Site Operations</i> R.G. MENDE 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 724	NUMBER 682-7773	YEAR 06	MO 11	DAY 22

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

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

Form Approved
OMB No. 2040-0004

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

Page 8

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615
PERMIT NUMBER


010A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT 2 COOLING WATER
External Outfall

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
06	10	01	TO	06	10 31

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.80	N/A	7.49	pH	0	1/7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	MINIMUM		MAXIMUM	pH		WEEKLY	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	mg/L	*	*	*
04251 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		NO AVE	INST MAX	mg/L		WEEKLY	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.33	5.76	m60	N/A	N/A	N/A	N/A	0	1/7	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT			Mgal/d				N/A		WEEKLY	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.088	0.17	mg/L	0	1/7	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		NO AVE	INST MAX	mg/L		WEEKLY	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.054	0.11	mg/L	0	1/7	GRAB
50064 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		AVERAGE	MAXIMUM	mg/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER R.G. MENDE Director Site Operations TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
			724 682 7773	06	11	22	
			AREA/Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) * NO CT-1 DISCHARGE THIS PERIOD SPEC 11-21-06
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.)

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

Form Approved
OMB No. 2040-0004

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

Page 9

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615
PERMIT NUMBER

011A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
DIESEL GEN & TURBINE DRAINS
External Outfall

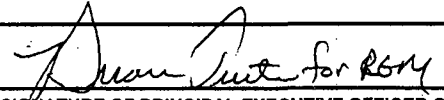
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
06	10	01	06	10	31

FROM

TO

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.004	0.004	m6D	N/A	N/A	N/A	N/A	-	1/7	EST
50050 10 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Director Site R.G. MENDE operations 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	682-5773	06	11	22

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

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

Form Approved
OMB No. 2040-0004

Page 10

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

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA. 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN:ELIZABETH THOMAS/MGR ENV&CHEM


PA0025615	012A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
06	10	01	FROM	06	10	31

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
BLOWDOWN FROM THE HVAC UNIT
External Outfall

No Data Indicator ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	pH		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT										
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req: Mon MO AVG	Req: Mon DAILY MX	mg/L		Twice Per Month	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT										
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	1.5 MO AVG	1.5 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon MO AVG	Req: Mon DAILY MX	Mgal/d	*****	*****	*****			Once Per Month	ESTIMATE
Solids, total dissolved	SAMPLE MEASUREMENT										
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req: Mon MO AVG	Req: Mon DAILY MX	mg/L		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
R.G. MEADE <i>Director Site Operations</i> TYPED OR PRINTED			724 682 7773	06	11	22	
			AREA Code	NUMBER	YEAR	MO	DAY

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

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

Form Approved
OMB No. 2040-0004

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

Page 11

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615	013A
PERMIT NUMBER	DISCHARGE NUMBER

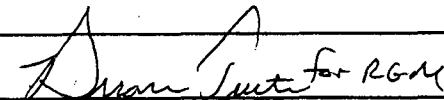
DMR MAILING ZIP CODE: 150770004

MAJOR
(SUBR05)
OUTFALL 013
External Outfall

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	10	01		06	10	31

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.51	N/A	7.12	pH	0	1/7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	MINIMUM		MAXIMUM	pH			GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01 *	<0.01 *	mg/L	0	2/31	24 HR Comp
00720 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Reg. Mon. MO AVE	Reg. Mon. DAILY MX	mg/L		2/31	COMB24
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0025	0.005	mg/L	0	2/31	24 HR Comp
01042 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Reg. Mon. MO AVE	Reg. Mon. DAILY MX	mg/L		2/31	COMB24
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005 **	<0.005 **	mg/L	0	2/31	24 HR Comp
34301 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		Reg. Mon. MO AVE	Reg. Mon. DAILY MX	mg/L		2/31	COMB24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.0122	0.0146	MGD	N/A	N/A	N/A	N/A	-	2/31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT			Mgal/d				N/A			EST

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
R.G. MENDEZ Director Site Operations TYPED OR PRINTED			724 6827773	06	11	22	
			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.

* 0.01 mg/L is minimum detectable level. JPC 11-21-06
** 0.005 mg/L is minimum detectable level. JPC 11-21-06

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

Form Approved
OMB No. 2040-0004

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

Page 12

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615
PERMIT NUMBER

101A
DISCHARGE NUMBER

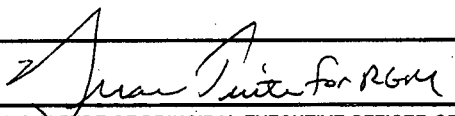
DMR MAILING ZIP CODE: 150770004

MAJOR
(SUBR05)
101 CHEMICAL WASTE TREATMENT
Internal Outfall

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
06	10	01	TO	06	10 31

No Data Indicator ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	COMP-2
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req Mon MO AVG	Req Mon DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	Mgal/d	*****	*****	*****			Daily	CONTIN
Hydrazine	SAMPLE MEASUREMENT										
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req Mon MO AVG	Req Mon DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER R.G. MENDE Director Site Operations TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			724 682-7773	06	11	22	
			AREA Code	NUMBER	YEAR	MO	DAY

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

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

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

Form Approved
OMB No. 2040-0004

Page 13

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

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN:ELIZABETH THOMAS/MGR ENV&CHEM

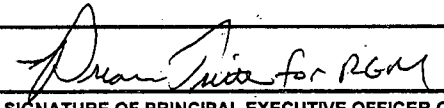
PA0025615	102A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
102 INTAKE SCREENHOUSE
Internal Outfall

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	10	01		06	10	31

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.56	N/A	7.87	pH	0	2/31	GRAB
00400 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	15.8	17	mg/L	0	2/31	GRAB
00530 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5*	<5*	mg/L	0	2/31	GRAB
00556 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	2/31	EST
50050 10 Effluent Gross	PERMIT REQUIREMENT	Req: Mon MO AVG	Req: Mon DAILY MX	Mgal/d	*****	*****	*****	N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
R.G. MEADE Director of Operations TYPED OR PRINTED			724-682-7173	06	11	22	
			AREA Code	NUMBER	YEAR	MO	DAY

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

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

* 5 mg/L is minimum detectable level. See 11-21-06

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

Form Approved
OMB No. 2040-0004

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

Page 14

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM


PA0025615	103A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
SLUDGE SETTLING BASIN
Internal Outfall

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
06	10	01	FROM	06	10	31
			TO			

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.40	N/A	8.00	pH	0	2/31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	9.4	12.6	mg/L	0	2/31	24 HR Comp
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.0121	0.0223	m6d	N/A	N/A	N/A	N/A	-	24/31	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon: MO AVG	Req: Mon: DAILY MX	Mgal/d	*****	*****	*****	N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
R.G. MENENDEZ Director Site Operations TYPED OR PRINTED			724 682-7773	06	11	22	
			AREA Code	NUMBER	YEAR	MO	DAY

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

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

Form Approved
OMB No. 2040-0004

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

Page 15

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615
PERMIT NUMBER

111A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR
(SUBR05)
111 DIESEL GENERATOR BLDG
Internal Outfall

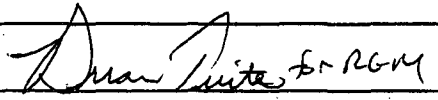
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
06	10	01	06	10	31

FROM

TO

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.67	N/A	7.49	pH	0	1/7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	MINIMUM		MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	2.88	14.4	mg/L	0	1/7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MO AVE	DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	1.5	7.5	mg/L	0	1/7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MO AVE	DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1/7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT			Mgal/d				N/A		Weekly	ESTIMATE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER R. G. MENDE <i>D. Action Site Operations</i> 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
		724-682-7773		06 11 22			

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

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

Form Approved
OMB No. 2040-0004

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

Page 16

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615
PERMIT NUMBER

113A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT 2 SEWAGE TMT PLANT
Internal Outfall

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	06	10	01		06	10	31

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.58	N/A	7.04	pH	0	2/31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	3.2	6.4	mg/L	0	2/31	8 HR Comp
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.0092	0.0116	m6D	N/A	N/A	N/A	N/A	0	17/31	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	0.43 MO AVG	Req. Mon DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.78	2.80	mg/L	0	16/31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	1.4 MO AVG	3.3 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	9.49	N/A	#/100mL	0	2/31	GRAB
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	200 MO GEOMN	*****	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.96	1.91	mg/L	0	2/31	8 HR Comp
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	25 MO AVG	50 DAILY MX	mg/L		Twice Per Month	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER B.G. MEADE Director Site Operations TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
		724 682-7773		06	11	22
		AREA Code	NUMBER	YEAR	MO	DAY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		[Signature] for RGM				

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.

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

Form Approved
OMB No. 2040-0004

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

Page 17

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN:ELIZABETH THOMAS/MGR ENV&CHEM

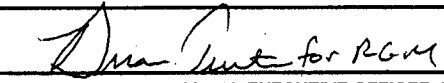
PA0025615	203A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
MAIN SEWAGE TMT PLANT
Internal Outfall

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	06	10	01		06	10	31

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.82	N/A	7.90	pH	0	3/31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6.35 MINIMUM	*****	7.9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	20	20	mg/L	-	3/31	8 HR Comp
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.014	0.021	MGD	N/A	N/A	N/A	N/A	0	19/31	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	0.023 MO AVG	Req Mon DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.97	2.92	mg/L	0	20/31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	1.4 MO AVG	3.3 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<1	N/A	#/100ml	0	2/31	GRAB
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	2000 MO GEOMN	*****	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	6.33	6.44	mg/L	0	2/31	8 HR Comp
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	25 MO AVG	50 DAILY MX	mg/L		Twice Per Month	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER B.G. MEUDE <i>Director Site Operations</i> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 724 682 1113		DATE 06 11 22		
			AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) * SEE ATTACHMENT 2 to COVER LETTER 5PC 11-21-06

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

* * * 1 #/100ml is minimum detectable level. 5PC 11-21-06

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

Form Approved
OMB No. 2040-0004

Page 18

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

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615	211A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
211 TURBINE BLDG
Internal Outfall

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
06	10	01	FROM	06	10	31
			TO			

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.74	N/A	7.89	pH	0	1/7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	9.6	48	mg/L	0	1/7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1/7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	m ³ /d	N/A	N/A	N/A	N/A	-	1/7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon. MO AVG	Req: Mon. DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER R.G. MENDE Director Site operations 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 <i>[Signature]</i>	TELEPHONE		DATE		
			AREA Code	NUMBER	YEAR	MO	DAY
				724 6827713	06	11	22

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

* 5 mg/L is minimum detectable level, SPC 11-21-06

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

Form Approved
OMB No. 2040-0004

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

Page 19

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

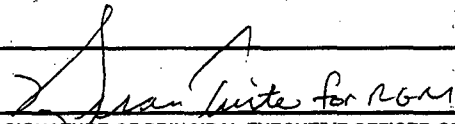
PA0025615	213A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT 2 COOL TOWER PUMPHOUSE
Internal Outfall

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
06	10	01	FROM	06	10	31
			TO			

No Data Indicator ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, In conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	Mgal/d	*****	*****	*****			Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	5 MO AVG	1.25 INST MAX	mg/L		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER R.G. MENDE Director Site operations 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	-682-7773	06	11	22

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

SAMPLES SHALL BE TAKEN AT DISCHARGE FROM THE PUMP HOUSE PRIOR TO MIXING WITH ANY OTHER WATER. NOTE: THE MONITORING OF THIS DISCHARGE IS NOT REQUIRED WHEN EFFLUENT FROM UNIT NO. 2 COOLING TOWER PUMPHOUSE FLOOR& EQUIPMENT DRAINS IS BEING RECYCLED TO THE UNIT NO. 2 WATER RECIRCULATION SYSTEM.

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

Form Approved
OMB No. 2040-0004

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

Page 20

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

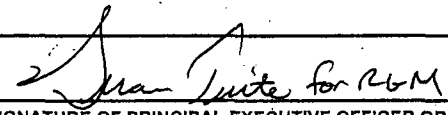
PA0025615	301A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT 2 AUX BOILER BLOWDOWN
Internal Outfall

MONITORING PERIOD							
YEAR	MO	DAY		YEAR	MO	DAY	
06	10	01	FROM	06	10	31	TO

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4*	<4*	mg/L	0	2/31	GRAB
00530 10 Effluent Gross	PERMIT REQUIREMENT			N/A		38 Mo Avg	100 DAILY MX	mg/L		W/Cal Pa N/A	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5**	<5**	mg/L	0	2/31	GRAB
00556 10 Effluent Gross	PERMIT REQUIREMENT			N/A		15 Mo Avg	20 DAILY MX	mg/L		W/Cal Pa N/A	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	m ³ /d	N/A	N/A	N/A	N/A	-	1/7	EST
50050 10 Effluent Gross	PERMIT REQUIREMENT			Mgal/d				N/A		W/Cal Pa N/A	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
DIRECTOR SITE R.G. MENENDEZ operations TYPED OR PRINTED			724 682 7773	06	11	22	
			AREA Code	NUMBER	YEAR	MO	DAY

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

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

* 4 mg/L is minimum detectable level. spec 4-21-06
** 5 mg/L is minimum detectable level. spec 11-21-06

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

Form Approved
OMB No. 2040-0004

Page 21

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

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615	303A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
06	10	01	FROM	06	10	31
			TO			

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT 1 OIL WATER SEPARATOR
Internal Outfall

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.79	N/A	7.10	pH	0	1/7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.8	4	mg/L	0	1/7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	55*	55*	mg/L	0	1/7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.019	0.056	MGD	N/A	N/A	N/A	N/A	-	1/7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMATE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
R.G. MEUDE Director Site Operations		724 682-7773		06	11	22
TYPED OR PRINTED		AREA Code	NUMBER	YEAR	MO	DAY

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

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

* 5 mg/L is minimum detectable level, SPC 11-21-06

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

Form Approved
OMB No. 2040-0004

Page 22

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

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

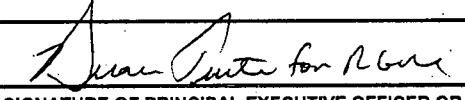
PA0025615	313A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
313 TURBINE BLDG DRAIN
Internal Outfall

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	10	01		06	10	31

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.71	N/A	6.79	pH	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4*	<4*	mg/L	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO/AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5**	<5**	mg/L	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO/AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1/7	Est
	PERMIT REQUIREMENT	Req Mon MO/AVG	Req Mon DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
R.G. MENDE Director Site Operations TYPED OR PRINTED			724 682 7773	06	11	22	
			AREA Code	NUMBER	YEAR	MO	DAY

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

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

* 4 mg/L is minimum detectable level 5PC 11-21-06
* 5 mg/L is minimum detectable level, 80C 11-21-06

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

Form Approved
OMB No. 2040-0004

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

Page 23

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615
PERMIT NUMBER

401A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
CHEM. FEED AREA OF AUX BOILERS
Internal Outfall

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	06	10	01		06	10	31

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.76	N/A	9.50	pH	0	2/31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	16 MINIMUM	*****	Req Mon MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4*	<4*	mg/L	0	2/31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5**	<5**	mg/L	0	2/31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	MGD	N/A	N/A	N/A	N/A	-	1/7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE			
A.G. MENDE Director site operations		724 682 7773		06	11	22	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	YEAR	MO

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLES SHALL BE TAKEN AT CHEMICALFEED AREA DRAINS PRIOR TO MIXING WITH ANY OTHER WATER.

* 4 mg/L is minimum detectable level SPC 11-21-06
** 5 mg/L is minimum detectable level SPC 11-21-06

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

Form Approved
OMB No. 2040-0004

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

Page 24

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

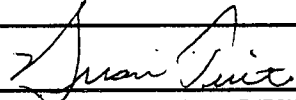
PA0025615	403A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
CONDENSATE BLOWDOWN & RIVR WAT
Internal Outfall

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
06	10	01	FROM	06	10	31
			TO			

No Data Indicator ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req Mon MO AVG	Req Mon DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT										
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	0 MO AVG	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	Mgal/d	*****	*****	*****			Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	5 MO AVG	125 INST MAX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER P. G. MENDE Director of Operations 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 7773	06	11	22

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.) SAMPLES SHALL BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER.

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

Form Approved
OMB No. 2040-0004

Page 25

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

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615
PERMIT NUMBER

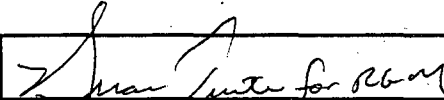
403A
DISCHARGE NUMBER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	06	10	01		06	10	31

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
CONDENSATE BLOWDOWN & RIVR WAT
Internal Outfall

No Data Indicator ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine	SAMPLE MEASUREMENT										
81313 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	01 MO AVG	10 DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER R.G. MEUDE <i>Beaver Valley site operations</i> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 724 682 7713		DATE 06 11 22		
			AREA Code	NUMBER	YEAR	MO	DAY

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.) SAMPLES SHALL BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER.

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

Form Approved
OMB No. 2040-0004

Page 26

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

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN:ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615	413A
PERMIT NUMBER	DISCHARGE NUMBER

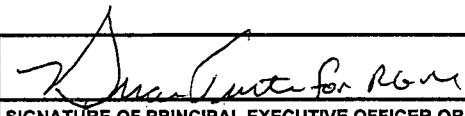
DMR MAILING ZIP CODE: 150770004

MAJOR
(SUBR05)
BULK FUEL STORAGE DRAIN
Internal Outfall

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	10	01	TO	06	10	31

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.87	N/A	7.88	pH	0	1/7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	20.9	66.9	mg/L	-	1/7*	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	55 **	55 **	mg/L	0	1/7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	50.001	50.001	m ³ /d	N/A	N/A	N/A	N/A	-	1/7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
B.G. MENDEZ Di. Reclon 51-20 OPERATING TYPED OR PRINTED			724 682 7773	06	11	22	
			AREA Code	NUMBER	YEAR	MO	DAY

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.

* Please See Attachment 3 to the cover letter JPC 11-21-06

** 5 mg/L is the minimum detectable level JPC 11-21-06

NO Flow 10-29-06 → 10-31-06 JPC 11-21-06

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

Form Approved
OMB No. 2040-0004

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

Page 27

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615	501A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT 1 GENRTR BLWDWN FILT BW
Internal Outfall

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
06	10	01	FROM	06	10	31
			TO			

No Data Indicator ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY/MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY/MX	Mgal/d	*****	*****	*****			Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
R.G. MEUDE <i>Director Site Operations</i> TYPED OR PRINTED		724 682 7773		06	11	22
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 INTERNALMP 501 PRIOR TO MIXING WITH ANY OTHER WATER.

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

Form Approved
OMB No. 2040-0004

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

Page 1

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615	001A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR
(SUBR05)
UNITS 1&2 COOLG. TOWER BLWDN.
External Outfall

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM 06	10	01	TO 06	10	31

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.58	N/A	7.61	pH	0	1/7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	MINIMUM		MAXIMUM	pH		WEEKLY	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	2.03	8.1	mg/L	0	1/7*	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		PERMIT MO AVG	PERMIT DAILY MAX	mg/L		WEEKLY	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.1**	<0.1**	mg/L	0	2 DSH	24 HR COMP
04251 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MO AVG	DAILY MAX	mg/L		When Discharging	COMPL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	20.1	31.8	mg/d	N/A	N/A	N/A	N/A	-	Daily	Cont
50050 1 0 Effluent Gross	PERMIT REQUIREMENT			Mgal/d				N/A		Daily	Cont
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.05	0.19	mg/L	0	7/31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		AVERAGE	MAXIMUM	mg/L		WEEKLY	GRAB
Chlorine, free available	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.008	0.08	mg/L	0	Cont	RCRD
50064 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		AVERAGE	MAXIMUM	mg/L		Continuous	RECORD
Hydrazine	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005***	<0.005***	mg/L	0	1/7*	GRAB
81313 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		MO AVG	DAILY MAX	mg/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
R.G. MENDE Director Site Operations TYPED OR PRINTED		724 6827773		06	11	22
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): * WET LAYUP 10-13-06 - 11-5-06 SPC 11-21-06
HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING. THE LIMIT IS 35 MG/L AS A DAILY MAX.
*** 0.1 MG/L is minimum detectable level. *** 0.005 mg/L is minimum detectable level. SPC 11-21-06
EPA Form 3320-1 (Rev. 01/06) Previous editions may be used.
*** BETZ DT-1 WAS 18.2 mg/L AVERAGE AND 18.6 mg/L maximum for the period. SPC 11-21-06

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

Form Approved
OMB No. 2040-0004

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

Page 2

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615
PERMIT NUMBER

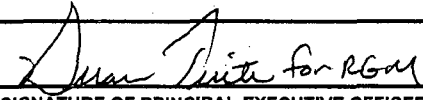
002A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
INTAKE SCREEN BACKWASH
External Outfall

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
06	10	01	FROM	06	10	31

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.006	0.046	MGD	N/A	N/A	N/A	N/A	-	1/7	EST
	PERMIT REQUIREMENT	Req: Mon: MO/AVG	Req: Mon: DAILY MX	Mgal/d				N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER R.G. MENDE Director site operations 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	682-7773	06	11	22

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

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

Form Approved
OMB No. 2040-0004

Page 3

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

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615
PERMIT NUMBER

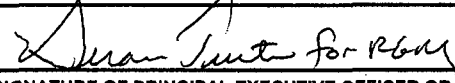
003A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
003
External Outfall

MONITORING PERIOD							
FROM				TO			
YEAR	MO	DAY		YEAR	MO	DAY	
06	10	01		06	10	31	

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.0451	0.0994	m ³ /d	N/A	N/A	N/A	N/A	0	2/31	EST
50050 10 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO/AVG	Req Mon DAILY MX	Mgal/d				N/A		Twice Per Month	ESTIMATE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER R.G. MENDE <i>D. Reck's site operations</i> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			724 682-7773	06	11	22	
			AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
THE FLOWS FROM OUTFALLS 103, 203, 303, AND 403 ARE TO BE TOTALED AND REPORTED AS THE 003 FLOW.

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

Form Approved
OMB No. 2040-0004

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

Page 4

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615	004A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT ONE COOLG TOWER OVERFLOW
External Outfall

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
06	10	01	FROM	06	10	31
			TO			

No Data Indicator ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				MINIMUM		MAXIMUM	pH		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon MO/AVG	Req: Mon DAILY MX	Mgal/d						Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT					MO/AVG	INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0 Effluent Gross	PERMIT REQUIREMENT					AVERAGE	MAXIMUM	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER R. B. MENDE Director of Operations 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 <i>Dean Tuite for RGM</i>	TELEPHONE	DATE			
			724-682-7773	06	11	22	
			AREA Code	NUMBER	YEAR	MO	DAY

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

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

Form Approved
OMB No. 2040-0004

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

Page 5

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN:ELIZABETH THOMAS/MGR ENV&CHEM

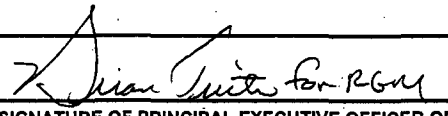
PA0025615	006A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
AUX.INTAKE SCREEN BACKWASH
External Outfall

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
06	10	01	FROM	06	10	31
			TO			

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.016	mGD	N/A	N/A	N/A	N/A	-	1/7	EST
50050 10 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMATE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER R.G.MENDE Director Site Operations 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	682-7773	06	11	22

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

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

Form Approved
OMB No. 2040-0004

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

Page 6

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615
PERMIT NUMBER


007A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
AUX. INTAKE SYSTEM
External Outfall

MONITORING PERIOD							
YEAR		MO		DAY			
FROM	06	10	01	TO	06	10	31

No Data Indicator ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon. MO AVG	Req: Mon. DAILY MX	Mgal/d	*****	*****	*****			Weekly	ESTIMATE
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	5 MO AVG	125 INST MAX	mg/L		Weekly	GRAB
Chlorine, free available	SAMPLE MEASUREMENT										
50064 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	2 AVERAGE	5 MAXIMUM	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER B.G. MENDE Director Site operations 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 724	NUMBER 6827773	YEAR 06	MO 11	DAY 22

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.

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

Form Approved
OMB No. 2040-0004

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

Page 7

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615
PERMIT NUMBER

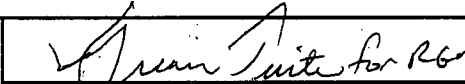
008A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT 1 COOLING TOWER PUMPHOUSE
External Outfall

MONITORING PERIOD							
FROM					TO		
YEAR	MO	DAY	YEAR		MO	DAY	
06	10	01		06	10	31	

No Data Indicator ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	Mgal/d	*****	*****	*****			Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>R.G. MENDE</i> Director Site operations TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 724 682 7773		DATE 06 11 22		
			AREA Code	NUMBER	YEAR	MO	DAY

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

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

Form Approved
OMB No. 2040-0004

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

Page 8

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM


PA0025615	010A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT 2 COOLING WATER
External Outfall

MONITORING PERIOD							
YEAR	MO	DAY		YEAR	MO	DAY	
06	10	01	FROM	06	10	31	TO

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.80	N/A	7.49	pH	0	1/7	GRAB
	PERMIT REQUIREMENT			N/A	MINIMUM		MAXIMUM	pH		WEEKLY	GRAB
CLAMTROL CT-1, TOTAL WATER 04251 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	*	*	mg/L	*	*	*
	PERMIT REQUIREMENT			N/A		MO/AVG	INST/MAX	mg/L		WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	5.33	5.76	m60	N/A	N/A	N/A	N/A	0	1/7	MEAS
	PERMIT REQUIREMENT	Reg Mon MO/AVG	Reg Mon DAILY MAX	Mgal/d				N/A		WEEKLY	MEASD
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.088	0.17	mg/L	0	1/7	GRAB
	PERMIT REQUIREMENT			N/A		MO/AVG	INST/MAX	mg/L		WEEKLY	GRAB
Chlorine, free available 50064 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.054	0.11	mg/L	0	1/7	GRAB
	PERMIT REQUIREMENT			N/A		AVERAGE	MAXIMUM	mg/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
R.G. MENENDEZ Director Site Operations TYPED OR PRINTED			724 682-7773	06	11	22	
			AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) * NO CT-1 DISCHARGE THIS PERIOD 3PC 11-21-06
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.)

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

Form Approved
OMB No. 2040-0004

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

Page 9

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615
PERMIT NUMBER

011A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
DIESEL GEN & TURBINE DRAINS
External Outfall

MONITORING PERIOD							
FROM				TO			
YEAR	MO	DAY		YEAR	MO	DAY	
06	10	01		06	10	31	

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.004	0.004	m ³ /d	N/A	N/A	N/A	N/A	-	1/7	EST
50050 10 Effluent Gross	PERMIT REQUIREMENT	Reg Mon MO AVG	Reg Mon DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
		AREA Code	NUMBER	YEAR	MO	DAY
R.G. MENDE Director Site operations TYPED OR PRINTED			724 682 5773	06	11	22
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

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

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

Form Approved
OMB No. 2040-0004

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

Page 10

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615	012A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
BLOWDOWN FROM THE HVAC UNIT
External Outfall

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
06	10	01	FROM	06	10	31

No Data Indicator ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	pH		Once Per Month	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT										
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req Mon MO AVG	Req Mon DAILY MX	mg/L		Twice Per Month	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT										
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	1-5 MO AVG	1-5 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	Mgal/d	*****	*****	*****			Once Per Month	ESTIMA
Solids, total dissolved	SAMPLE MEASUREMENT										
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req Mon MO AVG	Req Mon DAILY MX	mg/L		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER R.G. MEUDE Director Site operations 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 <i>R.G. Meude</i>	TELEPHONE		DATE		
			AREA Code	NUMBER	YEAR	MO	DAY
			724	682 7773	06	11	22

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

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

Form Approved
OMB No. 2040-0004

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

Page 11

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN:ELIZABETH THOMAS/MGR ENV&CHEM

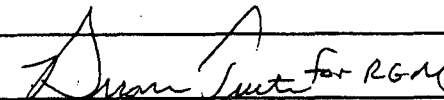
PA0025615	013A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
OUTFALL 013
External Outfall

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
06	10	01	TO	06	10	31

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.51	N/A	7.12	pH	0	1/7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A	MINIMUM		MAXIMUM	pH			GRAB
Cyanide, total (as CN)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.01 *	<0.01 *	mg/L	0	2/31	24 HR Comp
00720 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		REQUIREMENT MO AVG	REQUIREMENT DAILY MAX	mg/L			COMPEST
Copper, total (as Cu)	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.0025	0.005	mg/L	0	2/31	24 HR Comp
01042 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		REQUIREMENT MO AVG	REQUIREMENT DAILY MAX	mg/L			COMPEST
Chlorobenzene	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<0.005 **	<0.005 **	mg/L	0	2/31	24 HR Comp
34301 1 0 Effluent Gross	PERMIT REQUIREMENT			N/A		REQUIREMENT MO AVG	REQUIREMENT DAILY MAX	mg/L			COMPEST
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.0122	0.0146	MGD	N/A	N/A	N/A	N/A	-	2/31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	REQUIREMENT MO AVG	REQUIREMENT DAILY MAX	Mgal/d				N/A			ESTIMATE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
R.G. MENDEZ <i>Director Site Operations</i> TYPED OR PRINTED			724 6827773	06	11	22	
			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.

* 0.01 mg/L is minimum detectable level. JPC 11-21-06
** 0.005 mg/L is minimum detectable level. JPC 11-21-06

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

Form Approved
OMB No. 2040-0004

Page 12

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

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615
PERMIT NUMBER

101A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR
(SUBR05)
101 CHEMICAL WASTE TREATMENT
Internal Outfall

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	06	10	01		06	10	31

No Data Indicator ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		16 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	COMP 2
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req Mon MO AVG	Req Mon DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	Mgal/d	*****	*****	*****			Daily	CONTIN
Hydrazine	SAMPLE MEASUREMENT										
81313 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req Mon MO AVG	Req Mon DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER R.G. MENDE <i>Director SR Operations</i> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE 724 682-7773		DATE 06 11 22		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>R.G. Menendez</i>		AREA Code	NUMBER	YEAR 06

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

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

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

Form Approved
OMB No. 2040-0004

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

Page 13

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615
PERMIT NUMBER


102A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
102 INTAKE SCREENHOUSE
Internal Outfall

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
06	10	01	FROM	06	10	31

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.56	N/A	7.87	pH	0	2/31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	15.8	17	mg/L	0	2/31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	5*	5*	mg/L	0	2/31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	50.001	50.001	m ³ /d	N/A	N/A	N/A	N/A	-	2/31	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon MO AVG	Req: Mon DAILY MX	Mgal/d	*****	*****	*****	N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER R.G. MENDE Director S&E Operations	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
			724-682-7773	06	11	22	
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

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

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

* 5 mg/L is minimum detectable level. See 11-21-00

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

Form Approved
OMB No. 2040-0004

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

Page 14

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615
PERMIT NUMBER


103A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
SLUDGE SETTLING BASIN
Internal Outfall

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	06	10	01		06	10	31

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	7.40	N/A	8.00	pH	0	2/31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	9.4	12.6	mg/L	0	2/31	24 HR Comp
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	COMP 24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.0121	0.0223	m6D	N/A	N/A	N/A	N/A	-	29/31	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	Mgal/d	*****	*****	*****	N/A		Twice Per Month	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER RG. MEUDE Director Site Operations TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 724 682-7773		DATE 06 11 22		
			AREA Code	NUMBER	YEAR	MO	DAY

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

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

Form Approved
OMB No. 2040-0004

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

Page 15

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

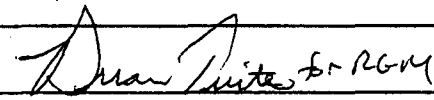
PA0025615	111A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
111 DIESEL GENERATOR BLDG
Internal Outfall

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
06	10	01	TO	06	10	31

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.67	N/A	7.49	pH	0	1/7	GRAB
	PERMIT REQUIREMENT			N/A	6 MINIMUM		9 MAXIMUM	pH		WEEKLY	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	2.88	14.4	mg/L	0	1/7	GRAB
	PERMIT REQUIREMENT			N/A		10 MO AVE	100 DAILY MAX	mg/L		WEEKLY	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	1.5	7.5	mg/L	0	1/7	GRAB
	PERMIT REQUIREMENT			N/A		15 MO AVE	20 DAILY MAX	mg/L		WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1/7	EST
	PERMIT REQUIREMENT	10 MO AVE	10 MO AVE	Mgal/d				N/A		WEEKLY	ESTIMATE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER DIRECTOR S&E B.G. MENDE operations TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE 724-682-7773	DATE 06 11 22		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	AREA Code 724	NUMBER 682-7773	YEAR 06

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

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

Form Approved
OMB No. 2040-0004

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

Page 16

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615	113A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT 2 SEWAGE TMT PLANT
Internal Outfall

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	10	01		06	10	31

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.58	N/A	7.04	pH	0	2/31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	8 MINIMUM	*****	9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	3.2	6.4	mg/L	0	2/31	8 HR Comp
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.0092	0.0116	m6D	N/A	N/A	N/A	N/A	0	17/31	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	0.43 MO AVG	Req Mon DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.78	2.80	mg/L	0	16/31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	1.4 MO AVG	3.3 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	9.49	N/A	#/100mL	0	2/31	GRAB
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	200 MO GEOMN	*****	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.96	1.91	mg/L	0	2/31	8 HR Comp
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	25 MO AVG	50 DAILY MX	mg/L		Twice Per Month	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER R.G. MEADE 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 <i>[Signature]</i>	TELEPHONE		DATE		
			AREA Code	NUMBER	YEAR	MO	DAY
			724	682-7773	06	11	22

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.

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

Form Approved
OMB No. 2040-0004

Page 17

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

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN:ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615
PERMIT NUMBER

203A
DISCHARGE NUMBER

MONITORING PERIOD							
FROM				TO			
YEAR	MO	DAY		YEAR	MO	DAY	
06	10	01		06	10	31	

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
MAIN SEWAGE TMT PLANT
Internal Outfall

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.82	N/A	7.90	pH	0	3/31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	20	20	mg/L	-	3/31	GRAB Comp
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	60 DAILY MX	mg/L		Twice Per Month	COMP-8
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.014	0.021	MGD	N/A	N/A	N/A	N/A	0	19/31	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	0.023 MO AVG	Req Mon DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.97	2.92	mg/L	0	20/31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	1.14 MO AVG	3.3 INST MAX	mg/L		Twice Per Month	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<1	N/A	#/100mL	0	21/31	GRAB
74055 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	2000 MO GEOMN	*****	#/100mL		Twice Per Month	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	6.33	6.44	mg/L	0	21/31	GRAB Comp
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	25 MO AVG	50 DAILY MX	mg/L		Twice Per Month	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
		AREA Code	NUMBER	YEAR	MO	DAY
B.G. MEUDE <i>Director Site operations</i> TYPED OR PRINTED			724 682 7773	06	11	22
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) *SEE ATTACHMENT 2 to COVER LETTER SPC 11-21-06

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

* * * 1 #/100mL is minimum detectable level. SPC 11-21-06

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

Form Approved
OMB No. 2040-0004

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

Page 18

NAME: FIRST ENERGY NUCLEAR OPERATING

ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004

FACILITY: BEAVER VALLEY POWER STATION

LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004

ATTN:ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615	211A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004

MAJOR
(SUBR05)
211 TURBINE BLDG
Internal Outfall

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
06	10	01	TO	06	10	31

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.74	N/A	7.89	pH	0	1/7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	9.6	48	mg/L	0	1/7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5 *	<5 *	mg/L	0	1/7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	m ³ /d	N/A	N/A	N/A	N/A	-	1/7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
R.G. MENDE Director Site operations		724 6827713		06	11	22
TYPED OR PRINTED		AREA Code	NUMBER	YEAR	MO	DAY

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

* 5mg/L is minimum detectible level. SPC 11-21-06

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

Form Approved
OMB No. 2040-0004

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

Page 19

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

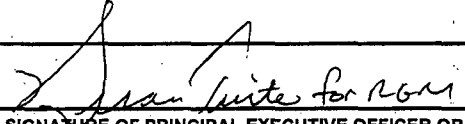
PA0025615	213A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT 2 COOL TOWER PUMPHOUSE
Internal Outfall

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	10	01	TO	06	10	31

No Data Indicator ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MAX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	15 MO AVG	20 DAILY MAX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MAX	Mgal/d	*****	*****	*****			Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	5 MO AVG	125 INST MAX	mg/L		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER DIRECTOR SITE R.G. MENDE operations TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 724-682-7773	DATE 06 11 22
			AREA Code NUMBER	YEAR MO DAY

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

SAMPLES SHALL BE TAKEN AT DISCHARGE FROM THE PUMP HOUSE PRIOR TO MIXING WITH ANY OTHER WATER. NOTE: THE MONITORING OF THIS DISCHARGE IS NOT REQUIRED WHEN EFFLUENT FROM UNIT NO. 2 COOLING TOWER PUMPHOUSE FLOOR& EQUIPMENT DRAINS IS BEING RECYCLED TO THE UNIT NO. 2 WATER RECIRCULATION SYSTEM.

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

Form Approved
OMB No. 2040-0004

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

Page 20

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615	301A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT 2 AUX BOILER BLOWDOWN
Internal Outfall

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
06	10	01	TO	06	10	31

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4*	<4*	mg/L	0	2/31	GRAB
00530 10 Effluent Gross	PERMIT REQUIREMENT			N/A		30 Mo/Avg	100 DAILY MX	mg/L		WSPS MONTH	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5**	<5**	mg/L	0	2/31	GRAB
00556 10 Effluent Gross	PERMIT REQUIREMENT			N/A		10 Mo/Avg	20 DAILY MX	mg/L		WSPS MONTH	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	m6D	N/A	N/A	N/A	N/A	-	1/7	EST
50050 10 Effluent Gross	PERMIT REQUIREMENT	1000 Mo/Avg	1000 Mo/Avg	Mgal/d				N/A		WSPS MONTH	ESTIMATE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
R.G. MENDE Director Site Operations		724 682 7773		06	11	22
TYPED OR PRINTED		AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLES SHALL BE TAKEN AT THE DISCHARGE OF BOILER BLOWN DOWN PRIOR TO MIXING WITH ANY OTHER WATER.

* 4 mg/L is minimum detectable level. SPC 11-21-06
** 5 mg/L is minimum detectable level. SPC 11-21-06

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

Form Approved
OMB No. 2040-0004

Page 21

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

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615	303A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT 1 OIL WATER SEPARATOR
Internal Outfall

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	10	01		06	10	31

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.79	N/A	7.10	pH	0	1/7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	0.8	4	mg/L	0	1/7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	5*	5*	mg/L	0	1/7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.019	0.056	mGD	N/A	N/A	N/A	N/A	-	1/7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon MO AVG	Req: Mon DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
R.G. MEUDE DIRECTOR Site Operations		724 682-7773		06	11	22
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO

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

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

* 5 mg/L is minimum detectable level, SPC 11-21-06

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

Form Approved
OMB No. 2040-0004

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

Page 22

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615	313A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
313 TURBINE BLDG DRAIN
Internal Outfall

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	10	01		06	10	31

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.71	N/A	6.79	pH	0	1/7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4*	<4*	mg/L	0	1/7	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5**	<5**	mg/L	0	1/7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.002	0.002	MGD	N/A	N/A	N/A	N/A	-	1/7	Est
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE			
R.G. MENDE Director Site Operations		724 682 7773		06	11	22	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	YEAR	MO

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.

* 4 mg/L is minimum detectable level 50C 11-21-06
** 5 mg/L is minimum detectable level, 30C 11-21-06

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

Form Approved
OMB No. 2040-0004

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

Page 23

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

PA0025615	401A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
CHEM. FEED AREA OF AUX BOILERS
Internal Outfall

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
06	10	01	FROM	06	10	31
			TO			

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	8.76	N/A	9.50	pH	0	2/31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	Req. Mon. MAXIMUM	pH		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<4*	<4*	mg/L	0	2/31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO AVG	100 DAILY MX	mg/L		Twice Per Month	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	<5**	<5**	mg/L	0	2/31	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO AVG	20 DAILY MX	mg/L		Twice Per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	<0.001	<0.001	mGD	N/A	N/A	N/A	N/A	-	1/7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMATE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER A.G. MENDE Director Site operations 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 <i>[Signature]</i>	TELEPHONE	DATE				
			AREA Code	NUMBER	YEAR	MO	DAY	
			724	682	7773	06	11	22

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

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

* 4 mg/L is minimum Detectable Level SPC 11-21-06

** 5 mg/L is minimum Detectable Level SPC 11-21-06

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

Form Approved
OMB No. 2040-0004

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

Page 24

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

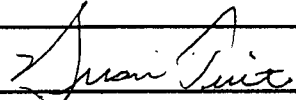
PA0025615	403A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
CONDENSATE BLOWDOWN & RIVR WAT
Internal Outfall

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	10	01		06	10	31

No Data Indicator ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	15 MO AVG	20 DAILY MX	mg/L		Weekly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT										
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req Mon MO AVG	Req Mon DAILY MX	mg/L		Weekly	GRAB
CLAMTROL CT-1, TOTAL WATER	SAMPLE MEASUREMENT										
04251 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	0 MO AVG	0 DAILY MX	mg/L		When Discharging	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req Mon MO AVG	Req Mon DAILY MX	Mgal/d	*****	*****	*****			Weekly	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT										
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	5 MO AVG	125 INST MAX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER R. G. MENDE Director Site Operations TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			724 682 7773	06	11	22	
			AREA Code	NUMBER	YEAR	MO	DAY

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.) SAMPLES SHALL BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER.

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

Form Approved
OMB No. 2040-0004

Page 25

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

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

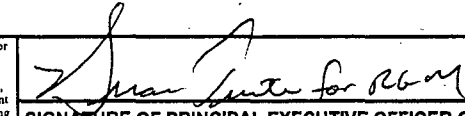
PA0025615	403A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
CONDENSATE BLOWDOWN & RIVR WAT
Internal Outfall

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
06	10	01	FROM	06	10	31
			TO			

No Data Indicator ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hydrazine	SAMPLE MEASUREMENT										
81313 10 Effluent Gross	PERMIT REQUIREMENT					0 MO AVG	0 DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE			
R.G. MEADE <i>Director site operations</i>		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	724 682 7713	06	11	22	
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

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

HYDRAZINE AND AMMONIA MONITORING TO APPLY DURING PERIODS OF WET LAYUP. REPORT THE DAILY MAXIMUM FOR BETZ DT-1 WHEN DISCHARGING (24 HR. COMP.): MG/L. (THE LIMIT IS 35 MG/L AS A DAILY MAX.) SAMPLES SHALL BE TAKEN AT MP 403 PRIOR TO MIXING WITH ANY OTHER WATER.

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

Form Approved
OMB No. 2040-0004

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

Page 26

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN:ELIZABETH THOMAS/MGR ENV&CHEM

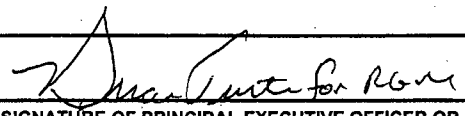
PA0025615	413A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
BULK FUEL STORAGE DRAIN
Internal Outfall

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
06	10	01	06	10	31

No Data Indicator ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	N/A	N/A	N/A	6.87	N/A	7.88	pH	0	1/7	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	6 MINIMUM	*****	9 MAXIMUM	pH		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	20.9	66.9	mg/L	-	1/7 *	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	30 MO-AVG	100 DAILY-MX	mg/L		Weekly	GRAB
Oil & grease	SAMPLE MEASUREMENT	N/A	N/A	N/A	N/A	55 **	55 **	mg/L	0	1/7	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	N/A	*****	15 MO-AVG	20 DAILY-MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	50.001	50.001	m ³ /d	N/A	N/A	N/A	N/A	-	1/7	EST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req: Mon MO-AVG	Req: Mon DAILY-MX	Mgal/d	*****	*****	*****	N/A		Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
B.G. MENDEZ DIRECTOR TYPED OR PRINTED			724 682 7773	06	11	22	
			AREA Code	NUMBER	YEAR	MO	DAY

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.

* Please See Attachment 3 to the COVER LETTER SPC 11-21-06

** 5 mg/L is the minimum detectable level SPC 11-21-06

NO Flow 10-29-06 → 10-31-06 SPC 11-21-06

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

Form Approved
OMB No. 2040-0004

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

NAME: FIRST ENERGY NUCLEAR OPERATING
ADDRESS: PA ROUTE 168
SHIPPINGPORT, PA 150770004
FACILITY: BEAVER VALLEY POWER STATION
LOCATION: PA ROUTE 168
SHIPPINGPORT, PA 150770004
ATTN: ELIZABETH THOMAS/MGR ENV&CHEM

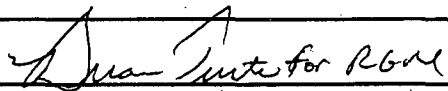
PA0025615	501A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
06	10	01	FROM	06	10	31
			TO			

DMR MAILING ZIP CODE: 150770004
MAJOR
(SUBR05)
UNIT 1 GENRTR BLWDWN FILT BW
Internal Outfall

No Data Indicator ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30% MO/AVG	100 DAILY/MX	mg/L		Weekly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT										
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO/AVG	Req. Mon. DAILY/MX	Mgal/d	*****	*****	*****			Weekly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER R.G. MEUDE <i>Director Site operations</i> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			724 682 7773	06	11	22	
			AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SAMPLES SHALL BE TAKEN AT INTERNALMP 501 PRIOR TO MIXING WITH ANY OTHER WATER.